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Meadowview 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 January 2019 and was unannounced.

Meadowview Nursing Home 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.

Meadowview Nursing Home is registered to accommodate up to 42 people in one adapted building. At the time of our inspection there were 24 people using the service. The service supports older people with a range of conditions and includes providing support for people living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a relaxed friendly atmosphere throughout the inspection. Visitors were made welcome and people had developed positive relationships with each other and staff. Staff showed kindness and compassion and ensured people were treated with dignity and respect.

There was a person-centred culture promoted by the management team that ensured people were treated as unique individuals. Everyone was positive about the management of the service and the improvements that had been made.

Care plans were person-centred and gave clear guidance to staff in how people wished their care needs to be met. People and relatives were involved in the development of their care plans and regular reviews were completed.

People were supported by sufficient staff who understood their responsibilities to identify and report any concerns relating to harm or abuse. Medicines were managed safely and there were systems in place to ensure the equipment and the environment were safe.

Staff had the skills and knowledge to meet people's needs. Staff were supported through regular supervision and were encouraged to improve their skills.

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.

The service worked in partnership with health professionals to ensure people had access to appropriate health care to support them to maintain healthier lives.

People enjoyed a variety of food and drink that met their individual dietary needs. Where people were at risk of weight loss this was monitored and referrals made to health professionals.

There were systems in place to monitor and improve the service. The registered manager was committed to continual development of staff and improvement of the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities to identify and report concerns relating to harm and abuse.

Medicines were managed safely and people received their medicines as prescribed.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet people's needs.

Staff understood the principles of The Mental Capacity Act 2005 and how to support people in line with the principles of the act.

People enjoyed the food and individual dietary needs were provided for.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People were involved in decisions about their care.

Staff promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans identified peoples' needs and how they wished them to be met.

There was a range of activities for people to enjoy.

The provider had a complaints policy and procedure in place. People were confident to raise concerns.	
Is the service well-led? The service was well-led. There was a person-centred culture in the service. There were systems in place to monitor and improve the service. Staff were valued and respected.	**Good**

Meadowview Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 January 2019 and was unannounced.

The inspection was carried out by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included notifications. Notifications are events that providers must notify us about by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service, seven relatives and two visiting health professionals. We spoke with the registered manager, deputy manager, clinical lead, a nurse, two care staff, an activity coordinator and the chef. We looked at four people's records, medicine records, three staff files and other records relating to the management of the service.

We observed care practice throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection, we received feedback from two health and social care professionals who had worked with the service to support people living there.

Good

Is the service safe?

Our findings

At our inspection in January 2018 the service was rated requires improvement in safe. At this inspection we found improvements had been made and people were supported by a safe service. The service has now been rated Good.

People told us they felt safe. Comments included: "Yes, the staff make me feel safe, they are kind, considerate and obliging"; "I feel safe, everyone is very friendly, you all fit in together" and "I feel safe because it's so friendly".

Relatives were confident people were safe. Comments included: "She [person] is safe here. It is marvellous. I don't worry. [Person] had sores for years before coming here. They have healed for the first time. It is amazing"; "Absolutely safe. It's been brilliant" and "Totally safe. I have no qualms about leaving [person]".

Staff had completed training in safeguarding people from harm and abuse and understood their responsibilities to identify and report concerns. One member of staff said, "If I saw anything I was worried about like abuse I would go straight to the manager". Not all staff were able to tell us the external agencies they could report to but knew where they could find the information.

Information relating to safeguarding was clearly displayed in the entrance of the service and included the agencies who could be contacted if there were concerns.

The provider had appointed a safeguarding champion who had completed additional training and was responsible to ensuring there was information available for people, relatives and staff. Records showed that all concerns had been investigated and referred to appropriate outside agencies.

Risks to people were assessed and where risks were identified there were plans in place to manage the risk. For example, one person was identified as at high risk of experiencing chest infections. The care plan detailed the actions staff should take to minimise the risk and the signs that might indicate the person was becoming unwell. We saw the person was supported in line with their care plan.

There were systems in place for the ordering, disposal, storage and administration of medicines. Daily audits were completed on all Medicine Administration Records (MAR) to ensure they were accurately and fully completed.

Staff told us they had received medicine training and had been assessed as being competent in administering medicines. Records confirmed that staff competency had been assessed to ensure people received their medicines safely.

We observed a member of staff administering medicines to people. They explained to people what the medicines were for and waited to make sure people had taken their tablets before signing the MAR. The member of staff wore a tabard stating, 'Do not disturb'. This was to ensure they could concentrate on giving

people their medicines safely. The member of staff locked the medicines trolley when they had to leave it.

Some medicines had been prescribed on an 'as required' [PRN] basis. There were protocols in place to guide staff when the PRN medicines should be given. The member of staff administering medicines asked people if they had any pain and if they needed their pain relief. Where people were unable to communicate whether they were in pain, a pain assessment tool was used. This ensured people were kept pain free.

There were sufficient staff to meet people's needs. One person told us, "The staff are here when I need them". Relatives were equally confident there were enough staff. One relative who visited at various times of the day told us, "There are always staff when I visit".

Staff told us there were enough staff. One member of staff told us, "There are enough staff. I have time to sit and talk [with people]".

Throughout the inspection staff were not rushed and had time to spend sitting and speaking with people. Staff responded promptly to people's requests for support and were attentive when people showed signs of distress or discomfort. Call bells were answered in a timely manner.

The provider had safe recruitment processes in place that ensured staff employed were suitable to work with people using the service. This included recruitment checks, such as references and Disclosure and Barring Service (DBS) checks.

Accidents and incidents were reported and recorded. Records included actions taken to mitigate the risk of a reoccurrence. There were systems in place to look for trends and patterns in order to improve the safety of the service. For example, a monthly audit of falls was completed. The audit considered the person, the place and the time of falls to identify any common themes.

People were protected from the risk of infection. People and relatives told us the service was always clean and tidy. We saw the service was clean and free from malodours. Staff had access to personal protective equipment (PPE) and used it appropriately.

There were systems in place to monitor the environment and equipment to ensure it was safe. This included regular checks of hoists, bed rails, water systems, fire systems and call bells. Where issues were identified action was taken to ensure everything was safe. For example, issues had been identified with the call bell system. A new system had been installed to ensure people were able to call for help when needed.
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Good

Is the service effective?

Our findings

At our inspection in January 2018 the service was rated Requires Improvement in Effective. At this inspection improvements had been sustained and the service is now rated good.

Peoples needs were assessed and care plans developed in line with legislation and good practice guidance. For example, care plans included oral health care needs in line with guidance from the National Institute for Health and Care Excellence (NICE) and took account of people's communication needs in line with Accessible Information Standard (AIS).

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.

People were supported in line with the principles of MCA and their rights were protected. Records showed that where people were assessed as lacking capacity to make a decision, others involved in the person's care were included in discussions to ensure decisions were made in the person's best interest. These included decisions related to bedrail use and the need to supervise and provide personal care to people.

Where it had been identified that support placed a restriction on people's liberty, applications had been made to the supervisory body to authorise the support in place to meet people's needs.

Staff had completed training in MCA and understood how to apply the principles in their role. One member of staff told us, "We must always make sure that any decisions are made in their best interest". Throughout the inspection staff asked people's permission before they supported them. One person's records highlighted that they had been offered the influenza injection but they had, "Declined this". Healthcare professionals had encouraged the person but they still declined so the injection was not given. This showed that staff had respected the person's right to refuse.

People enjoyed a varied diet and told us the food was of good quality. One person told us, "The food is nice". Another person said, "The food's brilliant, I have a choice sometimes. And they help me cut it up as I can't use my left hand". Staff asked people what they would like to eat at lunch time. Where people said they did not want either of the options on the menu they were offered alternatives. One person asked for some bread

to soak in their gravy. The staff member got the bread. The person was smiling saying "Lovely" when eating their bread and gravy. At lunch time we saw a staff member sit by one person and they ate their lunch together. The staff member and person ate their meals and chatted at the same time. This created a sociable atmosphere.

Where people had specific dietary requirements, this was detailed in their care plans and we saw people received food to meet their needs. For example, one person required a pureed diet and thickened fluid to reduce the risk of choking. The person received food and drink to the required consistency.

People were confident that staff had the skills and knowledge to meet their needs. One person said, "They are very skilled and know what to do. They always tell me what they are going to do before they do it and if I need something, they will always get it for me".

Staff told us they felt supported through regular supervision and training. One member of staff said, "I had worked in care for many years in a different country but I still had a full induction here. The registered manager went through everything with me. I was supported on a daily basis. This helped me to feel confident and able".

Staff completed training and had their competency was checked to ensure they had the skills and knowledge to meet people's needs. Training included: moving and handling; effective supervision; safeguarding; infection control and managing challenging behaviour. The registered manager had also introduced 'staff declarations'. These were held where issues were observed in staff practice or areas of improvement identified. The registered manager then met with staff, either individually or in groups and went through the issues, encouraging staff to reflect on their practice and discuss good practice. The sessions encouraged staff to consider areas of improvement that would ensure person-centred practice.

The service worked closely with health professionals to ensure people were supported to enable them to live healthier lives. Health professionals felt people were referred by the service appropriately. One health professional said, "I feel like we work in partnership with the residents the focus".

Good

Is the service caring?

Our findings

People were supported by staff who were kind and compassionate. People told us staff were caring. Comments included: "All staff are kind"; "They treat me very well, it's as if I'm one of them. If they are not too busy and they see me on my own, they'll pop in. You can have a laugh with them, they are lovely" and "They are very caring, if I need to go to the loo, they will come quickly and they are kind".

Relatives were equally complimentary about the caring culture promoted in the service. Relative comments included: "Really pleased with everybody. They are caring. Staff have always been lovely"; "They are absolutely brilliant. Can't praise them enough. They obviously care about the residents and the families"; "Staff are very helpful, very caring" and "The people who look after [person] are caring and professional".

Professionals who gave feedback about the service said, "They know their residents very well and have endless patience. The home has a real family feel about it. I am always made to feel very welcome" and "The staff are very friendly with the residents and visitors. There is a very relaxed friendly family feel".

Throughout the inspection there was a cheerful relaxed atmosphere. Staff greeted people and asked how they were. We saw staff and people chatting, smiling and laughing. Visitors were greeted warmly and made to feel welcome. One relative said, "I can visit anytime. I feel very welcome. Other homes I have visited are very restrictive regarding visiting times. It is much better here".

Staff were responsive to people's emotional needs and responded immediately to relieve people's anxiety. One person was expecting a visit from a relative. They became anxious asking why the relative had not arrived. A member of staff sat with the person holding their hand and reassuring them, showing empathy and understanding of the person's distress.

During the inspection care was provided in people's rooms to promote people's privacy and dignity. People were assisted from the lounge to their bedroom when the visiting professionals came to see them. Staff ensured they preserved people's dignity when supporting them in communal areas. For example, when people required support to transfer using a hoist, staff used blankets to cover them to ensure they were not exposed.

People's choices were respected. For example, one person preferred support from female staff and this was respected. Records identified people's preferences regarding how they wished to be addressed and we heard staff using their preferred name.

People were involved in decisions about their care. One person told us, "Staff ask me things [about care needs]". Throughout the day we saw staff explaining and involving people in their care and ensuring they understood what was being said and ensuring people's choices were respected.

Staff understood the importance of promoting people's independence and ensured people were encouraged and supported to maintain and improve skills. One relative told us, "They've taken the time to

get [person] out of bed. They've given her independence back".

Good

Is the service responsive?

Our findings

At our inspection in January 2018 the service was rated Requires Improvement in responsive. At this inspection the service had sustained the improvements made and had made further improvements. The service is now rated Good.

People were assessed prior to accessing the service. Assessments were used to develop person-centred care plans that took account of people's physical and social care needs. Care plans recognised people's uniqueness and included their personal histories and how they wanted their care to be provided. For example, one person's care plan detailed the person's profession and how it impacted on their need for reassurance and support.

Where people had specific needs relating to protected characteristics under equality legislation these were identified and met. For example, one person had specific dietary requirements relating to their cultural beliefs. The staff and chef were knowledgeable about the person's needs and ensured they received appropriate food and drink.

People and relatives were involved in developing people's care plans and in regular reviews. One relative told us, "There are care reviews and we go through if there are any issues". Records showed that people and relatives were involved in the development and review of care plans. A recent newsletter sent out to people and relatives stated, 'This is a chance to review your relatives care plan that we have compiled and give any thoughts or suggestions'.

The service was responsive to people's needs. For example, one person had moved into the service a few days before the inspection. The person had been referred to the Care Home Support Service (CHSS) due to difficulties with enabling this person to spend time out of bed and had been referred to Speech and Language Therapy (SALT) to ensure they were supported to eat and drink safely. The service also recognised they were unable to weigh the person with the equipment in the service and due the risk of weight loss took immediate action to purchase new equipment. The day following the inspection the Registered Manager informed the inspector that new equipment had arrived and the person had been weighed.

Health and social care professionals were positive about the responsiveness of the service. One professional told us, "They refer appropriately to CHSS for new residents, fallers and with challenging behaviour. They also refer appropriately to our mental health and therapy teams. They are very good at implementing changes and will more often than not put things in place to minimise risk of falls for patients at risk. They supply movement sensor beams and hip protection. I wish more care homes were so proactive".

People had access to a range of activities they enjoyed. This included both group activities and one to one. One person told us, "There is a lot for us [people] to do. I went to bingo".

The service employed two activity staff who arranged a range of activities. Records of activities showed people were visited in their room, if this was their preference, and activity staff spent time supporting one to

one activities that included: reading; giving hand massages; doing puzzles and chatting with people about their family and histories. We saw that one person, who was unable to go out had been supported to do some on line shopping.

During the inspection we saw people enjoying both one to one and group activities. People enjoyed, puzzles, reading, knitting both with support and independently. This created a social atmosphere in the communal areas. There were also musical quizzes and in the afternoon a musical entertainer visited the service.

We saw that people were supported to have trips out to local garden centres, to go shopping and to a local pub for lunch.

There was a complaints policy and procedure in place. The policy was prominently displayed in the service. People and relatives knew how to raise a complaint and were confident to do so. One person told us, "I would tell the staff if I was not happy". A relative said, "I would speak with staff or the manager if I had a complaint. I don't have any complaints though". Records showed that complaints had been investigated and responded to in line with the provider's complaints policy.

At the time of the inspection there was no one receiving end of life care. We saw many thank you cards and letters from relatives whose loved ones had been supported with end of life care at the service. The correspondence praised the caring approach of everyone at the service.

Care plans detailed people's end of life wishes, where they had wanted to discuss this aspect of their care. This included whether people wished to be resuscitated, where they wished to be supported, who they wished to be present and who should be contacted.

The registered manager had introduced a memorial book that enabled staff to write and reflect on memories of people who had died.

The service had registered for The Gold Standards Framework (GSF) and the registered manager was in the process of completing the training before starting the accreditation process. GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.

Good

Is the service well-led?

Our findings

At our inspection in January 2018 the service was rated Requires Improvement in well-led. At this inspection we found the improvements had been maintained and further improvements made. The service is now rated Good.

There was a person-centred culture that ensured people were at the centre of all the service did. Throughout the inspection there was a relaxed atmosphere that was promoted by the management team. The provider and the registered manager were visible within the service and it was clear people knew who the provider and manager were. Both stopped and spoke with people and relatives and everyone was comfortable in their presence.

The provider had a clear mission statement and values which were promoted through the service. Values were discussed at staff meetings and supervisions to ensure staff understood and were committed to working to the values.

Everyone we spoke with were positive about the service and enjoyed visiting. Comments included: "It is a pleasure to visit the home and to work with such dedicated staff"; "There is a really homely atmosphere and I am made to feel very welcome"; "I don't think they could do any more than they are doing. It's 10/10"; "I am always very welcome and I can have a laugh with them all" and "There is a very relaxed friendly family feel".

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People and relatives were positive about the registered manager. Comments included: "The manager is helpful and friendly"; "I feel the manager is approachable and friendly"; "Very approachable. A massive amount of things have improved" and "The manager is very nice, very approachable. She has made a massive difference".

Health and social care professionals were complimentary about the management team and the improvements that had been made in the service. Comments included; "[Registered manager] is a fantastic manager with very good support from [name] the deputy. They make a good team and have worked so hard to make positive changes in the home" and "More recently staff have been really motivated and engaged to make changes".

Staff felt valued and respected. Staff were positive about the support they received from the management team. One member of staff said, "It is getting better and better. The [registered] manager is leading, introducing new systems and everything is improving. Everyone here is heard. Any issues [registered manager] is always there and will listen and take action".

The provider was supporting the development of the management team to improve the leadership of the home. For example, the deputy manager had completed a leadership and management course. The deputy

manager told us, "It has helped me a lot. It was good to get together with others [managers from other services]". The registered manager and clinical lead were now completing the course.

There was a range of quality assurance systems in place that enabled the provider and registered manager to monitor and improve the service. For example, a quality assurance survey had been sent out to residents and relatives. This had resulted in improved communications. One relative told us, "Communication is much better. We have meetings and a newsletter".

The management team completed a range of audits which included: falls, weight loss, infection control, health and safety, care plans and observation of practice. Where areas of improvement were identified there were action plans in place to improve the service. For example, the registered manager had carried out an audit of the dining experience. The action plan identified that people should be shown picture menus and be offered choice of food when the food was served. The registered manager told us this was an area of improvement they were monitoring as there was still some room for improvement to ensure people's dining experience was person centred and respected their wishes and choice.

The registered manager worked in partnership with other agencies to ensure they continually looked for ways to improve the service. For example, the registered manager was a member of the Oxfordshire Association of Care Providers. The registered manager also arranged and attended six monthly Clinical Governance Meetings with the G.P supporting the service to review people's medical conditions and promote joint working.