

Meadow Care Homes Ltd

Meadowcare Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Meadowcare Home is a care home providing accommodation, nursing and personal care for up to 34 people. At the time of the inspection there were 29 people living at the home. The home is a converted and extended building with rooms over four floors.

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

There had been significant improvements following the inspection of March 2021. We saw positive changes had been made to the home's infection control procedures. Staffing levels had been reviewed and increased. Quality assurance processes had improved.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. There were also systems in place to identify and manage risks. Medicines were managed and administered safely. Safe recruitment procedures were in place.

The provider monitored the quality and safety of the service. They asked for people's views and took account of their feedback to further improve the service. The provider understood and acted on their responsibilities under the duty of candour. The staff worked in partnership with other services to ensure people received appropriate care.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 22 April 2021). There were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an inspection of this service on 11 and 15 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Meadowcare Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the home until we 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?

Good ●

The service was safe.

Details are in our well-Led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Meadowcare 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

The inspection was carried out by one inspector.

Service and service type

Meadowcare 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. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Since the last inspection the deputy manager had managed the day to day running of the home. In July 2021 the home appointed a new manager. They were being inducted at the time of this inspection. We were told they would register with the CQC. Throughout the report we refer to them as the home manager.

Notice of inspection

This inspection was announced. We gave 48 hours' notice to ensure the deputy and home manager were available.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the deputy manager, home manager, provider, five staff, one person and one relative. We observed staff practices and how they interacted with people. We considered all this information to help us to make a judgement about the home. We reviewed a range of records relating to the management of the home and medicines records.

After the inspection

We requested a range of records including risk assessments, maintenance records and quality monitoring and assurance documents. We spoke with four relatives by phone who were able to tell us their experiences of the home.

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 now improved to good. This meant people were safe and protected from avoidable harm.

At the inspection of March 2021, we found people were not always protected from the risk of infection in accordance with this regulation and the service were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

Preventing and controlling infection

- We found at this inspection changes had been made to the home's infection control procedures. The risks from cross contamination had been reduced.
- We were satisfied that people were protected by the home's infection prevention and control measures. Domestic hours were now deployed throughout the day and had been increased. This meant effective cleaning was taking place. The domestic staff worked from 07.30 hrs until 18:00 hrs seven days a week. Outside of these hours the day care staff and night staff helped to keep the high-risk areas clean. Regular cleaning of the home was taking place over a twenty-four-hour day.
- We observed two senior managers were wearing masks. Staff continued to wear PPE (personal protective equipment) appropriately. New clinical waste bins had been purchased and were in use around the home. We found they were no longer overflowing with waste and the lids were shut. Sluice facilities had been installed at the home. People's rooms had ensuite facilities and commodes were only used when people required them.
- Improvements had been made to interior fixtures, fittings and furnishings. New commodes, mattresses, beds, duvets, towels and bed side tables had been purchased. Some new chairs had also been purchased. The previous items which were damaged had been thrown away. Bed rail covers, screen dividers, wheelchairs and hoist slings had been removed from toilets and bathrooms. They were no longer cluttered.
- Since the last inspection the DHSC (Department Health Social Care) guidance for visiting people had changed. The arrangements the home followed had improved since the last inspection. Visits to people were pre booked and evidence of an LFT test (lateral flow test) were to be shown or undertaken on arrival. Masks were to be worn by visitors along with effective hand hygiene. Temperatures of visitors were taken.
- Chairs within lounge and dining areas had been spaced out to continue to the need for social distancing to help keep people safe.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

At the inspection of March 2021 we found people were not always protected from risk because the provider had failed to deploy enough suitably qualified, competent and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

Staffing and recruitment

- Since the last inspection the provider had increased staffing levels at the home. This helped to ease the pressure on the care staff.
- Staffing levels were now calculated according to the needs of the people receiving care using a new tool the home had implemented since our last inspection. The tool took into consideration the home had four floors and the changes of people's needs.
- The number of staff on duty at night had been increased to four staff and one nurse. One other staff worked as a one to one with a person.
- The domestic staffing hours had increased and the shifts overlapped to allow for effective cleaning.
- Relatives told us there were generally enough staff. Comments included, "Yes, I would say it seems well staffed".
- Staff we spoke with told us they felt the home was now well staff. Comments included, "It is a lot better with staffing levels. If residents are unwell and need a higher level of care then, staffing is looked at" and "We can do more with the residents and they receive much better care".
- The home continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks were completed, and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check.

Systems and processes to safeguard people from the risk of abuse

- Staff had received appropriate training in safeguarding and were aware of the different types of abuse and how to report concerns. Staff were confident the management would act on concerns raised.
- The deputy manager understood their responsibilities for keeping people safe from harm and abuse. They reported concerns to the local safeguarding team. Safeguarding was regularly discussed at staff meetings to learn any lessons and to debrief.

- Relatives told us that they felt their relatives were safe and looked after. The comments we received included, "I feel my mum is safe at the home. They let me know if she has fallen or is unwell". Another comment included, "Yes I do feel they are safe. I visit regularly and also will check them for bruising. They always look clean and tidy. I have no concerns".

Assessing risk, safety monitoring and management

- People's care records included risk assessments and guidance for staff on how risks were minimised. This included risks associated with falls and moving and handling.
- Regular checks continued to be undertaken on equipment which reduced risks to people, including moving and handling equipment, and fire safety. Where shortfalls were identified these were reported and addressed.

Using medicines safely

- People received their medicines as prescribed and the home had safe medicine storage systems in place.
- We observed registered nursing staff administering medicines to people in line with their medicine's records.
- Medicine administration records had been fully completed. These gave details of the medicines people were prescribed.

Learning lessons when things go wrong

- Audits were regularly undertaken by the management team.
- Systems were in place for staff to report accidents and incidents. Any concerns were escalated to the manager on duty. Accidents and incidents were reviewed by the management team to ensure appropriate actions had been taken.
- Staff were aware of these and their responsibilities to report such events. Action was taken to reduce the risk of similar incidents happening again.

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.

At the inspection of March 2021, we found systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

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

- Since the last inspection quality assurance monitoring and audits had improved with shortfalls identified addressed.
- The oversight of the provider had improved. We were told by the management team the provider visited regularly and met with the whole team. The provider completed their own audit and assessment of the home.
- There were improved systems in place to check the quality and safety of the home. Effective quality assurance and monitoring systems had been embedded and were used to identify shortfalls and drive improvements.
- The deputy and home manager completed various monthly audits, so they could monitor quality and be aware of risks. For example, audits were carried out in relation to medicines, infection control and health and safety checks. Action was taken where needed.
- Records showed actions from previous audits were reviewed and completed in a timely way.

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

- Staff were highly complementary of the deputy manager. They described positive experiences of how they had introduced and embedded positive changes. One staff member told us, "She (deputy) grabbed the reins when we needed. She has really grown in confidence and is very supportive of the staff. She encourages us to learn and develop".
- Everybody we spoke with told us about the improved positive culture at the home over the past few months. One relative told us, "I noticed a real difference at the home. The staff seem happy". One staff member told us, "We have a good team of staff. We all support each other".

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 deputy and home manager understood their responsibilities under the duty of candour.
- The required statutory notifications were submitted to CQC following significant events at the home.

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

- The home hosted a recent BBQ for people. People's family and friends were invited. We were told it was nice to meet in the garden socially distanced and to see people having fun. One relative we spoke with told us, "It was really well organised".
- Since the last inspection changes made to COVID-19 guidance by the DHSC. Relatives were encouraged to visit and to keep contact with their loved one. For those relatives unable to visit we were told regular updates were given by phone, face time and email.
- Newsletters had been introduced and were informative. They explained what was going on at the home, planned activities and upcoming birthday celebrations of people.
- Regular staff meetings continued to take place virtually. We were told these were useful to attend and kept the staff up to date with key changes at the home.

Continuous learning and improving care. Working in partnership with others

- Staff worked effectively in partnership with health and social care professionals to achieve good outcomes for people. This helped to ensure care and support was up to date with current practice.
- Staff spoke about an open culture where they were encouraged and supported to learn from incidents. They consistently spoke highly of the deputy manager. One staff member told us, "she (deputy) has stepped up. People's care has improved in the past few months".
- The deputy manager described having a good relationship with other health professionals. The home had invited a number of health professionals to a recent BBQ party.