Yorkshire Parkcare Company Limited

Meadow View

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

About the service:

Meadow View provides residential care services to older people with a range of support needs, including dementia. It can accommodate up to 47 people. The home is located in the Kilnhurst area of Rotherham, and has parking and public transport access as well as local facilities nearby. There were 26 people using the service at the time of the inspection.

People's experience of using this service:

People we spoke with were positive about their experience of living at Meadow View. One person said: "They [the staff] are nice." A visitor, talking about the care staff said: "They do their very best."

Staff we spoke with, and those we observed, had a good understanding of people's needs. They treated people with respect and upheld their dignity when carrying out care and support tasks. Care tasks were done at the pace people appeared to prefer, and in a person centred manner.

People's needs were thoroughly assessed before they began to use the service. It was clear the service developed a good picture of people's needs before devising their care packages. This was undertaken with as much input from the person, and where relevant their families, as possible.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and told us they found this useful.

Staff knew how to raise concerns and had received appropriate training in safeguarding. Steps were taken to minimise risk, and this was managed in a dynamic way so that when people's needs changed risk assessments were amended to ensure they continued to keep people safe.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

At the last inspection, we identified the processes to assess people's mental capacity and to ensure decisions were made in people's best interest were not always recorded appropriately. At this inspection we found this had been addressed, and the provider now had appropriate processes in place.,

Managers were highly visible within the service and accessible to people using the service. People told us they knew the management team well and could speak with them whenever they wanted to. The registered

manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 26 September 2018)T he provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

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.

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

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?

Good

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Meadow View

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 service was inspected by one inspector.

Service and service type:

Meadow View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 inspection was unannounced .

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 three people using the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, and two people's relatives. 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 a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• The provider had systems in place which contributed to minimising the risk of abuse
• Staff had a good understanding of safeguarding processes, and had received appropriate training in this field
• People told us they felt safe at the home. One person's relative told us they had no concerns about safety at the home, and said they were confident any issues would be addressed.

Assessing risk, safety monitoring and management
• Each person using the service had a risk assessment setting out risks that they may present, or to which they could be vulnerable. They were completed to a level of detail which meant staff understood what was required to ensure people were safe.
• Health and safety within the premises was appropriately managed, with up to date testing and checking of the fire system and electrical equipment.

Staffing and recruitment
• When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
• Staff were deployed in sufficient numbers so that people received care when they required it. Staff told us there were normally enough staff on duty, and people using the service shared this view. One staff member said: "I suppose we always say we want more staff but really we have time to care and staffing levels are good."

Using medicines safely
• There were secure storage systems in place to support people in managing their medicines.
• Medicines, and records of medicines, were audited frequently so the management team had a good oversight of how medicines were managed at the home.
• We carried out observations of staff undertaking medicines administration. We found medication was administered well, and a system was in place which meant other staff understood that when staff were administering medicines they were not to be disturbed, although we observed staff didn't always adhere to this.

Preventing and controlling infection
• A regular infection control audit was undertaken, and any actions identified were completed quickly. The

home had a named infection prevention and control lead, and appropriate policies were in place to support good practice.
• Staff had received training in infection control, and we observed the premises was clean throughout. Staff we observed use personal protective equipment (PPE) appropriately, and it was in plentiful supply.

Learning lessons when things go wrong
• A system of post-incident meetings was in place. These were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.
• Accidents and incidents were recorded and monitored by the registered manager so they could identify patterns and trends. Appropriate action was taken in response to any incidents, such as referral to relevant healthcare professionals or changes to risk management systems.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

• At the last inspection, we identified the provider was not meeting the requirements of the MCA. At this inspection we found improvements had been made, and the MCA was being complied with.
• The provider had submitted appropriate applications to the local authority where it considered it necessary to deprive people of their liberty in accordance with the law, and had systems in place to manage this.
• Staff had received training in relation to consent and capacity, and the registered manager demonstrated a good understanding of their responsibilities in relation to this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed by the provider when they began using the service. This was regularly updated to ensure it continued to reflect people's needs.
• Care plans were person-centred. Care was planned and delivered in line with people's individual assessments, and care notes confirmed this.

Staff support: induction, training, skills and experience
• Staff told us they felt supported by the provider and told us they received training which helped them understand their roles. One staff member said: "The training, there's different types, but it's all useful."
• Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service. Staff received regular supervision and appraisal which looked at their training needs.

Supporting people to eat and drink enough to maintain a balanced diet
• Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed. Screening tools were used and people were referred to external healthcare professionals where required.
• There was a varied menu, with choices at each meal. Staff told us that if someone didn't want any of the choices on the menu, catering staff would cook something else for the person.
• People told us they enjoyed the food at the home. One described the food as "very nice." Another told us: "The food's very good." However, a visiting relative told us they thought the food could be improved. People using the service and relatives had made some suggestions about changes to the food offered, and we saw these had been implemented.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
• Information was shared with other agencies if people needed to access other services, such as hospitals.

Adapting service, design, decoration to meet people's needs
• The premises had been adapted to meet the needs of people with dementia and visual impairment.
• The home was accessible to people with mobility difficulties and aids and adaptations were fitted where required to assist people to maintain their independence.
• People could choose to sit in different lounges or in their own rooms and there was easy access to the communal gardens.

Supporting people to live healthier lives, access healthcare services and support
• Records we checked showed that the provider worked in an integrated way with external healthcare providers to ensure people received optimum care.
• External healthcare providers' information and assessments had been incorporated into people's care plans

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

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

Ensuring people are well treated and supported; equality and diversity

• People's cultural needs were assessed when their care plans were initially devised.
• People we spoke with told us they felt staff treated them well and upheld their rights. One person said: "They are good, nothing's too much trouble."
• Our observations showed staff were warm and genuine in their interactions with people using the service.

Supporting people to express their views and be involved in making decisions about their care

● People's views and decisions about care were incorporated when their care packages were devised.
• During the inspection we observed care taking place and interactions between staff and people using the service. It was clear that staff were respecting people's decisions about their care. Staff ensured they sought people's views and opinions as they undertook care tasks.
• A system of meetings was in place for people and their relatives to give feedback about the service. The outcome of this was displayed in a "you said; we did" format which showed the provider enabled people to express their views.

Respecting and promoting people's privacy, dignity and independence

• In our observations of care taking place we saw staff took steps to uphold people's dignity and privacy, providing support as discreetly as possible.
• Staff spoke to people with respect and in a kind manner. We observed staff putting people at ease when undertaking care tasks, for example when using hoists to transfer people.
• Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• Each care plan we looked at showed the person's needs and preferences had been taken into consideration.
• Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their day to day activities.
• The home employed an activities coordinator, and we saw a range of activities taking place over the course of the inspection, including a visit from a singer.

Improving care quality in response to complaints or concerns

• The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received. Where complaints had been received, they were thoroughly investigated.
• People we spoke with told us they would feel confident to complain. One said: "We have no complaints, but if I did they would sort things out."

End of life care and support

• The provider had appropriate arrangements in place to provide a good standard of end of life support, including two bedrooms specifically designed for end of life care.
• People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts where appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● We saw the provider used symbols and photographs throughout the service ti assist people's comprehension.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

• At the time of our inspection there was a registered manager in place. 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. The registered manager was supported in their role by a deputy manager and two assistant managers.

• Staff we spoke with were positive about the registered manager and the wider management team. One staff member described the registered manager as "very approachable." Another said: "They [the management team] are always there for you, you can go to them with any problems and they listen."

• Managers had created a culture which was open, collaborative and respectful. We saw evidence of managers ensuring they understood their duty of candour.

• A wide range of audits were undertaken by the registered manager and management team; these were used by the service to measure health, safety, welfare and people's needs; records confirmed this.

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

• The registered manager had a clear understanding of their roles and responsibilities and how their work contributed to the effective running of the service.

• There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. This meant there was a system of ongoing improvement as well as checks that regulatory requirements were being met.

• The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display within the premises.

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

• People's feedback was regularly sought, and incorporated into the way the service was run where

appropriate. We saw evidence of the provider implementing improvements based on people's feedback so that people's views influenced how the service was operated.
• Staff told us they felt listened to and supported by the management team. One staff member said: "They [the management team] are very good, you can talk to them about anything."

Continuous learning and improving care
• Staff praised the learning opportunities available to them. Managers told us they encouraged staff development and training, and minutes of staff supervision evidenced this.
• There was a culture of learning from incidents, complaints and feedback, which all staff contributed to.

Working in partnership with others
• The service worked in partnership with the local community, other services and organisations.