

Meadowlark Care Home Service

Mannachie Road
Forres
IV36 2JT

Telephone: 01309 676307

Type of inspection:
Unannounced

Completed on:
29 March 2019

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2011303089

About the service we inspected

This service registered with the Care Inspectorate on 14 November 2011. The provider is Renaissance Care (No1) Limited.

Meadowlark care home is registered to provide a care service to a maximum of 57 older people, including people with dementia or mental health problems.

The service is located in a residential area in the town of Forres. The single storey home is set in its own grounds. It was purpose-built to provide care and accommodation for older people and has enclosed garden areas. The home provided a total of 57 bedrooms, 27 of which were en suite. The layout of the home was designed to provide accommodation in three units, all on the ground floor. One unit specifically specialised in the care of people living with dementia.

The service's written aims and objectives are:

'Renaissance Care's primary aim is to ensure that our clients enjoy a good quality of life within a pleasing and safe environment.'

There were 48 people using the service at the time of the inspection visit.

How we inspected the service

We wrote this report following an unannounced inspection. This was undertaken by one inspector between 27 and 28 March 2019. We provided the feedback of our inspection findings to the manager and deputy manager on 29 March 2019. A representative from the organisations senior management and moray integrated partnership were also present. This was the second unannounced inspection this inspection year and focussed on the progress made by the service since the last inspection concluded on 7 August 2018.

During the inspection, we gathered evidence from various sources. We spoke with people using the service, relatives and staff. We looked at a sample of care planning and review documentation, medication records, staff training and development records, staffing arrangements, minutes of meetings, accident reports and quality assurance records.

Taking the views of people using the service into account

We spoke with people using the service, not everyone was able to express their views. The majority of people spoke positively about the care home and of the staff. Two people commented that there weren't enough staff and that they were too busy. Three people told us they have to wait long periods before staff came to answer their call buzzer; one person told us staff answered reasonably quickly.

Individual comments from people who live in the service included:

'Good here, it's alright, staff are very nice to me.....I'm a bit like the school pet, they spoil me'

'Staff are wonderful'

'Staff are good, with the exception of one'

'Staff are very good, I have no complaints'

'The girls are very good'

'Good place, not enough staff. Some are better than others. Some staff don't listen to what I am saying, don't believe me'

'Lovely people here, I really like it but can't go out, it's not near the shops.'

Taking carers' views into account

We spoke with two relatives during the inspection.

Overall they were happy with the service provided and the staff who worked there.

Comments included:

'It's homely, like a big family....staff are worth their weight in gold.'

'It's welcoming when you come in, nice and bright, staff are good. If there is anything I can mention it and it is seen to.'

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

In order to ensure service users receive the right care in relation to continence, pressure ulcer prevention and personal hygiene in a manner which promotes their comfort and dignity the provider must make and then implement a plan to improve the quality of service users' care in relation to the identified areas by 1 December 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me.' It is also necessary to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 7 August 2018.

Action taken on previous requirement

Information in minutes of meeting and care documentation supported that continence was not being promoted and managed well, some of the information in care plans was out of date and the approach to skin care was inconsistent. We observed call bells sometimes rang for long periods before being answered by staff when people were waiting for assistance. Champion roles were being developed to increase staff knowledge and learning within the staff team. Some champion roles were in place which included one for tissue viability/pressure ulcer prevention and one for continence. The service had recently introduced a 'topic a month' where they focussed on small training session or workshops for staff so they could improve staff's knowledge and awareness of different areas of care. The service proposed the champions would help develop and evaluate the care plans associated with continence, pressure ulcer prevention and personal hygiene. This is to improve people's outcomes by ensuring care was being provided in a manner which promotes people's comfort and dignity in these areas. This should be implemented and progressed to make the required improvements. People's care plans and documentation lacked the specific information care staff needed to ensure people received consistent and planned care was right for them. Information in the care plans was often generic, the type of

containment product was not recorded and the care was not being evaluated to see if the person was receiving the care that was right for them.

Although some action had been taken, there was insufficient evidence that requirement had been fully met. The timescale for meeting this requirement has been extended to 30 June 2019.

Not met

Requirement 2

In order to ensure service users' care is provided by staff who know what their care needs are the provider must implement a procedure which will ensure all staff, particularly new and agency staff, are confident they know what service users' care needs are by 1 October 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.14 which states 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' It is also necessary to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 7 August 2018.

Action taken on previous requirement

The service had implemented some procedures to address this requirement. An induction form was in place for agency staff to complete with a regular member of staff from the home which was maintained in a folder as a record of induction. We could see that these had been used for some new agency staff and not for others.

To provide agency with information about people's care needs a system had been put in place to provide them with an up to date short summary about people and to keep a record that this took place each time. We could see that sometimes this system was being followed but it was not used consistently and the short summary information was not always complete or up to date. A one page profile had been put in each person's bedroom which had some information about the person's personal care needs and was to highlight identified risks. The information lacked the specific detail that was needed to inform staff did not link to care plans, evaluations and outcomes. At a recent staff meeting it was discussed that key workers would develop a single sheet of information with people to help deliver person centred care focussing on what was important to the person.

Although some action had been taken, the procedures introduced by the provider to ensure all staff, particularly new and agency staff, are confident they know what service users' care needs had not been fully implemented or monitored to check they were effective. The timescale for meeting this requirement has been extended to 30 June 2019.

Not met

Requirement 3

In order to ensure service users' needs are met by the right number of staff the provider must employ sufficient permanent and/or agency staff by 1 October 2018.

This is in order to ensure that care and support are consistent with the Health and Social Care Standard 3.15 which states 'My needs are met by the right number of people.' It is also necessary to comply with Regulation 15(a) (Staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 7 August 2018.

Action taken on previous requirement

The service had used staff from the provider's other homes, booked staff in advance from three different agencies and had actively recruited new staff. Several posts had been filled and included a deputy manager, nurses, carers and a maintenance person and activities co-ordinator. The service had established a staff bank offering more flexible hours which helped the service to cover shifts where they needed to. The management felt the staff team had stabilised and they proposed to continue to recruit additional staff. During the inspection the service was not operating at full occupancy. Although staff were busy, the homes current dependency levels and the number of staff on duty supported there were sufficient staff on duty at this time. The service needs to continue to monitor people's dependency levels in relation to the number of staff supporting them and look at how staff are deployed across the home and throughout the 24 hour period to ensure that people are receiving the right care at the right time from the right number of people.

Met - outwith timescales

Requirement 4

In order to ensure service users receive the right care and the service is well led the provider must employ suitably skilled staff in sufficient numbers who have leadership responsibilities and who provide staff with direction, guidance and support by 1 December 2018.

This in order to ensure that care and support is consistent with the Health and Social Care Standard 4.23 which states 'I use a service and organisation that are well led and managed.' It is also necessary to comply with Regulation 15(a) (Staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 7 August 2018.

Action taken on previous requirement

The service had recruited a deputy manager and a team leader for the Beech unit, both who were registered mental health nurses and two registered nurse had been recruited to the nurse bank. The manager confirmed that they all had relevant experience including working with older people and supporting people experiencing stress and distress, it was proposed that the deputy manager would undertake a leadership development programme and be linked to an experienced deputy manager from one of the provider's other home for mentorship with this role.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

People should be treated with dignity as an individual and experience warm, compassionate and nurturing care and support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.9 which states that ' I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.'

This area for improvement was made on 7 August 2018.

Action taken since then

The management had planned to support staff learning and development through supervised care practice and supervision with a focus on treating each person as an individual with different needs and expectations. This had been implemented although progress was slower than planned as there was a need to establish the staff team first and then build and develop staff skills. It had been identified that there had been an improvement in the approach and staff interaction in Beech Unit. The use of 'This is me' and other documents to help staff focus on seeing each person as individuals was being introduced and was at different stages across the different units of the home. The management and staff should continue to progress this. There were plans to develop staff communication skills. The interactions we observed between staff and people using the service were generally good. However, there were some examples of people not being treated with dignity as an individual and assumptions were made by staff instead of evaluating if there was a better way to support this person to meet their needs. The deputy had taken on the role of communication champion and had begun to support staff through in-house training to develop their communication skills with people. It was planned that all staff will complete training. Although this had been implemented, the manager identified the need for a more structured approach. This is to ensure that all staff have a good understanding and awareness and people are treated with dignity as an individual and experience warm, compassionate and nurturing care and support.

Previous area for improvement 2

People should be recognised as the experts in their own experiences, needs and wishes and their views should be sought when assessing, planning and evaluating their care.

This is to ensure care planning is consistent with the Health and Social Care Standards 1.12 which state that; ' I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

This area for improvement was made on 7 August 2018.

Action taken since then

The service had planned to involve people and their families in the development and evaluation of the care plans to ensure that people's needs were being met. We could see some examples where people and their families had been involved with their plan of care. The manager proposed the activities co-ordinators would be involved with people and their families to tailor activities to the needs and choices of each person.

Where review records were available, sometimes the views of people and their relatives were recorded, information was variable and some reviews had not been carried out as often as they are required to.

Staff made a record on the care plan evaluation form on a monthly basis, however the majority of the entries were not evaluative, outcome focussed or linked to the planned care. The service needed to continue to work on this area for improvement and ensure that people are recognised as the experts in their own experiences, needs and wishes and their views are sought when assessing, planning and evaluating their care.

Complaints

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