

# Healthcare Homes Group Limited

## Home Meadow

### 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

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

Home Meadow accommodates up to 49 older people in a single-storey building. The service is divided into two main units with one which accommodates people living with dementia.

This unannounced comprehensive inspection took place on the 7 August 2018. At this inspection we found the evidence continued to support the overall 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.

There was not 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.

A manager was in post and had commenced the process of applying to become registered.

Staff were knowledgeable about the procedure to report any incidents of harm to ensure that people were protected from harm.

Potential risk to people had been assessed and measures put in place to minimise the risks. Care records were regularly reviewed and revised when people's needs changed.

The environment was clean and a safe place for people to live. Equipment was serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed to reduce the risk of cross infection.

People were helped to take their medicines by staff who were trained and assessed as competent to administer medicines.

People were looked after by enough staff, who were trained and supervised to support them with their individual needs. Pre-employment checks were completed on staff to ensure they were suitable to look after people who used the service.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who are unable to make

their own decisions.

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.

People received a choice of meals, which they liked, and staff supported them to eat and drink. People were referred to health care professionals as needed and staff followed their advice.

Staff knew people they supported and provided a personalised service in a caring way. Care plans provided information to staff on how to meet people care needs. People were given opportunities to make choices about their daily lives. They were able to choose whether or not to participate in a range of activities within the service and received the support they needed to help them to do this.

Information was available with regards to how to access support from an external advocate should this be required.

Regular meetings were held for people and their relatives so that they could discuss any issues or make recommendations for improvement on how the service was run.

There was a process in place so that people's concerns and complaints were listened to and were acted upon.

Quality monitoring systems were in place and action was taken where improvements were identified. There were clear management arrangements in place.

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?

Good ●

The service remains GOOD

### Is the service effective?

Good ●

The service remains GOOD

### Is the service caring?

Good ●

The service remains GOOD

### Is the service responsive?

Good ●

The service remains GOOD

### Is the service well-led?

Good ●

The service remains GOOD

# Home Meadow

## **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 7 August 2018 and was unannounced. The inspection was undertaken by two inspectors, an assistant inspector and an 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.

Prior to the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about.

We spoke with 12 people living at the service who were able to give us their verbal views of the care and support they received. We also observed care throughout the inspection.

We spoke with eight staff; the manager; the regional director, a senior care worker, three members of care staff and two ancillary staff. We spoke with five visitors/relatives.

We looked at care documentation for five people living at Home Meadow, medicines records, three staff files, staff training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us, they felt it was safe at Home Meadow. One person told us, "I feel safe because I have got a lot of people around me, I have a call bell if I need it." Another person said, "Yes, I'm safe, very safe it's home from home here." A third person told us, "I do feel safe, I am very lucky, I don't have to worry about a thing."

Systems and processes were in place to help safeguard people from harm. Staff received training in safeguarding and there was a safeguarding policy and procedure to guide them. Staff demonstrated a good understanding of what actions to take if they were concerned about a person's safety. The manager understood their responsibilities to raise concerns, record safety incidents, near misses, and to report these internally and externally as necessary.

There was a whistleblowing policy in place to support staff to raise and report any concerns they may have within the workplace. Staff told us they would be confident that they would be listened to. The manager had systems to investigate any issues reported to them.

Risks to people's health and safety were assessed and managed effectively balance choice and control over their lives. Assessments included moving and handling, nutrition support, medical conditions, mobility, fire and environmental safety. People were supported to use equipment to promote their mobility and independence and this was routinely checked and maintained to ensure it was fit for purpose. Personal evacuation plans (PEEPS) were in place which identified the level and type of assistance each person needed in the event of an emergency evacuation.

All appropriate recruitment checks had been completed to ensure fit and proper staff were employed, including a criminal record check (DBS), checks of qualifications, identity and references were obtained.

There were enough staff to care for people. People told us that there were enough care staff available and that they attended when requested. One person told us, "I have no concerns nor have I had any bad experiences, there always seems to be enough staff." Another person said, "[Staff] are always quick to respond." Staff members said that there were times when there were not enough staff, such as when there was sick leave. One member of staff said, "Whilst staffing levels have improved at peak times we can be rushed, for instance, when a number of people like to get up at the same time." All staff we spoke with commented that people's personal care needs were met but there was little time for social interaction.

People had their dependency levels assessed to check whether they needed support from either one or two staff members. People were assessed and placed into a 'banding' of 'low, medium and high', which represented their dependency needs. Staffing was then based on people's individual dependency levels. During our visit we saw that staff members were available for people when they were needed. They worked in a calm and unrushed way; we saw that people were supported to take part in activities. People attended a quiz in the morning and there was a lot of banter and tea drinking going on.

The registered manager monitored and reviewed accidents and incidents. They ensured information was

shared with the staff team and lessons were learned to reduce the risk of a recurrence. Where patterns and trends were identified action was taken to reduce them. For example, where a person kept falling their risk was re-assessed and support arrangements reviewed which included additional equipment to assist them when mobilising. The manager told us, "It is important we look for any patterns or trends and address them and reduce re-occurrence. A staff member said, "All accidents are discussed at staff meetings and handovers We are informed of any changes to [peoples] care."

Medicines were administered safely to people. Staff administering medicines had received regular training updates to ensure their practice was current and in line with pharmaceutical guidance and legislation. They administered medicines with patience and gave people an explanation of what they were taking and why.

Medicines were stored appropriately and records showed that room and fridge temperatures were within the appropriate range to ensure effectiveness. The effectiveness of some medicines can change in a warm temperature. Staff completed medicine records appropriately. Some people were prescribed medicines to be taken 'as and when required' (PRN). Protocols were in place that provided detailed guidance to staff on the purpose of PRN medicines. They also included relevant information such as when, how much and how often they should be given. This ensured they were taken appropriately and safely. People we spoke with told us they received their medicines on time One person said, "I get my tablets on time and if there is no water in my room they (nurse) will go and get me a glass, I think they are very well trained they are always concerned for us." Another person told us, "Yes, I do get my medication regularly, I have a bad back so I can ask for paracetamol when I need it."

The environment was clean. Cleaning procedures and schedules were in place and adhered to by staff to ensure that people were protected from the risk of infection. Personal protective equipment (PPE) such as aprons and gloves were available to staff to prevent the risk of cross infection.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were also checked to ensure they were safe for use. Slings were designated for each person and were not shared but kept in their own rooms. This meant each sling was appropriate and safe for the person to use.

# Is the service effective?

## Our findings

People's assessed requirements were met by staff who were trained and had been given the skills to support people to be as independent as practicable.

Staff on commencing employment with the service all underwent a thorough induction. They undertook a range of training topics, delivered face-to-face by a trainer or via e-learning on the computer. They then shadowed more experienced staff until they felt confident and were deemed competent to work on their own. All staff spoken with said they had received training appropriate to their roles. One member of staff told us, "I had my induction training when I started and we have yearly refresher courses for things like moving and handling, safeguarding, mental capacity act, deprivation of liberty, fire safety, food safety and first aid." We spoke with a new member of staff and they confirmed they had completed an induction, mandatory training in relation to safety and shadowing shifts before they began to work independently.

Staff felt they were well supported and informed through regular staff meetings and supervisions with their line manager. One member of staff commented, "I have a supervision on a regular basis now. I have no concerns but know I can speak with the manager if I had." Staff received an annual appraisal to review their professional development. Staff had the opportunity to contribute to their performance review as well as looking at their future learning and development needs. A staff member said, "I feel very well supported. The manager is approachable."

People were offered a wide choice of food at each meal. People were able to choose which one they wanted, or order an alternative meal from the kitchen if they did not like what was offered. Special diets were available and information in the kitchen assisted the chef to know about people's needs, likes and dislikes regarding food and drink. People told us they were satisfied with the food and choice of meals. One person said, "The food is nice, there is plenty of it." Another person told us, "The food is good they come and ask what we would like we are given a choice, and if you don't like that they will always cook something else the [staff] in the kitchen is very good." A third person said, "The food is quite nice, plenty to choose from, I have never asked for anything else to be made for me I'm quite happy with what they cook."

People were offered a wide choice of food at each meal. At lunchtime a choice of two hot meals were offered. People were able to choose which one they wanted, or order an alternative meal from the kitchen if they did not like what was offered. Special diets were catered for and information recorded in the kitchen assisted the chef to know about people's needs, likes and dislikes regarding food and drink.

Care records showed that nutritional assessments were completed regularly and these informed people's plan of care for nutrition. These plans were up to date and provided a clear picture about how the person was to be supported by staff with their food and drink intake. People who experienced swallowing difficulties had been assessed by a dietary and nutritional specialist. Instructions about their nutritional care were on individual care plans and had been followed by staff.

Staff worked together with various professionals to deliver safe and appropriate care and treatment., One



person told us, "We can see the doctor whenever we want, there is a chiropodist comes every so often." Another person said, they have a doctor she comes every Tuesday, touch wood I don't see them, but if your poorly [staff] would call someone quick." Records showed that people received regular visits from the GP and other healthcare professionals when required. Their advice and guidance was incorporated into their care plans. For example, advice from a dietician on how to support a person to meet their eating and drinking needs more effectively was included in a person's eating and drinking care plan.

The building was well maintained, with a good standard of decoration. Adaptations had also taken place to provide hand rails in toilets and bathrooms, as well as signs to identify these rooms. Further plans were in place to improve and promote an enabling environment for people living with dementia. We saw moving and handling equipment were stored safely when not in use and did not pose a trip hazard to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the service had made applications to lawfully restrict some people of their liberty.

The service held an appropriate MCA policy and staff had been provided with training in this legislation. Staff we spoke with had an understanding of the principles. One member of staff said, "MCA is about giving people the help and support to make a decision and providing choice." Another member of staff told us, "We always assume people have capacity to make decisions. We also support people in their best interest." We saw staff offering people choices throughout the inspection. The service had clear records for people who had families appointed as lasting powers of attorney, to act on their behalf when they did not have the capacity to do this for themselves.

# Is the service caring?

## Our findings

People who lived at Home Meadow and their families told us they were happy living there. One person said, "I have always found them very caring, they get me up in the morning get me a cup of tea. They are caring and respectful when doing so, they always wear gloves, and ask if they can do something, not just do it." Another person told us, "I think they are all very nice people in here, lots of smiley faces, I am very happy." A third person told us, "Yes [staff] knock on my door they are respectful when helping me to get washed." One member of staff told us, "I treat people in the same way I would like to be treated, with kindness and respect."

The service welcomed visitors and relatives at any time. Throughout the inspection we saw families visiting, they told us they were always made to feel welcomed. One person told us, "There are no restrictions on my family visiting. They always offer them a cup of tea or coffee." One relative said, "I am a regular visitor and made to feel like one of the family here. The staff are so welcoming and you are always offered a drink and you can go and help yourself."

Staff had a good understanding of protecting and respecting people's rights and choices. Staff had a sensitive and caring approach which we observed throughout our inspection. A staff member said, "We all need to respect [people's] choices. Training I have undertaken reminds us to ensure [people] are the most important in our jobs." People's life histories were taken where possible on their admission to the service. The staff told us they speak with families where possible for those who have limited communication due to living with dementia or poor memory. Staff knew people well and were able to tell us about people's backgrounds and past lives. One relative commented "The staff know [family member] very well and are very cheerful, patient and kind." Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People's privacy and dignity was upheld. People all had their own rooms and doors were closed when personal care was being delivered. One person said, "When I have a bath, [staff] are very respectful, they put a towel round me to keep me warm whilst I get dressed." Other comments included, "Staff always knock on doors. They always close the door when helping me."

Staff were kind and thoughtful in the way they spoke with and approached people. When speaking to people they ensured that they faced people and knelt down to be at eye level. In turn, we saw people responded positively. There was lots of laughter and chatter happening in lounges. People were assisted by staff in a patient, respectful and friendly way. Staff frequently checked on people's welfare, especially those that remained in their own rooms. Records recorded daily interventions. Staff did not have much time to spend socialising with people. Although staff were seen to occasionally have time to stop and engage with people. Although this was not a frequent occurrence. One person said, "It would be nice to have staff sit and chat but I know they are very busy helping others."

People were encouraged to make decisions about their care, for example when they wanted to get up, what

they wanted to eat and how they wanted to spend their time. One person said "I get up and go to bed when I like. Staff always ask me if I am ready to get up or go to bed. It's my choice." Where possible staff involved people in developing their care plans and being part of the review. Families told us they knew about their relative's care.

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed to support people in making decisions about their care and support. Advocates are able to provide independent advice and support. No one at the time of this inspection was using the advocacy service.

## Is the service responsive?

### Our findings

People needs were assessed prior to them moving in by the manager. This process ensured the service was able to meet the persons individual needs. Each person had a care plan in place. People and their families were involved in the development of care plans where appropriate. Care records contained life history information and staff demonstrated they knew people well. One person said, "I am well looked after in here the [staff] are lovely." Most records were detailed and up to date. We spoke with the manager who had identified that some of the care records needed more detail. They had a plan in place to address this. Daily care notes were held in people's rooms and were completed by staff. This enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.

People were complimentary about the activity coordinator who had the knowledge, skills and resources to support them in a range of activities. An activity plan was placed on the notice board so people knew what was happening and could make a choice as to whether to take part. People told us that staff would remind them of the activities that were happening during the day. There were group and individual events that took place in the service regularly. For example, memory games, music sessions and arts and crafts. On the day of the inspection, the activity coordinator was spending time chatting with people individually. A quiz was held in the morning which people enjoyed. There was lots of chatter and laughter. One person said, "I have been here in the lounge all morning there was a quiz on it was very good." Another person told us, "I like the sing songs [name of activity co-ordinator] does very well to entertain us, we've had a quiz today they were very good questions." People and their relatives made the following comments, "[Name of activities co-ordinator] is wonderful they are always asking us what we would like to do." Another person told us that children from a local nursery visit each week and they do colouring and painting together. They said, "I love it."

The provider had a clear complaints policy. The policy was displayed within the service and people received a copy when they moved in. All complaints and concerns had been fully investigated and responded to. One person told us, "I have no complaints." Another person said, "If I had any complaints I would speak to the staff, they are wonderful and would sort it out I am sure."

People had their end of life care wishes recorded as part of their support plan, where this had been identified as a need. Information was recorded about preferences for such things as who was important to the person, where people wanted to be and what they wanted to happen after they died. Staff received training in end of life care, which provided them with guidance about how to continue meeting people's care needs at this time. There was no one person at the time of the inspection receiving end of life care. The manager told us they would seek the advice from other healthcare professionals to ensure that the person would receive a dignified and pain free death. They would always try to enable people to remain in their home if that was there wish.

## Is the service well-led?

### Our findings

The service is required to have a registered manager. 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 service did not have a registered manager in post. The registered manager left in May 2018. However, a manager had been appointed. They were available throughout the inspection. They had commenced the application process to become the registered manager. People, relatives and staff told us the manager was approachable, they listened and acted on information that was presented to them. One person told us, "Yes I know her, she's new, she comes around and gives us all a salute." One relative said, "The new manager is extremely good and there has been additional staff employed. She is very approachable and will sort out any worries that you have. I would recommend the home yes."

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager and all members of staff understood what was expected of them. For example, team leaders were responsible for the procedures and processes around medication. The manager and staff team told us they loved being part of the team. One member of staff said, "I think we all deliver a good level of care. I would certainly let a member of my family have their care provided here."

The provider had a system in place to monitor the quality of the service staff delivered to people. Senior staff and manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis. Areas for improvement had been noted by the manager and actions were underway to address these. For example, further development of some care plans to ensure they included all information relevant to the persons care and support needs.

People, relatives and friends had the opportunity to give their views on the quality of the service provided. There were regular meetings for them to attend. One relative said, "Yes I've been to the meetings. [Name of activity co-ordinator] lets us know when they are." Another relative told us, "Yes, I always attend when I can."

The manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals. A visiting professional told us, "The care staff seem really good, I have never had a concern of neglect here. If I need a [person] in their room [staff] are happy to help and if I give ongoing advice they follow it"

Staff meetings took place regularly to support staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained. One member of staff said, "The meetings are very useful to keep us up to date. We are able to bring up any concerns or ideas that we have."