The Fremantle Trust

Meadowside

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 6 October 2015 and was unannounced. At our last inspection in September 2013 the service was meeting all of the regulations we looked at.

Meadowside is a care home for people with learning difficulties, dementia and physical frailty. The home has 68 beds split into six flats on three floors; each floor has its own dining area and lounge. On the day we inspected there were 65 people living in the home.

There was a new manager in post and she had not yet gone through the process of being registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. Relatives we spoke with

Summary of findings

said they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home. Some staff told us that during busy periods they did not have as much time to spend with people.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely. Staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and appropriate referrals for DoLS authorisation had been made so that people's rights would be protected.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the provider's head office to monitor the quality of care.

The provider employed a leisure and lifestyle lead who organised a large range of activities that provided entertainment and stimulation for people living in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were supported to take their medicines in a safe way.

Staff were able to identify abuse and risk triggers and knew how to report abuse.

The home was kept clean and well maintained.

People told us that there were enough staff to meet their needs.

Is the service effective?

Good

The service was effective. People's care needs were assessed and staff understood and provided the care and support they needed.

People's nutritional needs were assessed and records were maintained to show they were protected from risks associated with nutrition and hydration.

We found the service met the requirements of the Deprivation of Liberty Safeguards. Relevant applications had been submitted and proper policies and procedures were in place

Is the service caring?

Good

The service was caring.People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well.

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

There was a range of suitable activities available during the day.

Complaints were responded to appropriately and resolved in line with the providers' complaints procedure

Is the service well-led?

Good

The service was well led.Staff felt well supported by the manager and senior staff and they understood their roles and responsibilities.

The provider had systems in place to monitor standards of care provided in the home, including regular quality audits and satisfaction surveys for people living in the home.

Summary of findings

The provider worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority quality team and the quality team at the provider's head office.

Meadowside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Meadowside on 6 October 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 14 people who use the service and three relatives. We also spoke with one of the assistant managers, five care support staff, the chef, the acting manager, and the operations manager. We also spoke to two visiting healthcare professionals.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including ten people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes for various meetings, resident surveys, staff training records and matrix, and policies and procedures for the service

Good

Is the service safe?

Our findings

People told us they felt well cared for and safe in the home. They said they felt they were being kept safe and had no concerns. Comments included: "We've got bells and there's always someone around." A relative told us: "[My relative] feels safe here, and I think she is safe."

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the acting manager and care support staff. Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff we spoke with understood their role in safeguarding people from harm. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. We were also able to speak with the manager about a recent safeguarding concern at the home. We noted the home had not been at fault and had liaised with appropriate agencies and taken a pro-active stance at all times of the process to keep the person safe.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration We looked at risk assessments in files of six people who used the service which confirmed they were updated every six months or when required.

We saw in one person's care support plan how the provider had concerns because the person was refusing essential medicines. The provider alerted the GP who completed an assessment of the person's capacity to manage medicines. The person was found to lack capacity in this area. The provider then organised a best interests meeting with the local authority, the GP and family members who agreed an action plan that ensured the medicines were administered appropriately.

We looked at the provider's accident log which showed us that following anyone having an accident or where an incident had occurred, a form was completed and entered onto an electronic database. All forms were seen by the manager and referrals were made as appropriate, for example to the falls team. The acting manager explained accidents were discussed at the monthly management meeting in order to identify any lessons learnt and minimise the risk of reoccurrence.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. People we spoke with told us there were sufficient staff to meet their needs. One person told us, "The staff are always there, I never have to wait long." We were able to view the provider's staff rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff we spoke with however told us that whilst they felt there were enough staff on duty to keep people safe there was generally not enough time to sit with people and talk.We spoke about this to the acting manager and to the operations manager. They told us this was because they had recent recruitment issues and as a result had to use a number of temporary agency staff. The manager explained consequently the provider had entered into an agreement with a recruitment consultancy who were assisting the provider to employ permanent care support staff.

During the inspection, we saw staff responded promptly to people's needs on all units visited. We saw that the management team continually reviewed the level of staff using an assessment tool based on people's level of dependency. This tool had been devised by AgeUK and was appropriate to ensure an effective and safe service.

We looked at how medicines were managed in the home. All people we spoke with told us they were happy with the support they received to take their medicines. One person told us: "It wouldn't be safe if we were let loose on all our pills. It's much better that they are handed out by someone who knows what they are doing."

We observed a member of staff administering medicines during the inspection and noted the member of staff was thorough in checking the prescription labels against the medication administration records before giving the medicines to each person. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were accurate, well presented and included a photograph of each person. The medicines were stored in locked metal trolleys in locked rooms.

Good

Is the service safe?

Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency assessments to ensure they were competent at this task. We saw evidence staff who administered medicines had initially undertaken an on-line training course before completing practical competency tests at the home. Staff had access to a set of policies and procedures which were readily available for reference. We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

We assessed how the provider recruited new staff and looked at the recruitment records for four members of staff. The recruitment process included applicants completing a written application form and attending a face to face interview to make sure the potential staff were suitable to work with vulnerable people. We found all appropriate checks had been completed before one member of staff commenced work in the home and these were recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. We noted the provider operated an effective recruitment and selection procedure which complies with the current regulations to ensure appropriate checks are carried out for all new employees.

The premises were clean and well-maintained and we saw that maintenance issues were attended to in a timely manner, which helped keep people safe. Appropriate signage was displayed for fire exits and evacuation plans for the building were in place. We saw that an external company undertook regular checks of all safety equipment and facilities in the service and that a refurbishment program was underway.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills needed. One person said, "The staff are very good; they know what they're doing." Another person told us: "It's a nice home, with good staff. quite a lot of staff here in fact, compared to the last home [my relative lived at], and they speak English."

Staff told us and training records confirmed that there was a comprehensive induction and rolling programme of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Training included regular refreshers on areas such as safeguarding people who were vulnerable by their circumstances, food hygiene, dementia awareness and moving and handling.

We looked at people's written records of care which showed us the provider worked effectively with associated health and social care professionals. We saw that where a person had declined in mobility, the GP was called and a professionals meeting had been arranged. We saw regular and appropriate referrals were made to health and social care professionals, such as chiropodists, social workers and district nurses.

People told us they enjoyed the food in the home, one person told us. "We get a choice; stews, sausages – things like that. And they do nice salads. They come round and ask and you can choose."

During our observations of the lunchtime experience, we saw that staff served people food, offering them a choice of meals, in a relaxed and unhurried manner. We saw that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded, along with any known allergies. Where a specialist diet was required the provider has sought guidance from speech and language therapists and from dieticians. Meals were prepared in the main kitchen and marked before being taken to the home's three dining areas or to the person's room if they wished to eat there. Some people needed a specialist diet to support them to manage diabetes and the staff we spoke with understood people's dietary requirements and how to support them to stay healthy. We noted when reading people's care support files that where there were concerns about a person's nutrition or hydration, extra monitoring of people's weight and their food and fluid intake, took place.

We are required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 [MCA]. During the inspection we discussed the above with the manager an assistant manager and with four care support staff. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. All staff and management we spoke with had a clear understanding of the issues. We noted by reading records that all appropriate DoLS applications had been made and granted by the local authority. These showed that professionally competent and legally compliant applications had been completed, which included a capacity assessment and best interest's checklist. This demonstrated that the management of the home had knowledge and understanding of the MCA, DoLS, and their associated Codes of Practice. Staff we spoke with were aware of their responsibilities with regard to the MCA and DoLS. They explained this was because of training they had received. Staff told us that if they were ever unsure, they could simply ask the manager.

We looked at how the service gained consent to care and treatment. We saw throughout our inspection that staff gained consent from people before they undertook any care tasks. We saw in care plans we read that people and their relatives were involved in the planning of care for each person at the home. We noted people and their relatives attended review meetings where appropriate where they had the opportunity to discuss the care their relatives received.

During the inspection we asked staff their views on the support they received from the provider. Staff told us they received appropriate professional development. They all stated they were happy with the support they received. Supervision sessions with individual staff were conducted regularly and annual appraisals had been completed. Together these covered areas such as work performance, training needs, organisation and management support. The one-to-one meetings gave workers an opportunity to

Good

Is the service effective?

discuss any other issues and agree action plans, as needed. Systems were in place to test the capability and knowledge base of individual staff members. This helped to determine where additional support was needed. Certificates of training were held on staff personnel files. The training matrix showed learning modules had been completed in areas such as medicines, the Mental Capacity Act (MCA) , Deprivation of Liberty Safeguards (DoLS), moving and handling, health and safety, communicating effectively, record keeping, infection control and safeguarding adults. We looked at training sections in staff files. We identified that all permanent staff had obtained a minimum of a National Vocational Qualification Level 2 (NVQ2). However most had completed NVQ3 or an equivalent qualification. Staff confirmed they had completed a range of learning modules since they started working with Next Stage and gave some good examples of training they had undertaken.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. One person told us, "The staff are all friendly, and the 'inmates' likewise. As far as care homes go, this is pretty good." Another person said, "The staff are very nice and considerate and I do feel secure when they are around. They do try their very best for us – these girls." A relative told us: "I went to look at 17 homes and this was the best one. I always feel welcome when I visit."

A healthcare professional who had worked with the home for many years told us, "I am very satisfied with client care and support," and "I would be happy to put my relative here."

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person decided they wanted to go to their room; they linked arms with the member of staff and went with them to find their room. This person's mood changed and they appeared happy and relaxed following reassurance given.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. A care worker told us "privacy is very important; I always shut the door and put a towel over them."

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people.

During our observations we saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. There was a calm relaxed atmosphere amongst residents who were clearly enjoying each other's company.

Staff told us people were generally able to make daily decisions about their own care and, during our observations; we saw that people chose how to spend their time.

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation, The 'acting' manager told us that they had recently held an 'international day' to promote equality and diversity, where people celebrated different cultures by dressing up and eating a variety of food from around the world. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines, and it was clear they were very familiar with the individual needs of people who use the service.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

The acting manager told us about plans for a refurbishment programme which included consultation with people using the service, this included the setting up of a shop and café she told us this would "provide more resident participation and encourage independence."

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "It's important to know about people's lives."

These care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff. For example, we saw that where there had been an incident following a decline in one person's health needs; the manager had arranged additional one to one support which was subsequently funded by the local authority. We also saw that some staff had undertaken sign language training so that they could communicate with a person who was profoundly deaf and the manager was currently arranging specialist spinal injury training for staff to care for another person.

People told us they enjoyed the activities on offer. One person told us, "[My relative] gets her hair done at the hairdressers downstairs and she gets her nails done and another person said, "The day before yesterday we went to a little theatre, lovely music and costumes. We all enjoyed it so much."

The provider subscribes to the National Association for the Provision of Activity and employs a leisure and lifestyle lead who organised activities on a daily basis. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, exercise classes, group quizzes, hair dressing, poetry reading and arts and crafts. The home also had access to a minibus and took people out regularly to museums, theatres and the seaside. We saw that weekly activity schedules were displayed in various areas around the home. There were also regular visits from a local primary school which the residents clearly enjoyed. The acting manager told us that her aim was to recruit more volunteers so that they could work more closely with the local community, especially with local schools. We saw that people were supported to attend places of worship of their denomination in the community. Pets were also encouraged and staff supported people to look after their pets.

We noted that there was good interaction between people and the resident dog and we observed the cat sleeping on the bed of one person who was sitting quietly in his room. He told us, "It completely changes the atmosphere for someone alone in their room if another living creature chooses to come in and curl up."

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place.. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I've got no complaints but they would listen and try to sort it out." We saw there had been one recent complaint made and there was a copy of how it had been investigated. Letters had been sent to the complainants detailing any action, demonstrating how changes had been made and how the provider had responded.

Good

Is the service well-led?

Our findings

The acting manager had been in post for two months, she told us that her application for Registered Manager with CQC would be submitted following the imminent recruitment process with the provider. She told us that she had spent this time focusing on developing a strong and visible person centred culture in the service and recruiting permanent staff. She told us that her vision was, "to make this home more dementia friendly and ensure that staff really understood person centred care."

Staff told us that the management team were very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. Staff described the managers as "very experienced." One care worker told us, "If I have a problem I can always go to them and they will sort it out." And another commented, "She listens and wants to improve things." The acting manager and assistant manager confirmed that being 'on the floor' provided them with the opportunity to assess and monitor the culture of the service. People using the service also made positive comments about the new manager, comments included, "You can see her around, and she knows all the residents." and: "The new manager is a nice lady. I had a good talk with her on Sunday."

We saw that a regular service monitoring report was completed for the provider's head office, this included information on the number of falls, pressure ulcers, medication errors and hospital admissions. Regular audits were also carried out by the provider's head office to monitor the quality of care. We saw that the last audit (May 2015) identified a number of improvements for example; improving care planning records and staff knowledge and understanding of Deprivation of Liberty Safeguards. We noted that this audit also included a questionnaire for health and social care professions, feedback described the home as "well organised and providing good care."

Staff spoke about the service being a good place to work. Comments included, "I look forward to coming to work" and "I really like working here, it's a good team." Staff said that there were plenty of training opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people. The senior staff continually sought feedback about the service through surveys, and formal meetings, such as individual service reviews with relatives and other professionals and joint resident and relative meetings. Results of the annual relatives surveys carried out in March 2015 were very positive in relation to quality of care and staff approach. Comments included, "They are a very special and happy staff team."

There was a strong emphasis on promoting and sustaining improvements at the service. The acting manager told us she completed a Level 2 BTEC (Business and Technology Education Council) in Dementia and was working towards achieving the QCF (Qualifications and Credit Framework) level 5 qualification in Health and Social Care. The manager informed us that she attended meetings with managers from other services owned by the provider which provided a forum for discussion to help drive improvement and review new legislation and the impact this had on services. She told us she was well supported by the providers' operations manager and worked closely with local authority's Quality in Care Team. The home also had a good relationship with a local advocacy service who visited one a week and provided independent support to people using the service