Meridian Healthcare Limited

John Joseph Powell Memorial Care Centre

Inspection report

McKenna's Court
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Prescot
Merseyside
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Tel: 01514310247

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
John Joseph Powell Memorial Centre is a care home that provides personal and nursing care for up to 45 people, some of whom are living with dementia. At the time of the inspection 34 people lived in the service.

What life is like for people using this service:
Improvements had been made since the last inspection. People now received care that was dignified and person centred.

We have made recommendations about records. The registered providers system for checking on the quality and safety of the service need further improving to make sure records fully reflect people's identified needs and the care given. The manager took prompt action during the inspection to make the improvements.

Action had been taken to improve the management of medication following an audit carried out by the medication management team prior to our inspection. Medication was safety stored and medication administration records (MARs) were kept up to date. People received their medicines safely and on time.

People who were able consented to their care and support. Decisions made on behalf of people who lacked capacity to make their own decisions were made in line with the Mental Capacity Act, however records about people's mental capacity needed improving. The manager took prompt action during the inspection to make the improvements.

People were protected from abuse and the risk of abuse because staff understood their role and responsibilities for keeping people safe from harm. People told us they felt safe and family members were confident that their relative was kept safe. The premises were kept clean and hygienic and staff followed good infection control practices.

We have made a recommendation about staffing. At the time of the inspection people's needs were met by the right amount of suitably skilled staff. However people and family members told us there had been times when they felt there were not enough available to meet people's needs in a timely way.

Staff were provided with the training and support they needed for their job. People told us staff met their needs. People received the right care and support to maintain good nutrition and hydration and with their healthcare needs.

People were treated with kindness, compassion and respect. People told us that staff were kind and respectful of their privacy and dignity and encouraged their independence, and we saw examples of this. Staff had formed positive relationships with people and their family members. Visitors to the service were made to feel welcome.

People received personalised care and support. People, family members and others knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff were complimentary about the registered manager and the way they managed the service. The registered manager was described as supportive and approachable and we were told they had made improvements since their appointment. People, family members and staff were engaged and involved in the running and development of the service. The manager and staff worked in partnership with others in the best interest of people using the service.

More information is in Detailed Findings below

Rating at last inspection: Requires Improvement (report published 06 February 2018)

Why we inspected:
This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection, however further improvements were required for the service to achieve a rating of Good.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will meet with the registered provider to discuss how they plan to address the issues identified during this inspection.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

John Joseph Powell Memorial Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by one adult social care inspector, a nurse specialist advisor (SPA) 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: John Joseph Powell Memorial Care Centre is a nursing home. It provides a service for up to 45 older people, younger adults and people living with dementia.

The service had a manager registered with the Care Quality Commission. 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.

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

What we did:
Before our inspection: Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; We obtained information from healthwatch, local authority commissioners and safeguarding team, and other professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection we spoke with 12 people who used the service and seven family members. We spoke with the registered manager, area director and other staff who held various roles including nurses, care staff, housekeeping staff and the chef. We looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment
• Some people and family members commented that there had been occasions when they felt there were insufficient numbers of staff on duty to meet people's needs. One person told us, "Sometimes there doesn't seem to be enough staff, like when I have had to wait to go the toilet" and a family member said, "There have been times when [Relative] has had to wait to be put to bed because I think there's not enough staff." People and family members did however tell us they had no concerns about their relative's safety in relation to staffing levels.
• A dependency tool was used to calculate the number of staff required to safely meet people's needs. A recent recalculation of staffing levels resulted in an increase from five care staff to six during the day. Feedback from people, family members and staff was positive about the extra member of staff.
• We were assured by the registered manager the increase in staffing levels would remain in place and be adjusted accordingly in line with people's needs.
• Our observations indicated there was sufficient staff to meet people's needs in a safe and timely way.
• Agency staff where called upon when required to maintain safe staffing levels.

We recommend that the service continue to review staffing levels so that they are sufficient to safely meet people's needs.

• Applicants were subject to a series of pre-employment checks to assess their suitability to work with vulnerable people, before being offered a job.
• There was a system in place to check that nurse's registrations were valid and up to date.

Using medicines safely
• Information we received from the community medication management team prior to this inspection showed improvements were needed to the way medicines were used. Medication audits completed by the registered manager showed the required improvements had been made.
• There were safe systems for the storage, recording, administration and disposal of medicines.
• Medication administration records (MARs) showed that people had received medicines as prescribed. This included prescribed creams, food supplements and medicines prescribed for use 'as and when required.'
• Staff with responsibilities for the management of medication had received training and checks of their competence.
• Information about people's needs in relation to medicines was recorded in their care plan.

Assessing risk, safety monitoring and management
• People told us they felt safe living at John Joseph Powell and with the staff who supported them. People's comments included, "Feel safe all right knowing that the staff are here. Nothing to worry about," "Oh yes I

feel very safe" and "The staff do things carefully." Family members told us they thought their relative was kept safe.
• Risks people faced were identified and measures put in place to minimise the risk of harm to people and others.
• Regular safety checks were carried out on the environment and equipment.
• There were contingency arrangements and personal evacuation plans in place, guiding staff how to support people in the event of an emergency.

Learning lessons when things go wrong
• Lessons were learned from any incidents that occurred at the service.
• There was a system in place for reporting, recording accidents and incidents which occurred at the service and prompt action was taken to prevent the risk of recurrence.

Systems and processes to safeguard people from the risk of abuse
• There were systems in place to protect people from the risk of abuse.
• Staff received safeguarding training and knew where to locate the registered provider's safeguarding policy and procedure and those set out by the local authority.
• Staff showed a good awareness of safeguarding procedures and were confident about recognising and reporting abuse.
• Safeguarding referrals were appropriately made to the local authority safeguarding team and a record of them was kept.

Preventing and controlling infection
• Staff where provided with training and guidance about infection prevention and control. They had access to personal protective equipment (PPE) which they used when required to minimise the spread of infection.

• The service received a rating of 95% following a recent inspection carried out by the local authority infection prevention and control team. This was an improvement following the previous audit.
• The environment was clean and hygienic. Housekeeping staff followed safe cleaning schedules and they showed a commitment to ensuring high standards of cleanliness across the service.

Good

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

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
• People's needs and choices were assessed with the involvement of the person and relevant others. Care was assessed, planned and delivered in line with standards, guidance and the law.
• Assessments identified people's needs, expected outcomes and how they were to be met.
• Care and support was regularly reviewed and where needed changes were made so that people continued to receive effective care and support to meet their needs.
• Staff followed guidance from others and applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. They used their knowledge of people's preferences to ensure they received personalised care and support.
• Staff communicated relevant information about people's needs through daily handovers and staff told us these were effective.

Staff support: induction, training, skills and experience
• Staff were provided with the training and support they needed for their job.
• Staff were competent, knowledgeable and skilled in areas of their role and they carried out their roles effectively.
• New staff were inducted into their role and there was an ongoing programme of relevant training provided to all staff.
• Staff competence was assessed through knowledge checks and observation of their practice.
• Staff were provided with support through regular one to one and group supervisions and an annual appraisal.
• Staff told us they felt well supported and were confident in approaching managers and senior staff for any support they needed.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink enough to maintain a balanced diet
• People's nutritional and hydration needs were assessed and planned for. Care plans detailed the support people needed to eat and drink as well as any special dietary requirements, preferences, likes and dislikes.
• Food and drink was served at the right consistency for people at risk of poor nutrition, dehydration and swallowing problems and it was well presented.
• People had equipment to support them to remain as independent as possible eating their meal and drinking.
• People told us they got plenty to eat and drink and that they were offered a good choice. Their comments included; "The food is quite good," "Oh yes I enjoy the meals. I get more than enough" and "No complaints, I get plenty to eat and drink." Family members told us, "Staff come around about 30 minutes before meal and

ask for [relative] choice. [Relative] always gets a jug of juice in his room and staff impress on him the need to drink plenty of fluids" and "The food is smashing and [relative gets enough of it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access to healthcare services and support;
• Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was appropriately shared with other agencies if people needed to access other services such as hospitals.
• People were happy with the support they received with their healthcare. One person told us, "They [staff] will call my doctor if they are worried" and another person told us, "They [staff] are very good at making sure I get good healthcare."

Adapting service, design, decoration to meet people's needs
• People had easy access to their bedrooms and communal facilities including surrounding gardens and patio areas. A passenger lift provided access to bedrooms and communal areas on the first floor and there were handrails and ramps fitted around the service to support people with their mobility.
• There was signage displayed around the service to help people identify their bedrooms and communal areas.
• There were some sensory items and focal points displaying memorabilia along hallways and in communal areas to provide stimulation for people living with dementia. The registered manager confirmed the plans in place to further enhance the environment to meet people's needs.
• One person commented that the view out of their bedroom window could be improved to make it more attractive. The registered manager agreed to discuss with the person ways in which this could be done.

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 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.

• Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. We observed staff obtaining consent from people before providing any care and support and people told us this was usual.
• Records about one person's ability to consent were inconsistent. A recording within the person's care file stated they had been assessed as lacking capacity and other records showed they had agreed to certain decisions about their care. The registered manager actioned this on the first day of inspection.
• Where people lacked the capacity to consent the registered manager worked with the local authority to seek authorisation for this to ensure any restrictions were lawful.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

At our previous inspection the provider was in breach of regulation as they failed to ensure people were treated with dignity and respect. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; respecting equality and diversity.
• People were supported and treated with dignity and respect. Feedback received from people and family members was positive about the caring attitude of staff. People's comments included; "Staff treat me very well, no complaints," "All [staff] are nice and friendly and very kind" and "They [staff] treat me well and are always polite and respectful." A family member told us the staff approach was really good, and another family member told us staff had always been very kind to their relative.
• Our observations showed staff spoke with and about people and provided support in a dignified and respectful way.
• Meal times were a positive experience for people. Staff provided intimate support when assisting people at meal times. They avoided any interruptions did not rush and focused solely on the person they were assisting.
• Staff showed people kindness and compassion. We saw examples where staff comforted and reassured people when they were upset and feeling anxious with positive outcomes.
• People's right to privacy and confidentiality was respected. People told us staff knocked on their bedroom door before entering and we observed this. One person told us, "Staff always knock before entering my room, draw the curtains and shut the door before I get ready for bed" and another person told us, "They [staff] are respectful, they help me with personal care in private."
• Staff understood their responsibilities for maintaining people's confidentiality and they treated people's personal records with respect.
• People were supported to maintain and develop relationships and social networks within the community. Visitors were welcomed at the service at any time. They were offered refreshments and invited to have meals with those they were visiting. A family member told us, "They [staff] often ask if I would like lunch with [relative]" and another said, "They [staff] are always polite and welcoming and offer me a drink when I arrive."
• Staff respected people's independence and understood the importance of this. People were supported to maintain their independence. A family member told us, "They [staff] promote his [relative] independence, he washes and shaves himself."
• People who chose to shared information about their life history, important relationships and their hobbies and interests. Staff used this knowledge to support people in a way they preferred and to generate conversations of interest with them.

Supporting people to express their views and be involved in making decisions about their care.
• Staff involved people in making decisions about their care and support and sought help from others where people needed it.
• Where people were unable to verbally express their needs and choices, staff understood their way of communicating. Staff understood which people communicated through body language, gestures and basic sign language.
• The service signposted people and family members to advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care plans were personalised and mostly set out people's needs and how they were to be met in a way they preferred, including those related to protected equality characteristics. We did however, find examples where some people's care records had not always been completed to reflect their needs and the care given.

• Care plans for two people lacked information and guidance for staff on how to manage their assessed healthcare needs.
• Staff had not consistently completed or reviewed charts used to monitor some people's food and fluid intake and positional changes to reflect and assess the care provided. We did not evidence any negative impact on people and the registered manager agreed to action this. The required care records were completed by the second day of inspection.

We recommend that the service maintain up to date records of people's needs and the care given.

• Staff were knowledgeable about people's needs and their preferred routines. People told us staff provided them with the right care and support. Their comments included, "I get up and go to bed when I want," "They [staff] know exactly how I like things done and when, they do a really good job," "I have a choice as to how I spend my day, can do anything I want" and "I get all the care and treatment I need."
• Care plans were regularly reviewed with the involvement of people and where appropriate relevant others. The reviews gave people the opportunity to reflect and comment on their care and agree and make any changes they wished.
• The Accessible Information Standard requires that people are provided with information in a format they can easily access and understand. Most of the information people needed was made available to meet their needs. However, menus were only available in small print which some people found difficult to read. The registered manager assured us new picture menus were in the process of being produced and would soon be available to people.
• People were provided with opportunities to engage in activities to meet their needs. One person did however tell us they would like to go out shopping. Staff said they would arrange this with the person.

Improving care quality in response to complaints or concerns.
• The service had a complaints procedure which set out clear information about how to make a complaint and how it would be dealt with. People were provided with information about how to make a complaint and a copy of the procedure was displayed on notice boards around the service.
• The registered manager maintained a record of complaints which included how they were investigated, the outcome and any action taken to improve the quality of care.

• Most people told us they had no reason to complain and would if they needed to. However, two people and a family member raised concerns with us and confirmed they had not raised their concerns with the service. One person told us they felt that if they did raise their concerns it would be dealt with quickly. With people's prior consent we discussed their concerns with the registered manager who took immediate action to address them.

End of life care and support.
•People were given the opportunity to plan for their end of life care and staff supported people and their family members in doing this. Staff respected people's religious beliefs and preferences.
• External professionals were involved as appropriate to ensure people experienced a comfortable, dignified and pain free death.
• Staff had received training from the local hospice team. They understood people's preferences and were aware of good practice and guidance in end of life care.
• Staff, family members and friends were supported by the service before and after a person passed away.

Requires Improvement

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.

Service management and leadership needed to be more consistent. Leaders and the culture they created supported the delivery of person-centred care.

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

• A new manager has been appointed since the last inspection and was registered with CQC in November 2018.

• Since their appointment the registered manager has worked hard to ensure the systems in place effectively improved the quality and safety of the service. Since the last inspection improvements had been made so that people received dignified person-centred care.

• Further improvements were however needed to ensure the systems in place for monitoring and improving the quality and safety of the service were fully effective. This included ensuring appropriate staffing levels were maintained to meet people's needs and ensuring care records were reflective of people's needs and the care and support they received.

•The registered manager acknowledged that staff morale had been quite low due to a high turnover of managers in a short period of time and they had worked hard to address this. Staff told us that morale amongst the staff team had improved and they were confident that the registered manager would continue to improve it.

•Managers and staff were clear about their role and responsibilities and they had a good understanding of regulatory requirements. The registered manager told us they had joined various forums to support their learning and development and keep them to be up to date with current good practice and the law.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The service involved people and relevant others including family members in the running and development of the service.

• People and family members were provided with opportunities to put forward their views and opinions about the service and how it could be improved. This was done through regular meetings, the completion of surveys and weekly manager surgeries. There were facilities at reception to enable people and others to make comments about the service. Details of meeting dates and times were made available across the service along with meeting agendas and minutes of previous meetings.

• Staff told us they felt listened to by the registered manager and other senior managers and that they were approachable and supportive.

• The registered manager showed a commitment to providing person-centred, high-quality care. This was evident in the improvements made since the last inspection. The registered manager carried out regular observations around the service and provided guidance and support to staff where this was required to help

improve their practice.
• The rating from the last inspection was clearly displayed at the service and on the registered provider's website. CQC were notified in a timely way of reportable incidents and events which occurred at the service.

Working in partnership with others
• The service had good links with the local community and key organisations such as local community groups, local authority commissioners, safeguarding teams, specialist nursing teams and the local hospice.
• Managers and staff worked closely with other health and social care professionals to develop their skills around meeting people's needs including end of life care for people.