

T.L. Care Limited

# Queens Meadow Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 10 October 2018 and was unannounced. A second day of inspection took place on 11 October 2018 and was announced.

Queens Meadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Queens Meadow provides personal care for up to 59 people. At the time of our inspection there were 58 people living at the home who received personal care, some of whom were living with a dementia.

We last inspected Queens Meadow in August 2017 and rated the service requires improvement. We found an ongoing breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 which relates to good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions relating to safe, responsive and well-led to at least good. At this inspection we found that significant improvements had been made in the key questions responsive and well-led. Although a number of improvements had been made relating to the key question safe, further improvement was still needed in this area. This was because people's personal emergency evacuation plans were not always up to date and detailed enough, guidance on 'when required' medicines was not detailed enough, and the temperature records of areas where medicines were stored were incomplete. The registered manager and provider took immediate action to address these areas during our visit. Due to the significant improvements made the rating for this service has now improved to good.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During this inspection we found there was a welcoming and homely atmosphere at the service. People were at ease with staff and relatives said staff were kind and caring. Staff respected people's privacy and dignity. There were positive relationships between people, relatives and staff.

People and relatives spoke positively about the care provided. People told us they felt safe.

Staff had received training in safeguarding and knew how to respond to any concerns. Safeguarding referrals had been made to the local authority appropriately, in line with set protocols.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service.

Staff training in key areas was up to date. Staff received regular supervisions and appraisals and told us they felt supported.

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 were supported to have enough to eat and drink and attend appointments with healthcare professionals.

Care plans were detailed and person-centred and contained important information about people's life stories so staff could get to know people well.

People and relatives knew how to make a complaint and were happy approaching staff or the registered manager if they had any concerns.

People were supported to engage in meaningful activities and access the local community.

People, relatives and staff spoke positively about the registered manager being approachable.

Staff said they felt supported and able to raise issues at any time.

The home had good links with the local community and people told us how much they enjoyed this.

## 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 not always safe.

People's personal emergency evacuation plans were not always up to date and detailed enough.

People told us they felt safe when receiving care and support.

There were enough staff to meet people's needs in a timely manner.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were suitably trained and had received supervisions.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and received ongoing healthcare support.

**Good** ●

### Is the service caring?

The service was caring.

Staff treated people with dignity and independence was promoted.

People told us staff were kind and caring.

We observed staff speaking with people in a polite and respectful manner.

**Good** ●

### Is the service responsive?

The service was responsive.

Care records were person centred and reflected people's current needs.

**Good** ●

People were supported to participate in meaningful activities.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

**Is the service well-led?**

The service was well-led.

There were effective quality assurance systems in place.

People's feedback was acted upon.

Staff told us they enjoyed working there and there was an open and positive culture.

**Good** ●

# Queens Meadow Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 10 and 11 October 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector, one assistant inspector and one 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided at Queens Meadow.

During the inspection we spent time with people living at the service. We spoke with 12 people and 10 relatives. We also spoke with the provider's representative (regional manager), the registered manager, the deputy manager, two senior care assistants, five care assistants, the cook, the kitchen assistant, one domestic and the maintenance person. We spoke with an external healthcare professional who was visiting

the service.

We reviewed five people's care records and four staff recruitment files. We reviewed medicine administration records for 15 people as well as records relating to staff training, supervisions and the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was not always safe and awarded a rating of requires improvement. At this inspection, we found that although a number of improvements had been made some areas still required improvement, so the rating for the key question relating to safe remains requires improvement.

Medicines were managed safely and stored at the correct temperature, although we found some gaps in the daily records relating to storage temperatures. Medicines need to be stored at the correct temperature otherwise they can become ineffective. When we spoke with the registered manager and the provider about this they took immediate action to address this.

Some people took medicines 'when required', such as painkillers. There were not always detailed guidelines for staff to follow which explained when a person may require these medicines. For example, what signs or symptoms a person may display if they were in pain and not always able to communicate their needs. Staff described in detail when they would administer 'when required' medicines, so the risk of people not receiving such medicines when they needed them was reduced. When we discussed this with the registered manager and the provider they took immediate action to rectify this.

Records relating to people's other prescribed medicines had been completed correctly. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly and stock balances tallied with these records.

Each person had a personal emergency evacuation plan (PEEP) which contained information about their individual needs, should they need to be evacuated from the building in an emergency. PEEPs we viewed did not always contain key information about a person's needs in such an emergency, such as what mobility equipment they would need; although staff told us about people's needs in this area in detail. When we discussed this with the registered manager and the provider they addressed this immediately during the inspection.

Infection control practices had improved. The laundry room had systems in place for dirty and clean clothing. Staff had all received training in infection control. We spoke with the infection control champion who was enthusiastic about their role. Day and night cleaning schedules were in place and checks were completed to ensure the home was cleaned regularly. Staff wore appropriate protective equipment such as gloves and aprons where appropriate.

The service was clean and decorated to a good standard. There was a welcoming and homely atmosphere. We noted significant improvements had been made to the environment since the last inspection. The registered manager said, "Since the last inspection we focused on improving the environment. Corridors have been redecorated, flooring has been replaced and we've had some new windows fitted." The registered manager told us how a refurbishment programme was still in progress, and how this would be carried out in a phased manner to minimise disruption to people who used the service. People told us they

liked the improvements that had been made and how they had been involved in choosing new wallpaper and the like.

At the last inspection we found the fire service had recommended fire doors needed repairs or replacing. At this inspection we found the necessary actions had been taken to improve fire safety.

People we spoke with told us they felt safe living at Queens Meadow care home. Comments included, "I never feel lonely or unsafe as I am always with people and they care for me so well," "I am safer here than at home as there is always someone passing by" and "It's got to be one of the safest places I have lived."

One relative told us, "I have absolutely no concerns about safety." Another relative told us, "My partner needs the secure aspect of this place as they were at risk before but not now."

Some people who lived at the service had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw how their body language indicated they were comfortable in staff's presence.

Staff had completed training in how to protect people from abuse and they were frequently reminded of their responsibilities to keep people safe and how to report any concerns during staff meetings. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people.

There were enough staff on duty to meet people's needs quickly and keep them safe. People and relatives said there were enough staff on duty. We saw staff taking the time to talk with and reassure people which people said they appreciated. A relative told us, "My [family member] just loves to sit and reminisce and here there always seems to be time for this."

Risks to people's health and safety were assessed, reviewed and checked, so risks were minimised and people were protected from harm. This meant staff knew how to support each individual in a safe way, whilst allowing people to maintain their independence.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to. Risk assessments relating to the environment and other hazards, such as electrical and food safety were carried out and reviewed by the management team regularly.

Regular planned and preventative maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as electrical safety, water safety and moving and handling equipment. The records of these checks were up to date.

Accidents and incidents were acted on appropriately and analysed to see if lessons could be learned to improve people's safety, although no trends had been identified.

## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People who used the service received effective care and support from well trained and well supported staff. People and relatives we spoke with said staff had the right skills to provide good care. One person told us, "The staff all know what they are doing and as far as I know they are all trained and deliver a good service."

Most staff training was up to date. The registered manager was aware of when training was due and, where there were gaps, we saw this was planned. Records showed staff members had completed training in areas such as safer people handling, nutrition, dignity, equality and diversity and infection prevention and control. Staff told us they felt well equipped to perform their job roles through regular training and supervisions.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training. One staff member said, "We have regular supervision, but we don't have to wait until the next supervision to raise things. We can go to the management at any time which is great."

New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Comprehensive assessments of each person occurred before a care placement was agreed or put in place. This meant the provider was able to check whether the care needs of the person could be met and managed at the home. Following the assessment all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

People were supported to maintain a balanced diet and to have enough to eat and drink. We observed lunch time during our inspection. There were enough staff to support people to eat, and the dining experience was calm, pleasant and relaxed. Tables were set nicely with tablecloths, serviettes, cutlery, flowers and condiments. Staff regularly asked people if they wanted more, if they were enjoying their meal and if they wanted another drink.

Meals were hot, cooked with fresh ingredients and looked appetising. Hot and cold drinks were readily available depending on people's preferences. Menu choices were from the provider's four weekly menu planner, with vegetarian options and other alternatives available. One person said, "Sometimes the food is not to my liking, so they prepare something just for me." People told us they enjoyed their lunch, but some said they would prefer their main meal in the evening. We passed this feedback to the registered manager who said a food survey was due to be completed in the coming months, so they would seek people's

feedback through that.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

We found that DoLS applications had been made appropriately to the relevant local authorities. Mental capacity assessments had been carried out for people as required. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines and equipment such as bed sensors. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. People told us staff always asked for consent. This meant the service was meeting the requirements of the MCA

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date.

The design of the premises was appropriate for the people who lived there. Corridors were wide to accommodate wheelchair users and communal areas, including bathrooms and toilets, were spacious. The registered manager told us how previously there were items of visual and tactile interest for people living with dementia, but the items were not always suitable for the people who used the service. We saw how themed areas such as a garden, the seaside and Hartlepool football club had been created instead to good effect.

Colourful written and pictorial signs and handrails in contrasting colours helped people orient themselves around the home. Dolls were used to provide comfort to people and staff respected the importance of these. People's bedroom doors had large signs that included the person's name, room number and photograph, where appropriate. We noted that a menu was not available in picture format. The registered manager told us, and records confirmed, that new picture menus had been ordered and were due to be displayed once the dining room had been refurbished. This was underway during our inspection.

People's weight was checked and monitored appropriately. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. Care

records showed staff referred people to a dietician or the speech and language team (SALT) in a timely way if they required support with swallowing or dietary difficulties.

People were supported to maintain their health and well-being. The service had close links with healthcare professionals such as community nurses, GPs and speech and language therapists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow. Food and fluid charts were completed accurately for those people who needed them.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People and relatives spoke positively about the care provided. People's comments included, "I'm content here. The staff are very kind and caring," "I love the fact that no matter how busy the staff are they will always give me the time I need" and "I came from another care place and I thought it was okay, but here it is like being in my own home, but with all the care I could ask for."

Relatives comments included, "The staff are lovely here. [Family member] is well looked after, they've got everything they need," "I'm really happy with the care here as the staff are caring and respectful. [Family member] is clean and well cared for. Staff treat them like one of the family" and "You won't find a better place for care and I would recommend this place to anyone."

We observed staff spoke with people in a kind, caring and respectful way, taking time to listen to people and understand what they were communicating. Staff were attentive to people's needs and reassured people if they were upset or distressed. During this visit we saw lots of pleasant interactions between staff and people. For instance, we saw one staff member looking at a photo album with a person which the person really enjoyed. We heard one person say to a staff member, "You're gorgeous, I love you. Let's go for a smoke and a chat together." Staff were appropriately affectionate towards people by putting a reassuring hand on a person's shoulder or holding a person's hand when the person wanted this.

All the people we spoke with felt staff acknowledged their privacy and demonstrated respect. For example, people told us how staff ensured curtains were pulled across and doors closed to ensure privacy was maintained when people were supported with personal care. One person said, "I like to have a shower on my own but the carer knocks to see how I am doing and help me to dry myself."

Staff provided physical assistance at meal times to people who needed it in a dignified way. When people requested assistance to go to the toilet they were supported immediately. We saw this was done in a discreet way that maintained the person's dignity and without others knowing. One person told us. "I always feel special when they do things for me."

Staff were kind and polite when supporting people, and clearly knew people well. People said staff supported their rights to make decisions and choices for themselves. One person told us, "I can get up and go to bed when I want." We saw residents choosing where they wanted to sit in dining rooms and lounges. A staff member told us, "I provide support to people with any day to day decisions. People we support have choices and rights just like everyone else." Staff we spoke with were knowledgeable about people's needs and circumstances. They told us in detail about people's health and care needs and preferences.

People told us they were encouraged to be as independent as possible, but staff were always on hand to provide support. One person told us, "What I used to do and how I am now makes me sad sometimes, but

it's nice that I can still do a little with help and support." A relative said, "My [family member] has grown in confidence and increased their mobility because they are nurtured and loved."

Relatives and friends were encouraged to visit at any time. During our visit we observed relatives being greeted by the staff team in a friendly and welcoming manner. A staff member said, "It's like one big family here." Another staff member told us, "I love working here as the residents are so lovely. They make my day."

Each person was given a residents' guide which contained information about all aspects of the service including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions. One person who used the service had an advocate.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was not always responsive and awarded a rating of requires improvement. At this inspection, we found improvements had been made and have awarded a rating of good.

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. Records included important information about the person, such as what was important to them, who was important to them and how best to support them. We saw these had been written in consultation with the person who used the service and their family members.

People's individual support needs were recorded and covered key areas such as mobility, personal care, nutrition, medicines and emotional needs. These provided information and guidance for staff on people's individual needs and preferences, such as what a person's bedtime routine was like. Daily records were maintained for each person who used the service and an effective staff handover process was in place.

The staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people. People's records contained information about their social history, likes and dislikes. It is important staff have access to this information so they can get to know people as individuals.

People had been included in their own care planning, where they were able. Some people had limited involvement in their care planning because they could not always communicate their needs fully. Relatives told us they felt involved in the planning of care as they were invited to attend regular care review meetings. Records showed care plans were reviewed by staff regularly or when a person's needs changed.

People and relatives told us staff responded quickly and appropriately when people's needs changed, for example if they needed to see a GP. An external health professional who was visiting during the inspection said, "Staff are responsive. As soon as there's any problems they ring up. The staff understand non-pharmological interventions (i.e. managing people's behaviour with appropriate techniques rather than medicines). People's notes are always up to date and staff are always available to tell me about a person's needs. Staff work really hard here and know people's needs well."

The service supported people with end of life care needs when necessary. This meant people who chose to remain at the service during this time were able to. Where people felt able to discuss this sensitive issue, records were specific to individuals. For example, one person's end of life care plan stated, "I would like to be buried and for my wedding ring to remain with me." We saw how one person's family had completed a 'family wishes' booklet. This set out their preferences for their family member's end of life care, as the person was unable to make their preferences known due to their condition.

People had access to meaningful activities. This meant people were protected from social isolation.

Activities included puzzles, board games, sing songs, reminiscing and pamper sessions. People told us they enjoyed the activities available and had particularly enjoyed using virtual reality headsets. A theatre/music room and a vintage tea room were on the first floor. People and relatives told us how they liked to use these rooms. A bar was on the ground floor which was used by people to socialise, and birthday teas and other celebrations were held there.

People were supported to practice their religious beliefs. During our visit we spoke with a pastoral carer from a local church who had come to administer holy communion.

The provider had a complaints policy and procedure in place. The registered manager carried out regular audits of complaints to ensure appropriate action had been taken. Each complaint record we viewed included details of the complaint, records of investigations and meetings, the outcome of the complaint, and whether any additional actions were required. People and relatives we spoke with knew how to report any concerns. They said they were happy to speak to the staff, deputy manager or registered manager. A relative told us, "I would complain if it was necessary, but the open-door policy means a chat is usually all that is needed."

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was not always well-led and awarded a rating of requires improvement. At this inspection, we found improvements had been made and have awarded a rating of good.

At our last inspection we found audits had not always been effective in identifying and generating improvements to the service. During this inspection we found this had improved. There was now an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and medicines administration. Regular audits carried out by the registered manager and provider led to action plans with completion dates where necessary. Although the issues we found regarding when required medicines and PEEPs had not been identified, the registered manager and provider's representative acted immediately to rectify this by the end of our inspection. As staff knew people's needs well, the risks these issues posed to people who used the service were reduced to a manageable level.

The registered manager had worked at the home for 15 years and was supported by the deputy manager. There was a clear management structure in place and staff understood who they reported to. The registered manager spoke passionately about the home and the improvements made since the last inspection. We were assisted throughout the inspection by the provider, registered manager and deputy manager. All records we requested to view were produced promptly.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

People and relatives we spoke with knew the registered manager well and spoke positively about them. One person said, "The manager knows my name and always comes and says hello when they arrive which is nice." A relative commented, "The manager and all the staff are dedicated to providing the best care."

Staff told us there was an open and positive culture at the home and they enjoyed working there. Staff told us they felt supported by the registered manager and could raise issues at any time. A staff member said, "[Manager] and [deputy manager] are both lovely. If you have any problems you only have to ask." Another staff member told us, "This is a great place to work. You can go to [registered manager] about anything at any time, day or night."

Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them later. Records of discussions held and actions needed were clearly captured. Staff told us they had enough opportunities to provide feedback about the service.

People's feedback was sought regularly via residents' meetings, care planning reviews and an annual survey. An annual survey had recently been conducted, the results of which had not yet been collated at the time of our visit. A suggestions box was also available, which meant people had various opportunities to provide

feedback about the service. People told us there had been some issues with the laundry and their feedback had been acted upon.

There were good community links with local schools, churches and Hartlepool FC which meant people who lived at the service were regarded as an integral part of the community. The local dementia hub used the service as a venue for its monthly meetings. Staff told us how they collected food for a local soup kitchen and people who used the service helped with this. People told us how much they valued this community involvement.