

Nellsar Limited

Meyer House Nursing and Residential Care Home

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Meyer House Nursing and Residential Care Home is a care home service that accommodates up to thirty four people across two floors in one adapted building. There were twenty-eight people using the service at the time of our inspection.

People's experience of using this service and what we found

People told us they felt safe. Staff were following current government guidance in relation to infection prevention and control and there were appropriate procedures in place to reduce the risk of spread of infections. People's medicines were managed safely. There were safeguarding procedures in place and staff understood these procedures. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. There were enough staff to meet people's care and support needs. Safe recruitment checks took place before staff started work at the home.

Assessments of people's care needs were carried out when they started using the service. Nursing staff and care staff received training and support relevant to people's needs. People said they liked the food provided at the home and they were supported to maintain a balanced diet. People had access to a range of healthcare services when they needed them. The design of the premises was meeting people's needs. 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.

There were effective systems in place to monitor the quality of service that people received. The provider took people's views into account through residents and relative's meetings and satisfaction surveys and feedback from these was used to improve the service. Staff said they received good support from the registered manager. The registered manager and staff worked with health and social care providers to drive improvement and to deliver an effective service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 December 2021). At that inspection we found breaches of our regulations in relation to infection control and failing to have effective systems in place for monitoring, assessing the quality of the service and driving improvement.

We carried out an infection, prevention and control inspection on 18 January 2022. We were assured the service was following appropriate infection prevention and control procedures to keep people safe.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meyer House Nursing and Residential Care Home on our website at www.cqc.org.uk.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we were assured the service was following appropriate infection prevention and

control procedures to keep people safe. We also found the provider had developed more effective systems for monitoring, assessing the quality of the service and driving improvement.

We found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Meyer House Nursing and Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was undertaken by one 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.

Service and service type

Meyer House Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meyer House Nursing and Residential Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with two care staff, a nurse, an activities coordinator, the deputy manager, the operations and compliance manager and the registered manager. We reviewed a range of records. This included five people's care records and medication records. We looked at staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks and audits and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection (Published 8 December 2021) the provider had failed to make sure measures were in place to minimise the risk of visitors catching or spreading infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an infection, prevention and control inspection on 18 January 2022. We were assured the service was following appropriate infection prevention and control procedures to keep people safe.

At this inspection we again checked the providers infection, prevention and control procedures.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Visiting in care homes

- People were able to receive visits from family members and friends. The provider was following current government guidance on infection control.

Using medicines safely: Learning lessons when things go wrong

- People received support to take their medicines safely. A person using the service told us, "I know what medication I have to take. I get my medication on time every day and it's the correct dose."
- Medicines were stored and managed safely. Medicines trolleys and controlled drugs were kept in locked medical rooms. Controlled Drugs were stored, administered, checked and recorded appropriately. Medicines that required refrigeration were stored safely and fridge temperatures were regularly checked. There were arrangements in place for receiving medicines into the home and for the disposal of any unneeded and unused medicines.
- People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. There were protocols in place for 'as required' (PRN) for example, medicines for pain relief. Appropriate documentation was in place for a person who was supported to take their medicines covertly, for example, disguising it in food or drink without them knowing.
- All staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by senior staff.
- We saw regular audits were completed to ensure people received their medicines on time.
- The registered manager told us about lessons learned and the actions they had taken following a recent medicine's management issue. These actions included providing supervision, refresher training and medicines competency assessments for staff and ensuring staff followed the 6 Rs of administration: right resident, right medicine, right route, right dose, right time, and the resident's right to refuse.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse. People told us they felt safe, one person told us, "I feel very safe here, ten out of ten." A relative commented, "I think my loved one is very safe."
- There were safeguarding adults' procedures in place, staff had received training on safeguarding, and they knew how to keep people safe. Staff told us they would report their concerns to the registered manager. If need be, they would whistle blow to the provider or report their concerns to the CQC or the local authority.
- The registered manager reported allegations of abuse to the local authority and CQC. We saw a safeguarding log with records of safeguarding concerns and actions taken by the provider to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely met. Assessments included the levels of risk for people in areas including moving and handling, pressure sores, diabetes and mouth care. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff had a good understanding of people's needs in relation to risk. A staff member told us how they followed a person's moving and handling care plan. Another staff member told us how they supported a person with a pressure sore and about their responsibility to keep the nurses informed if they noticed any deterioration to the person's wound.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming regular fire drills were carried out and fire equipment and the alarm system was regularly serviced and tested. Training records confirmed that staff had received training in fire safety.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. We saw there were enough staff to meet people's needs. A person using the service told us, "There are plenty of staff to keep me safe."
- The registered manager told us they used a dependency tool to ensure staffing levels met people's current

nursing care and support needs. A staff member said, "I think we have enough staff on duty to manage people's needs."

- There were safe recruitment procedures in place at the service. We saw staff files which held the applicant's work references, full employment histories, health checks, relevant qualifications and evidence that Disclosure and Barring Service (DBS) had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found that staff did not receive regular supervision in line with the provider's policy. We recommended the provider consider national guidance when supporting staff with supervision.

- At this inspection we saw records confirming staff were receiving regular supervision and annual appraisals of their work performance from their line managers.
- Staff had the knowledge and skills required to meet people's needs. Records showed that staff had completed training relevant to people's care and support needs. This included training in areas such as diabetes, dementia, epilepsy, medicines administration, oral health care, equality and diversity, safeguarding adults, fire safety, infection control, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nursing staff had completed clinical training, for example on dysphagia, skin integrity, catheter care, and monitoring diabetes.
- Staff new to care had completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff member told us, "I receive regular supervision and I am up to date with all of the training. The training is very helpful, I like learning new things."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care, and support needs were assessed when they started using the service. The assessments covered people's care and support needs for example with medicines, medical conditions, dental requirements, diet and nutrition, mobility and personal care. The information gained from these assessments was used to draw-up care plans and risk assessments.
- The assessments showed that people and their relatives and health and social care professionals contributed to make sure people's needs and preferences were considered and addressed. We saw that people's care plans and risk assessments were being kept under regular review. A person using the service told us, "I talk to staff before care plan meetings. I can voice my feelings and thoughts through them." A relative commented, "I attend planning meetings for my loved one's care."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a balanced diet. The support people required with their dietary needs was recorded in their care plans. We also saw colour coded cards in the kitchen that described people's dietary needs. These indicated for example where people had normal diets, if they were diabetic, if they had food allergies and if people required modified diets and drinks because they were at risk of

choking.

- We observed how people were supported at lunch time. Staff were attentive to people's needs, they offered people a choice of meals and drinks. One person told us, "I like the food, it's great." Another person said, "I can look at the menu and choose what I want for my dinner and tea."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. A GP visited the home when required to review people's health needs. A person using the service told us, "The staff arrange my GP appointments. I see the GP when I need to. They also arrange all my other health care appointments for me."
- Staff liaised with external professionals to achieve positive outcomes for people. For example, a person was referred to the end of life care team for a review of their treatment. We saw the team had visited the person and advised staff about the care the person should be given. This advice was documented in the persons care records.
- Peoples care records showed they consistently received support from health care professionals such as the GP, dietitians, tissue viability nurses, chiropodists, dentists and the palliative care team.

Adapting service, design, decoration to meet people's needs

- The home was suitably designed and well maintained. The entrance to the home was accessible to people living with a physical disability. Corridors had handrails to support people mobilise. People had bedrooms with en-suite bathrooms. Their rooms were personalised and decorated in the way they preferred. We saw dementia friendly signage located around the home including pictures to aid people's orientation and pictures for people to reminiscence.
- All areas of the home appeared clean and without any odours. A person using the service told us, "This place is always clean and well maintained. I give it ten out of ten."
- Since the last inspection improvements to the environment had been made. This included refurbishing the dining room area, replacing flooring, when people moved out the vacant bedrooms were redecorated. We saw redecorating was being carried out in the corridors during the inspection.

Ensuring consent to care and treatment in line with law and guidance

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- People were consulted and supported to make choices and decisions for themselves. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection (Published 8 December 2021) the provider had failed to make sure effective systems were in place to monitor and assess the quality of the service and drive improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014.
- The registered manager and provider recognised the importance of regularly monitoring the quality of the service. We saw regular audits were carried out on care plans and risk assessments, medicines administration, staff recruitment, training and supervision, infection control, health and safety, incidents and accidents, safeguarding and complaints.
- The providers operations and compliance manager regularly visited the home to support the registered manager and to monitor the service and the care being provided. We saw a visit report from January 2023 that included an action plan. Actions completed included reviewing and amending the menu following feedback received from people using the service.
- The provider also carried a mock CQC inspection in December 2022 to assess their compliance with our key questions safe, effective, caring, responsive and well led. Some of the actions completed included reviewing peoples PRN care plans and displaying an access to advocacy services poster at the home.
- Regular safety checks were also being carried out on portable appliances, gas and water safety. Equipment such as hoists and the call bell system were checked regularly to ensure they were safe for use.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and transparent with family members and professionals and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People spoke positively about the service. One person told us, "I know the manager. This home is well managed. Things happen when they are supposed to." Another person said, "I am 100 per cent happy with the service I get here. There is nothing I would like to change; everything works very well." A relative commented, "This place is excellent. When I leave here, I never worry about my loved one. I know they are in good hands."
- The provider sought people and their relative's views about the home through surveys and residents and relatives' meetings. We saw a report from a recent residents and relatives satisfaction survey. People and their relatives fed back that they were very happy with the service. We saw the minutes from recent residents and relatives meeting, topics discussed included activities, visiting, care planning and staff recruitment. People were asked for feedback for improvements at the home.
- Staff were positive about how the service was run and the support they received from the management team. A staff member told us, "The registered manager has an open-door policy and is always there for staff." Regular meetings were held with staff to discuss the running of the service and to reinforce areas of good practice. We saw the minutes from recent general meeting. Issues discussed included training, staff handovers, record keeping and supporting people at mealtimes. A staff member told us, "The staff meetings are helpful. They give us an opportunity to express our views and talk about things that are important to us and the residents."

Working in partnership with others

- The service worked proactively with health and social care professionals to ensure people received good care. We saw evidence in peoples care records of partnership working with GP's, dietitians, dentists, tissue viability nurses, physiotherapists and a palliative care team.
- An officer from the local authority that commissions services from the provider told us there was a stable staff team at the home. The team had embraced the changes the registered manager and deputy manager had brought in and the home had maintained its homely feel.