

Wellbeing Care Limited

Meadow View 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Meadow View Care Home is a residential care home providing personal and nursing care for up to 53 people. The service provides support to older people. At the time of our inspection there were 27 people using the service.

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

People felt safe within the service, and staff followed and understood safeguarding procedures.

Risks were assessed to ensure people were kept safe, and staff understood individual risks present within people's lives.

There were enough staff within the service to safely support people. Staff were recruited safely.

Medicines administration and management was safe.

Training and support was in place to ensure that staff knowledge was up to date, and competent to provide care.

People's health needs were met, which included being encouraged to eat and drink and maintain a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring in their approach towards people, and knew their individual needs and preferences.

Care plans were personalised, and documented people's likes and dislikes. Activity staff provided a range of activities for people to join in with.

A complaints systems was in place and people knew how to use it.

Audits and checks were in place to ensure any mistakes or errors were found and acted upon promptly.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published on 21 July 2022).

The 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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This comprehensive inspection was prompted in part due to concerns received about staffing levels and management within the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Meadow View Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was well-led.

Details are in our well-Led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We also spoke with four members of staff, the chef and the manager. We looked at documents as part of inspection, which included care plans, staff recruitment files, audits and medicines records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, medicines management was not always sufficient and risk assessments were not always followed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made in these areas, and the service was no longer in breach.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were administered safely and effectively. An electronic system was in use which showed that medicines were given at the right time. All medicines were stored securely in a temperature controlled room.
- The manager told us there were still some difficulties in communication with the local pharmacy in relation to getting the correct stock when ordered, but this was being dealt with and improvements made.
- People we spoke with all said they were happy with the support they received in this area.
- Risk assessments were in place to assess the risks present in people's lives. For example, when people were at risk of getting pressure sores, this was assessed, and staff ensured people received the care they needed to reduce the risk.
- An electronic care planning system was in place which was used by staff to document all daily tasks and any changes to people's care requirements. Staff understood the risks present in people's lives well and were confident in keeping them safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe within the service. One person said, "It's perfectly safe, no worries at all, very good here."
- People were safeguarded from the risk of abuse. Staff had training and knew how to recognise abuse and how to report it including reporting to other agencies such as the local authority and the CQC. One staff member said, "I have had safeguarding training, I wouldn't have a problem raising any concerns to management or further if I needed to."

Staffing and recruitment

- There were enough staff present to keep people safe. One person told us, "They could always do with more, but I get what I need." Another person said, "There are enough staff around."
- Our observations on the day of inspection were that people received the support they required by a staff team who were distributed around the service effectively.
- Pre employment checks were carried out to ensure that as far as possible, only staff with the right skills and experience were employed. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

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.

Visiting

People and staff we spoke with told us that visiting procedures within the home followed current guidance

Learning lessons when things go wrong

- When accidents and incidents occurred, they were recorded in detail and actions were put in to place to reduce any risks and learn lessons.
- The management team were open and receptive to feedback from the local authority on any issues found and made prompt changes to improve.

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.

This is the first comprehensive inspection for this service and the first time this key question has been inspected under this provider. This key question has been rated Good. This meant 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

- The manager conducted pre assessments of people's needs to ensure the service was prepared to meet their needs. We saw that ongoing monitoring and assessment of needs occurred, to reflect any changes in people's support requirements.
- The provider and staff kept up to date with standards and guidance through training and consultation with healthcare professionals.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they received a comprehensive induction before starting work within the service. This included completing training courses and shadowing more experienced staff. One staff member said, "The training was very good, at the end, I was ready for the job."
- Ongoing training was provided for staff and management ensured this was refreshed and up to date.
- People we spoke with felt staff were competent in their roles, and our observations on the day were that staff were confident, and distributed around the service effectively .

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

- People were supported to maintain a healthy diet. We spoke with the chef who was aware of people's individual dietary requirements and restrictions.
- People told us they enjoyed the food on offer and received the support they needed in this area. We saw staff offer a variety of options to one person, including changing the dish the food was served on to meet the preferences of the person.
- When required, we saw that food and fluid intake was monitored for people's health needs.

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

- People's healthcare needs were met by staff within the service, or by external health professionals as required. We saw staff supporting one person to be ready for a hospital appointment.
- Healthcare needs were recorded within care plans and staff we spoke with had good knowledge about what people's needs were.

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

- The design and decoration of the premises met people's needs. Communal areas were well presented, and people we spoke with told us they felt at home. People could personalise their rooms with their own

belongings.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Appropriate assessments had taken place in relation to people's mental capacity and DoLS.

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.

This is the first comprehensive inspection for this service and the first time this key question has been inspected under this provider. This key question has been rated Good. 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; respecting equality and diversity

- People told us they thought the staff were kind and caring in their approach towards them. One person said, "Nice staff. They don't boss me around at all, very respectful. They are easy to get on with."
- Our observations during inspection were of staff speaking to people in a polite and respectful way, ensuring choice was offered and time taken for people to respond.
- People's equality and diversity needs were assessed. Staff respected and upheld people's beliefs and preferences.

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

- People and their relatives, where appropriate, were involved in making decisions about their care. We saw care planning documents which explained people's choices about how they wanted to receive care.
- One staff member told us, "I offer people choice and so do all the other staff. It's a good staff team here and everyone is respectful of the residents own views and choices."

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity was respected by staff. Staff gave us examples of how they would quietly support and prompt people who were in communal areas, should they need any care.
- Care plans instructed staff of the care tasks that were required for each person, and included prompts and reminders to ensure people's privacy and dignity was respected.
- Staff were aware of the need to keep people's personal information confidential, and records we looked at were stored securely either in an office, or on a secure care planning system on computers and mobile devices.

Is the service responsive?

Our findings

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

This is the first comprehensive inspection for this service and the first time this key question has been inspected under this provider. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained personalised information about their needs, goals, and actions to be taken by staff to support them. This included any things that were of social or cultural importance.
- The manager and the staff had a good knowledge of the individuals they were supporting, and understood likes, dislikes, and preferences. One person said, "They [staff] know me. I'm quite happy. There are good staffing levels and I can get out if I want to."
- There were dedicated activity staff members who ran sessions for those who wanted to join in with activities. This included music, yoga and poetry. Staff told us that one to one sessions were offered to those people who could not access the communal areas. Larger themed celebratory events were held for people and families to join in with, such as a recent Jubilee tea party.
- People told us they were able to have family visit as and when they wanted, and were able to go out in to the wider community on planned trips.
- There was a 'resident of the day' scheme, as well as assigned 'keyworkers', which meant people had named staff who would take a lead in aspects of their support and preferences, and focus on their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager was aware of the requirement to provide people with accessible information. For example, this included the use of picture cards for one person, to support effective communication when verbal communication was not always possible.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. We saw that complaints had been recorded in detail and had largely been responded to.
- There had been recent changes in management and it was not always clear what actions previous managers had taken with some recent complaints that had been recorded. The manager and the regional manager told us this would be followed up immediately to ensure all actions had been taken and recorded.

End of life care and support

- People who required end of life care received it from staff who were trained in this area. We saw people's care plans documented their end of life wishes and arrangements.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the service was not always consistently managed and well-led.

At our last inspection, audits checks and oversight was were not always efficient. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made in these areas, and the service was no longer in breach.

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

- This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. The service did not have a registered manager. The provider told us they would be submitting an application for a registered manager imminently.
- There were effective systems in place to monitor the quality of the service. Comprehensive weekly and monthly audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including falls, skin care, maintenance, and handwashing. We saw that when errors or omissions were discovered, improvements were actioned.
- Staff were clear about their responsibilities and the leadership structure in place, although acknowledged that frequent changes in management had an effect on the consistency within the service. One staff member said, "There have been a lot of changes, but [managers name] is brilliant here. She knows what she is doing, we follow her instructions. It's a well run ship." Another staff member said, "Previous managers haven't stayed for long, but [managers name] is doing well, we are all supporting her."
- The manager was aware of their regulatory requirements and notified CQC and other agencies of any incidents which took place at the home as required.

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

- People we spoke with felt the service was open, honest, and well run. There was a good rapport between management staff and the people using the service. The manager had an excellent knowledge of the people within the home and understood their needs.
- The manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it.

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 manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- People were engaged with and consulted about the service they received. Various forms of feedback were available including surveys sent out to family members to gather their opinions on the care their relatives received.
- People we spoke with told us they felt involved and engaged with by staff, who knew them well.
- Staff meetings were held to share information, and staff told us they felt able to raise concerns and ask questions in this forum.

Working in partnership with others

- The provider had been working with an action plan set by the local authority to drive specific improvements within the service. We saw that positive progress had been made, and feedback from the local authority was also positive.