Meadowside Residential Care Home Limited

# Meadowside Residential 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

Meadowside Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Meadowside Residential Care Home accommodates a maximum of 13
people in one building. At the time of our inspection there were 12 people who lived in the home.

At the last inspection in May 2016 the service was rated as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

There was a registered manager in post. 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.

People continued to receive care and support that was safe. Staff were knowledgeable in how to safeguard and protect people and understood their responsibilities to report concerns promptly. People were supported with medicines and received them safely and when they were required. Risks to people's welfare and the environment were assessed and actions taken to minimise them without restricting people's freedom. Appropriate recruitment checks were carried out before new staff commenced employment. Not all staff files contained the full information required by the regulation, however, the registered manager took immediate action to rectify this. There had been no negative impact on people using the service as a consequence of the missing information. Appropriate personal protective equipment was supplied and used to prevent the spread of infection. Accidents and incidents were monitored for trends so appropriate action could be taken to reduce the risk of recurrence.

People continued to receive effective support from staff who were trained and had the necessary skills to fulfil their role. Staff were well supported by the registered manager and the two deputy managers. They had regular supervision meetings and an appraisal of their work annually. People were supported with maintaining a balanced diet and staff encouraged them to maintain good hydration. A number of changes to the environment had created additional areas for people to enjoy and relax in. People's healthcare needs were monitored and advice was sought from healthcare professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The service remained caring. People, their relatives and visitors told us staff were kind, caring and patient. People's privacy and dignity were protected and people told us staff treated them with respect. People and when appropriate relatives were fully involved in reviewing and making decisions about their care. Staff encouraged people to maintain as much independence as possible.

The service remained responsive to people's individual physical, mental, social and cultural needs. Staff knew people very well and paid attention to finding out about their personal preferences. This enabled care and support to be focused to achieve people's desired outcomes. Individual care plans were person-centred; they considered the diverse needs of each person, taking into account any protected characteristics. People and their relatives knew how to raise concerns or make a complaint; they felt confident they would be listened to if concerns were raised. Regular activities were available for people to take part in if they wished and time was invested in developing projects to further enhance the activity programme. People had the opportunity to make plans regarding care they wished to receive at the end of their life. We have made a recommendation regarding the accessible information standard.

The service was well-led, with strong leadership from the registered manager and the two deputy managers. Records were relevant, complete and reviewed regularly to reflect current information. The registered manager promoted an empowering, person centred culture which was open and transparent. The values of the service were embedded in the way the service was led. Feedback was sought and used to monitor the quality of the service. Audits were conducted and used to make improvements. The service worked in partnership with other agencies and promoted links with the local community.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good | **Good** |
| **Is the service effective?**<br>The service remains Good | **Good** |
| **Is the service caring?**<br>The service remains Good | **Good** |
| **Is the service responsive?**<br>The service remains Good | **Good** |
| **Is the service well-led?**<br>The service remains Good | **Good** |

# Meadowside Residential 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 was planned to check http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.pngwhether 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 was a comprehensive inspection which took place on 30 October 2018. The inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We also looked at previous inspection reports and we used information the provider sent us in the Provider Information Return. This is 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.

During the inspection we spoke with seven of the people who lived at Meadowside Residential Care Home. We also spoke with two relatives or visitors and five members of staff including the registered manager, a deputy manager and three staff, one who had responsibility for activities.

We observed care and support being provided in the communal areas of the service, we saw people having lunch during the inspection and we watched the administration of medicines at lunch time. We looked at records relating to the management of the service. These included three people's care plans, medicine records and other associated records. We inspected three staff files including recruitment records and reviewed records of accidents and incidents. We looked at a selection of handover and communication documentation, minutes of meetings, service audits and health and safety records.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said to us, "Oh yes, I'm safe. I can trust everyone here." Another told us, "Yes, I feel safe here. They're all so good." Relatives/visitors also felt people were safe and we received comments such as, "Definitely" and "Very much so."

Staff we spoke with understood their responsibilities to keep people safe and protect them from abuse. Staff confirmed they had received training and demonstrated their knowledge by describing the signs they looked for which may indicate a person had been abused. They said they would report anything they were concerned about immediately and felt confident prompt action would be taken by senior staff. Staff were also aware of whistle blowing and confirmed they could raise concerns with other agencies such as the Care Quality Commission if necessary.

There were sufficient numbers of staff employed to provide safe care to people and we noted call bells were answered promptly during the inspection. People told us there was enough staff and they did not have to wait long for help when they required it. Staff also believed there were adequate levels of staff to ensure people were safe. One told us, "Yes, there's enough of us." The registered manager told us they used a dependency tool to calculate the required number of staff and saw this was reviewed monthly. Staff had been successfully recruited and there were no current vacant positions. The registered manager told us minimal agency cover was used. However, they said they did not hesitate to make use of this facility to cover annual leave and sickness when necessary.

Recruitment practices included background checks on new staff before they commenced work. However, we noted a full employment history was not held in two of the three files we reviewed. We raised this with the registered manager who told us they had been following guidance from the provider's human resources company. They took immediate action to incorporate gathering this information during the recruitment process in the future and sent us information to confirm this following the inspection. There had been no negative impact on people due to the missing information.

Risks relating to people and their individual care needs were assessed. These included risks related to falls, mobility, medicines and malnutrition. Care plans contained guidance on managing and reducing those risks for each person. Risks associated with the environment and the building were also assessed. Records confirmed the required safety checks and periodic servicing of equipment had taken place to ensure it remained safe and suitable for use. Accidents and incidents were recorded, investigated and monitored for trends.

There were robust arrangements in place for ordering, storing, administering and disposing of medicines. All staff who administered medicines had received training and their competency was monitored and assessed at least annually. We observed staff followed guidance which
ensured people were given their medicines safely and at the right time. People were asked if they were ready to have their medicines and offered appropriate support to take them.

The home was clean and fresh smelling. People told us they felt it was cleaned to a good standard. One person said, "They always change my bed so it's nice and clean." Cleaning schedules were in place and staff were trained in infection control and prevention. We observed staff wore gloves and aprons appropriately during the inspection.

Good

# Is the service effective?

## Our findings

People's needs were assessed prior to them moving into the home. Their needs and choices were assessed to provide a basis for the care plan which was then developed throughout the person's stay to reflect any changes in their needs. The initial assessment covered areas such as levels of support and how staff were to meet people's physical, mental, social and cultural needs. We saw how people's life history was recorded if people were willing to share it, this helped staff understand people's background and gave them a basis to help them develop relationships.

People told us they felt care staff were well trained and praised their ability to meet their needs. One told us, "They know what they're doing." Records demonstrated that staff had received the training and supervision required to fulfil their role. The registered manager encouraged staff to champion areas of their role they had an interest in, for example, diabetes and activities. Additional training had been undertaken in these areas and there was a keen interest to develop champions in other areas such as infection control.

Staff told us they felt supported in their role and felt valued. The registered manager explained how they felt doing small things to show staff were appreciated was important. Flowers and birthday cakes were regular tokens used to celebrate. We also saw an example of how a particular achievement by a staff member, although unrelated to their role was recognised by colleagues and residents alike.

One to one supervision sessions included discussions relating to staff skills, development and their performance. The management team completed observations of practice to ensure staff were adhering to the training that had been provided. Staff told us they had regular training to keep their skills fresh. All new staff were inducted to the home and followed a training course to meet the care certificate standards. Records demonstrated staff had completed the required training set out in the provider's policy and training plan. In addition, some staff had completed or were working toward recognised qualifications in health and social care.

People were supported to have enough to eat and drink and could choose where they took their meals. Since the previous inspection the catering system had changed and pre-prepared meals were now sourced for the main meal of the day while an array of snacks and lighter meals could be prepared in the kitchen. The registered manager told us that after the trail period the response had been in favour of keeping the system, however, they continued to monitor people's response and we saw it was a regular item on the resident's meeting agenda. We were told the system afforded more choice in menu and the meals were specifically designed to appeal to the palate of the older person and provide appropriate nutritional requirements. One person told us, "The food is good, we get a choice of two meals each day." A second person said, "It's OK but you lose your appetite as you get older." Another person did not seem so keen on their meal and just shrugged their shoulders when asked if they enjoyed it. People were offered drinks and snacks throughout the day. Staff were keenly aware of the importance of hydration and encouraged people to drink, offering a wide choice of fluids to choose from. The registered manager told us specialised diets, such as those related to specific cultures, beliefs or medical conditions could be provided for people who required them.

People were supported to maintain their health. People appreciated the support that was available to them, for example, one person said, "Here, they can arrange appointments for me, it's nice because at home I would have had to do that myself." People saw health professionals for new or ongoing conditions and staff made referrals and sought advice promptly when people's conditions changed. Records indicated people saw a range of professionals including GPs, opticians, dentists and chiropodists.

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 Mental Capacity Act (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, one application had been made to a person's funding, local authority and was being followed up by the registered manager. We checked whether the service was working within the principles of the MCA and found that they were. Staff had been trained and understood their responsibilities under the MCA in their day to day work. People's consent was sought, and we observed examples of staff asking people if they could help them or if they were ready for their medicines. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests.

Since the previous inspection, the environment had undergone major work in the building of an extension to create large, bright and airy lounge, dining room and a snug area. This had created a space for people to relax, enjoy the company of others and gave them an alternative area to entertain guests if they did not wish to use their room. The kitchen and laundry had been reconfigured, bedrooms redecorated and the garden area had also undergone major redevelopment. An additional bedroom had also been added. The registered manager said, "We are on a mission to improve in every way, not just the building, I want a good culture. We are small and need to be robust." We saw people were enjoying the new lounge area and one person took delight in showing us this area and the new ramp that led to the garden.

Good

# Is the service caring?

## Our findings

People we spoke with were positive about the relationships they had with the staff team. One person said, "Everybody's so nice here, they come and talk to you." Other people made comments such as, "Very kind," "Very good indeed" and "Yes they are kind."

People were fully involved in deciding what support they required. For example, people were asked if they wanted staff to check their wellbeing during the night, how often and at what time. People's care plans were reviewed with them six monthly. During this review people were given opportunities to express their views on the support they received and make changes as required.

People were treated with kindness and respect by a caring staff team. We observed staff greeted people in a friendly way when entering the shared areas of the home. They interacted positively with people throughout the inspection and demonstrated a caring and helpful manner. We saw people and their visitors were treated respectfully and with compassion. The atmosphere was calm and relaxed throughout the home and people moved about freely, choosing whether to join in organised activities or selecting an individual activity such as reading. Some people chose to spend time together watching a film while others preferred their own company and remained in their rooms. We saw staff conducted meaningful conversations with people, often about their families or what they had been doing. It was clear staff knew the people they cared for well and we saw how people were relaxed in their company. Visitors told us they were made welcome every time they came and staff offered them refreshments. One said, "Before I've even got my coat off they check if I want a cup of tea and there's always a nice cake or biscuit."

Staff described the steps they took to preserve people's privacy and dignity. One person told us they had found it difficult to accept help with personal care as they were embarrassed, however, the approach staff used had helped them get over that. This demonstrated staff had a caring and thoughtful approach to supporting people.

People were supported to be as independent as they could be and the registered manager told us they recognised the benefits of positive risk taking. For example, one person chose to use a stick to support their walking. This was rather than a frame which may have further reduced their risk of falling, but would have limited their independence. People were made fully aware of the potential risk but supported in their choice to remain as independent as possible.

The registered manager had introduced changes in policies to comply with General Data Protection Regulation, (GDPR) which relates to how people's personal information is managed. A confidentiality policy was in place and staff able to say how confidentiality was maintained.

Good

# Is the service responsive?

## Our findings

Individualised and responsive care was provided to people by a staff team who recognised the importance of lifestyle preferences. People's care plans were person-centred and included information to guide staff on how to meet people's individual physical, social, cultural and spiritual needs. Staff were aware of people's preferred routines and respected them. Care plans were reviewed regularly each month or sooner if people's needs changed. For example, we saw how a recent decline in a person's mobility had triggered a review and adjustment to their care plan to include additional support.

People chose what they wished to do during the day and said they felt there was enough to do. Some of those we spoke with said they did not often join in with organised activities but chose to do other things such as reading, listening to the radio or watching films or TV. The home employed one member of staff with specific responsibility for organising activities three days per week. We saw a timetable of events was available and included word of the day, exercises, visits from birds of prey and regular visits from the local church with Holy Communion for those people who wished to take part. Some people went out either independently or with family members and the occasional day trip was organised by the home. We saw a boat trip had taken place earlier in the year and it was evident from photographs how this trip had been greatly enjoyed by those who had taken part. It had meant a great deal to one person who had a keen interest in boats having worked for many years on the river. The staff had helped prepare a special scrap book of photographs so this person could remember and share the experience with others.

The activity staff and registered manager spoke enthusiastically about how they wanted to develop activities and were incorporating ideas from a recent training course. They had begun recording activities in books of 'daily fun, games and moments' which showed what had taken place each day. They told us these albums were used in a variety of ways but had proved very useful when a person had been in hospital for a period of time; it helped them catch up with what had happened in their absence. Relatives also enjoyed looking through to see what their family members had been doing, giving them topics to chat about.

The registered manager was not fully aware of the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. However, care plans included an assessment of people's communication needs and clear guidance was included on how to communicate and provide information to them.

We recommend the provider reviews the accessible information standard and checks they are meeting the requirements of the standard.

People and their relatives were encouraged to give their views and feedback on the service. Each person had a copy of the provider's complaints policy in their room. We reviewed the complaints log and saw one complaint had been received since the previous inspection which had been dealt with appropriately. The home received many compliments both via cards/letters and reviews placed on an independent website. Relatives confirmed they felt they could raise concerns with the registered manager and felt they were

listened to. The staff told us how minor concerns were addressed immediately to bring about an effective solution so that they did not escalate into complaints.

People had the opportunity to say how they wished to be cared for at the end of their lives. Each person had a document titled 'preferred priorities for care'. Advanced decisions were recorded and staff were aware of people's wishes. The registered manager had planned end of life care training for staff, we saw this was due to take place next year. They told us they worked closely with the GP surgery and the palliative care team when they were caring for a person approaching the end of their life.

Good

# Is the service well-led?

## Our findings

The service continued to be well-led. At the time of our inspection there was a registered manager in post. 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. The registered manager had notified us of important events in the home as they are required to by law.

People, relatives and staff spoke positively about the registered manager and the deputy managers. Staff told us they were "very supportive". One staff member commented, "I can go to any of them and they will listen. They all share the same values and work together well." Another said, "It's lovely to work here. It's the longest I've been anywhere. It's small and everyone makes an effort, so you can see results. We are like a big family, staff and residents." Staff described the registered manager as always being available and willing to act when necessary. They felt there was a culture of openness and honesty between the team members.

The registered manager had values and a vision that was person-centred and focussed fully on meeting people's needs and achieving positive outcomes. They led and directed staff to maintain those values through regular meetings with the deputy managers and the whole staff team. They regularly sought the views of people, their relatives and staff through quality assurance questionnaires, the results of which were used to inform how the home was run and ensure it was in line with people's wishes. Staff also felt their ideas were valued and told us they were happy to make suggestions because they were listened to.

Staff had allocated roles and responsibilities. These included such things as carrying out safety checks and ordering and monitoring medicines. The registered manager then used a regular system of audits to ensure all necessary tasks had been completed efficiently and to a good standard. They also carried out observations of practice and monitored the health and safety of the home. Where any shortfalls were highlighted, actions were taken promptly to maintain the smooth and effective running of the home. The provider had policy relating to duty of candour and the registered manager had a good understanding of their responsibilities under this policy. There had been no incidents which had required the policy to be used.

The home worked in partnership with other agencies and records showed they had worked with a range of health and social care professionals. In addition, they had recently begun to expand links with the community and projects with a local primary and secondary school had been planned. They also contributed to community projects such as cupcake day during which they baked and sold cakes to raise money for a national charity.