

Shire Care (Nursing & Residential Homes) Limited

The Meadows Care Home

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 ●

Summary of findings

Overall summary

The Meadows is a 35 bedded care home close to local amenities and public transport routes. Bedrooms are located on two floors with communal rooms on the ground floor. The building is modern and has adequate car parking facilities and secure garden areas.

At our last comprehensive inspection on 23 & 24 October 2014 we rated the service as 'Good' overall, but the key question 'is the service Responsive?' was rated as 'Requires Improvement'. We carried out a focused inspection on 11 August 2015 to check that the service had improved in this area. Suitable improvements had been made and we changed the rating for the key question 'is the service Responsive?' to 'Good'. This meant the service was rated as 'Good' in all of the five key questions and 'Good' overall.

The service remained safe. People who used the service were supported by suitable numbers of skilled and experienced staff who had been recruited safely. Staff were aware of the risks to people's health, safety and welfare and the actions required to keep them safe. Staff had been trained to recognise the signs that abuse or practice may have occurred and understood their responsibilities to report this. Medicines were managed safely and people received the medicines as prescribed.

The service remained effective. People who used the service received care and support from staff who had completed a range of training to equip them with the skills and knowledge to support them effectively. Staff received effective levels of supervision and professional development. Staff were aware of how to gain consent from people and the principles of The Mental Capacity Act 2005 were followed. People ate a healthy and balanced diet of their choosing. When concerns with people's health and welfare were identified relevant professionals were contacted in a timely way.

The service remained caring. People who used the service were supported by caring staff who knew their needs and understood their preferences. Staff treated people with dignity and respect. People were supported to use advocacy services. Staff understood their responsibility to treat private and sensitive information confidentially.

The service remained responsive. Pre-admission assessments were completed before people moved into the service and the information was used to develop a number of individualised care plans. When people's needs changed or developed their care plans were updated in a timely way. People were encouraged to take part in activities and maintain relationships with important people in their lives. The registered provider had a complaints policy in place that was displayed within the service; records showed very few complaints had been received.

The service remained well-led. The registered manager was aware of their responsibilities to report notifiable events to the Care Quality Commission. People who used the service, their relatives and staff were asked for their views which were used to develop the service. The registered provider operated a comprehensive quality assurance system to ensure shortfalls in care and support were identified and to

drive the continual improvement of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Meadows Care Home

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.

This comprehensive inspection took place on 2 February 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and safeguarding teams to gain their views of the service and spoke with healthcare professionals who visit the service regularly.

During the inspection we observed how staff interacted with people who used the service, we used the Short Observational Framework for Inspection (SOFI) and to evaluate the level of care and support people received. We spoke with the registered manager, the managing and operations director, the assistant manager, five members of care staff including one senior, the cook and kitchen assistant and a visiting healthcare professional. We also spoke with four people who used the service and two visiting relatives.

We looked at four care plans and a range of Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service; including, quality assurance information, minutes of meetings, staff training, supervision and recruitment information, a number of the registered provider's policies and procedures, questionnaires and

maintenance records.

Is the service safe?

Our findings

People who used the service told us they felt safe living at The Meadows Care Home. One person said, "I do feel safe here, very safe." Another person added, "I am safe, I get very well looked after here. The staff help me to get about and they check on me through the night to make sure I am ok." A visiting relative said, "Mum is very safe, I have no concerns about her welfare at all, they do a marvellous job of looking after her and making sure she is safe."

People told us their medicines were managed safely. Their comments included, "They [the staff] give me them every day without fail", "I take tablets in the morning and in the evening, the staff look after them for me" and "I had a problem with my prescription, [name of a member of staff] spoke to my doctors and got it all sorted out. There was no fuss and no problem she just told them the problem and what I needed came the very next day."

People were supported by appropriate numbers of staff. The registered provider utilised a dependency tool that calculated the number of staff required to meet people's assessed needs. People's needs and levels of independence across a range of daily tasks such as personal hygiene, dressing, mental state, elimination, diet and fluid intake and medication were evaluated on a monthly basis and rated as low, medium or high. The ratings were combined to identify the total of staffing hours required.

We saw that the 30 people who used the service were supported by five members of staff and one senior care worker through the day and three members of staff at night. Ancillary staff; including three domestics, a cook, kitchen assistant and an activities co-ordinators were deployed daily which ensured care staff could remain focused on care tasks. A person who used the service commented, "I do think the staff are busy but there are plenty of them around. There is always someone [a member of staff] in the lounge which I like because they are there if I need them."

The registered provider operated safe recruitment processes to ensure prospective staff had not been deemed unsuitable to work with vulnerable adults. We checked five staff files and saw that all staff had been interviewed, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before being offered a role within the service. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff had been trained to recognise the different kinds of abuse that may occur and knew what action to take if the suspected abuse or poor care had taken place. One member of staff said, "I would report it immediately. I would tell the manager or the managing and operations director; if nothing got done I would ring the safeguarding team or the CQC but I know the manager would look in to anything that we reported." Another member of staff said, "The first thing I would do is make sure the person was safe and ok; then I would report what I had seen and write a statement when it was fresh in my mind."

People's care and support needs were clearly documented to ensure staff knew how to manage known risks

and promote people's safety. Risk assessments had been developed to ensure staff were aware of how to mitigate risks in people's daily lives. We saw that accidents and incidents, including falls were recorded and analysed on a monthly basis to identify patterns and trends. The assistant manager explained, "I look at all of the information and if there is an issue I review people's care plans and risk assessments but will also speak to the falls team and people's GPs to get their advice and make sure we are doing everything we can to prevent things happening."

The registered provider had a business continuity plan in place that covered a number of foreseeable events. The actions staff were required to take to maintain people's safety and welfare was clearly documented. A personal emergency evacuation plan (PEEP) had been created for each person who used the service. This helped to ensure people received the care and support they required during and after an emergency situation.

The service had a dedicated medicines room for the safe storage of medication which included a medicines fridge and controlled drug cabinet. We saw records were kept of the temperature to ensure medicines were stored in line with the manufacturer's guidelines. The medicines room had no form of ventilation which we discussed the registered manager as there was potential for temperatures to be excessive during the summer months. The registered manager acknowledged our concerns and assured us they would take action to prevent this.

We observed part of a medication round and saw that people received their medicines as prescribed. People were asked if they required and offered pain relief. Medication Administration Records (MARs) were used to record when people had taken their prescribed medicines and included people's photograph and known allergies to reduce the possibility of medication errors. The MARs we saw were completed accurately without omission.

Is the service effective?

Our findings

People who used the service felt they were supported by staff that had the skills and experience to carry out their roles effectively. We were told, "The staff are absolutely marvellous", "We are lucky because all the staff are knowledgeable and very dedicated" and "They [the staff] do a great job of looking after me."

Staff had completed training to ensure they could meet people's needs effectively. Training records provided evidence staff had undertaken training in relation to moving and transferring people, first aid, fire safety, safeguarding vulnerable adults, health and safety, dementia awareness, infection prevention and control, The Mental Capacity Act (2005), person centred care and nutrition. We saw that the majority of staff had also completed a nationally recognised qualification in care.

Plans were in place to support the staff team to develop their skills and abilities. The registered manager told us that senior care staff were allocated specific days each month when they were supernumerary to the staffing levels required. This was so they could work with the registered manager and assistant manager to develop their skills and knowledge of the management of the service. Care plan reviews, internal auditing and reviewing reporting requirements and safeguarding thresholds were some of the tasks undertaken. The registered manager explained, "I think it's very important to develop the team and help them to understand everything we need to do."

Records showed a range of healthcare professionals were involved in people's care and treatment which ensured they received the most effective support to meet their needs. We saw that advice and guidance was recorded in each person's care records and used to develop individual plans of care as required. A district nurse we spoke with said, "This is a lovely service, the staff inform us of any changes or deterioration in people straight away and follow our advice by the letter."

Throughout the inspection we observed staff gaining people's consent before care and support was provided. A member of staff told us, "We get consent before we do anything. Some people can just tell us but it can be a bit tricky for other people. You can tell if people want our help by the facial expressions and reactions, we used to have one lady who couldn't communicate verbally and she would give us a thumbs up or thumbs down." Another member of staff said, "If people don't understand we will always try and explain things in a simplified way but if we can't get consent we involve families and professionals to determine what is in their best interest."

People's capacity to consent to care and treatment was assessed and recorded in the care plans. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and people's relatives when possible.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection four people had a DoLS in place and 10 applications had been submitted to the authorising body.

People were supported to eat a varied and balanced diet of their choosing. There was a rolling menu in place and people were offered choices at each meal. The cook confirmed they were aware of people's dietary requirements such as textured diets and allergies which were catered for. A person who used the service told us, "I need a particular type of diet and the cook has really looked after me, I have eaten very well since I've been here."

We spent time observing the lunch time experience and saw that it was an enjoyable and inclusive experience for the people who used the service. People chose to eat in the main dining room; the lounge or their bedroom and their choices were facilitated by staff. We saw people engaging in conversation with each other, sharing jokes and stories with staff.

Menus were displayed on the dining tables which showed people were offered, breakfast, morning coffee with biscuits and snacks, lunch, afternoon tea with sandwiches, high tea and supper. A person said, "The food is wonderful, just like it was at home."

Action had been taken to provide orientation for people living with dementia. Memory boxes were located outside people's rooms and contained photographs or objects that were meaningful to the person which could be used to help them find their room. Pictorial signage, large faced clocks and activity boards provided people with visual prompts and information. Memorabilia such as posters of singers and film stars and product advertising boards were displayed to make the environment more visually stimulating.

Is the service caring?

Our findings

People who used the service told us they were supported by caring staff who knew their needs and understood their preferences. One person said, "Everyone is just as kind as can be." Another person added, "We really are lucky. They [the staff] are wonderful people, nothing is too much trouble for them and they lift my spirits every day." A third person commented, "All of the staff are very pleasant indeed."

Relatives we spoke with confirmed staff treated people in a caring way. Their comments included, "The staff seem to genuinely care for people, when people are upset or distressed I've seen them [the staff] sit with them and hold their hands just to try and comfort them" and "I visit lots of homes and we chose this one because of the staff. I think they have a real sense of empathy for people."

We spent time observing how care and support was provided to people who used the service. Staff took the time to sit with people and talk about their past experiences and family lives. We saw one member of staff sit with a person and look through a photobook, the book contained photographs of people who used the service from different times in their lives. This interaction had an uplifting effect on the person and enabled the member of staff to engage them in a meaningful conversation.

People were treated with compassion by staff who recognised when they showed signs of distress and took action. For example, we saw one person had visitors come to see them who brought flowers. The visit appeared to sadden another person which a member of staff instantly noticed. The member of staff went to the person and said, "You don't get visitors that often do you, don't worry, you have got me." The member of staff then embraced the person and left them smiling and visibly comforted.

People were treated with dignity and respect by staff who had received training in equality and diversity and delivering person centred care. A dignity board was displayed at the entrance to the service which displayed photographs of the four dignity champions whose role was to ensure people were shown respect at all times and supported in a dignified way.

The service ensured a representative attended the local authority commissioner's dignity meetings which occurred on a bi-monthly basis. The information obtained was discussed within the service and we saw that staff were asked questions about hypothetical situations to gauge their understanding and knowledge. A member of staff we spoke with said, "We talk about dignity all the time, it's something that we really focus on. We do the obvious things like covering people when we deliver care and closing doors and curtains but we always make sure people look nice with jewellery and make up, the way they would have always been before."

People were encouraged to maintain their independence. A member of staff told us, "I try and make sure people do as much as they can for themselves. Some people can wash their hands and face or their top half so I do what I need to and let them do the rest." They went on to say, "Most people can choose what they want to wear and can dress themselves, I will help them if they need it but don't do things they can do it themselves." We saw that people were provided with plate guards and assistive cutlery so they could eat

their meals without the help of staff. People's ability to self-medicate was assessed to ensure they could maintain their independence in this area if they chose to.

Staff explained things to people in a simplified way to aid their understanding. We heard a member of staff describe the reason a district nurse had come to see them and answered questions the person had. The district nurse told us, "The staff always explain why I am here and what I need to do. They [the staff] know people really well and always put their minds at ease."

We saw posters for advocacy services were displayed within the service. The registered manager informed us that three people required the support of an advocate and that advocates attended best interest meeting and reviews when required.

Private and sensitive information was treated appropriately and staff understood their responsibility not to breach confidentiality. We saw that the registered provider had a confidentiality policy in place that staff had read and signed to confirm their understanding. A member of staff said, "You have to use your common sense, I don't want everyone knowing my private business and neither does anyone else. If we have to talk about certain things I will take people to a quiet area and discuss it there."

Is the service responsive?

Our findings

People who used the service confirmed they received personalised care that was responsive to their changing needs. One person told us, "I have my good days and my bad days; the staff seem to know and are always there to help me when I need them." Another person said, "There are meetings about me and the care I need. I just say how I feel and I always tell them I am very happy here."

A visiting relative confirmed they were involved in their family members care. They said, "I come to the reviews with social services and the manager. I am always kept up to date with everything, if mum is unwell or needs to see a doctor they always let me know."

We saw evidence to confirm pre-admission assessments were completed to ensure people's needs could be met before they were offered a place within the service. The assistant manager told us, "It's usually me or the manager who do the initial assessment; we get referrals from the commissioners as well as private enquiries."

The information gathered during the initial assessment was then used to develop a number of individualised care plans. The registered manager informed us that they were in the process of further developing the care plans to ensure they contained adequate guidance for staff. We saw a newly produced care plan and noted it detailed the support people required, their preferences for how care and support should be delivered as well as containing a corresponding risk assessments so staff knew how to mitigate known risks. The registered manager informed us they had created an action plan and set a timescale for all care plans to be updated before the first of March 2017.

Reviews of people's care and support were undertaken regularly. We saw that people or their appointed representatives and family members attended to provide feedback on the care and support people received. The registered manager told us, "We don't wait for reviews to update care plans, the senior staff go through them every month to make sure they are accurate. If someone has had a fall or we get advice from a doctor or the dietician we will update them straight away."

We saw that people's care and support needs were evaluated on a monthly basis as were accidents, incidents and falls. We cross referenced these records with people's care plans and risk assessments to check they were updated as required and found that they were. This provided assurance that staff were aware of people's needs as they changed and developed.

People who used the service were encouraged to follow their interests and take part in activities inside and outside of the service. We saw photographs were displayed throughout the service showing people enjoying differing activities. The service employed two activities co-ordinators and arranged for external entertainers to visit regularly. A member of staff told us, "People get to go out and do things in the community but we do lots here as well for the people who don't like to go out."

The registered provider had a complaints policy which was displayed in the main entrance of the building to

ensure it was accessible to the people who used the service and visitors. A copy of the complaints policy was also provided to people in their welcome pack when they first joined the service. Records showed that the service received very few complaints and the registered manager confirmed there had been no complaints in the time they had been at the service. They told us that any complaint would be taken seriously, investigated in line with the registered provider's policy and used to develop the service when possible.

People we spoke with told us they knew how to raise concerns and would not hesitate to complain if the need arose. One person said, "I would tell the manager if I was unhappy with anything but I can't think of a single reason to complain. I have received excellent care." Another person said, "I moved in here six years ago and have never needed to complain about anything." A relative we spoke with commented, "I wouldn't have an issue speaking up if something was wrong. I think we all understand in today's world you can't make everyone happy all the time. It's not the complaint it's how the manager responds that's important."

Is the service well-led?

Our findings

The people who used the service, relatives, staff and healthcare professionals told us the service was well-led. Their comments included, "I think it's a lovely place to live, I have always been very happy here", "The manager really knows her stuff and she keeps this lot [the staff] in line", "Things have improved since [Name of the registered manager] started. She has helped us to improve and really shares her knowledge", "Mum is settled here, she gets well looked after, well fed and we are get up to date with everything that happens, I couldn't ask for more" and "This is one of the better homes in the area."

Staff told us the management team were supportive, approachable and provided constructive criticism fairly. One member of staff said, "We always know where we stand with the manager. She explains how things need to be done and listens when we are having problems; everyone [all of the staff] thinks things are better now." Other staff told us, "[Name of the registered manager] is very fair, she makes time for us and you can go and speak to her about anything and she will support you" and "[Name of the registered manager] and [name of the assistant manager] are great they are very approachable and always listens to what we have to say."

The service is required to have a registered manager. The current registered manager joined the service at the beginning of 2016 but only became registered in December 2016. They were aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. We reviewed records within the service and found that the Care Quality Commission had been made aware of specific events as required which helped to ensure we could conduct our regulatory duties.

The registered provider's quality monitoring systems consisted of audits, checks, questionnaires and unannounced visits by the management team. Records showed numerous aspects of the service were audited on a monthly basis including accidents and incidents, care planning, falls, people's weight and medication.

The registered provider had recently appointed a managing and operations director who supported the registered manager when required. They told us, "I receive an update every Friday and Monday about what is happening in the service and come to the service as often as I can." We were also told that a new overarching audit schedule was being developed and mock inspections would be undertaken to gauge the level of service being delivered. The assistant manager told us, "The managing and operations director is great, really supportive. It's good to know there is someone there if we are unsure about something."

The registered provider held managers meeting on a bi-monthly basis which were attended by all of the registered managers in the Shire Care (Nursing & Residential Homes) Limited group. Records showed the general management of each service, staffing occupancy and activities were all regularly discussed. The registered manager told us, "They are productive meetings. We share anything we have learned and will discuss this inspection. We try and learn from each other and improve the way we work." This provided assurance that the registered provider was aware of and influenced the day to day management of the service.

People who used the service were involved in developing the service to ensure it was tailored to meet the individual needs. We saw that resident and relative meetings were held on a bi-monthly basis where specific topics, such as dignity and respect, daily meal choices, activities, events and new staff were discussed.

People's views were also captured through satisfaction surveys that were completed in relation to different subjects every month. Some of the topics people were asked to provide feedback about were activities, the home, meals, your room and your appearance. We saw that people's responses were collated and their levels of satisfaction were displayed within the service. We saw evidence to confirm people's feedback was used to improve the service whenever possible.

Staff innovation was encouraged and celebrated. We saw that staff were asked to select a peer who they believed had either delivered exceptional care or made a significant impact to a person's life. The staff who were nominated received a reward in recognition of their efforts. The registered manager said, "I want to make sure the staff know they are valued and will try and come up with ways to thank them."