

Parkcare Homes Limited

The Meadows

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

An unannounced inspection took place on 23 March 2015. Our previous inspection of 22 July 2014 found the provider was not meeting five regulations at that time. These were in relation to consent to care and treatment, care and welfare, staffing, management of medicines and assessing and monitoring the quality of service provision. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found that the actions we required had been completed and these regulations were now met.

The Meadows provides care and support for up to 34 older adults with a variety of needs including people who require nursing care. At the time of our inspection there were 31 people using the service. The home has two floors with a number of communal areas and a garden available for people to use.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives were satisfied with the care and support provided and all felt their individual needs and wishes were known and understood. Staff had a good rapport with people and were kind and gentle in their approaches. People felt involved in the planning and delivery of their care and had opportunities to be involved in the development of the service. People were confident approaching staff and were comfortable raising any concerns or issues they may have.

We saw that people were well supported by a staff team that understood their individual needs. We observed that staff treated people with respect and promoted people's dignity and independence. Staff we spoke with had a good understanding of people's needs and were clear about the care and support people required.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and felt they had received appropriate training. Nursing staff had sufficient support for their continuing professional development. Improvements had been made to staffing levels and people's care and support needs were met promptly.

Staff were aware of how to protect people from avoidable harm and were aware of safeguarding procedures to ensure that any allegations of abuse were reported and referred to the appropriate authority. This meant that care was provided in the safest way.

People had been asked for their consent to care and treatment and their wishes and decisions respected. The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008 had been met.

Medicines were safely stored and administered and people received their regular medicines as prescribed. We found one discrepancy with stock levels which was responded to on the day of our visit.

Improvements had been made in the planning and delivery of people's care and people had received the care and support they required. People's needs were assessed and plans were in place to meet those needs. Risks to people's health and well-being were identified and plans were in place to manage those risks. We found good practice in relation to wound management and food and fluid recording.

People were supported to access additional healthcare professionals whenever they needed to and their advice and guidance had been incorporated into people's care plans. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

The home had been well maintained and offered a pleasant environment for the people living there. People's bedrooms had been personalised and people were encouraged to spend their time where they pleased.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided. People's complaints and issues of concern had been responded to promptly and appropriately.

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.

Improvements had been made to staffing levels and there were sufficient numbers of staff available to meet people's needs. Improvements had been made to medicine management and people's medicines were managed safely.

The home was well maintained and safe for the people who lived there.

There were robust systems in place to protect people from avoidable harm and to respond to allegations of abuse. Staff had been appropriately recruited.

Good



Is the service effective?

The service was effective.

People's health had been monitored and responded to and people were provided with a balanced diet and sufficient food and drink.

Staff had received appropriate support and training and had a good understanding of people's individual needs. Principles of the Mental Capacity Act 2005 had been adhered to.

Good



Is the service caring?

The service was caring.

People told us care staff supported them appropriately and were kind and respectful.

Our observations showed staff considered people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good



Is the service responsive?

The service was responsive.

Improvements had been made to the planning and delivery of people's care.

People's preferences and what was important to them was known and understood. People received opportunities to share their experience about the service including how to make a complaint.

Good



Is the service well-led?

The service was well-led.

People and staff had confidence in the management of the service. Staff were clear about their roles and responsibilities. Improvements had been made to quality assurance systems in the assessment and monitoring of service provision.

Good



The Meadows

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 was 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.

Before the inspection we reviewed the information we held about the service, including its inspection history and the notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We also contacted the local authority and who had funding responsibility for people who used the service.

This inspection took place on 23 March 2015 and was unannounced. The inspection was completed by one inspector and a specialist advisor who was a qualified nurse.

We spoke with 8 people who used the service and four visiting relatives about their views of the service. We spoke with the registered manager and seven staff members including care workers and nursing staff.

We reviewed a range of records about people's care and how the home was managed. This included seven people's plans of care, four staff records and records in relation to the management of the service such as audits, checks, policies and procedures.

Is the service safe?

Our findings

Our previous inspection found there were not sufficient numbers of suitably qualified, skilled and experienced staff available to meet the needs of the people who used the service. This was a breach of Regulation 22 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made to staffing levels and found this regulation had now been met.

We asked people about the staffing levels at the home and most people felt they were adequate. People told us, “There seems to be enough”, “I cannot think of a time when they did not come reasonably quickly”, “I don’t think there is a shortage of staff” and “You don’t have to wait for care”. One person we spoke with did raise some concerns about having to wait for their care or support. They told us, “I sometimes have to wait for them to come”, however went on to explain, “They came to my room and explained why they couldn’t help me and asked if I could wait. That satisfied me”. We passed these comments on to the registered manager who agreed to monitor the situation.

Most staff we spoke with told us they thought there were usually enough staff on duty. Two staff members’ said they were pushed if there was an unexpected absence. On the day of our inspection the staff team were short by one member during the morning due to an unexpected absence. The registered manager told us they had been unable to provide additional cover. This left the staff team on the ground floor short of one team member. We observed that these staff were very busy during the morning and had limited time for interactions with people. However they worked hard to ensure that people’s care and support needs were met promptly and effectively.

Throughout our inspection we observed that call bells were responded to promptly by the staff team and people did not have to wait to have their care or support needs met. There was an additional staff member on duty in the afternoon which enabled staff to spend time with people and there was a more relaxed approach to providing people’s care. We looked at rotas and found there were appropriate staff numbers allocated to work on each shift.

Our previous inspection found people’s medicines were not always being managed safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made to the management of medicines and found this regulation had now been met.

People told us that they received their medicines when they needed it and had no concerns in this area. We found that people were receiving their medicines as prescribed. We looked at the medicines and records of a number of people living at the home and observed people being given their medicines. We found people’s medicines were being managed safely and our observations showed that medicines were being administered to people in accordance with best practice guidance. Staff responsible for the administration of medicines told us they had received appropriate training about the safe handling of medicines. Medicines were being stored securely, and at the correct temperatures. People had a medication care plan which clearly set out people’s medicine regime and how they liked to take their medicines. People’s capacity to refuse medicines had been considered and responded to appropriately.

We found one discrepancy with the number of pain relief patches that were in stock at the home for one person, although these had been administered as prescribed. The registered manager and nurse on duty took appropriate action to respond to this. They have since informed us they have changed their processes to ensure that two staff members will check medicines that are held on the premises to ensure that recorded stock levels are accurate.

People and their relatives told us they felt safe living at the home and people were confident they were suitably cared for. One person told us, “It’s a safe home here” and a relative told us their family member was “very well looked after”.

Staff we spoke with had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. Staff were aware that there was a whistleblowing policy in place and they knew how they were able to escalate their concerns if they felt that they were not being listened to. We saw that the services whistleblowing policy was displayed on a noticeboard so it

Is the service safe?

was readily available. Staff we spoke with told us they had received training about how to protect people from the risk of abuse and records we looked at showed that most staff had received training in this area.

The management team were all aware of local procedures for reporting concerns about people's welfare and any allegations of abuse. We saw that the provider had worked collaboratively with the local authority to investigate any issues that arose.

We looked at people's care records and found they included individual risk assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls or developing pressure sores and these detailed action staff should take. Staff had a good understanding of people's needs, including any individual risks and so were aware of how to provide care and support in the safest way.

Any accidents or incidents that had had occurred, such as falls, had been recorded by staff. These were then reviewed

and analysed by the registered manager to see of any changes or action should be taken to prevent future occurrences. We found appropriate action had been taken by the registered manager when required.

We found the home had been well maintained and provided a pleasant environment for the people who lived there. Records showed that the registered manager regularly undertook checks and audits in relation to health and safety which ensured the premises were safe and appropriately maintained.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the home. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there. The provider also ensured that nursing staff were appropriately qualified and had maintained their professional registration. There was a system in place to audit recruitment processes and ensure all staff had the appropriate documentation. On-going checks were carried out every three years to ensure that existing staff remained suitable to their role.

Is the service effective?

Our findings

People we spoke with felt their needs were being met and were satisfied with the care and support they received. One person told us, “They [staff] look after us wonderfully” and another said, “I’m satisfied with everything...they all try really hard. I’m glad I got in here”. Relatives were also in agreement that their family member’s care was appropriate and felt staff had a good understanding of people’s individual requirements. We were told, “The care is good, [relative] is well looked after” and “I feel that [relative] is well looked after”.

Staff had a good understanding of, and were knowledgeable about people’s individual needs. They were able to tell us about people’s health, care and support needs, preferences and likes and dislikes. People’s care plans had been reviewed and updated and the information was sufficient to enhance staffs’ understanding of how people’s care should be delivered. Records we looked at were clear about what people’s health and support needs were and showed adherence to good practice in identifying care needs, assessing risks and providing clear plans of care. We found examples of where high quality care was being provided to people in relation to wound care and in the development of up to date plans of care. Our observations confirmed that people’s care and support was being delivered appropriately by the staff team.

People were confident their health needs were being met and they told us they had been supported to see relevant health professionals when it was appropriate. One person said, “They [staff] call the nurse or doctor when needed”. Records confirmed that staff monitored and responded to people’s changing health needs when required and showed that the service readily involved other agencies to assist in the provision of appropriate care. For example, tissue viability nurses, dietician and speech and language therapist. We also found that people had been supported to attend hospital appointments.

Our previous inspection found the service did not have suitable arrangements in place for obtaining people’s consent, and acting in accordance with it. This was a breach of Regulation 18 of the Health and Social Care Act 2008. During this inspection we found improvements had been made and the requirements of the regulation had been met.

People we spoke with told us that staff sought their consent to care and treatment on a day to day basis. One person said, “They [staff] always ask how we want things.” Our observations showed that people were consulted with about their care and support needs and that staff acted in accordance with their wishes.

Records we looked at showed people’s consent had been sought and their decisions respected. We also saw examples of where people had refused care and support and staff had acted in accordance with their wishes. Staff had provided an explanation of why the care or support was required but respected people’s decision. They understood that people had a right to refuse care if they had capacity to make this decision.

The registered manager was developing knowledge and understanding of the Mental Capacity Act (MCA) 2005 within the home. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff we spoke with were able to explain their role and responsibilities with regard to the MCA. Records we looked at showed that where people lacked capacity to make a decision about their care or support, the proper procedures had been followed. This included carrying out a mental capacity assessment in consultation with relevant individuals and professionals. When people lacked capacity to make a certain decision, we found that staff had made the decision in people’s best interests in line with legislation. This meant that people’s legal rights were upheld when people lacked capacity to make decisions at the time they needed to be made.

The Deprivation of Liberty Safeguards (DoLS) were known and understood by the provider. The DoLS are legal protections which require assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and had liaised with the supervisory body when it was appropriate to do so. During our inspection we identified a person who may have required a DoLS authorisation and discussed this with the registered manager. They submitted an application immediately which is currently in the process of being considered by the supervisory body.

Is the service effective?

All people we spoke with told us that they thought staff were sufficiently skilled to meet their needs. People's relatives were confident that care workers and nurses were knowledgeable and skilled at providing effective care to people.

Most staff we spoke with told us they had received sufficient training and support and told us about recent courses and training opportunities they had received. Records showed that staff had access to a variety of training that supported them to meet people's needs. Staff were currently undergoing a three day programme called, 'Creative Minds' which was tailored to help them meet the needs of people living with dementia. Nursing staff also told us they received support to enable their professional development and clinical practice. Staff also said they received support through supervision, team meetings and an annual appraisal and records we looked at confirmed this. There were some gaps in people's supervision records which meant care workers may have been without a formal supervision for longer than the providers' policy stipulated but the registered manager was aware of this and intended to take action to bring supervisions up to date. All staff we spoke with told us they could speak with the management team at any time if they had concerns or issues.

People told us they enjoyed the food offered at the home. We were told, "You get plenty of food...they know our likes"

and "We get some good food". During the morning we observed kitchen staff speak with people about what they would like for lunch. People were offered a choice and it was clear that kitchen staff were aware of people's individual needs and personal tastes with regard to meals.

We look at the food and drink people were offered during our inspection and observed the lunchtime meal. We saw the meal was freshly prepared, nutritious and nicely presented. People were provided with appropriate support to eat their meal whilst remaining as independent as possible. People were provided with a choice of both hot and cold drinks throughout our visit.

Records we looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these risks. Where people were at risk in relation to eating or drinking we found good practice in the recording and monitoring of people's food and fluid intake. We also found that advice from health professionals in relation to people's eating and drinking had been actively sought and then acted on by staff at the home. One person required food via a Percutaneous Endoscopic Gastrostomy (PEG) and we found consistent and detailed records which supported this was being carried out effectively. This demonstrated that people had effective support in relation to their nutritional needs.

Is the service caring?

Our findings

People told us the staff were caring. One person told us, “They’re lovely, every one of them” and another said “They put themselves out for you”. Another person pointed at a staff member and said, “She tries really hard and always makes sure I’m satisfied with everything”. We were also told that staff spent time chatting with people; “We talk about our families and children...it’s lovely”.

Relatives told us that care workers were kind, friendly and patient. Comments included, “The care is good” and “[relative] is well looked after here. He has been in another home and in hospital and this is the best place he has been in”.

We found staff interactions with people to be warm, professional and gentle in manner. Staff also provided appropriate reassurance to people when it was required and were proactive in asking people if they needed anything. People living at the home appeared to enjoy their conversations with the staff team and there was mutual respect between them. Staff spoke in a positive manner about the people they supported and cared for and had taken the time to get to know people’s personal histories and what was important to them.

Staff we spoke with had a good understanding of how they were able to promote people’s independence and respect

their privacy and dignity. They provided examples of how they were able to do this while supporting someone with their personal care, for example by covering people with a towel to protect their privacy.

Our observations showed that staff respected and promoted people’s privacy and dignity. For example, we saw staff knock on people’s doors before entering and when staff assisted a person to move using a hoist, the communication was gentle and quiet. We also observed that staff were very discreet when speaking with people about their care needs, particularly in relation to personal care.

People’s privacy was respected at the service and people had space to be able to spend time alone with relatives. People were able to go to their bedrooms whenever they chose and some people chose to spend much of their time in their rooms. The rooms we looked at were comfortable and filled with people’s personal possessions. We were told that people were able to choose how they spent their time and how they had their rooms decorated.

People were involved and encouraged to make decisions about their care. Records supported this and showed that people’s individual needs, wishes and preferences had been sought and recorded. There were comprehensive documents in place which had recorded detailed information about people’s past history, likes, dislikes, relationships and preferences. Staff we spoke with had developed a good understanding of the people they cared for and were familiar with this information.

Is the service responsive?

Our findings

Our previous inspection found the provider had not taken appropriate steps to make sure that the delivery of care ensured the welfare and safety of people using the service. This was a breach of Regulation 9 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made and found this regulation had now been met as people were receiving effective care.

People told us they were able to make choices about their care and how they spent their time. One person told us, "They [staff] always ask how we want things" and another said "It's a good place to stay...the staff know us well".

Relatives felt they contributed to the delivery of people's care and felt communication with staff at the home was good. One relative told us they had been involved and asked about their family members care and support needs and another said, "I feel that [family member] is well looked after, so I don't worry about him quite so much".

Some people and their relatives were aware they had a care plan in place but no one told us they had seen their care plan. However, people we spoke with told us they had been asked about their preferences and choices and felt the care and support they experienced met their individual needs. Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. People's care plans had been reviewed and regularly updated by the staff team which showed that people's individual needs, wishes and preferences had been taken into account.

The staff we spoke with were knowledgeable about the people using the service. They knew their care and medical needs, and what was significant to them in their lives and we observed them responding accordingly. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift.

The service had a 'resident of the day' system in place. This was a focused review of each person's individual

requirements and views about the service. It included looking in detail at their care and support needs, bedroom, meals and activities and involved people in all of these elements.

People told us about the activities offered by the home. They said there was bingo, dominoes and sometimes people came to sing or play the accordion. One person also told us there was a religious service that they attended. Another person said, "There's enough to keep us occupied".

One person we spoke with told us they enjoyed the activities at the home but would have liked to go out more. They said, "I can't go out alone...I would enjoy a day trip and would like to get out a bit more". We passed these comments on to the registered manager.

Relatives we spoke with told us, "There's lots going on" and another told us about the baking their family member had done and really enjoyed.

There was an activity co-ordinator employed by the home and there was a record of the activities offered to people. We found that people had been involved in making decisions about what activities they would like to take place during regular residents meetings. During our inspection we observed that people did not have much to occupy their time during the morning. The activity co-ordinator was not working on this day and there was a staff member short. However, during the afternoon we observed that staff had more time to spend engaging with people and that there was organised entertainment in one of the communal areas where people appeared to enjoy a reminiscence session and music.

We looked at how staff at the home listened to people's experiences, concerns and complaints. People told us they would speak out if they had any complaints about the home or the care they received and were confident they would be listened to. However, people we spoke with were very clear that they did not have any complaints about the service at all. One person said, "I've no complaints...living here is A1, it's great!"

People's relatives were equally confident that any issues or complaints they had would be resolved quickly and promptly and felt the registered manager was friendly and approachable.

Is the service responsive?

The provider had an appropriate complaints procedure available. We looked at the log of complaints and concerns that had been made and found the registered manager had taken prompt action to investigate and respond to any issues that had been raised.

Is the service well-led?

Our findings

Our previous inspection found people were being put at risk because the systems used for the regular assessment and monitoring of the service were not effective. This was a breach of Regulation 10 of the Health and Social Care Act 2008 and we asked the provider to make improvements. During this inspection we found sufficient improvements had been made to meet the regulation.

We found there was a comprehensive and effective system in place to monitor the quality of service provided which ensured risks to people were being assessed, monitored and responded to by the registered manager and provider. These included reviews and audits of people's care plans and risk assessments, audits of accidents and incidents in the home, environmental checks in relation to health and safety and audits and checks in relation to the staff team. For example, we found there was an audit in place for monitoring the falls people had. This included an analysis of each incident and gave the manager an oversight of how it had occurred. The audit also included a review of the action taken, for example to refer people to a relevant health professional. The provider also monitored the service by carrying out monthly spot checks that looked at a number of issues. Wherever issues or problems were identified it was clear what action had been taken to resolve the matter. This meant that people living at the home could be confident that the quality of service provided was being monitored and responded to effectively.

The home had an action plan in place which clearly showed how the management team would develop and improve the service. We found the registered manager demonstrated strong leadership and they were committed to developing the quality of service provided.

People we spoke with were satisfied with the home and the care they had received. They were confident that the home was well-led and felt the registered manager was approachable.

Staff, relatives and people living at the home were comfortable raising concerns and knew how to do this. There were policies and procedures in place to support people if they wished to do this and these were displayed throughout the home and were accessible to people. This indicated that the provider promoted an open culture where people's concerns were taken seriously.

Staff felt supported by the registered manager and provider. They told us, "The manager is really good. I have been here a long time and seen lots of different manager and she is one of the best", "[The manager] keeps on top of things. She chases us to ensure that we keep our training up to date and checks that the care is properly delivered".

Staff were clear about their roles and responsibilities and felt they were listened to by the provider and registered manager. All staff we spoke with were committed to their role and positive about their role in the organisation. We observed staff were organised, worked well together and communicated effectively with each other. Staff we spoke with told us they had been set clear expectations by the registered manager and that they were very clear about the standards they expected. This was reflected in staff meeting minutes and other records we looked at.

People were encouraged to share their views about the service in residents meetings, through the use of questionnaires and through informal discussion with the registered manager and staff team. We found that people's views, comments and concerns had been appropriately considered and responded to by provider. The home was undertaking a satisfaction survey at the time of our inspection. People had been asked for their views about a number of issues such as staffing, the environment and the food. The results had not yet been collated but we were told they would be shared with people and used to develop the service further.