

Meadow Court Limited

Meadow Court Residential Home

Inspection report

Meal Hill Lane
Slaithwaite
Huddersfield
West Yorkshire
HD7 5EL

Tel: 01484840366

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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

About the service: Meadow Court is a residential care home that provides personal and nursing care for up to 37 people, some of whom are living with dementia. At the time of inspection 34 people lived in the service.

People's experience of using this service: People were supported to take their medicines in a safe way however we found a few instances where medicines were not always safely managed. We have made a recommendation about the management of some medicines.

Everyone we spoke with told us Meadow Court was a friendly and lovely place to reside and visit, that staff were kind and caring and people were treated with respect.

Recruitment processes were robust and thorough checks were completed before staff started working in the home. We saw there were sufficient numbers of staff on duty to make sure people's care needs were met. Staff had received training and supervision to ensure people received appropriate care.

The provider and staff knew what to do to keep people safe. Individual risks had been assessed and identified as part of the support and care planning process. We saw nice interactions between staff and people who used the service. We saw staff respected people's privacy and dignity.

People's nutritional needs were met and the menus we saw offered variety and choice. Records showed people had regular access to healthcare professionals to make sure their health care needs were met.

A complaints procedure was in place. People and a relative told us they would have no hesitation in raising concerns. All feedback was used to make continuous improvements to the service.

The home had good management and leadership. The provider and registered manager was visible working with the team, monitoring and supporting staff to ensure people received the care and support they needed.

More information is in Detailed Findings below.

Rating at last inspection: Requires improvement (report published 1 December 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection and the provider was no longer in breach of the regulation relating to recruitment. The service had improved and is now rated good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Meadow Court Residential Home

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector visited on both days of the inspection.

Service and service type: Meadow Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing and carrying out the inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us of, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service, and one relative to ask about their experience of the care provided. In addition, we spoke with a visiting healthcare professional.

We spoke with seven members of staff including a senior care worker, care workers, chef and domestic staff. We spoke with the four owners, one of whom is also the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at three staff files in relation to recruitment and supervision records, records relating to the management of the home and variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- People's prescribed cream and eye drop medicines were not always safely managed. We checked whether the date of opening was recorded on six people's medicines. We found two instances no date was recorded for a cream and one instance for an eye drop. Current NICE (National Institute for Clinical Excellence) guidelines advises, 'to securely maintain accurate and up-to-date records about medicines for each person receiving medicines support.' We saw one person had a thickener prescribed to lower the risk of choking. We found the tin they were using was not routinely stored in a secure place after the person had finished using it. We discussed these areas with the registered manager who took immediate remedial action.

We recommend the provider reviews current guidance on administering prescribed medications and take action to update their practice accordingly.

- Medicines were administered by senior care workers who had received specific training. The staff member we observed administering medicines knew people well. People were asked how they were feeling and given the time they needed to take their medicines. One person told us, "They (referring to senior care workers) are never late with medicines."
- Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.
- Checks on the management of medicines was carried out by the provider on a monthly basis and we saw identified errors were investigated.

Staffing levels

- At the last inspection we found recruitment records were not complete and the provider was found to be in breach of the regulations. At this inspection we found sufficient improvement had been made to remove the breach. Recruitment practices were of good quality and checks were made to ensure suitable people were employed.
- The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required were deployed.
- All staff spoken with said there were sufficient staff to keep people safe. One person told us, "Yes. I feel there are enough staff. Staff know what they are doing."
- One member of staff told us the provider had recognised care workers were under pressure during the late afternoon/early evening and as a result had increased the number of care staff working.

Assessing risk, safety monitoring and management

- People were protected from avoidable risks. Risk assessments were undertaken by the registered manager for a range of risks, such as those associated with falls, diet and nutrition and skin integrity. Recognised risk assessment tools were used to help determine risks.
- In the care plans we looked at we saw examples of good moving and handling plans, which provided staff

with information to safely help people to move.

- Equipment was used to help keep some people safe, such as head protection or bed rails. The associated risks were assessed and consideration was given as to whether the equipment was necessary to keep the person safe.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Preventing and controlling infection

- Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.
- People told us staff wore personal protective equipment when providing personal care and all staff we asked told us they had access to adequate supplies.

Learning lessons when things go wrong

- The provider was keen to develop and learn from events. All accidents and incidents were recorded onto the system care plan. The registered manager reviewed and monitored for any themes or patterns to take preventative action.
- The registered manager shared lessons learnt with staff at monthly staff meetings.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed and regularly reviewed by the registered manager. Expected outcomes for people were identified and recorded.
- The registered manager used evidence based guidance when developing and updating policies and procedures. They utilised the CQC website and email alerts to gather information and they attended local networks and fora to share good practice to assist them to continuously improve their service.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff completed an induction programme which included mandatory training before starting care work.
- Regular supervision was carried out by the registered manager to support staff to develop in their roles, and annual staff appraisals were planned to take place.

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day. Food was well presented and people told us they enjoyed it. One person said, "The food is wonderful. I can ask for things." Another person told us, "The food is very good. I get asked what I want to eat."
- Where people required their food to be prepared differently because of medical need or problems swallowing this was catered for.

Adapting service, design, decoration to meet people's needs

- The design and layout of the building was appropriate for the needs of the people who lived there and the communal areas had a homely feel.
- Adaptations had been made to the home to be 'dementia-friendly'. Word and picture signage was in place to assist people to navigate.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to external health professionals and we saw this had included GP's, district nurses, chiropodists, dentists, speech and language therapists.
- Information was shared with other agencies if people needed to access other services such as hospitals. For example, the provider participated in the 'Red Bag' scheme initiative which gives reassurance to people that they have everything they need with them when they are admitted to hospital. The bags also provide hospital staff with up-to-date information about a person's health, including health concerns and medication.

Ensuring consent to care and treatment in line with law and guidance

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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.

- Staff understood the MCA and could explain what it meant.
- People were encouraged to make all decisions for themselves. Where people did not have capacity to make decisions, they were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way.
- The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lack the mental capacity to make decisions were respected.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed interactions between staff and people throughout our inspection. We saw staff were caring and took a genuine interest in the people they supported. One person told us, "I like living here."
- All staff we spoke with were knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was a lot of laughing and friendliness observed between staff and people throughout the inspection. A relative told us, "I am impressed by the home. In particular, the level of care and friendliness of staff."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- We saw staff assisting people to move and, as they did so, staff used supportive tones and helped to put people at ease. People responded well to this and told us they felt assured and safe.
- A visiting healthcare professional told us, "The managers and staff are extremely helpful. They are very receptive to advice."

Supporting people to express their views and be involved in making decisions about their care

- People's care was tailored to meet their individual needs and preferences. People looked well cared for, clean and tidy. A staff member described how they would support people to choose their daily clothes and this meant people were supported to make choices. People's clothes were nicely presented and hair and nails were brushed and clean.
- People were supported to express their spiritual needs. The local church held monthly multi faith services at the home. As part of Remembrance Day activities, people had been supported to hand make a poppy wreath using a variety of sewing and handcrafting skills for display in the local church. A member of staff told us a trip had been organised to see the display and eight people had attended.
- The registered manager showed they understood when advocacy services would be appropriate and they knew how to access advocacy if this was required. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, staff told us they would ensure curtains were drawn and a person was covered at all times whilst providing personal care.
- People were supported to remain independent. One person said, "I always choose when I get up." A member of staff told us, "[Name] likes to get up early. They are very independent and only needs a helping hand in the morning to put clothes on and have a wash." They also told us they always offered people choice, no matter whether it was choosing clothes, where to sit or what to eat.
- People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care

- People's care plans were detailed and contained information about people's needs. For example, information relating to personal preferences, routines and how a person preferred to spend their time. We asked care workers whether they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs. One staff member told us, "Everything I need to know is on the care plan." However, one staff member said, "I ask the person directly as I do not always have the time to read care plans."
- The registered manager reviewed each person's care plan monthly with the person receiving support and involved family members where appropriate.
- People were enabled to follow a variety of interests and activities. There was an activities coordinator at the home, who clearly knew people well and was very engaging. We observed 13 people involved in making mince pies during our inspection. One person told us, "I would like a quiz or something to do in the evening." We spoke with the registered manager who was responsive to the suggestion and said they would address.
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The provider had an AIS policy in place and we found the principles of the standard were followed in some areas of the home, for example, we saw photographs were used on the food menu board to make food choices accessible to people. The registered manager told us they would review AIS guidance and ensure any additional measures required were put in place. We will check that this has been progressed at the next inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. We noted there were no formal complaints since the last inspection. The registered manager told us they had not received any written complaints regarding the service and would address people's concerns immediately as they arose.
- People and a relative we spoke with confirmed they knew how to make complaints should the need arise. A person said, "I have nothing to complain about." A relative told us, "I would not have any hesitation to raise concerns. I know who to talk to."

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- One care plan we looked at contained specific person-centred information relating to end of life wishes. However, other care plans contained limited information. The registered manager was aware of this and was working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life.
- The staff we spoke with understood, and were able to outline, what good end of life care looked like.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff told us they felt listened to and the provider was approachable. Staff understood the provider's vision for the service and told us they worked together as a team to deliver high standards.
- The provider positively encouraged feedback and acted on it to continuously improve the service. For example, they had recently introduced an electronic pager system which would send a silent alert to staff to notify them when people needed assistance.
- We asked staff whether they felt supported by the provider. One staff member told us, "I personally love working here. It is a really friendly open place and I think it is lovely." Another member of staff said, "If I have got any concerns, I can speak to the managers direct. They get back to us straight away."
- The registered manager was responsive to our inspection and was keen to further develop and improve the home. This was evident as they took immediate actions to address the issues we identified.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well run. The provider had effective oversight of what was happening in the service. Staff at all levels understood their roles and responsibilities.
- The quality assurance system included monthly audits including care plans, falls analysis, medicine management and infection control carried out by the registered manager. We found these audits were effective in that, where areas for improvement were identified, action was taken.
- The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities.

Engaging and involving people using the service, the public and staff. Continuous learning and improving care. Working in partnership with others

- The provider continued to have an effective oversight of what was happening in the service and a strong visual presence.
- The provider regularly sought the views of people, their relatives and visiting healthcare professionals and the feedback had been used to continuously improve the service.
- Staff were routinely verbally asked for their feedback and consulted with regarding proposed changes to the service.
- The provider had forged good links for the benefit of the service within the local community. The registered manager told us the home regularly held events which were well attended by people, their relatives and the local community. For example, monthly coffee mornings and annual events such as a garden party, bonfire and Christmas celebrations.