

Methodist Homes

The Meadow

Inspection report

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Website: www.mha.org.uk/care-homes/dementia-care/meadow

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Meadow is a residential care home providing personal care to up to 40 people. The service provides support to older adults, most of whom are living with dementia. At the time of our inspection there were 39 people using the service. The home accommodates 40 people in one adapted building.

People's experience of the service and what we found:

The service was very responsive to people's needs. People were at the heart of everything they did. The service provided people with an range of stimulating activities covering both physical and mental health. The staff team were very passionate about providing quality care.

There was an emphasis on people's wellbeing. People's end of life wishes was respected by a very well-trained compassionate team. The provider had a clear complaints process in place. Everyone we spoke with knew how to make a complaint. People's care plans were recorded in a personalised way, peoples likes and preferences were recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us they felt safe living at the home. Staff were recruited safely. People's medicines were managed safely, by well trained and competent staff. The home was clean and had a nice warm and friendly atmosphere. Staff understood their responsibilities under safeguarding and how to prevent abuse.

The leadership team and staff strived for high standards of care. Staff provided quality care. The service promoted an open culture, which was inclusive and empowering. Everyone we spoke with told us the management team were approachable and got things done. Robust governance systems and processes were in place to ensure all aspects of care delivery was monitored and checked for quality, driving forward improvements. The provider had several examples of working in partnership with other key organisations, setting up key projects and offering good training for staff about end-of-life care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 6 October 2017).

Why we inspected

We undertook a focused inspection to review the key questions of safe, responsive, and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow Up

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Meadow

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 carried out by 1 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

The Meadow 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. The Meadow is a care home without 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 the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used the information we held about the service to plan our inspection.

During the inspection

We spoke with 7 people and 7 relatives. We spoke with 9 staff including the registered manager, the area manager, the human resources manager, 2 senior staff and 2 care workers, the activities coordinator, and the maintenance person. We also spoke with the Chaplain as they were visiting people on the day of our inspection.

We observed activities and people having their lunch. We reviewed a range of records including 4 care plans and risk assessments. We also checked medicine records for 3 people, staff files and management records such as service audits, policies, maintenance records and meeting minutes.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "Safeguarding issue to report clients are safe. Abuse can be verbal abuse, financial abuse, physical abuse or emotional. Signs can be crying, nervous, not want to talk aggressive change in behaviour, bruises. Approach colleague straight away, explain to manager, make sure person is safe."
- People and relatives told us the home was safe. A person told us, "I feel safe and can always speak to people." A relative commented, "They are safe living there."
- Safeguarding records reviewed showed all concerns were raised with the local authority and investigated appropriately and in a timely manner.

Assessing risk, safety monitoring and management

- The provider assessed and monitored risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk management plans were linked to people's care plans. People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it. Checks of equipment were made, and actions were taken if needed to ensure people did not come to harm. On the day of our visit, we observed the home was well maintained. Premises safety checks had also been completed to ensure the premises was safe to live in.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to meet people's needs. The provider operated safe recruitment processes.
- Everyone we spoke with told us there was enough staff to offer support. People made comments such as, "I have good communication with staff and I am not rushed to do things" and "Not rushed and very relaxed here."
- We observed staff supporting people during our visit, they were patient and interactions were friendly. Staff attended to people when needed. No one was left waiting for support.
- Staff were recruited safely. All background checks were done before staff took up their position. Checks including criminal checks, previous employer references and ID documents. This meant people could be

assured that staff had been thoroughly vetted prior to working at the home.

Using medicines safely

- People were supported to receive their medicines safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- We observed staff administering medicine during our inspection visit. Staff were patient and asked people if they were ready to take their medicine.
- Medicine records reviewed showed they were up to date and accurate. This meant people had received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We observed the home was clean and free from malodours. The home employs staff to maintain cleanliness and keep records of cleaning duties.
- Staff were able to explain how to prevent the spread of infections. One staff member said, "We have training in preventing infections, washing hands, change our personal protective equipment like gloves and aprons."

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Everyone we spoke with told us they had family and friends visit them whenever they wanted to. We observed some family members come into the home whilst we were conducting our inspection.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. In one example, a person who was at risk had managed to leave the home when relatives were visiting. The provider reviewed systems to understand how this had happened and made changes to minimise future risks and keep under review.
- We saw in team meeting minutes evidence of lessons learned when things went wrong. For example, following a fall, a family member told us there was a new sensor mat put in place. This meant staff were alerted to any movement in the room when the person was on their own.

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 MCA 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 Safeguarding (DoLS). The provider was working in line with the Mental Capacity Act.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. The service worked collaboratively with key organisations to enhance people's experiences and provide excellent activities.
- People were at the heart of everything the service did. A large focus was on providing people with meaningful activities that were specifically designed with people's wellbeing in mind. The home was involved in several projects and initiatives. For example, people were encouraged to keep fit, the home took part in a cycling project to encourage people to cycle from the comfort of their home, group cycling activities were arranged.
- These events had a positive impact on people and enhanced their overall wellbeing. A key benefit of this activity was the social element as people were able to join in as a group, this reduced the risk of isolation for people. There were also other benefits for example physical fitness which was in line with some people's goals. Following the success of the project, the home purchased the equipment needed to offer this activity regularly to people.
- Other fitness activities such as Tai Chi and a physiotherapist led class aimed at preventing falls by improving people's balance, coordination, and flexibility. The registered manager reported that data gathered about the benefits of these keep fit classes showed that the risks of falls had been reduced by 25% in participants. In addition, a reduction in confusion, distressed behaviours, and an increase in people's emotional wellbeing was also reported.
- The design and implementation of activities were both stimulating and impactful. In another example, the home introduced people to robotic pets. The idea was for people to experience the joy a pet can bring into their lives. We could see how happy people were when engaging in this activity.
- There were numerous links with the local community. For example, children from the local schools and nurseries came to the home to engage with people. The home promoted intergenerational relationships. They understood how important these relationships were in terms of improving people's well-being. For example, people feedback that they enjoyed these interactions, and the staff reported it helped people's overall mood. People were regularly asked for feedback on how these sessions were going.
- The home promoted community participation and collaboration. They collaborated with a variety of groups such as the local theatre groups, the emphasis was on people learning new skills and meeting people of all ages and different backgrounds. The theatre groups offered several workshops and creative learning opportunities. A key benefit was people having richer experiences and being part of their local community.
- The home took part in a program run by the local authority it was for young people to engage in creating

activities for people living in the home. Activities such as a tea party, physical activities, painting, sing along, cupcake decoration and a movie night. This program ran over a period of 3 weeks. It was clear from the photos shown to us that people clearly enjoyed these interactions with the young people. Following these events, the data gathered by staff showed people demonstrated improved social interactive skills and an increase in confidence.

- Every opportunity to involve people and families was utilised. The home took part in other events such as a café Palais, wellness café, these café activities focused on songs, music, creativity, and reminiscence, aiming to include people living with dementia. These activities were chosen based on people's preference and were linked to people's outcomes for example people wanting to maintain links to their past.
- The home had a reminiscence room filled with memorabilia for people to use, there was music therapy each week and activities designed to support people living with dementia. For example, a sensory suitcase full of activities, designed to stimulate creativity and unlock memories. This meant people had an extensive variety of stimulating activities to choose from. Staff reported key benefits from these activities were improvements in memory and people experienced less anxiety.
- Families and relatives were involved in creating a newsletter for the home. The focus was on people's memories and reminiscence particularly aimed at people living with dementia. Relatives would upload old and new photos and messages and staff would then create a newsletter which was shared by everyone. The newsletter could be produced in different formats and staff were able to support people with sensory impairments access the content by for example sitting and describing the contents or reading out the messages.
- A Chaplin visited people on a regular basis. We spoke with the Chaplin on the day of our visit. They gave us very positive feedback about the home. People told us they enjoyed these visits.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's care plans outlined what support would be required at the end of their life. The provider worked alongside the palliative team to ensure people had the support they needed. Staff demonstrated compassion about people who were in receipt of end-of-life care.
- The service had developed links with the North London Hospice. The hospice had input in care planning, medicine, and staff training. The home encouraged people and relatives to talk about end-of-life care and people's wishes. People's care plans were in comprehensive detail for staff to follow and know what people wanted to happen at the end of their life. They were written with sensitivity and had information, which was clearly very personal to each individual.
- The home shared with us several examples of how they supported people to have a pain free and dignified death. The home tried in each case to make sure a person's last wish was granted. For example, 1 person wanted to revisit their previous home, which held so many important memories for them. The staff arranged this trip, and the person was very grateful. In another example, the staff became aware that the person wanted to drink some beer, after speaking to the medical team this was arranged by the staff.
- The library in the home was opened because of a person's last wish and although they passed away a few years ago, the library is enjoyed by the current people living at the home, which is what the person and their relatives wanted.
- The home had a dedicated room for families to stay in overnight should they need to. A memory wall had been created following a suggestion by a person at the end of their life. This has been maintained by the staff team.
- The home maintains contact with relatives and family members after the death of a loved one. This helps with the grieving process as the home has become a place to remember loved ones.
- The staff team at the home had training in dealing with end-of-life care, there was an end-of-life policy which was used for guidance if needed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. Care records showed that people's life histories and likes/preferences were recorded. Care plans were personalised and written in a way which was tailored to the individual.
- People and relatives told us that staff understood how best to support people. Comments included, "Staff know my likes and dislikes", "Will offer me choices" and "Doing a good job. Staff do know [relative] well and they can make their own decisions."
- Staff were able to describe people's preferences when asked. They did not need to refer to any documentation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information. People's communication needs were understood and supported. The provider could produce different formats for people if needed, for example use of pictures to aid communication. The provider also used an amplifier system, this supported people to communicate if they had hearing impairments.
- Care records reviewed outlined people's preferred method of communication. We observed staff communicating with people. Staff used the correct and appropriate approach with people. For example, we saw a staff member raising and lowering their voice in accordance with the person's communication plan.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. There were a couple of complaints at the time of our visit. These were handled appropriately and in a timely manner.
- The registered manager told us that all complaints were recorded and investigated. Improvements would then be made to the home as a result. In one example, a relative had mentioned that some staff did not always say "please" or "thank you", which had come across as abrasive. The registered manager spoke to staff about this and reminded staff to be always courteous. This issue also raised awareness about cultural difference. For example, how people from different cultural backgrounds may communicate in a different way. Following the complaint there were no further issues.

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 Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- Management was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates, and other professionals had to say.

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 provider understood their responsibilities under the duty of candour. The service apologised to people and those important to them when things went wrong. Staff gave honest information and suitable support and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Senior had an oversight of systems and processes, this enabled them to drive forward improvement and offer support to the registered manager.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Audits such as care plans, care notes, staff files, health and safety and medicine records were done regularly. Any concerns identified were then quickly picked up and actioned.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- The provider sent notifications to organisations such as CQC and the local safeguarding teams when required in line with their statutory duties.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics. For example, there was a Bible study group every Friday and services every Sunday, also the home supported people with other religious practices when required. Peoples preferences were recorded in their care plans and staff respected peoples differences.
- Most people and relatives told us they were involved in the home and could make suggestions for improvements. Some people told us they had not been given the opportunity to give their views. However, we saw evidence of a survey, which had been given to people and relatives. The results were very positive overall. People were happy with the care.
- Relatives were also offered training in dementia, and this was arranged through Zoom calls, which meant relatives could join the course from anywhere in the country. This helped families understand the issues around people living with dementia.
- Staff told us that managers were good and supportive. They made comments such as, "Managers are supportive and we have 1:1 supervision" and "Managers are good, they seem okay and approachable, no issues and can run the home, sort things out for you."
- We saw evidence of how people, relatives and staff were involved in the home's activities. We reviewed team and residents meeting minutes, which showed staff and people made contributions to the running of the home.

Continuous learning and improving care

- The provider had created a learning culture at the service, which improved the care people received. All staff we spoke with told us the service was continuously looking for ways to improve. Action plans were recorded, and actions were followed up. Systems were put in place to make improvements, for example the digital care planning system was intuitive and more efficient saving staff time. A benefit of the new system was it gave people more face to face time with staff.

Working in partnership with others

- The provider worked in partnership with others. For example, health care professionals, the local authority, community groups and local schools. This meant people could be involved in their community in a meaningful way.