

T.L. Care Limited

Queens Meadow Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Queens Meadow Care Home provides personal care for up to 59 people, some of whom are living with dementia. At the time of the inspection there were 54 people living in the home.

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

People felt safe living in the home. People spoke fondly of the staff. Comments included, "I absolutely love [care staff], they always look after me and know what I need" and, "They do try to look after me. They kid on with me and I like that." Staff did not always manage people's medicines effectively. The provider had made some improvements to medicines management. However, further developments were needed to ensure the safe management of medicines. We have made a recommendation about this.

People were safeguarded from abuse. Risks to individuals and the environment were managed. There were generally enough staff to meet people's needs. The provider learned from accidents and incidents to mitigate future risks. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19.

People's needs were assessed before they moved into the home and on an ongoing basis. Staff were suitably trained and received regular supervisions. People were supported with their nutritional needs and to access a range of health care professionals. 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.

A new manager had been recruited and was working their notice in another role at the time of the inspection. There was an interim manager in post who had worked in the home for over 15 years as the deputy manager. They were being supported by the regional manager and interim deputy manager. The atmosphere in the home was calm and relaxed. The provider had quality assurance processes in place which included regular audits by management in the home as well as the regional manager. People and relatives were regularly consulted about the quality of the service through surveys, meetings and reviews.

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 21 November 2018).

Why we inspected

We received concerns in relation to medicines management, governance and the overall management of the home. As a result, we decided to undertake a focused inspection to review the key questions of safe and well-led only.

During the inspection we found areas of potential concern relating to nutrition and hydration and staff training. We therefore decided to also inspect the key question effective.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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.

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 Queens Meadow Care 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Queens Meadow Care Home

Detailed findings

Background to this inspection

The inspection

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

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 was made up of two inspectors 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

Queens Meadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Queens 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people and three relatives about their experience of the care provided. We spoke with eight members of staff including the regional manager, the interim manager, the interim deputy manager, a cook, a senior care worker and three care staff. 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.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including two people's care records, medicines records and quality audits. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed all evidence that was sent to us as part of the inspection process.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff did not always manage people's medicines effectively. Some time-specific medicines were not being administered in accordance with GP instructions and there were some inaccuracies in recording the location of patch applications.
- The provider had made some improvements to medicines management. However, further developments were needed to ensure the safe management of medicines.

We recommend the provider reviews current practices and makes further improvements to ensure best practice is followed when managing and recording people's medicines.

- Staff training was up to date and their competence to administer medicines was assessed.
- Medicine audits had recently been revised and carried out more frequently due to issues identified with some medicine's administration.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe and protect them from harm. Comments from people and relatives included, "The surroundings make me feel safe. The doors are locked, and the staff talk to me" and "Yes [family member is safe] because there's someone here 24 hours."
- Staff knew people well and were aware of how to report any safeguarding issues or concerns. Staff had completed safeguarding training.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed and managed risks to people's health, safety and wellbeing.
- Risks associated with eating and drinking, such as choking, were fully assessed and safety measures were detailed in care plans. However, staff didn't always follow safety measures. For example, staff didn't ensure a person was sat appropriately whilst eating their meal. The manager addressed this with staff during the inspection and planned to raise this during supervisions with all staff.
- The premises were safe. There were environmental risk assessments in place and regular checks and testing of the premises and equipment were carried out.
- Staff recorded accidents and incidents appropriately and in a timely way. Management monitored and analysed records to identify any trends or lessons learned.

Staffing and recruitment

- There were generally enough staff on duty to safely meet people's needs. The manager determined staffing

levels in line with each person's dependency needs. On the day of inspection, call bells were answered quickly, and staff were visible on both floors, supporting people.

- Some people and relatives felt that more staff were required at times, as people sometimes had to wait for support. For example, to go to the toilet.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

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.
- Staff supported people to receive visits from their relatives in line with government guidance. Relatives visited people regularly and some were also essential care givers. Relatives visited people in their rooms or via the visiting pod.

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 the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff supported people to maintain a balanced diet. People on the first floor enjoyed their meals and described them as, "Nice." People had mixed views on the ground floor in relation to the meals with one person saying, "I get asked about the food. The food is not good, but they try to give me food I like."
- The provider consulted people regularly about the food. A recent survey was carried out that was mainly positive with people stating there was plenty of choice, portion sizes were appropriate, staff knew people's preferences and it was good quality food. However, the manager informed they would speak to people again following the mixed reviews.
- Staff had completed food safety training. However, on the ground floor, staff were observed taking people's meals to their rooms without covers. We discussed this with the home manager and regional manager who immediately addressed this with the staff and rectified the issue.
- Care records detailed any specific dietary needs people had and what support they required from staff.

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

- People's needs were assessed before they received support. This meant the manager could make sure staff were able to effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff completed regular training to make sure they had the correct skills and knowledge to appropriately support people.
- Staff completed a comprehensive induction at the start of their employment.
- Staff were supported in their roles through regular supervisions and appraisals. One staff member said, "I love my job. I feel really well supported by [manager] and the rest of the care staff."

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

- People were supported to maintain their health. Staff assisted people to access support from health care professionals such as GPs, district nurses, dieticians, speech and language therapists and falls team, when required.
- Care records documented engagement people had with health care professionals and recommendations were incorporated into care plans and followed.

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

- The home was being redecorated. New flooring had been ordered for the ground floor communal areas.
- Improvements were being made to ensure the environment supported the orientation and needs of those people who were living with dementia. The provider had an environmental plan in place which detailed works to be carried out as well as timescales and actions taken to date.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in line with MCA and best practice guidance.
- DoLS applications had been submitted to the local authority for review in line with legal requirements.
- Staff had received MCA training and sought consent from people prior to providing support.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The manager and staff promoted a positive culture in the home. Comments from people and relatives included, "The staff are always around and are caring" and, "The staff are the best thing about the service."
- The deputy manager had stepped up as interim manager for the home, with support from the regional manager and an interim deputy manager. A new manager had been recruited and was due to start soon.
- People knew there had been a recent change in management and felt comfortable with the interim manager as they had worked in the home for a number of years.
- Staff told us management were approachable and supportive. One staff member said, "[Manager] and [deputy manager] are approachable. I can go to them with any issues."

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

- The provider and management acted on the duty of candour. They conducted themselves in an open and honest way.
- Statutory notifications were submitted in a timely way for significant events that occurred in the home, such as safeguarding concerns and serious injuries.
- The provider and manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement. Medicines audits had been identified as being ineffective following an inspection from the medicines optimisation team. The provider revised the quality and frequency of medicines audits to ensure future errors would be identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via meetings, surveys and reviews.
- The manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, district nurses, speech and language therapists and dieticians.