

Methodist Homes The Meadow

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

When we carried out an unannounced planned comprehensive inspection on 13 August 2014. There were a number of Breaches of legal requirements. The Meadow was found have an overall rating for of Requires Improvement. This was because staff recruitment checks were not always completed, and staff were not adequately trained to equip them to meet people's needs. People were not fully involved in their care planning and care plans did not reflect people's support

needs. Staff did not always consider people's capacity to make decisions about their care. The provider subsequently wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We inspected again on 28 October 2015. We found improvements had been made. Staffing levels were assessed to meet the needs of the people using the service and that there were systems in place for the safe recruitment of staff. Staff received relevant training to ensure they could meet the needs of the people they

Summary of findings

supported. People and their relatives were involved in their care planning. As such care plans reflected people's support needs. Staff were able to demonstrate they understood the need to consider people's capacity and how this should be undertaken.

The Meadow is a care home run by Methodist Homes for the Aged. The service is registered to provide accommodation for persons who require personal care. The service can provide for up to 40 people. At the time of inspection there were 31 people using the service. There are two floors, the ground floor provides care and support for up to sixteen older people with dementia and the first floor provides care and support to older people. There is a lift to the first floor and a comfortable balcony area where people can sit and overlook the garden. The dementia unit is within a safe area, which includes a

spacious and easily accessible garden. There is no registered manager at The Meadow. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run. However we found a recently appointed manager, who was being well supported by the provider service to manage the improvements to the service. There was also a deputy manager and senior support staff who had responsibility for the daily oversight of the individual units. Changes to facilitate better communication between staff had been made and we found the service was well led.

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?

The service was safe

- The provider had systems in place to protect people from hazards and abuse.
- People received their medicines in a timely and appropriate manner.
- The provider assessed the level of staff required to meet the needs of the service and undertook checks to ensure the safe recruitment of staff.
- The staff observed procedure to ensure infection control.

Good



Is the service effective?

The service was effective

- The provider followed procedures to make sure they only deprived people of their liberty in a safe and correct way.
- Staff completed training they needed to provide care and support for people.
- The service ensured people were referred for appropriate health care and ensured nutritional support.

Good



Is the service caring?

The service was caring

- Staff were kind and professional in their approach to people.
- Staff treated people with respect. The service kept information in a confidential manner.
- People and their relatives were involved in the writing of their care plan.

Good



Is the service responsive?

The service was responsive

- People knew how to complain.
- The provider recorded complaints and responded to them in a timely manner.
- People received individualised care and reasonable activities.

Good



Is the service well-led?

The service was well led.

- There was a manager in post and they understood their role and responsibilities.
- There were systems in place for the management of the service.
- The provider quality assured the service, eliciting the views of users of the service and analysed the findings.

Good



The Meadow

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 was planned to check that 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.

The inspection took place on 28 October 2015. This was an unannounced planned comprehensive inspection. There were three inspectors and an expert -by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses older people and dementia care services. Prior to the visit we

examined any information we had regarding this service including notifications. During the visit we spoke to six people using the service and five relatives and visitors. We interviewed three staff members in addition to talking to the manager and service manager. We read seven people's care and support plans and examined the provider's policies and procedures checked fourteen Medicine Administration Records (MAR) and medicines. We also observed staff interaction with people throughout the day and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with stakeholders such as commissioning bodies who had regular contact with the service.

Is the service safe?

Our findings

People using the service told us that they were safe and liked living at The Meadow. They said 'I am safe here, staff look after me well' and 'I feel staff make me feel safe'. We saw that staff had received training to protect adults from abuse. There were safeguarding guidelines for staff to follow and staff were able to explain to us what abuse was and how they would recognise signs of abuse. Staff told us they would whistle blow and go to the authorities if abuse went unreported. This demonstrated staff were able to respond appropriately should they suspect abuse was occurring.

People said that the staff administered their medicines for them in a timely manner each day. We observed the appropriate administration of medicines. Staff who handled and administered medicines had received training to enable them to administer medicines safely. We checked fourteen Medicine Administration Records (MAR) and medicines. We found satisfactory documentation and appropriate storing of medicine. The manager audited the administration of the medicines on a regular basis to ensure errors had not taken place. A further check took place when the service manager audited on a regular basis throughout the year. This demonstrated to us that there were systems in place to ensure the safe administration of medicine.

We asked the manager to explain how staffing need was calculated and examined the rotas we found there were staff on duty as the rota described. During our inspection staff answered call bells in a timely manner and staff were attentive to people's requests. However some people expressed a concern to us that at very busy times they thought there are not enough staff and staff did not have time to sit and chat with them. The manager explained the service was not at full capacity as they have 40 places but currently have 31 people living at the service, staffing had remained as if the service was at full capacity. This benefited people living at the service as there was a higher staffing ratio than assessed as required, allowing staff to be more responsive. The manager clarified that on occasions they employ agency staff if permanent staff are not able to attend their shift. They told us should a person require higher staffing need they would put in extra staff to meet that need and discuss with the placing authority. Feedback

sought from professional stakeholders indicated that when they visited unannounced The Meadows' staffing was as the rota described and they observed staff were able to respond to people's needs in a timely manner.

The provider carried out appropriate checks to make sure staff were suitable to work with people using the service. All staff had completed an application form detailing their employment history and there were staff recruitment processes included references, identity checks and criminal records checks. Staff also completed a probation period with induction training to assess their suitability for their role.

People's care records included assessments of potential risks. Staff reviewed risk assessments on a regular basis amending the document when the persons' circumstances had changed. Examples we saw included assessments for skin integrity to prevent pressure ulcers occurring and preventative measures also assessments for the risk of falls, again detailing action to be taken to minimise the risk of occurrence as the persons' circumstances changed. The service had completed environmental risk assessments including a fire safety risk assessment this was to ensure the service was hazard free. We saw reports evidencing regular fire alarm tests, fire drills and the testing of fire prevention safety equipment. There were locked cupboards for potentially hazardous substances such as cleaning products complying with COSHH requirements. The service had a Health and Safety law poster displayed as a visual reminder for staff and policies addressing environmental procedures were available to staff.

Training records demonstrated staff had received food hygiene training. There was accurate recording of fridge temperatures and most foods stuffs were stored correctly. However we noted in two of the small kitchens on the first floor opened food in fridges such as jams and butter but their opening date not recorded on the container as required. In addition there was a saved covered desert without a date on it in a fridge. People use the small kitchens to maintain their independence and have access to food when they want it as well as staff supporting other people. However the food products when opened must have the date recorded. The manager put in place immediately the labelling of food items and a system for daily checking by staff. The appropriate addressing of the concern reassured us systems were now in place.

Is the service safe?

Staff records showed staff received regular infection control training and hand washing training to prevent the spread of infection and disease. We saw there were hand sanitizers situated throughout each unit and access to suitable hand washing facilities throughout the building. We observed staff using protective equipment such as gloves appropriately when giving of personal care and handling soiled linen and saw staff completing hand washing appropriately following the disposal of gloves.

The service employed a housekeeper; laundry assistant, domestic assistant and gardener to maintain the up keep of environment and to ensure the service offered a good standard of hygiene and cleanliness. The garden was well cared for with seating areas for people. We saw a clean well kept environment with no malodour noted.

Is the service effective?

Our findings

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interest and there are no other ways to look after them. The service could demonstrate from their records that they had made a number of appropriate DoLS applications. Care staff had received DoLS training and could give examples of when DoLS should be considered. This demonstrated to us the service had a good understanding of DoLS and had applied for DoLS authorisations appropriately. Staff had received Mental Capacity Act (2005) training and were able to tell us what Mental Capacity Assessment meant. Care plans recorded when people had capacity to make decisions about their finances and medication. There were also examples of when people had capacity and were able to make an unwise decision. Records showed what had been undertaken to work with the person and what measures had been taken to minimise the risk to the person. For example, one person continued to choose to wear unsafe foot wear that might result in falls. They had been offered different choices of foot wear, the risk was assessed and assistance given to avoid falls. The service could demonstrate they were routinely assessing capacity and taking appropriate actions.

People told us "Yes the staff know my routine, they seek my permission for everything" and "I can always ask staff to help me and they always ask for permission." Staff told us they respected people's wishes and always asked for their permission when they provided support. We observed staff asking for people's consent before giving care.

We saw that staff received regular training to enable them to work effectively with people, such as dementia awareness training. Training was specific to the staff role and the training matrix identified clearly who had attended and when the refresher training was due. Staff were able to tell us about training they had received, commented

favourably about the standard of training given and confirmed refresher training was given. Staff told us they received supervision about every two months and had an appraisal which they found this helpful. The manager told us they used supervision to listen to staff views, to address any performance issues, giving examples of where this had a positive outcome, and to identify individual training needs.

The manager described staff handover as an area where effective communication improvement had been made to allow staff to feedback concerns about people's changing needs. This was particularly due to use of a handover sheet to facilitate the process. Night staff were asked to sign that they had read and understood safety alerts and action to take, and were able in turn to handover their concerns to the day staff. This helped ensure that people received effective care. People told us that they were happy with the arrangements to see their GP or go to their hospital appointments. In people's documentation we saw that there had been referrals to the GP when people were refusing their medication or were showing deterioration in their mental health. One person had both psychiatric and psychology referrals when their mood continued to cause concern. We saw evidence of routine health care such as attending the chiropodist or dentist.

People said they liked the food. The menu offered a good variety of meals. Nutritious food was prepared; the meal on the day of inspection was of a high standard. We observed people being encouraged to eat and being offered regular drinks of their choice throughout the day such as different juices. There were drinks available in the lounges for people. People who did not eat or drink well were weighed and their weight was recorded. They had their food and fluid intake recorded daily but we noted not totalled up so as to monitor intake. We brought this to the attention of the manager who agreed to address this immediately. We saw examples of referrals for a dietitian and speech and language therapist to assess for an appropriate nutritional intervention.

Is the service caring?

Our findings

People told us most of the staff were friendly and approachable and all were professional in their manner. Most people thought that staff would be supportive if they had a problem. A staff member told us that "I try to do my best for people." All people spoken to said they felt respected and that staff were caring in their approach. People said that staff called them by the name they wanted to be called.

We observed throughout the visit staff interaction with people and witnessed them engaging in a positive manner. For example, we saw staff getting down to the same eye level and giving good eye contact, so that the staff did not appear to be dominating the person. We saw staff approaching people and initiating interaction with them in a positive and friendly manner. Two people we observed, who could not feed themselves, were helped in a very sensitive way by staff to eat.

People were dressed in a manner that respected their dignity and personal care was offered in a discreet manner.

We saw staff respect people's privacy by knocking on doors before they entered bedrooms. People confirmed staff were always respectful of their privacy. Staff were able to demonstrate an understanding of people's confidentiality, telling us people's confidential information must be kept in a secure manner. We found information to be kept securely in a locked office environment. However, during our

inspection we found some personal correspondence in a communal area. We raised this with the manager and it was ascertained it had been left there by a person visiting the service. The manager said they would address this with people and their visitors to remind them of the need to be careful in keeping personal correspondence in a confidential manner. Following our visit we received confirmation that this had been done.

We found care plans were kept in people's bedrooms in a cabinet so that people had access to their plans. Copies of the care plans and other information such as letters were kept in a locked office. People said care plans were easily accessible for them to look at stored in their bedrooms. A relative added, "Yes the care plan is a representation of my mum's needs and I have helped in all of it." Not everyone spoken with liked the words 'care plan', we found that people knew the essential elements of their care plan and had been asked about how they wished to be supported. Several relatives told us they had been involved in writing the care plan. Care plans detailed people's day to day preferences describing for example how it is very important to one person to have food served on a hot plate at meal times. People said their preferences were discussed. For instance one person preferred gender to gender support in personal care and another preferred a shower rather than a bath. We found that this information had been updated in both care plans when staff were made aware of the person's preference, which demonstrated appropriate amendment of the care plan.

Is the service responsive?

Our findings

Staff were well informed about people's care plans in terms of their support needs. Some staff were very knowledgeable about people's life history but some staff were not always able to tell us the details of people's history prior to them moving into the service, they were however able to say how they would support them appropriately within the service. We found overall that the service was providing care in a way that was tailoring the care and support provided to the individual.

There was an activities programme and an activity coordinator. The service had facilities for activities with a garden, conservatory, and a variety of lounges, a hairdressing room and a music room; there was also a music therapist one day a week. There was a new library area with a selection of books. There were reminiscence areas around the home with familiar objects from past decades such as sweet jars, an old typewriter and photos displayed such as sixties film stars. On the week of inspection the activity coordinator and music therapist were away, so few activities were seen taking place. However, a chaplain was talking with people and doing a cross word with them, and a short quiz took place. We saw people living with dementia had staff around interacting with them and some people were watching a musical production on the television that they clearly enjoyed.

People in conversation described staff as too busy to undertake activities when the coordinator was away. As

such we talked to visiting professionals who were able to confirm they have seen varied activities taking place as described by the service manager. We found people who stayed in their rooms were visited by the chaplains and volunteers. The activity coordinator was visiting people who stayed in their bedrooms and was developing individual activity programmes.

Care plans addressed people's diversity. People's faith preferences were recorded. The service facilitated people's religious observances; there were visiting chaplains who provided services for people from a Methodist faith. One person we spoke with was not Methodist but had contact with their own church and was visited by church members on a regular basis. It was recorded in another person's care plan that they were Buddhist and their dietary preferences in accordance with their faith were also recorded.

All people we spoke with told us they could complain to the manager should they wish to. We saw that people were empowered to speak up if they had concerns. There was a complaints policy and file detailing a range of complaints since the last inspection that had been treated seriously and responded to appropriately. There was a staged response so that complainants could be assured that should their complaint not be dealt with to their satisfaction further action would be taken. The Service Manager told us "We always look at room for improvement in our service." The service demonstrated a willingness to accept complaints and resolve them in a timely manner.

Is the service well-led?

Our findings

People using the service and their relatives said they thought the service was well-led. Staff told us the management had improved a lot in the last few months; telling us that improvements were made following the last CQC inspection.

We found that there was an open and transparent culture within the service. The previous inspection report and rating were displayed in a prominent communal area with a detailed action plan responding to the concerns identified at the previous inspection. Relatives meetings had been held with people who use the service and their relatives to discuss how they would make the changes required. Relatives said that there were definitely relatives meetings and could tell us when the next one was planned. Stakeholders told us that the provider had been working with them to address the concerns. We saw stakeholders had carried out regular reviews of the service and had given positive feedback to the manager to improve the service.

The recently appointed manager said she was being well supported by her service manager. We saw a more established manager of another Methodist Homes service acting as her mentor. The provider had facilitated a scheme where managers peer-reviewed each other's services and offered feedback. This was a good way of giving support whilst facilitating an open culture where recommendations could be made and good practice shared.

People told us the manager was visible in the service and walked around the home daily. People said, "If I wanted to

speak to the manager I could" and another person told us they "thought the manager was very welcoming and helpful." All people said that they could speak to the manager if they wanted to.

The manager was supported by a deputy manager and senior support staff who were trained in duties such as medicine administration and had responsibility for the daily oversight of the individual units. This meant there was a clear management structure in place that ensured accountability in the daily running of the service and facilitated the feeding back of information to the manager.

Staff said "She [the manager] understands us and the residents; she takes feedback and is respectful to everyone." Staff told us there were regular staff meetings and that they were able to speak their views and make suggestions that were listened to and discussed. Records of staff meetings demonstrated there had been meetings with both night and day staff to ensure all staff had the opportunity to attend.

The provider commissioned an independent survey of the users of the service to ascertain how they experienced the support they were given. The survey was anonymised and had space for both tick boxes and comments. The survey was undertaken yearly since 2013. The results for 2015 were not yet available as the closing date was 30 October 2015. A comprehensive and accessible report of the findings was published each year and made available to the users of the service. The service manager told us they scrutinised the analysis of the surveys and worked towards improvements. This showed a commitment to understanding people's experiences of the service and a desire to improve the service they provide.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.