Bondcare (London) Limited

Meadowbrook Care Home

Inspection report

Meadowbrook Court, Twmpath Lane
Gobowen
Croesoswallt
SY10 7HD

Tel: 01691653000

Date of inspection visit:
07 December 2021

Date of publication:
27 January 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Meadowbrook Care Home is a nursing home providing nursing and personal care for up to 69 people. At the time of the inspection 51 people were living there including people living with dementia. The building is a purpose built two storey building with all care provided on the ground floor.

People's experience of using this service and what we found
Governance systems were still being embedded and the provider was working to ensure they had up to date and accurate information about what work was required. This included monitoring care practice and reviewing people's care plans to ensure they had been updated.

People were not satisfied with the quality of food provided by the home. Staff were not fully trained to support the needs of people as the staff team were still being trained to support people when they became anxious or upset.

People's safety in the home and risks within the property were not fully assessed and managed as assessments and plans were not in place for when people became agitated or upset.

Although people had plans for how their care should be provided, improvements were required to ensure they were person centred.

Accurate records of care delivered by staff were maintained

People received their medicines when they needed them, and systems were in place to ensure that medicines were stored and administered safely and that adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles. Staffing levels at the home were sufficient to meet the needs of people.

People were supported to access health appointments and there was communication with other agencies when needed. People were supported by sufficient

People were supported to maintain contact with their friends and families. There were opportunities for social stimulation. People felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions where required.

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.

People were cared for by staff who were kind and caring, and people were treated with dignity and respect. People were involved in making decisions about their care and were supported to maintain their independence.

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

Rating at last inspection
This service was registered with us on 03/06/2021 and this is the first inspection

Why we inspected
The inspection was prompted in part due to concerns raised to us about staffing, training, care plans and records of care not being maintained. A decision was made for us to inspect and examine those risks.
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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will continue to monitor information we receive about the service 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? The service was not always safe. Details are in safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in the caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in the responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well led. Details are in the well led findings below.	**Requires Improvement**

Meadowbrook 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.

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 completed by four inspectors.

Service and service type
Meadowbrook 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 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.

Notice of inspection
This inspection was unannounced; however, we telephoned the provider from outside the home because of the risks associated with COVID 19. This was because we needed to know of the COVID 19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the inspection
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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service about their experience of the care provided and four relatives. We spent time in the communal area observing the support people received. We spoke with 15 staff members including a regional manager, registered manager, deputy manager, unit manager, senior support worker, support workers, maintenance and domestic staff. We reviewed a range of records. These included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
Due to the COVID-19 pandemic we reviewed a number of records off site.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated as requires improvement. 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

Assessing risk, safety monitoring and management

- During the inspection we saw restrictors fitted to all windows were not appropriate and could be overcome using basic tools. We shared our concerns with the provider who took immediate action during our visit to make them safe.
- The provider had systems in place to protect people from harm. Personalised risk assessments had been written for people living there covering a range of risks including catheter care, diabetes and wound care.
- However, due to some people's complex health conditions they could become distressed and demonstrate this through their behaviour. There was no guidance for staff on how to assist people when they became distressed or anxious and most staff had not received specific training in supporting people with this. We raised these concerns to the provider and registered manager who told us they had identified this and were taking action to make the required improvements.
- Staff were knowledgeable about the risks posed to the people they supported and how they could keep them safe from harm.
- The provider had a fire risk assessment and the people living there had personalised emergency evacuation plans written for them, identifying their needs in the event of an emergency. These plans were tested with regular fire drills.
- Environmental checks had been carried out by registered contractors as required by law. These included frequent checks of mobility equipment within the home, water hygiene and gas, electrical and fire safety. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.

Using medicines safely

- People received their medicines as prescribed and they were dispensed by trained staff. Protocols had been drawn up considering people's preference as to how and where they would like to have their medicines administered.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these, however, these required more information such as how a person will present if they showed pain. We discussed this with the registered manager who took immediate action to update them.
- Medicines were stored securely and in accordance with manufacturers guidelines and we saw the temperatures where medication was stored were checked regularly.
- Regular audits of medicines records and stocks had taken place to ensure any errors were identified quickly.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems in place to protect people from the risk of abuse.
● All staff, regardless of their role, received training in safeguarding people from the risk of abuse.
● A staff member told us, "If I had any concerns that abuse was taking place, I would report it to the manager and if I felt I wasn't listened to I would report it to CQC".
● The registered manager understood their safeguarding responsibilities and we saw they took appropriate action to safeguarding concerns.

Staffing and recruitment
● Prior to our visit we had received concerns about insufficient staffing numbers. We found no evidence to substantiate this concern.
● Discussions with people who use the service told us staff were always available when needed to support them. We observed staff were always nearby to assist people when needed.
● Staff were recruited safely, and checks were made to ensure they were of good character to work with the people living at the home.
● The registered manager told us staffing and recruitment had been an issue and a lot of temporary staff from an agency had been used to cover staff shortages, but they were now fully staffed and agency staff were only being used to cover absences.

Preventing and controlling infection
We reviewed the infection control measures in place in light of the COVID 19 pandemic.
● We were assured that the provider's infection prevention and control policy were up to date.
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Improvements had been made to the entrance to the laundry room to ensure segregation of clean and soiled laundry, but this was bare wood and therefore it could not be cleaned effectively to prevent cross contamination. We raised these concerns with the provider who took immediate action to address it.
● 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 making sure infection outbreaks can be effectively prevented or managed.
● There were systems in place to check staff and visiting professionals vaccination status.

Learning lessons when things go wrong
● Accidents and incident were fully documented and investigated to identify ways of preventing them from happening again.

Requires Improvement

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 inspection for this newly registered service. This key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet
● People did not speak positively about the food at the home. One person told us "I don't like the food here." Another person said, "Often my food is cold when I get it."
● We observed mealtimes in each of the four dining areas. Lunch service was disorganised with people waiting long periods of time for their chosen meal. After a long wait some people were told that their choice was not available and were offered an alternative. The meal options available were not the same as the meal options on the menu which could cause confusion. This put people at risk of a poor dietary intake if they did not like the food choice or did not eat their food because it was cold.
● We discussed this with the provider who advised us they were in the process of making improvements to the food and mealtime experience
● People's food and fluid intake was monitored where necessary. This had recently been introduced at the request of the local authority.
● People's dietary and support needs were detailed in their care plans and specialist support was obtained from health care professionals such as dieticians. We saw staff follow these care plans during mealtimes.
● Peoples weight was monitored where required, and specialist advice sought if there were any concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider completed a risk assessment when people moved into the service, and considered information contained in support plans that had been received from the commissioning service. This helped to ensure they could provide the appropriate level of care and support for people using the service.

Staff support: induction, training, skills and experience
● Staff completed training to ensure they had the knowledge and skills to carry out the role. This included topics such as manual handling, infection control and health and safety. However, staff had not always completed training on how to help people when they were distressed or anxious. Although this had recently been introduced only a small number of staff had completed this.
● All new staff received an induction to allow them to learn about the home, the needs of the people living there and the policies and principles of the home. New staff also worked alongside experienced staff to enable them to see how this training was embedded into work practices.
● Staff told us they thought the training was good, one staff member said, "It gave me the knowledge and confidence to do my job."
● Staff consistently told us they felt supported by the management of the home. A staff member said, "I know if I have any concerns I can go to (registered manager) and they will listen to me."

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 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.
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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The provider met the requirements of the MCA. MCA assessments had been carried out, where required, in relation to care provided which meant people's rights were protected.
● Where people lacked capacity to make certain decisions, best interest meetings had been held and the person, carers, family members and healthcare professionals had been consulted.
● Where a person living at the home had passed responsibility for making decision on their behalf to someone else, the home had ensured that correct legal paperwork was in place.
● We heard staff asking for peoples consent throughout the inspection.
● Staff received training on the MCA and were able to tell us about the principles that underpin it.

Adapting service, design, decoration to meet people's needs
● The home is built around a courtyard style garden and patio that people can access and spend time in. At the time of the inspection this had been decorated for Christmas.
● People were able to personalise their rooms with personal belongings.
● Adaptations had been made to the environment and equipment to consider people's needs. This included dementia clocks, adapted crockery and handrails in corridors being painted a different colour.
● Some areas of the home needed refurbishment and the provider had a plan for these works and had commenced them.

Supporting people to live healthier lives, access healthcare services and support
● People's health and support needs were regularly reviewed updated in their care records. People had access to the healthcare services they needed.

Staff working with other agencies to provide consistent, effective, timely care
● People's health needs were consistently monitored and where issues or concerns were identified swift action was taken to obtain healthcare advice and medical intervention.

Good

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 inspection for this newly registered service. This key question has been rated as 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 and their relatives told us staff were kind and caring. One person living said, "The staff are amazing, nothing is too much trouble." A relative told us, "I have no concerns about the care (my relative) receives here."
● Peoples spiritual and cultural needs were respected. People were asked about this during their assessment and it was recorded in their care plans.

Supporting people to express their views and be involved in making decisions about their care
● People were offered choices consistently throughout the inspection. A staff member told us, "It is important to offer people choices even if we know what their preferences are."
● People were involved in their plans of care and where the person was not able to communicate their choices, people who knew them well were consulted.
● The provider held regular meetings with the people living at Meadowbrook Care Home to discuss topics like food and activities.

Respecting and promoting people's privacy, dignity and independence
● We observed many respectful and compassionate interactions during the inspection. We saw a staff member provide constant reassurance to somebody who was anxious about a pending visit from their family.
● People were encouraged to be as independent as possible and this included the use of support aids such as adapted crockery at mealtimes.
● People's privacy was respected. One person told us, "Staff always knock before entering my room." During the inspection we saw do not enter signs put on people's doors when they were receiving personal care to protect their dignity.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.
This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People repeatedly raised concerns to us about the quality of food provided at mealtimes and although the provider was now taking steps to improve it, people felt that they had not been listened to.
- Each person living at the home had a plan of care, but these were not always personalised. Staff told us personal information about people which was not recorded in their care plan. We discussed this with the provider and registered manager who explained that they had recently switched to a new electronic care plan system and were in the process of refining this to improve the personalisation of care plans. After the visit the provider sent us some examples of the new format which were much improved and detailed how people wanted their care to be delivered.
- Care plans were reviewed regularly. The review sought the opinions of the person, healthcare professionals, family members and staff where appropriate.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were assessed and documented in their care plan.
- Where required, the provider supported people to access specialist services to assist in their communication needs such as opticians and audiologists.
- The provider could offer information in other formats such as large print.

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.

- The service employed an activity co-ordinator and there was a weekly timetable of activities that people could join.
- We saw people supported to carryout individual activities of their choice, for example, one person was colouring pictures in a lounge, whilst another listened to music in their bedroom.
- The registered manager told us that they were looking to improve social events at the home and had held a Christmas event the previous evening where the Mayor attended to switch on the Christmas lights in the garden.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure and records of complaints and the response and any

lessons learned were documented.

End of life care and support

● People were supported at the end of their life by staff who knew and understood their wishes and spiritual needs at this time.

Requires Improvement

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. This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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;

- The provider had made improvements to their governance systems following an external quality monitoring process which had identified shortfalls in the standards of care and support provided at the service. These were still being embedded and this meant we could not say with confidence the governance systems were effective.
- The provider was committed to meeting their responsibilities and had made a lot of improvements. These included improvements to recruitment, training, records and care plans and were responsive to issues we found during the inspection.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- People and their friends and families told us they liked the impact the new registered manager had on the service and felt they could raise concerns or suggestions about their care and they would be listened to.
- The registered manager and provider had identified care plans could be more person centred and needed to improve and were in the process of consulting with people to develop these.
- The registered manager had recently been appointed and spoke at length about the improvements that had been made at the service and we were sent an improvement plan after the inspection which showed further improvements were planned to include the environment, activities, food and drink and staff training

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

- Staff told us they received regular staff meetings and handovers. A staff member told us, "I know if I had any ideas about someone's care needs, I could approach (registered manager) and I would be listened to."
- The registered manager told us a daily meeting with the senior staff from each unit were now held and this had improved communication and responsiveness to changes in people's needs. Senior staff confirmed they found these meetings helpful.
- People told us they could make suggestions about their support. One person said, "I know who to speak to if I have any concerns and I am confident I will be listened to." A family member told us, "I have confidence in the management of the home."

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

● When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.

● The manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

● The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.