

Meteor Rest Home Limited

Meteor Rest Home

Inspection report

34-36 Meteor Road
Westcliff On Sea
Essex
SS0 8DG

Tel: 01702340518

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13 July 2017
14 July 2017

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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

Meteor Rest home is registered to provide accommodation and personal care for up to a maximum of 15 people, some of whom may be living with dementia.

The inspection was completed on 13 and 14 July 2017. At the time of the inspection there were 15 people who used the service.

A registered manager was in place at the time of the inspection. 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 received a safe service and were protected from the risk of harm. There were enough staff that had been safely recruited to help keep people safe and to meet their needs. People received their medication as prescribed.

People were cared for by supported, experienced and trained staff. The service ensured that people had the support they needed to have as much choice and control over their lives in the least restrictive way possible. People received sufficient food and drink to meet their needs and preferences and their healthcare needs were met.

Staff knew the people they cared for well and were kind, caring and compassionate in their approach. People were encouraged and supported to remain as independent as possible. Staff ensured that people were treated with dignity and respect and their privacy was maintained at all times.

People were fully involved in the assessment and care planning process. Their care plans had been regularly reviewed to reflect their changing needs. People were encouraged and supported to participate in a range of activities.

People were positive about the quality of the service. The registered manager and staff were committed to providing people with good quality person centred care that met their needs and preferences.

There were systems in place to monitor the quality of the service and to drive improvements. The service met all relevant fundamental standards.

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.

Staffing levels were sufficient to meet people's needs.

People were protected from abuse and avoidable harm by staff that had good knowledge of safeguarding processes.

People received their medicines as prescribed by staff that were trained to carry out this task.

People told us they felt safe.

Is the service effective?

Good ●

The service was effective.

Staff received an effective induction and training to ensure they had the right knowledge and skills to carry out their roles and responsibilities and to meet people's needs.

Staff were effectively supported in their role through formal supervision although these were not always carried out regularly.

People's nutritional and healthcare needs were identified to ensure that they received proper support from staff.

Is the service caring?

Good ●

The service was caring.

People told us that they were treated with kindness and consideration by staff and staff demonstrated a good knowledge and understanding of the people they cared for and supported.

Positive relationships had been created between staff, people and their relatives. People were involved in making decisions about their care and treatment.

People told us that they were treated with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans detailed information to guide staff on the most appropriate care and support people required to meet their needs.

People's needs were assessed, reviewed and recorded appropriately.

People's views and preferences had been included within each person's care records.

Is the service well-led?

Good ●

This service was well-led.

A registered manager was in place and provided clear leadership to promote effective staff practice.

People and their relatives were supported to express their views within an open and transparent service.

People and staff were actively involved in developing the service.

Meteor Rest 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 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.

This inspection took place on 13 and 14 July 2017 and was unannounced. One inspector undertook the inspection.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with five people and their relatives and three staff members. We also spoke with the provider who is also the registered manager. We reviewed care records and medication records for four people who used the service.

We saw records about how the service was managed. This included four staff recruitment and monitoring records, staff schedules, provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person told us, "I definitely feel safe here, I am very well cared for by everyone." A relative said, "It was very hard letting mum go as I cared for her before she came here but now I can sleep at night knowing she is safe and well cared for." Another relative told us, "Mum is definitely safe here; she is very well cared for."

There were sufficient numbers of skilled and experienced staff to meet people's assessed needs. Staff told us and the duty rotas confirmed that there were enough of them to care for people safely. The registered manager told us that they were also available to assist staff if required during the day. People told us that staff were always available to assist them. One person told us, "If I press the buzzer they come straight away, I don't have to wait at all." We observed staff were prompt when assistance was needed.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments included preventing falls, moving and handling, nutrition use of bedrails and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. Staff also recognised that people's level of independence changed depending on how they were feeling; one member of staff said, "We assess people every day, some days [person name] can walk with our assistance other days they need to use a wheelchair, it depends on them." Staff were trained in first aid and should there be a medical emergency, they knew to call a doctor or paramedic if required. One member of staff told us, "If there was an emergency I would press the emergency buzzer for assistance." During the inspection we observed the registered manager had called 999 as a person said they were having breathing difficulties. The registered manager told us that this person has severe anxiety and has a known behaviour of saying they are having breathing difficulties but they would always call 999 to ensure the person is checked and treated if required. This demonstrated that staff were able to respond appropriately in a medical emergency.

The staff we spoke with were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected but this was mainly within the service. For example one member of staff told us, "I would report any concerns straight to my manager and they would deal with it." Another staff member told us, "I would firstly report to my manager but if I needed to I would also inform the social services." The registered manager had good knowledge on the process and procedures of raising a safeguarding concern to external agencies.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People told us that they received their medication in good time and that staff never rushed them. We carried out a random check of the medication system. We viewed medication administration records (MAR) for four

people. We found that the system worked well and the records had been completed to a good standard. The random check showed that there were no discrepancies found with the medication and records checked. The registered manager told us that a monthly audit was completed on all medication. The medication was kept in a medication trolley which was secured to a solid wall in a room at the back of the home.. Room and fridge temperature checks were completed and recorded to ensure medication was being stored appropriately and within guidelines. We saw body charts in place for people who required pain relief patches, this enabled staff to see when changing the patch where to rotate the patch areas appropriately.

People were cared for in a safe environment. The registered manager carried out checks to monitor the environmental health and safety. There was a fire plan in place and each person had a fire evacuation plan completed. Regular fire evacuation drills were completed by the registered manager.

Is the service effective?

Our findings

People who used the service and their relatives told us in their opinion that staff were suitably trained, skilled and competent to meet their needs. One person told us, "They are very professional when caring for me and always polite." Another person said, "I think they are well trained, they know how to care for me." A relative told us, "They all seem well trained and I have never witnessed a member of staff that hasn't been capable to care for [relative]."

We asked the registered manager for training records for staff. We looked at four staff files and found training certificates for each member of staff that showed they had received training which included safeguarding, moving and handling, fire safety, communication and health and safety. The registered manager told us that this training is provided by an external company. We saw evidence of training that had been arranged for the remainder of the year, this included 'refresher courses' on safeguarding, first aid and health and safety. Staff we spoke with told us that they felt they received adequate training. One staff member said, "We do lots of training and we always have refresher courses too." Another staff member said, "We had refresher training on medication last week, this is provided by the pharmacy." Staff had been provided with training that equipped them with the skills and knowledge to undertake their role and responsibilities, meet their personal training and development needs and to ensure people's needs were being met safely and to an acceptable standard.

We saw from records that staff had received supervisions although these had not been carried out on a regular basis. The registered manager told us that supervisions have now been scheduled to ensure they are completed regularly. Staff told us that although supervisions were not held regularly they felt supported. One staff member told us, "The manager is very supportive, I can go to him at any time for anything and he will listen to me." Another staff member said, "We all work well as a team and this includes the manager, he is always around to support us."

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. 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with told us that they had received MCA training and had a good knowledge of the Act. The registered manager had completed application where appropriate for people to be assessed under these safeguards.

People told us they were supported to attend routine health appointments such as to the GP and the hospital. Relatives told us that staff kept them informed of health related issues in a timely way and that they felt the staff were very good at meeting people's healthcare needs. The records showed that people had been supported with their health related visits and the outcome and any follow up actions had been

recorded to show how people's healthcare needs had been met.

Where people required support with eating and drinking, people's needs were being met and people were happy with the care staff were providing in terms of their nutritional support needs. People are offered choice of meals and menus are planned and devised by the registered manager. People's likes and dislikes were taken into account when menus were being planned.

People we spoke with told us that they enjoyed the food that was offered at the home. One person said, "The food is good, there is always so much of it."

Is the service caring?

Our findings

People told us that staff treated them kindly and we observed this throughout our inspection. One person said, "Staff are lovely and are always kind to me." Another person told us, "They [staff] are all lovely and so caring; they will do anything for me." A relative told us, "The staff are fantastic; they really are caring towards [relative]." All of the comments from people using the service and their relatives were positive about how friendly, kind, caring and respectful staff were.

Staff knew people well including their preferences for care and their personal histories. People's care records were held on a computerized system, the records included information about each person's life histories which told the story of their life and described what is important to them and how they liked to be supported. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others in the different lounges. This showed that positive relationships had been built between the staff and people who use the service.

People and their relatives told us they were actively involved in making decisions about their care and support. Visiting relatives told us they were kept fully involved and felt they were able to contribute to how their relative was cared for. The care records we viewed included good information about people's likes and dislikes and they described how people wanted to be cared for.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. One person told us, "They are always respectful and treat me with dignity at all times."

Where people did not have family members to support them to have a voice, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. A relative told us, "I was involved from the very beginning and was able to say how I thought [relative] would like to be cared for. They [staff] have always continued to involve me when planning care." Another relative told us, "The manager has always asked for my input on care being provided for [relative], and they will always listen too." The care plans were individual to people's needs and described how to best support them to maintain their safety and independence. The care plans were regularly reviewed, at least monthly. The registered manager told us that staff were not always confident updating the care plans due to them now being devised and stored on a computer system. The registered manager told us that further training and guidance is being sought from the company that provided the computerised system, to enable staff to gain knowledge and confidence in using the system. At the time of the inspection if people's care needs changed, staff would inform the registered manager and they would update the care plans. This told us that the care provided by staff was up to date and relevant to people's needs.

People told us about the range of activities offered and how they met their individual needs and preferences. For example we observed a quiz taking place during our visit and a game of skittles. This was organised by the activity organiser employed by the service. The activity organiser visited the service five days a week for at least two hours per day. Other activities such as bingo and music themed activities were scheduled to take place. One person told us, "I do enjoy the different things we do." Another person told us, "I enjoy the arts and crafts activities; I have always had a keen interest in arts and crafts and still make things to donate to charity."

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. People and relatives we spoke with told us that they did not have any complaint but if they did they would speak with staff or the manager.

Is the service well-led?

Our findings

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 and staff's shared vision was to provide people with the best quality person centred care. There was an open and inclusive culture and people, staff and visitors told us they were able to raise any issues freely with the registered manager. People told us, and the records confirmed that regular staff meetings were held, although resident and relative meetings had been held in the past, these had not been attended well.

People knew the registered manager well and they said they are 'very nice' and 'very approachable'. One person said, "[Registered manager] is so lovely, and always has time to sit and chat to us. He always asks for our views to see if they can improve anything in the home." Another person told us, "The office door is always open and [registered manager] is always around to talk to. He is friendly and always welcoming."

People's views had been sought and analysed and regular audits on systems and processes had taken place. The registered manager had identified areas for improvement and had action plans in place to make the necessary improvements. For example, during our inspection new carpet were being supplied to some people's bedrooms. People and their relatives told us the service provided good quality care. One relative said, "I can honestly say I don't think they can improve on anything, I am so happy that my [relative] was able to live here, as it feels like home not only to her but to me too."

People's personal records were stored appropriately on a password protected computer system in locked offices when not in use but they were accessible to staff, when needed. The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.