T.L. Care (Havering) Limited

Meadowbanks Care Home

Inspection report

Hall Lane
Upminster
Essex
RM14 1TT

Tel: 01708330140
Website: www.meadowbanks.co.uk

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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

This unannounced inspection took place took place on 8 August 2017. The service was last inspected in March 2015 and we rated the service Good. At this inspection, the service continued to be rated Good.

Meadowbanks Care Home provides accommodation and personal care to 40 older people. At the time of our inspection, 35 people were using the service.

A registered manager was 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 told us they felt safe living in the service. Risks to people, such as falls, were identified and managed to support people as safely as possible.

The service had made improvements in medication management following recommendations we made at our last inspection. People received their medicines safely from staff who were trained to do so. Medicines were recorded correctly after they were administered.

The premises were safe, clean and regularly maintained. Some damage had occurred to the building and the provider had taken action to resolve the situation and ensure people and staff were safe.

Staff received training on how to keep people safe and were able to describe the actions they would take if they had any concerns about people's safety. The provider also had a whistleblowing policy which staff were aware of and they knew how to report on concerns they had.

The provider had safe recruitment procedures in place and carried out checks on new applicants. There were enough staff working at the service to meet people's needs.

Staff were supported with regular training, meetings and supervision. Staff work performance was reviewed on a yearly basis. Staff told us they were not fully confident in meeting the needs of people who exhibited behaviours that posed a risk to themselves and other people.

The provider had systems in place to support people who lacked capacity to make decisions for themselves. Staff received training about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We have made a recommendation about seeking further guidance and additional training for staff on the MCA and managing behaviours that challenge the service, for further staff development.

Staff ensured people had access to appropriate healthcare treatment and that their nutritional needs were met so that people's health and wellbeing was maintained.

Staff were aware of people's habits, routines and preferences. People were treated with dignity and their choices were respected. Staff encouraged people to be as independent as possible.

People received personalised care and support, to ensure their individual needs were met. They were encouraged to participate in activities and pursue any hobbies and interests.

People and relatives were able to make complaints and they were confident their concerns would be addressed and investigated. They were also able to make compliments and suggestions to the management team.

Staff felt supported by the management team. The provider had systems in place to monitor the quality of the service provided to people. The registered manager and the provider worked well together to ensure improvements were made.

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. People told us they felt safe.

Staff were aware of the steps to take to report any allegations of abuse.

Medicines were managed safely by staff and people received them on time.

There were safe recruitment procedures in place and enough staff to support people.

Is the service effective?

Good

The service was effective.

Staff were supported with training and supervision. We made a recommendation about further staff development and training in certain topics.

People were supported to eat a balanced diet and their nutritional needs were met.

People were supported to receive treatment and checks from healthcare professionals, when required.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and dignity.

People's rights were respected. They were involved in making decisions about their care and support.

People were encouraged to be as independent as possible.

Staff knew people well and understood their preferences.

Is the service responsive?

Good

The service was responsive. People's care needs were assessed and reviewed regularly.

Care plans were personalised and contained information about people's wishes and preferences.

People were able to make choices about their daily lives and participate in activities that interested them.

Staff and the management team listened to people. Complaints and concerns were addressed and investigated.

Is the service well-led?

Good

The service was well led. The management team supported staff and provided them with guidance.

There were quality assurance systems to monitor and evaluate the service
and make improvements.

People and relatives provided their views on the service through satisfaction surveys.

Meadowbanks 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 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 unannounced comprehensive inspection took place on 08 August 2017 and was carried out by two inspectors 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.

Before the inspection, we reviewed all the information we held about the service such as notifications. A notification is information about events that by law the registered persons should tell us about such as safeguarding alerts and serious incidents. We also obtained feedback from the local authority for their views about the service. In April 2017, the provider sent us a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the information the provider had submitted and reviewed previous inspection reports.

During our inspection we spoke with sixteen people, four relatives and made observations of care being provided. We spoke with five care staff, the registered manager, deputy manager, a chef, a district nurse and one domestic staff.

We looked at three care plans and other records relating to people's care, such as five turn charts, two catheter care records and 10 medicine administration records. We also looked at recent fall logs, accidents and incidents records, ten staff files, training records and other records kept in the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, I like it here, it's quite secure." Another person said, "It's great here, I just press my button and help is at hand." Other comments from people included, "Yes I have staff here with me to keep safe," and "I feel safe at the present moment." A relative said, "Yes 100 per cent, my [family member] is safe." Another relative told us, "I feel [family member] is safe."

At our previous inspection on March 2015, we found discrepancies between quantities of medicines recorded on the Medicine Administration Records (MAR) and quantities in stock. We found that some of the MARS were unclear as to what time people should receive medicine which meant that people were at risk of receiving medication at the incorrect time. During this inspection, we found that there were no errors or discrepancies around medicine management. Where medicine errors had previously occurred, appropriate action was taken by senior staff, to reduce the risk of this happening again. The MAR sheets we reviewed were clear and coded appropriately to indicate reasons when medicines were not administered. People told us they were happy with the way staff gave them their medicines and told us they were usually given on time. One person said, "Medication is good, I get it when I need." Another person told us, "On one occasion, I had to wait a while but I usually have it on time in the morning."

Staff were aware of the need to follow instructions when giving medicines such as blood thinning medicines. Some people were also prescribed medicines to assist their heart rate and staff followed advice and guidance provided by the person's doctor about these medicines. For example, we saw evidence from the GPs which stated how often they should be taken and that the GP was responsible for checking the person's pulse when they attended the service.

We checked records relating to the administration and storage of controlled drugs on both floors and found no discrepancies. There were safe arrangements in place for ordering receiving and returning medicines. Medicines were stored appropriately within a locked medicine storage office, where room and fridge temperatures were checked daily, to ensure medicines were stored at the correct temperatures. Individual medicine protocols were in place for medicines to be given "as required" to people to ensure they received them for specific health concerns. We saw competency assessments in place for all staff who administered medicines. In addition, weekly and monthly medicine audits were in place to ensure medicines were managed safely. We observed staff administer medicines appropriately by completing the necessary checks. They watched people take their medicines and signed the MAR sheet after people had taken their medicine.

The provider had safeguarding adults procedures in place. Staff had attended safeguarding training and were able to explain the steps they would take to recognise and report any witnessed or allegations of abuse.. Staff were able to refer to the whistleblowing policy if they had any concerns about the service and knew who to report their concerns to.

We looked at how people's finances were managed and saw that a personal account log was kept of people's monies. This helped to account for all cash that was spent and received. Receipts of items purchased were retained and logged to protect people from financial abuse.

Risks to people were assessed and managed with clear steps outlined to help mitigate them. These included choking, moving and handling and nutritional risks. We saw repositioning charts in place for people at risk of developing pressure sores and saw staff check and reposition people according to their care plan. Pressure sores can occur on a person over a period of time and we viewed body maps where staff recorded any deterioration to people's skin. We found that they were appropriately completed. This showed that risks to people's health was monitored and action was taken to treat people who developed sores.

Staff were aware of the incident and accident procedures of the service. We looked through incidents and accidents from April to July 2017 and saw patterns of recurring falls. We reviewed people's records where recurrent falls had occurred. We found measures had been put in place, such as sensor mats on the floor next to beds, in order to alert staff when people at risk of falls had risen from their beds. Falls risk assessments were updated accordingly and safeguarding alerts were raised when required to ensure people were kept safe.

Staff followed infection control procedures and used Personal Protective Equipment (PPE) such as anti bacterial gels, gloves and aprons to prevent any risk of infections spreading. The premises were clean and well maintained, although during our viewing of the premises, we saw some structural damage to the building. These were in the form of a number of hairline and large cracks in the walls of a corridor on the first floor. Some cracks also reached the ceiling and also appeared in the bathroom of person's room in that corridor. We saw that a small lounge in the corridor was out of use, as it was also affected by the cracks. There were no visible signs of cracking in other parts of the building. A member of staff told us, "Yes these cracks had been emerging since the building was built in 2012. I started working here around that time."

We spoke with the registered provider of the service and proprietor of the building. They assured us that the building was surveyed and was deemed safe for staff and people. We saw records to show this was the case and that building risk assessments were carried out. The provider said the cracks were due to building movement and no further cracks were expected in other parts of the site. However, they had sought legal representation to resolve the situation and ensure repairs to the building were carried out as soon as possible.

The maintenance of the service included water, refrigerator and freezer temperature checks. Records were available to ensure they were kept at suitably safe settings. Equipment, such as hoists and wheelchairs were maintained and serviced as per the manufacturer's recommendations. There were procedures in place to deal with any foreseeable emergencies. Staff had attended fire training and were aware of the evacuation procedures. We saw up to date personal emergency evacuation plans (PEEP) available for staff to refer to if they needed to assist people in the event of a fire. Staff had attended a first aid awareness course in order to be able to manage minor cuts and wounds. They were able to explain the processes in place to deal with medical emergencies. One staff member said, "I would report to the manager and make sure an ambulance is called immediately if someone is badly hurt."

People told us there were enough staff to support them. We observed call bells being answered promptly by staff when people required assistance in their rooms. One person told us, "They are pretty quick to come when I call. It takes slightly longer at night though." Another person said, "Yes they [staff] check on you through the night." There were three staff on the ground floor and three staff on the first floor. The deputy manager, registered manager and a team leader were on duty during the day. We reviewed rotas for July 2017 and the staff signing in and out book. We found four occasions between 25 July and 7 August where there were three staff instead of four during the night shift. Staff told us the management team tried to get cover staff and we saw recruitment had since taken place to fill any vacancies. The registered manager assured us that sufficient staffing at night was now provided according to people's needs in order to keep

them safe. This ensured people were supported in a timely manner.

The provider had a safe recruitment and selection procedure in place. The registered manager carried out relevant checks when new staff were employed, in order to make sure they were suitable to work with people who used the service. This included their employment history, previous experience and Disclosure and Barring Service (DBS) checks. At least two references were obtained, including one from the applicant's previous employer. We saw that relevant documents from each new member of staff was filed, including copies of their passport or birth certificate and when required, proof they were legally entitled to work in the United Kingdom.

Good

Is the service effective?

Our findings

People told us staff understood their needs. One person told us, "The staff know how to look after my needs." Other comments about the service included, "Good", "Excellent" and "I think this is a very good home." We observed staff assisting people appropriately. They were aware of people's preferences and mobility support needs. A relative said, "I like them, they do a good job." Another relative told us, "They do their best" and a third said, "First class home. Otherwise my [family member] would not be in here."

When staff started to work at the service, they completed an induction program. A member of staff who had recently completed an induction program told us they had shadowed experienced staff for a few shifts until they were confident enough to work with people. We saw that training took place annually and there was a mixture of mandatory training, such as fire safety, first aid awareness, safeguarding people, food safety, nutrition and hydration. Other training such as care planning and end of life care training was provided. Staff found the training helpful and told us it enabled them to do their job properly. Comments from staff included, "It's good, very helpful" and "We get regular training and updates." We also saw that staff working at the service had started to complete the Care Certificate workbook. The workbook contains common national standards that care workers are expected to work within in order to deliver high quality care.

Staff received regular supervision and appraisal with the management team. Staff found these to be useful and saw this as an opportunity to develop within their role. Supervision was a mixture of group and individual sessions in order to reflect on practice and discuss situations where things had gone wrong. Staff told us there were regular staff meetings and shift by shift handover meetings which they found useful and enabled continuity of care. This also ensured information was shared about the people who used the service so that any follow up actions could be taken where required.

The service worked within the principals of the Mental Capacity Act 2005 (MCA). The 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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 were being met.

We saw records of capacity assessments and saw that people's best interests were assessed if the person lacked capacity to make certain decisions. The provider had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. Renewals of applications were made before the previous DoLS was due to expire. Where people required the use of bed rails to keep them safe, we saw that risk assessments and consent forms were completed to show that it was in their best interest.

Staff had attended training and had an awareness of what capacity meant. However, when we spoke with staff, we found some gaps in their knowledge of and their understanding of the MCA. The service provided care and support to people with dementia without nursing, although some people's needs could change and become more complex. We found that staff had an awareness of behaviours that could pose a risk to the person and to other people. However, the provider did not always ensure staff benefitted from further training on topics, such as managing behaviours that challenged the service, to enhance their confidence, skills and development. Mandatory training topics that new staff had to complete, did not cover this area.

We recommend the provider seek further guidance on training for staff to effectively support people using the service who may require positive behaviour management and on the MCA and DoLS, where required.

People were supported to access health care services in order to maintain their health. One person told us, "The GP comes to see me when I need some medical attention." We saw records that showed people were seen by the GP, the district nurse and other professionals, such as a chiropodist, when required. Staff told us how they supported people with chronic illnesses to attend hospital appointments and we saw evidence of this in the care plans we viewed. People's weight was monitored weekly or monthly depending on their needs. Where people were bed bound or were receiving end of life care, the provider took advice from the GP on appropriate ways to monitor their health.

People chose meals that met their individual preferences. Menus were produced on a four week cycle and were in the process of being reviewed in consultation with people who used the service. We observed two lunchtime services on different floors. People were offered fruit and hot and cold drinks at several intervals. Staff were aware of people on special diets and how to support them. During meal times people chose where they sat and were offered choices from the menu. Pictorial menus were available to support those with memory problems or had difficulty reading. Comments from people about the food and the meals served included, "Very good always," "Excellent" and "Cannot really say it is not good, sometimes not as nice as other days." Another person said, "Good food, but sometimes it is not always hot enough I find."

Most people were able to eat independently, although where required, staff supported some people by cutting their food and offered them drinks throughout their meal. They asked people if they had finished their meal before taking their plates away. Staff also offered people additional helpings of food, in case they wished to eat more before a dessert was served. People with mobility aids such as walking frames were supported to sit at the dining tables by staff and were not rushed. We noted that mealtimes were very quiet, with no background noise such as music, to avoid any distractions.

Good

Is the service caring?

Our findings

People told us they were treated with dignity and respect. One person told us, "Staff are pretty good, they listen to my requests." Another person said, "Yes they are very caring. They wouldn't do the job if they weren't." A relative told us, "The staff are caring and treat everyone like a family member."

People were encouraged to maintain their independence. We saw staff encouraging people to mobilise with mobility aids. Staff treated people as individuals, respected their human rights and ability to make decisions for themselves. For example, one person told us how they wanted to spend their time in the service and said, "I have a resident friend here and at night we sit in the lounge. We watch TV and chat and have a small Baileys each, which our families buy. The staff pour it out for us." This showed that staff made people feel at home and respected people's wishes and preferences.

We observed care staff attending to people's needs in a way that was caring and patient. They spoke to people politely and attended to their needs when they called staff for assistance. For example a person called for staff to help reposition them in their bed. We heard staff explaining they would be back in two minutes with another staff member. They returned to assist the person in a timely manner. Staff told us they made sure they responded to people as quickly as possible. One staff member said, "If there are two of us helping one person and another person calls for help. One of us will quickly go to the other person and let them know we won't be long." One person told us, "When you go to bed you settle and if you ring, staff will come." Another person felt confident that when they called staff, they knew "someone will come to help."

We observed the service was peaceful and quiet. People and staff did not raise their voices with each other and there was very positive, kind, caring and respectful interaction between them. Staff knocked on people's doors before entering their rooms and addressed them by their preferred names. They ensured people's privacy was protected when providing personal care. One person said, "If I call them to change me they shut the door and pull the curtains." A relative told us how their family member was treated well and staff respected their dignity and said, "[Family member] is double incontinent but the staff never leave [family member] wet. They respect the way she wants to look and be presented." One person told us staff made them "feel at ease" and another person said, "If you close your door you are allowed to keep it closed." Other comments from people about the staff and the service included, "It's alright, fine," "Very comfortable," "It could not better here," "friendly" and "caring staff."

People's care files contained individual care plans. People and relative told us they were involved in developing and reviewing the care plans and we saw they were completed with their help. The plans outlined people's physical, emotional, cultural and social needs. They were reviewed and updated monthly or when people's needs or conditions changed.

Staff were respectful of people's cultures, beliefs and backgrounds. People's birthdays were celebrated and they were able to practice their religion. For example, a church service was provided for some people to attend when requested. Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. People received care from staff who were aware of their individual care and support needs. Staff ensured people were offered choices and activities. One person said, "They give you activities, there is an activities person." Another person told us, "They give advice, like tell me to keep my walker near me." A relative told us, "The residents go on trips every couple of months or go for a meal."

Before people started to live at the service, an assessment was completed in order to identify their needs to ensure the service was able to meet their needs. A care plan was developed following this and was called a "This Is Me" document. It outlined people's backgrounds, their current likes and dislikes, including their personal care preferences and interests. For example, one person was able to describe how they enjoyed painting, listening to music and socialising. This information was used by staff to engage with people and assist them with their care. People's daily waking and retiring routines were clearly documented in order to enable staff to assist people according to their preferences. Each person had their own room which had the required adaptations in place according to the person's needs. People's rooms were clean, well-furnished and had been personalised with their pictures and belongings.

People were allocated a member of staff to be a keyworker who took responsibility for arranging their care needs and preferences. Keyworkers met regularly with people to review their care needs. Records showed they held regular meetings with people to discuss their care and about things they needed or wanted to do. One person told us, "I am able to do things. I am free to do what I want as long as it is within reason of course." Another person said, "We can talk to staff. We also have residents meetings now and again. You can air your dislikes."

People and relatives told us they were happy with the activities that occurred. One person told us, "I participate in what interests me and retire to my room when it suits." Another person said, "They ask what things we like best and what we want to do." People also told us that if they did not want to participate in an activity, they were given that choice. One person said, "I do not take part much. I do in some things but not in others." We saw two people participate in a paper mache activity and another group of 10 people participate in a music therapy exercise. There was a monthly entertainment program on display within the service and people confirmed that entertainers came regularly. Staff informed people about other activities taking place in the afternoon such as music, entertainment and exercise, including armchair aerobics.

An activities coordinator checked who was interested in the activities and we later observed a group of 12 people in a lounge being entertained by a singer. People were happy to join in the singing. A fitness class took place in another lounge and was also well attended. People told us staff "keep us entertained" and "Staff try and keep us busy. There are lots of activities for most people, such as a balloon game and exercise." People were able to discuss with each other and feedback to staff about other types of activity they wished to take place, such as quizzes and card games. We noted that suggestions were raised in 'resident' meetings and staff ensured their wishes and preferences were recorded and acted upon. For example, some people requested a barbeque and this was later planned for the provider's summer fair.

People told us they were able to raise any concerns they had about the service. Staff listened to any concerns people had and responded accordingly. One person said, "They are very good, really. They listen and give advice." A complaints procedure was available, including in an easy to read format. We viewed the complaints record and logs and noted that the service had not received any formal complaints since our last inspection. Any feedback was noted and received through a suggestion box which was installed on each floor of the building. For example, we noted that improvements were made to the garden area outside, following feedback received from people. The service received many compliments from people and relatives and comments included, "I am grateful for all the care shown to me during my stay" and thank you for looking after my [family member]. They were very happy at Meadowbanks."

Good

Is the service well-led?

Our findings

People and relatives were happy with the management of the service. One person said, "I think they are very good, really." Another person told us, "Yes, very happy, I would not like to go anywhere else now." Comments from relatives included, "There is a lot of good things we can say about Meadowbanks,"; "Very good. The staff know what they are doing and are the top of their profession" and "The manager is always about and is very friendly." One relative mentioned the registered provider and said, "Sometimes the owner walks through and they know me and my [family member]." Another relative said, "I trust all the people here and there is no one I dislike."

Staff told us they felt supported by the registered manager and the deputy manager. They were aware of their roles and responsibilities and told us they worked well as a team and were happy working in the service. The registered manager and the deputy manager assisted us during our inspection. We observed people were comfortable approaching all senior staff. Staff were comfortable discussing any issues with them. They told us, "The managers and the director are very supportive. It is a nice place to work. We have a good team." Staff felt they worked well as a team and were supportive towards each other. Staff meetings were held regularly and helped to share learning and best practice, so they understood what was expected of them and what their responsibilities were. Topics of discussion included medicine administration, health and safety checks and codes of conduct. We noted that the registered manager ensured staff remained professional and courteous by reminding them of their responsibilities towards people living in the service, relatives and visitors.

People were involved in developing the service and annual surveys were sent to people and other stakeholders such as relatives, staff and external professionals. We looked at the results from the most recent survey and noted comments from all those asked were positive. Results of the survey had been analysed and used to highlight areas to make improvements. For example, suggestions and requests were made by people about food preferences they would like to be included on the menu. These suggestions were accommodated and menus were revised. People's and relative's views were also gathered separately during regular meetings. Minutes from these meetings covered topics such as planned events, staff training, menus and any new initiatives, such as talks from dementia training specialists.

The provider had systems in place to monitor the quality of service provided and to drive further improvements. Audits of all safeguarding cases, training, activities, recruitment and logs took place quarterly. The registered provider and the registered manager monitored the service through observations and discussions with people, staff and relatives. Spot checks of day and night staff were carried out regularly and helped to ensure that people were safe and appropriate care was being provided. The provider had established links with local community services such as charities and places of worship, which helped to promote the service. A relative told us, "As soon as a resident leaves, they are replaced. The home is always full from what I can see. It goes to prove they go a good job."

The registered provider carried out a bi annual progress report for the first six months and last six months of the year. It was a formal audit to oversee that the registered manager had carried out their own quality

assurance of medicines, staffing and the safety of the building. The registered manager also produced a report to show what further actions and improvements were carried out in response to the registered provider's bi annual reports. This ensured that the service's systems were robust and the management team took accountability and responsibility for the improvement of the service.