

Four Seasons (DFK) Limited

# Meadowbrook Care 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

About the service: Meadowbrook is a 'care home' registered to accommodate up to 69 people. At the time of this inspection the service was providing personal and nursing care to 44 older people.

People's experience of using this service:

- Overall people were satisfied with the quality of the service provided and people, visitors and staff all spoke of improvements that had taken place over recent months.
- The quality of the food remained an area where people expressed mixed views and the registered manager was working with the catering company to address issues.
- Staffing levels were under review. Overall people were confident that there were enough staff to meet their needs however some issues in relation to the allocation of staff were shared. The registered manager was actively reviewing staffing levels and liaising with people, relatives and staff to share progress.
- Risks to people were monitored and procedures were in place to help keep people safe.
- People received their medicines as and when they needed them.
- People were protected from the risks associated with the control and spread of infection.
- Staff understood the importance of ensuring people's rights were understood and protected.
- People's health care needs were monitored and understood by staff.
- People told us staff understood their needs and were kind, caring and compassionate.
- People had opportunities for social stimulation and more would be welcomed.
- People were confident that complaints would be addressed.
- Quality checks and audits enabled the provider to ensure improvements were being made within the service.

Rating at last inspection: The service was rated Requires Improvement at the last inspection in December 2017.

Why we inspected: This was a scheduled inspection based on the previous rating.

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](http://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 section below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive section below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led section below.

# Meadowbrook Care Home

## Detailed findings

### Background to this 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.

This inspection took place on 28 February 2017 and was unannounced. The inspection team consisted of three 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.

We used the information we held about the service to formulate our inspection plan. This included information relating to the last inspection of the service which took place on 4 and 15 December 2017.

We also reviewed other information we held about the service. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered feedback received from the local authority commissioners and the local Healthwatch.

We spoke with six people who used the service and six relatives. We did this to gain people's views about the care and to check that standards of care were being met.

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. We spoke with this person as part of the inspection.

We also spoke with two senior managers, a unit manager, a nurse, two senior care staff and three support staff. We observed how care staff interacted with people in communal areas and looked at four people's care records.

We also looked at records relating to the management of the service. These included three staff files, training records and quality assurance records.

# Is the service safe?

## Our findings

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

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

At our last inspection December 2017, we rated the safety of the service as requires improvement. At this inspection we found that improvements had been made and we are now rating it as good.

### Staffing and recruitment

- At our last inspection, people felt there were not enough staff to meet people's needs at key times during the day. At this inspection we saw that there were sufficient staff to support people however people still felt staffing was an issue.
- People who used the service had mixed views on staffing levels. Some were confident there were enough and some felt they had to wait for support. One person told us, "Yes, there is a shortage of staff, but it is generally fine." The registered manager showed us how they were actively working with people, relatives and staff to ensure staffing levels were safe and adequate to meet people's needs. Overall, people felt this was an area where improvement was being made.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "I didn't feel safe at my previous home, but I do here."
- Staff said they would be confident to recognise and report abuse to ensure people were protected from harm. A member of staff told us, "There is no poor or abusive practice here."

### Assessing risk, safety monitoring and management

- Care plans contained risk assessments and documented high-risk areas such as choking risks, falls and the use of bed rails. These were flagged prominently at the front of the care plan file with a warning sign to raise staff awareness. Staff were aware of people's individual risks meaning they could support people safely.
- Staff took care when using hoists to transfer people. We saw staff move people safely while being discreet and reassuring. One person told us, "They use the hoist with me and I feel safe."
- The provider had recruited a maintenance person to look at making improvements to the internal décor. Some people told us this was an area where improvement was required. A staff member told us, "Doors are getting fixed and we are going in the right direction."

### Using medicines safely

- People received their medicines as prescribed and people told us they received their medicines on time. Systems in place for the storage, administration and recording of medicines were in place and ensured people's medicines were managed safely.

### Preventing and controlling infection

- The provider's infection control procedures were understood and followed by staff. We observed staff following good hand hygiene and using personal protective equipment (PPE) appropriately when assisting people.
- People told us they considered the home was clean and this reflected our observations.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed by the home manager and by senior managers. They reviewed how the likelihood of a reoccurrence could be reduced and how things could have been done differently. For example, we saw after a number of falls a person was given equipment to keep them safe. The number of falls had reduced.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection December 2017, we rated the effectiveness of the service as requires improvement. At this inspection we found that improvements had been made and we are now rating it as good.

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

- At the time of our last inspection people had raised concerns about the choice and quality of the food. At this inspection we found people were still having mixed experiences but the registered manager was aware of these issues and was actively working with the company who supplied the meals to make changes and improvements.
- People were supported to eat a balanced and nutritional diet although the quality of the food varied considerably. Some people really enjoyed the food and a person who had a very specific dietary requirement described their meals as 'amazing'. Other people said that, at times, the food was inedible. A relative described the food as 'hit and miss.' □

Ensuring consent to care and treatment in line with law and guidance

- People told us that staff always asked for their consent before assisting them. Relatives told us, "Yes most definitely" that people were asked to consent to their care. They also told us they were involved in making decisions meaning that people's agreement, choices and wishes were considered.
- 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". Decisions made were fully documented and agreed with appropriate people.
- Staff had received training about the principles of the MCA and had a good understanding of what it meant to people in practice.
- 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 saw a DoLS in place for one of the people whose care we looked at. There was detailed information about capacity running through each care plan showing how safeguards were considered at all times. 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."

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

- People were assessed before they moved to the home to ensure their needs and preferences could be met.
- A person who lived at the home said, "[Name of registered manager] liaised fully with me prior to my



admission as I had a lot of information that needed to be shared. They used the information to assess if the service could meet my needs, and it has."

- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and competent to support them. On the day of the inspection all the staff we observed, and spoke with, showed skill in dealing with peoples' care needs, both physical and emotional. One person told us, "Staff are knowledgeable and this makes me feel confident."
- Before staff began working with people, they completed an induction programme which gave them the basic skills and training they needed. Staff told us they felt well supported by colleagues and senior staff. One staff member told us, "Care has got better over the last 10 months and the manager is very supportive."

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

- People told us they had access to healthcare support. One person said, "Yes there is no problem getting professional help when it is needed." People's health and well-being was monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified.

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

- At our last inspection we had found the décor was in need of review and improvement. Since the time of our last inspection the provider had appointed a maintenance person to begin improving the décor. Staff told us that Meadowbrook was beginning to look more homely.
- People had access to large well-maintained gardens and patio areas.
- We saw there were some clear signs on people's bedroom doors and toilets to help people find their way around.

# 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

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

At our last inspection December 2017, we rated caring of the service as requires improvement. At this inspection we found that improvements had been made and we are now rating it as good.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with told us they were supported by caring staff. One person told us, "I can't fault the care, they are all very kind." A relative told us care was 'fantastic'. Another relative said, "When I walk in staff smile and say hello. Welcome's always there." "I know they are paid but they really care". Visitors told us that people were treated in a caring and respectful way and this reflected our observations. One visitor told us, "Caring, compassion and cleanliness was what we were looking for and we found it at Meadowbrook."
- Staff told us they treated people with respect and as individuals. One staff member said, "We treat people as equals. Everyone receives the best support we can deliver."

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

- We saw staff explaining things, offering choice and talking to people in a respectful way. People told us staff asked them if they wanted to take part in activities for example and that their views were respected.
- Preferred daily routines were recorded and staff were aware of people's preferences. This meant staff could cater for individual needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People felt well treated and their privacy and dignity was respected by staff. Personal care and support took place privately to respect dignity and maintain confidentiality. For example, staff used privacy screens when they were helping people to move from one place to another. We saw staff knocking on doors, even on occasions that they knew the person was not in their room.
- People looked nicely dressed with attention paid to good personal grooming. Relatives told us that staff supported people to look smart and dress in a way that people preferred. For example, one person had always liked their hands clean and well kept. They were seen to have had their nails polished and were wearing jewellery.
- One person told us that staff and the registered manager went the extra mile to ensure all of their physical and mental health needs were met. They said staff were understanding, compassionate, sensitive and patient. The person valued this support as it had made their stay at the home a positive one.
- People's cultural needs were being met. People who used the service had support to follow their faith and initial assessments identified any religious, spiritual or cultural requirements. This meant that the registered manager could ensure that these aspects of people's care could be considered and accommodated. We saw one person enjoying a discussion with a staff member who could converse with the person in their first

language. This same person had regular contact with their family who brought culturally specific food into the home that they could enjoy together.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection December 2017, we rated the responsiveness of the service as requires improvement. At this inspection we found that improvements had been made and we are now rating it as good.

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

- People received personalised care. We viewed a number of care plans and saw that they had been reviewed and contained key information about health conditions and social history, preferences and care needs.

People's needs were met as they preferred.

- Where appropriate, people's relatives had been involved in developing and then reviewing a person's plan of care. This meant that staff could use this information to ensure they could offer a personalised service that reflected the person's individuality.

- Plans were regularly reviewed with the involvement of the person who they belonged to if possible. This meant staff could be more responsive to meet people's changing needs.

- People's communication needs were met in line with the Accessible Information Standard. All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. We saw information available in large print and pictorial format to make it more accessible.

- People shared mixed views about the activities on offer. Some people enjoyed what was on offer and others thought there could be more. A staff member said the activities available were good but felt there could be more.

Improving care quality in response to complaints or concerns

- People felt confident in raising concerns. When people had made a complaint, they had been happy with the way it had been resolved. People felt that the registered manager was approachable and took action when needed to make improvements. One person told us they had made a complaint and said, "In all fairness it was acted upon and they took on board what I had said."

- Any concerns brought to the attention of the registered manager were taken seriously. They were investigated and responded to in accordance with the provider's procedures.

End of life care and support

- People's care records contained information about people's religious preferences and their preferences during their final days and following death. Some people had DNAR (Do Not Attempt Resuscitation) and advanced directives in place to detail their wishes in relation to when they would not be able to decide for themselves. This ensured people's wishes about their health were considered.

- The service had established links with the local hospice to provide opportunities for staff at the home and the hospice to gain experience in the respective services. This was to give staff better all-round experience

and to offer better care to people during their final days.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection December 2017, we rated well led as requires improvement. At this inspection we found that improvements had been made and we are now rating it as good.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had been appointed at a time when improvement was required to ensure people received good quality care.
- Systems had been introduced since their appointment to ensure care was more person centred and feedback reflected this was happening.
- The registered manager had worked openly with other agencies when concerns had been raised.
- The registered manager was aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Staff told us the registered manager was, 'approachable.' People, relatives and visitors all spoke positively about the changes being made within the service to improve outcomes for people. Overall people felt the registered manager had delivered the changes effectively.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred in the home within required timescales. These included deaths, injury and Deprivation of Liberty Authorisations.

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

- People who used the service said that the registered manager was approachable. They recognised the registered manager was implementing a number of changes to improve the service and were satisfied with progress made. One person told us, "It is well run now (registered managers name) is here."
- Staff told us that things were improving. However, one staff member told us, staff needed to see promises actioned to regain their confidence in the management system. Overall staff felt this was happening.

- There were regular meetings where people were informed of any changes, forthcoming events and their views were sought regarding the menu and activities.
- Annual surveys were sent to people to seek their views on the quality of the service provided.

#### Continuous learning and improving care

- Regular audits and checks were carried out by the registered manager. Findings were reviewed and monitored by senior managers who worked for the provider. Senior managers made regular visits to the home to complete audits and to seek the views of the people who lived at the home and staff. They were on site to review care plans on the day of our inspection.
- Action plans showed where improvements were required and when they had been achieved. We saw a process called 'You said. We did.' We saw that staff had approached the manager about an issue and they had responded to the staff and said what they had done about it. Likewise, due to ongoing feedback about staffing levels the registered manager had arranged and documented a meeting to discuss staffing levels and explain how staff were allocated.
- Our findings during this inspection show that checks, monitoring and changes were proving effective to drive improvement.

#### Working in partnership with others.

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's, district nurses and the local hospice.