

Meera Nursing Home Limited

Meera House Nursing 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

Meera House Nursing Home is a residential care home providing personal and nursing care for up to 59 older people who may also live with dementia. At the time of our inspection there were 48 people using the service.

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

Since the last inspection we found that improvements had been made. Care plans were personalised, there was an activities coordinator in place and the home had been decorated and new furniture purchased.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff knew how to protect people from poor care and 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.

Care plans were personalised and included people's specific medical conditions, so we were assured that people's needs were being met by the service. Medicines were managed safely.

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.

The provider had ensured staff were in post to meet people's care and support needs. Staff had received an induction at the commencement of their employment to ensure they had the required knowledge to meet people's needs. The provider had a system in place to ensure training was refreshed annually or as required. Staff received regular supervision from the manager.

People's relatives gave positive feedback about the support their family members received from staff. The provider had systems in place to monitor and assess the quality of the care and support provided to people. Policies and procedures reflecting current best practice were in place to underpin this. People's views about their care were sought on a regular basis.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 November 2021) and there were breaches of regulations. 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 found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns about the environment of the service, fire safety, cleanliness, staffing levels, and poor staff awareness of safeguarding. . As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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 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 ●

Meera House Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors, a nurse specialist advisor 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

Meera House Nursing Home is '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. Meera House Nursing 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 not a registered manager in post. A new home manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

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 and professionals 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 9 people who lived at the home, 6 family members, 1 visiting professional, 7 staff; including 2 care staff, 1 senior care staff, 1 nurse/clinical lead, 1 nurse and 2 kitchen assistants. We also spoke with the cook, the compliance manager, the human resources manager and the home manager.

We reviewed a range of care records and information related to the running of the service. These records included 7 people's care files, including medicines records and related documentation, 3 staff recruitment records, policies and procedures, and records of checks and audits of the service.

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.

Using medicines safely

At our last inspection we found concerns in specific areas such as covert administration of medicines, PRN protocols and time specific medicines. The provider had failed to manage and administer medicines safely. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff including nurses and care staff were trained to administer medicines. Medication was given in a safe and person-centred way and was signed for.
- The home manager completed monthly medicines audits; this was to ensure that staff were administering medicines safely and any errors were being picked up and dealt with in a timely manner.
- There was an up-to-date medicines policy in place. There was guidance in people's care plans instructing staff on how people preferred to take their medicines.

Learning lessons when things go wrong

At our last inspection the provider had failed to consistently take appropriate action to reduce risks of incidents reoccurring. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received safe care because staff learned from safety alerts and incidents.
- Systems were in place to respond to and monitor accidents and incidents if and when they occurred.
- The home manager held debriefs with staff following accidents and incidents, information from the debriefs were analysed and learning was shared with the wider staff team.
- Records showed any lessons learnt were used to improve the quality of service and relayed to staff to embed good practice through additional supervisions and refresher training when needed.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear procedures for dealing with suspected abuse. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- One person told us, "Yes I feel very safe and if we have a problem, we have a call bell to use."
- Staff were knowledgeable about signs of abuse and reporting any allegations or suspicions of abuse. One care staff told us, "I would report to the manager who would report to the local authority, CQC and if applicable, the police."
- There was a consistent approach to safeguarding. The home manager dealt with concerns promptly and worked with people, their families and external agencies to promote safety and prevent abuse.
- Safeguarding was a regular agenda item at daily handovers, team meetings and supervisions.

Assessing risk, safety monitoring and management

- People had individual care plans which provided staff with information on associated risks that had been assessed. Measures were in place to ensure people received support in a safe and consistent way.
- People's care plans were up to date and contained detailed risk assessments and management plans. Important areas were addressed including people's mobility, nutrition and hydration needs, risk of falling and personal care.
- Risk assessments were regularly reviewed and updated, including reference to any equipment used to support people. Equipment was regularly serviced and maintained.
- The home manager carried out regular health and safety audits and environmental checks were carried out to monitor the safety of the service.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety. Staff knew and were taking into account people's individual needs, wishes and goals. This meant staff were safe and suitable to provide care and support.
- One person told us, "The staff are good, they understand our cultural needs." A family member said, "I would say there are enough staff in the home."
- The provider followed robust procedures when recruiting new staff. This included reviewing applications, interviewing applicants, and confirming they were of good character. This was done by carrying out criminal records checks, sourcing references checking employment histories.

Preventing and controlling infection

- 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.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- The service promoted safety through the layout of the premises and staff's hygiene practices.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.
- One family member told us, "I can come any time of the day to be with [relative], it's not a problem."
- On the day of the inspection we saw many family members visiting their relatives.

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.

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

At our last inspection the provider had failed to ensure people's care plans were personalised. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication, personal care, skin integrity/tissue viability, medication, nutrition and hydration, mental health and medical conditions.
- People's care plans were personalised and had detailed guidance and risk assessments in place. One person's care plan included detail on when the person needed repositioning and guidance about how to prevent the person from getting pressure ulcers. Records showed that wound care had included taking photos of the wound regularly to monitor its progress.
- One family member told us, "The staff involve me in [relative's] care every step of the way, and it's how [relative] wants it."
- During the inspection we witnessed many warm and caring interactions between staff and residents. Staff took time to have a chat with people rather than just carry out tasks, this showed staff worked in a person-centred way.
- Care plans had been regularly reviewed and updated to reflect any changes in people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in dementia care, oral hygiene, wound management, diabetes awareness and falls.
- Staff completed an induction when joining the service. This comprised of a combination of face-to-face training, e-learning and shadowing experienced staff. One nurse spoke about having a very good induction that comprised of spending several shifts shadowing senior and care staff.
- During the inspection we saw people being hoisted to and from chairs in the lounge. This was done efficiently, safely and in a way which maintained people's dignity. This means staff were competent in assisting people with their transfers.
- Training was regularly reviewed, and additional training was identified and planned to further support

staff in their roles.

- Staff received regular supervision and refresher training when needed.

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

- People were able to eat and drink in line with their cultural preferences and beliefs and received support to eat and drink enough to maintain a balanced diet.
- One person told us, "The food is good, mainly vegetarian," another said, "food is ok, they will cook to your taste if you ask., I like it hot."
- During the inspection we saw people assisted with eating in their rooms and this was done with care and patience. Soft drinks were offered prior to lunch being served and replenished during the service.
- The cook was trialling a new menu. Once feedback had been reviewed, the menu would be amended to include some of those dishes.

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

- People's care and support was provided in a safe, clean, well equipped, and well-maintained environment which met people's needs.
- The home was pleasantly decorated, and people were supported to personalise their rooms, and had objects and pictures displayed to help trigger memories and encourage conversation.
- Improvements to the home had been made. However, the home manager had a plan in place to make more improvements such as: renovation of the basement area, decorating and displaying more accessible information around the home.

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

- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure there was a joined up approach to peoples care.
- One person told us, "Since I have been here, I am more mobile and can raise my arms and move from side to side, which I could not do a while ago."
- During the inspection we spoke with a health care professional who told us, "The advice we gave for someone had been followed and there had been a marked improvement in their wellbeing."
- Information and guidance from health and social care professionals such as the visiting GP, dietitians and occupational therapists were documented within people's care plans.

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 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- People had individualised mental capacity assessments in place and it was clear what decisions people could make for themselves. Where people were unable to make a specific decision, we saw evidence that best interest decisions had been made with the involvement of relevant people.
- Staff had received training in MCA and understood how to support people in line with the act.

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.

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

At our last inspection the provider did not promote a positive culture which was open, empowering and inclusive. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- One family member told us, "The manager is very positive, I asked about getting [relative] a haircut and they said they would look to get a hairdresser to come." Another said, "The staff are so caring with my [relative], it's like [relative's] home and I say that to [relative] and they agree."
- During the inspection we saw staff communicating well together and being responsive when people asked for help. There was also pleasant engagement between people using the service and staff. Staff knew people really well and they spoke about how much they cared for people.
- One care staff told us, "I enjoy my shifts, the teamwork, communication and atmosphere is really good."
- When people's care plans were reviewed, records showed their care had been discussed with them and/or their relatives.

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

At our last inspection records did not show that the provider had ensured there was suitable oversight of the service and systems. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home manager, deputy manager/clinical lead, nurses and care staff understood their roles and the

quality assurance system for the service. There were clear lines of communication in place.

- There were systems in place to monitor the quality and safety of the service on a regular basis. The home manager worked closely with the compliance manager and records showed that since being in post they had carried out a range of checks and audits. These included checks of medicines, wounds, activities, safeguarding, mattresses, fire safety and health and safety. Records showed that out of hours care visit checks had also taken place.
- One family member told us, "The home manager and deputy manager are great and always there to listen and help, nothing is too much trouble."
- Staff had regular opportunities to discuss the service and share ideas in staff meetings and individual supervisions. One care staff told us, "The home manager is very good, I can come to them with anything even if it's a small thing and they explain and support me."
- The home manager had put an action plan in place to address concerns raised by the local authority, which detailed the areas they had identified for improvement.

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 home manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us and we observed that they had an open-door policy and were transparent with family members and professionals.
- The provider and home manager were knowledgeable about their legal responsibilities. They were aware of the types of significant events which they were required to notify CQC about and records showed the service submitted notifications to CQC when required.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The home manager held meetings with the people who lived in the home and their family members. At a recent meeting people shared ideas about singing lessons, visits to places of worship, yoga, activities for people who were bed bound, park trips and soft ball games.
- One nurse told us, "I received training about treating people equally and not discriminating against them. I have got to know more about the [name of religion] religion since more residents of that faith have been admitted to the home."
- The provider sent out yearly surveys to residents, relatives, friends, advocates and staff to gain feedback about the service and what they were doing well and not so well.

Working in partnership with others

- The service worked with a range of health and social care professionals to discuss people's health and social well-being and to ensure their needs were well met, for example local authorities, community mental health teams and GPs.
- The provider regularly attended local authority provider forums where they could learn and share best practice and initiatives.