

Care Uk Community Partnerships Ltd

Meadow Court

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 19 and 20 March 2015. The service met all of the regulations we inspected against at our last inspection on 16 January 2014.

Meadow Court is a care home with nursing divided in to five separate units known as clusters. The service is registered to accommodate a maximum of 70 people. At the time of the inspection there were 39 people using the service. The registered manager told us that one of the units (which could accommodate 12 people) had been

closed due to a lack of new admissions. The home had 19 vacancies. We noted that the home did not always have enough staff to meet people's needs. However, we noted people were happy living at the home because staff were experienced and supported to ensure people privacy and dignity was respected and their needs met.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found that there were not enough staff deployed at the home. For example, we saw some people had to wait for staff to finish helping others before they could be supported with their meals. We observed that staff who were on a one-to-one support to people were doing other tasks and were not present with them all the time. This showed that people were at risk because there were not enough staff. You can see what action we have told the provider to take at the back of the full version of this report.

We reviewed care files and noted that people were involved in planning of their care and were actively encouraged to do so. People told us they felt safe and were respected by staff. They also told us that they were happy living at the home.

Staff had good knowledge, support and experience to provide care to people. Staff received regular supervision and training. Records we saw and staff told us they had attended training in various areas relevant to their roles.

We observed staff were friendly and kind when supporting and interacting with people. Staff ensured people's privacy and dignity by giving them choice of, for example, what to wear and how to be supported, and by knocking on bedroom doors before entering rooms.

Staff were appropriately vetted before they were employed. This ensured that people were supported by staff who were checked regarding their suitability, knowledge and experience to deliver care.

People had access to healthcare services and received ongoing healthcare support. For example, people had healthcare checks and attended appointments with opticians and dentists. Referrals were also made to other healthcare professionals when and as needed. The home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive.

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 not always safe. There were not enough staff deployed to provide care that people needed. We saw some people had to wait for staff to finish helping others before they could be supported with their meals. There were good recruitment procedures in place for staff.

People received their medicines as prescribed by their doctors. There were good systems in place to ensure medicines were stored and administered safely.

Requires improvement



Is the service effective?

The service was effective. Staff had the skills and knowledge necessary to provide care and support for people who used the service.

Staff understood the principles of the Mental Capacity Act 2005 and knew people had the right to make their own decisions about their care and treatment. Staff understood decisions can be made for people only if their mental capacity assessments had been completed and they lacked capacity in certain areas.

Staff supported people to maintain good health and eat a balanced, healthy and nutritious diet. People's weights were monitored and they had access to healthcare professionals such as opticians, dentists, chiropodists and GPs.

Good



Is the service caring?

The service was caring. Staff were respectful of people's privacy and dignity and received ongoing training and support in ensuring privacy and dignity was respected. Staff had developed good relationships with people who used the service. Staff knew people's likes and dislikes and were respectful of people's needs and wishes. People were encouraged to express their views and were listened to by staff.

Good



Is the service responsive?

There were systems in place to ensure complaints were recorded, investigated and action taken where appropriate. Care plans were regularly reviewed and audited to ensure they actively reflected the needs of the individual. There were various activities people to engage in. We observed people enjoyed the activities.

The care provided at the home reflected individual needs. Each person's needs were assessed and care plans were developed in line with people's needs.

Good



Is the service well-led?

The service was well-led. The manager carried out regular audits of the service. The regional director also carried out fortnightly audits of the service.

Good



Summary of findings

Relatives' meetings and staff meetings took place on a regular basis. This enabled relatives and staff to discuss and learn from issues common to people to the service.

Staff were positive about the support they received from management. However, some relatives told us that they were not confident that the management was open with them.

Meadow Court

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 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 inspection took place on 19 and 20 March 2015 and was unannounced. The inspection was conducted by an adult social care inspector and one expert 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.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. 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. The PIR also provides data about the organisation and service.

During the inspection we spoke with five people using the service, six relatives, twelve staff and the registered manager. We reviewed nine people's care files, five staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also had a guided tour of the premises and observed people interacting with staff.

Is the service safe?

Our findings

There were not enough staff on one unit at lunchtime. Relatives informed us that two people in one of the units did not have one-to-one care workers although their care plans had been agreed for them to have one-to-one support. The registered manager and staff rota confirmed that four people had one-to-one care arrangements and there were a minimum of two care workers and a nurse in each of the four units. We saw one person did not have one-to-one care support despite staff telling us and their care plan stating they needed one-to-one care. We observed two people had to wait for staff to finish helping others before they came and assisted them with their meals. Staff told us and we saw most people required assistance with their meals but there were not enough staff to support each person during lunchtime. Staff told us they were “stretched” when lunch was served. This showed that people were not safe because there were not enough staff deployed to provide care and support that people needed. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the provider to take can be found at the back of this report.

People were positive about the home. One person said, “[I am] very comfortable and safe [at the home]. I never have to wait too long for help”. Another person said, “Yes, I feel very safe and am happy to stay here”. Relatives told us people received care and support that reflected their needs. A relative told us the care people received was “good” and they “can’t fault” the service. Another relative told us staff were “good” but “there are occasions when staff are asked to do quite a lot of things”. They said they also believed there were not enough staff with balanced mix of skills to meet people’s needs. The registered

manager and the records we sampled confirmed staff had attended training in safeguarding adults’ procedures. Staff were able to tell us their understanding of adult safeguarding and the procedures they should follow to report a safeguarding incident. They told us they had read the provider’s safeguarding and whistleblowing policies and gave us examples of when they would use the guidance in these policies. For example, one member of staff told us they would report any unusual incident to the manager or a senior member of staff. They told us they would contact the local authority’s safeguarding team, the police or the CQC if they thought not enough was being done about the concern.

Care files showed that risks associated with people’s support were assessed and guidelines were put in place for staff to reduce those risks. Staff confirmed that they had read risk assessments and were aware of how to support people. They gave an example of a person who needed two staff to support them with personal care. This showed that there were systems in place to identify and manage risks to people.

The home had good recruitment processes in place. The staff files contained completed job application forms, criminal record checks, written references, and person identification records. The registered manager informed us that new members of staff had a comprehensive induction to ensure that they knew the home’s procedures. Staff we spoke with confirmed that they had attended induction programmes. We checked seven people’s medicines and medicine administration record sheets (MARS). We saw that medicines were kept securely and that there were no gaps in the administration and records. People told us staff administered their medicines. We saw that MARS were signed and dated by staff. The nurses, who had relevant training and experience, administered the medicines. This showed the service had a good system in place for administering medicines.

Is the service effective?

Our findings

The manager told us sixteen Deprivation of Liberty Safeguards (DOLS) authorisations had been granted and they were waiting for a decision regarding other applications. DoLS are legal safeguards that ensure people's liberty is only deprived when absolutely necessary for their own safety. Records showed that the home had completed assessments of people's capacity to understand and agree to their support and there were comprehensive policies in place regarding the Mental Capacity Act 2005 and DoLS.

Care files detailed people's support needs such as nutrition, mobility, mental health, falls risk, wellbeing and manual handling. We saw examples of monitoring of people's regular healthcare, for example, people's weight, blood pressure and blood sugar level were monitored and recorded on boards in the offices in the units. Staff told us this helped them to provide appropriate care to people.

Relatives and people talked positively about staff. A relative told us they had been coming for nearly two years and they had found the staff were good. They said, "[Staff] are doing what they can." Another relative told us, "Some of the carers are extremely good and experienced." Staff files and training records showed that staff had attended a number of training programmes such as infection control, adult safeguarding, moving and handling, medicine administration, basic food hygiene, and epilepsy. Staff told us that they had "plenty" of training which assisted them to develop their skills and understanding of how to respond to people's needs effectively. Staff said they also worked as a team and received support from each other and the manager. A member of staff said, "I have worked here for many years, I enjoy working here and feel I that I am given all the necessary training."

The home was divided into four units over three floors, each with access to the lift and stairs. The corridors were wide and bright for people to move about. The units had a door code to access the stairs. The registered manager and staff informed us that there was a plan to merge two units on the ground floor. A relative told us they were concerned about the planned merger of the units because the people in the units were not compatible, with some having physical disabilities and the others dementia. We discussed this with the registered manager and were informed that all stakeholders would be consulted about the merger.

We observed staff were patient and allowed people to eat at their own pace when supporting them with their breakfast and lunch. People told us staff supported them with their meals. They told us there were varieties of food at the home and they were able to choose what they preferred. One person said, "The food is very good and there is choice." Another person told that the food was "the best I had in a [care home]" and that there was "plenty of it". A relative said a person ate all their food and this showed the food "is very good". The menu showed that there were two alternatives from which people were able to choose at each meal. We noted the home provided meals that reflected people's individual preferences, for example, to meet people's religious, medical and cultural needs.

Staff knowledge was assessed through the supervision and appraisal process, observations and team meetings. All the staff we spoke with confirmed that they had supervision and appraisal. We confirmed these in the staff files we checked. We also saw the minutes of staff meetings and noted that staff discussed various work related matters.

People received access to health care services and received ongoing support from external professionals on a regular basis or when required. For example, people were referred to a dietician, speech and language therapist, doctor and district nurse. This showed people's health needs were reviewed regularly and were met.

Is the service caring?

Our findings

One person told us, "It's very homely. Staff are good." Another person said, "They look after us. It is a lovely home." Relatives told us the home was good and staff were caring. A relative said, "The home provided a high quality service and I am grateful to staff." Another relative told us they were satisfied with the care provided. They said, "The home is clean and I say staff 99% they are all caring and friendly."

We observed staff interacting with people in a caring and respectful manner. Staff knew people well and spoke to them about things that mattered to them. From our observations it was clear the staff had built and maintained positive working relationships with people. For example, we observed people took part in an activity session. Staff were patient and respectful to those who became distressed and would listen to and offer reassurance verbally and by gently patting their arm. Staff actively encouraged people to be as independent as possible giving them positive responses when goals were achieved. Staff were seen offering people choices regarding the care they received, for example, they provided an alternative meal for one person who did not like what had been offered to them.

Staff were observed maintaining people's confidentiality. We observed that confidential papers were not left in

communal areas and that people's files were securely kept in the offices. Staff told us how they would ensure people's privacy and dignity when they provided care. For example, a member of staff said that they would always knock on the bedroom door before entering and they would always offer people choices of what to wear, how to be supported with personal care and what to eat. They said they would close the doors when supporting people with personal care to ensure their privacy.

During the inspection we saw that people received visits from their relatives and were able to spend time with them privately or in the communal areas, depending on their preference. We saw some relatives supported people with their meals.

The manager told us relatives were welcome to the home and were encouraged to maintain relationship with people. We were told by the registered manager that relatives were invited to meetings to discuss any common issues. The visitor's book and observation showed that visitors and relatives regularly came to the home.

End of life care preferences had been recorded where possible. Staff were aware of people's preferences and involvement from relatives and medical professionals was sought. This ensured that people and relatives decided they type of end of life care available to people.

Is the service responsive?

Our findings

People told us that they knew how to make a complaint. One person said, "If I had a complaint I would let the nurse or my relative know, but I do not have any." A relative told us that they were happy with the home and the staff responded to a person's needs. During the inspection we observed one relative who made a complaint to the registered manager. We saw the registered manager listened to the person and informed them they would look into their concerns. Later on the person told us they were happy with the way their complaint was handled. We noted that the home's complaints policy was displayed for people and relatives told us they knew how to complain.

People received care in line with their likes, dislikes, needs and requirements. Each person had an allocated keyworker. A keyworker is a staff member responsible for ensuring an individual has everything they need in terms of their health, support and personal requirements.

We saw comprehensive pre-assessment documents that staff had completed to ensure that the home was able to meet people's needs and ensure a person centred plan was in place. Staff were aware of people's assessed needs and how to support them. For example, we observed that when

a person appeared distressed, the nurse and care assistant discussed how the person could best be helped. Staff suggested that the person rested on their bed, and the person appeared calmer when observed 20 minutes later. We noted the person's relative were aware of and in agreement with staff response to the person's needs.

People's care plans and risk assessments were amended as when changes occurred. Meetings were held for people to discuss any changes in their needs. One person told us they and their relatives were involved in the review of their care plans.

Regular activity programmes were provided. One person told us, "There are many activities and the activity coordinator is lovely and wants to know what I am interested in." We noted that people were encouraged to engage in activities of their interest. The activities co-ordinator told us that activities programme was developed to reflect people's interest. One person told us they enjoyed reading books and watching television in their room but they would also benefit if the home would arrange internet access. We raised this with the registered manager and were advised that they would discuss this with the person and their relatives and assist them to have an internet service.

Is the service well-led?

Our findings

Staff told us that they felt supported within their role. They told us that they had received appropriate training and they were encouraged to progress their careers. Staff told us the registered manager was approachable and helpful, and they could talk to them if they had a concern.

Information sent to us before the inspection and a conversation with a relative indicated that relatives did not have full confidence in staff being open to share information about people. A relative said, "I am not convinced there is a culture of openness." However, the person said, "here are absolutely brilliant staff" with whom they have "developed some relationship". Another relative told us staff kept them up-to-date with information about a person's health and wellbeing. We discussed relatives' comments and concerns about information sharing with the registered manager and were informed that staff were never advised against keeping relatives updated about people's care. She said staff were advised not to share confidential information with people not entitled to know about people's care. The registered manager said she would clarify this with staff and relatives so everyone had a clear understanding about information sharing.

Each of the units had an allocated nurse responsible for managing and supervising care staff. The manager and the

deputy manager told us that they worked in the units, for example during meal times, and this enabled them to be aware of what was happening in the home and how people were supported.

The manager ensured that the service provision was regularly audited. Staff informed us that medicines were audited by registered manager and deputy manager. The regional director also undertook auditing of key themes such as weight loss, wound management, falls, medicine and safety, and prepared reports twice a month. The registered manager told us that a clinical governance manager visited twice a month to check all the clinical aspects of the home. The registered manager also used other methods to monitor the quality of service provision, for example managers' weekly meetings and staff meetings. All the staff we spoke with told us that the staff meetings were helpful because they shared information about policies and practices. We noted that the manager also used a themed supervision where a small group of staff met with a manager and discussed certain topics as a learning process.

The visitors' book showed relatives could see people at different times. A relative told us that meeting times were flexible and this was helpful because they could attend the meetings, for example, relatives' meetings.

We noted that people of all faiths were supported and encouraged to maintain their beliefs. Staff were aware of diversity and the equal rights people had to services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People's health, safety and welfare were not safeguarded because there were not sufficient number of staff deployed to meet their needs. Regulation 18 (1)