

Springcare (River Meadows) Limited

# River Meadows 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

River Meadows is a nursing home situated in the village of Edgebolton, Shawbury in Shropshire. The home provides accommodation, nursing and personal care, for a total of up to 44 older people and young adults and is situated over two floors.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. The service was making continual improvements to ensure there were enough staff to meet people's needs. People were protected from the risk of harm and abuse. Staff were able to demonstrate how they kept people safe and risks were assessed and managed well. Medicines were managed safely. Staff took appropriate action to mitigate the risk of the spread of infection.

The service continued to be effective. People received support from suitably skilled staff that worked well together with other organisations and healthcare professionals in order to deliver effective care and support. People had enough food and drink and were given choices in order for people to have their nutritional needs met. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service continued to be caring. Staff were kind and promoted people's independence. People had their dignity and privacy respected.

People continued to receive a responsive service. People were involved in the planning of their care which was individualised and person centred. People were engaged in meaningful activities that were personal to them. People knew how to make a complaint. Complaints were recorded, investigated and responded to in a timely way.

The service continued to be Well-Led. There was an open and honest culture and people said the registered manager was approachable. Systems were in place to monitor the service and identify areas for improvement.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

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## **Detailed findings**

### Background to this inspection

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

The inspection took place on 12 November 2018 and was unannounced. The inspection team consisted of one inspector, one assistant 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.

Prior to this inspection, we looked at information that we held about this service. We asked the provider to complete a Provider Information Return (PIR). A PIR is a form that asks the provider to give us some key information about the service such as what it does well and any improvements they need to make. We took this into account when we inspected the service.

As part of the inspection process, we considered the information we already held about the service. We looked at the previous inspection report and notifications. A notification tells us about events that have occurred at the service like deaths, serious injuries and safeguarding's.

During the inspection, we spoke to twelve people, seven relatives, five members of staff and one visiting professional. We spoke with the registered manager and the deputy manager. We looked at one care record and other documents that related to the management of the service such as audits and medication records.

## Is the service safe?

### Our findings

The service continued to be safe. People told us that they felt safe living at River meadows. A person told us, "I feel totally safe here, the environment and the people make me feel safe." Staff told us how they protected people from the risk of harm and abuse and staff knew how and when to report any safeguarding concerns. The registered manager was aware of their responsibilities in relation to reporting safeguarding issues to the Local Authority (LA) and the Care Quality Commission (CQC) and we saw records that demonstrated that the correct procedures had been followed when a safeguarding referral was made and the most appropriate form of action was taken.

People's risks were assessed and managed well. People had individualised assessments and any risks were clearly recorded. Staff knew how to access people's records in order to obtain the relevant information that they needed to support people appropriately and mitigate risk. Staff knew people well and could tell us about how they managed specific risks for people. There were systems in place that allowed staff to share information between themselves so that people's risk assessments remained current and relevant.

During our inspection, we saw that there were enough suitably skilled staff to meet people's needs. One person said, "Yes, there are enough staff, there is always someone around." A relative told us, "There is always someone available. They know [person's name] so well and know just what they like. They are well trained. Any member of staff could tell me straight away what [person's name] needs are and how they support them."

People at River meadows told us that they always received their medication on time. One person said, "I get paracetamol when I need them, I just ask the nurse or ask the staff." Another person said, "Yes, I get my medication at regular times." We saw that Medication Administration Records (MAR) were completed as required and that controlled medicines were stored safely and disposed of in the correct way. Protocols were in place for people who received 'as required' medication. This ensured that people were receiving the right amount of medication within the correct timescales and assisted staff to assess people's levels of pain. Stock levels of medication corresponded with written records and these were checked daily.

Staff knew how to protect people and themselves from the risk of the spread of infection. We observed staff wearing Personal Protective Equipment (PPE) and there was alcohol gel available around the home for people and staff to clean their hands.

The registered manager ensured that accidents and incidents were recorded and where necessary, fully investigated and the most appropriate form of action was taken to prevent the incident reoccurring. Regular audits were completed and any patterns and trends identified.

## Is the service effective?

### Our findings

People's needs were assessed and planned for effectively. Care plans were personalised and took account of people's wishes and needs such as skin and tissue viability, nutritional needs and behavioural needs in order to achieve the best possible outcome for people. People's needs were reviewed regularly to monitor and assess change so that staff could continue to deliver effective care and support.

Staff told us that they had received relevant training which helped them to sufficiently meet people's needs. This was evidenced on a training matrix and that the registered manager was pro-active in ensuring staff were in receipt of the most up-to-date training telling us, "I am very passionate about ensuring staff receive the right amount of relevant training" The registered manager had innovative ways to promote the idea of disseminating information between staff by introducing the use of care champions. Staff had roles such as Dignity in Care champions and dental and oral care champions enabling them to share best practice knowledge between each other.

People had enough food and drink to meet their dietary needs. People had access to drinks and snacks that were readily available throughout the day. Mealtimes were relaxed and we observed people engaging in conversation with one another and staff supporting people to eat where necessary, demonstrating patience and giving time to those who needed it. We spoke to the cook who was able to tell us of people's dietary preferences and requirements and how people needed or wanted their meals to be prepared and served. People were given choices of food and additionally offered alternatives if necessary.

The service worked well with other organisations to deliver effective care and treatment. The registered manager told us that the service had been working closely with an association who were able to offer advice and guidance in relation to one person's specific medical condition. We observed this person receiving tailored and focused support. The service had a good working relationship with the local General Practitioner (GP) who completed twice weekly visits of everyone using the service. The GP said, "I know people well and I believe that the key to providing a good service is to provide consistency." The GP had worked with people using the service and the local pharmacy to identify where people were being prescribed medications that were no longer considered as effective in managing the person's needs. This reduced people's overall medication intake throughout the service by 30 percent.

People's consent to their care was sought. 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. Staff demonstrated an awareness of the MCA and were able to tell us how they adopted the principles of the MCA in their practice. Records evidenced assessments of capacity had taken place and we observed staff seeking consent from people when offering support.

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). Applications had been made in a timely manner and any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.

The design and decoration of the premises promoted people's wellbeing. One person said, "I have a lovely room. I see the sheep and the cows and the view of the hills and it reminds me of home." People had their own rooms personalised with their belongings and communal areas had appropriate signage to allow people to find their way. During our observations, we saw that there were leaves and foliage placed around the building. The registered manager told us that they had considered that not everyone would be able to get outside to appreciate the beauty of the autumnal season and therefore, they brought seasonal items into the building for people to see.

## Is the service caring?

### Our findings

People and their relatives told us that they felt cared for by the staff at River Meadows. One person said, "They are excellent here, just wonderful." Another person said, "They are really nice. They help me and are very caring." A relative said, "I can't tell you how happy we are. The staff are all very professional and caring." Another relative said, "Staff have such a good rapport with [person's name]. The transformation in [person's name] is brilliant, they have been lifted out of their depression."

Staff told us how they ensured people were treated with kindness and compassion and during our inspection, we observed one person become emotionally distressed. A staff member knelt down to the person to be on their level and we observed the staff member speaking calmly to the person, offering reassurance informing them of the actions that were available to them to help. This seemed to reassure the person and they were seen to be more calm. This showed us that staff were able to offer emotional support to people when needed.

People told us that they were involved in making decisions about their care. Staff we spoke to told us how they engaged people in any decision making process with one staff member saying, "It's important that we accommodate people as much as possible, it is their home and their lives at the end of the day." There was an inclusive culture in the home with one relative stating, "When [person's name] first came to live at River Meadows, they would stay in their room and were not eating much. The staff encouraged me to sit and have lunch with [person's name] and the other residents in the dining room. We were made to feel so welcome."

During the inspection, we observed staff treating people with dignity and staff told us how they ensured people had their privacy respected. We saw staff knocking on people's doors before entering and then introducing themselves. A staff member said, "I always close curtains for people and I make sure people are covered up as I support them with personal care."



## Is the service responsive?

### Our findings

The service was passionate about delivering activities that were person-centred and meaningful to each individual. People told us that they were asked about what was important to them and if they had any hobbies or interests before they came to live at River Meadows. The care plans we saw documented people's past and present social activities and activities that had taken place had considered the needs and wishes of people. One person said, "I like to garden and they do have a gardening club here." We saw that outside there were raised flower beds specifically designed for this purpose.

Staff invited the children and staff from the local community nursery and school to visit the service and this was a regular event that people enjoyed. People had access to pets. There was a 'pets as therapy' dog brought in for people to spend time with and the service had their own cat and guinea pigs. Important events in people's lives were also celebrated such as birthdays and religious festivals. The registered manager told us that this year, people had asked for a Victorian Christmas and we saw that planning for the event was underway with decorations being made for display.

The registered manager understood the importance of Accessible information standards (AIS) and what this meant for people. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parent with a disability, impairment or sensory loss. The registered manager told us that staff were looking at ways of maximising communication for people using the service who were living with a sensory loss. The service also promoted the work that they had undertaken with Speech and Language Therapists (SALT) to enhance communication for a person who was living with a disability that limited her communication skills.

The service had a complaints policy in place and people told us that they knew how to make a complaint. One person said, "I have lived here for seven years and have never had to complain once." A relative said, "If I wasn't happy, I would tell the staff straight away and I know it would be dealt with immediately so I never have had to make a formal complaint." The complaints folder showed that where there had been complaints made, these were logged, investigated and responded to both verbally and in writing. The registered manager also kept an informal complaints log which helped identify any themes or patterns in concerns. There were regular resident and relatives meetings and the outcomes and actions were recorded.

When people were in need of end of life care and support, their wishes and needs were considered and met. Records we looked at showed that people were asked about their wishes and preferences and how they would wish to be supported at the end of their life.

## Is the service well-led?

### Our findings

The service had 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 were systems in place to monitor the effectiveness and quality of the service. We saw a quality audit plan that identified the most relevant people to undertake audits and that these were undertaken regularly and an action plan put in place when errors were identified. This meant that the service would learn from any shortfalls and that these were less likely to happen again.

The registered manager worked in partnership with other agencies and used best practice guidance to sustain good practice and drive improvement. The registered manager spoke to us about work they had undertaken with Shropshire Partners in Care (SPiC) for support in maintaining high standards of care.

People and relatives told us that they were encouraged to share their views through forums such as resident and relative meetings. The registered manager told us, "I am giving people the choice about how they want these forums conducted as relatives cannot always make the same times so I am looking at different frequency and times for meetings to suit people." Relatives were also given the opportunity to comment on the running of the service through mechanisms such as questionnaires. We saw that one of the suggestions from the questionnaires related to lost property, in particularly people's clothing. We observed that a small area of the home had been used to display lost property and relatives were encouraged to collect any familiar belongings.

Staff were also encouraged to share their views in team meetings and one-to-one supervisions and appraisals. Staff spoke highly of the service and the registered manager and said that they felt supported in their work. Relatives also spoke highly of the registered manager saying, "The registered manager is the most approachable person I know." Another relative said, "The registered manager was the first person I spoke to when enquiring about my relative coming into this home. She is a very nice person and she gave me all the information I needed."

The registered manager understood their responsibilities with us and notified CQC of any important events such as safeguarding's and serious injuries that took place within the service. This showed us that the registered manager was open and honest and there was a culture of transparency within the service.