

Wellbeing Care Limited

# Meadow View Care Home

## Inspection report

80 High Street  
Irchester  
Wellingborough  
Northamptonshire  
NN29 7AB

Tel: 01933355111  
Website: [www.wellbeingcare.co.uk](http://www.wellbeingcare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service.

Meadow View Care Home is a residential care home, providing personal or nursing care to up to 53 people, some of whom are living with dementia care needs. At the time of inspection, 30 people were living at the service.

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

Medicines were not always managed effectively. People told us they had at times ran out of required medicines.

Staffing levels had not always been sufficient. Staffing skill mix had not always been sufficiently distributed throughout the service.

Records had not always been completed accurately to evidence whether essential care tasks had been carried out.

People and staff did not feel the service had been well managed and were lacking in confidence at times.

Audits and checks were not robust and had not always picked up errors, or actioned improvements.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

The service was clean, tidy, and staff followed infection control procedures.

Staff treated people with kindness, dignity and respect. We observed positive interactions between people and staff, and feedback from people about staff relationships were good.

A new management team had been brought in to raise standards within the service. Staff felt well supported by the new manager, and were motivated that suggested changes would result in improvements within the service

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Requires Improvement (published 1 October 2020)

Why we inspected

We received concerns in relation to staffing numbers within the service and oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety, quality and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below

**Requires Improvement** ●

# Meadow View Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Meadow View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in place, who was going through the registration process.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke

with one relative of a person using the service four members of care staff, the deputy manager and the manager.

We reviewed a range of records. This included five people's care records, medication records, staff recruitment information, and audits.



# Is the service safe?

## Our findings

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

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

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines stock had not always been appropriately maintained. We found that some medicines for people had run out. One person told us, "It (medicine) always runs out so I'm given painkillers instead of (medicine)." The person said they were left in pain due to not being able to take the correct medicine. The new manager told us they were aware of the issues with the ordering and collection of medicines within the service, and had arranged a meeting that week with the G.P to resolve the issue and ensure people no longer ran out of medicines.
- Risk assessments documented risks that were present in people's lives, and enabled staff to work safely with people. However, records were not always being kept to document when people received the care and observations that were required to keep them safe. Some people's care plans stated they needed regular checks by staff, or regular re-positioning to ensure pressure care was effective, but there were some gaps in records kept to evidence this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure medicines stock were accurate, or that essential care tasks were evidenced and documented. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service used an electronic medicines administration record system. We looked at how the system was being used to administer medicines, and found that this was being done accurately. The system generated regular report for management to view, which would pick up any errors or issues to be dealt with.
- Risks assessments were reviewed, and staff understood and followed risk assessments appropriately.

Staffing and recruitment

- People and staff told us there were not always enough staff on shift. One person said, "There's never enough staff, short staffed half the time. Especially at tea time you get no care. Can't press buzzer so have to shout."
- The manager in post told us they had recognised that staffing levels had not been adequate, and were in the process of recruiting more staff, and changing rotas and staff distribution, to improve the issues in this area. This included new activity, housekeeping, care, and nursing staff.
- Staff told us that appropriate skills and experience had not always been distributed appropriately throughout the service. One staff member said, "I don't think there are enough staff, it's due to skills mixture of staff. There have been new staff but they need time to imbed. There has been no support for nurses."
- The manager and deputy manager were new in post, and were both nurses themselves. The manager told

us that a training and support programme was being implemented to ensure all nurses and staff on shift were suitably skilled and confident moving forward.

- There was a call bell system in place and people told us that staff sometimes took a long time to respond to them. There was not an option to review the call bell response times within the system, but the new manager was exploring these options to add to the system, as well as implementing audits and checks.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe within the home and with the staff. Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings.



# 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 remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The home was under very new management who were beginning to implement new systems and processes to improve care within the service. However, this had not yet been embedded in to practice, and people and staff within the service felt that standards had not been good for some time.
- Audits, checks, and oversight within the service had been poor, resulting in omissions in care records, poor management of people's medicines, and poor staffing levels at times.
- People and staff within the service felt the service had not been well run, and did not feel that standards of care were as high as they should be, due to staffing levels, skill mix of staff, and lack of management support. One staff member said, "There are not enough staff, there is not enough time to spend with residents."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety and oversight was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager and deputy manager were in post. On the day of inspection, they had been in post for two weeks. People and staff were aware of the new management team, and were positive about the proposed changes and improvements, however these changes had not yet been imbedded in to practice. One staff member said, "The new manager is supportive and has started to implement change." Another staff member said, "The new manager has loads of ideas and I hope she puts them in to action. I would feel confident in speaking if had issues."
- The managers fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the manager was and staff told us they felt well supported by the new management team.

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;

- The people and staff we spoke with told us the service had not been managed well, and that good

outcomes were not always reached for people. However, new management had a positive approach. Staff were all proud of the relationships they had with people, and people told us the staff were friendly in their approach.

- The manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The management team were open and honest during our inspection, were aware of the areas that required improvement, and were positive about making changes. The manager told us the provider was keen on implementing improvement, and was fully supportive of their ideas and approach.

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

- A residents and relatives meeting had been held by the new manager to introduce themselves and discuss and explain the ideas and changes that were happening. We saw feedback from residents and relatives was recorded.
- Team meetings were used to share information with staff, and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum.
- People were able to feedback formally via surveys and questionnaires. The manager was in the process of engaging with people and relatives to further discuss ideas and any concerns.

Working in partnership with others

- The manager was in the process of setting up meetings with health and social care professionals, in order to build relationships and improve the service offered to people.
- The management team were working closely with the local authority and clinical commissioning group to implement improvements and work on an action plan formulated to monitor progress.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines stock were not always adequate. Checks on people's required care, were not always documented.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Audits, checks, and oversight within the service had been poor, resulting in omissions in care records, poor management of people's medicines, and poor staffing levels at times.