

Wellbeing Care Limited

Meadow View Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

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 and nursing care for up to 53 people. The service provides support to younger and older adults and people living with dementia, or a physical disability. At the time of our inspection there were 42 people living at the home.

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

Some people reported issues with uncertainty about their care, due to being discharged to the service for assessment from hospital. People expressed their frustration at delays to their longer term care arrangements.

The provider and regional director were open and transparent throughout the inspection. They told us their focus had been on recruiting a new manager to the service. We found the lack of oversight and governance had led to our inspection identifying areas for improvement.

Improvements were required to the provider's systems and processes to assess and monitor the safety and quality of people's care as they had not identified the issues we found during the inspection.

Staff had not always followed the procedure for the administration of medicines or the monitoring of safe medicine management. People did not always live in an environment with safe infection and prevention measures.

People and their family members told us they felt safe at Meadow View Care Home, as staff were available to help them when required. People were supported by staff who had undergone a safe recruitment process.

People's health and wellbeing needs were assessed, and their health and welfare monitored by staff. Staff liaised with health care professionals about people's care. People's dietary needs were met and people were assisted by staff where required to eat and drink. Snacks and drinks were served throughout the day. A plan for ongoing improvements to the mealtimes was in place.

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 mostly supported this practice, however inspectors identified improvements were needed for one person at the service.

People and family members were generally complimentary about the staff and care their relatives received. The provider sought feedback from family members about the quality of the service.

The provider had identified areas for improvement, which included the performance management of staff, recruitment, care records and housekeeping.

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

Rating at last inspection

The last rating for this service was good (published 7 July 2022).

Why we inspected

The inspection was prompted due to concerns received about the management of the service and safeguarding concerns in relation to wound care. 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.

You can see what action we have asked the provider to take at the end of this full report. During the inspection the provider worked with the local authority and the local integrated commissioning board (ICB) to reduce the risks at the service, however improvements were still needed.

We received concerns in relation to the management of the service, recruitment and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective 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.

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

Enforcement

We have identified breaches in relation to safety and oversight 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 from 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 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?

The service was not always safe.

Details are in our 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 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 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

The inspection was carried out by 2 inspectors, a specialist advisor nurse 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.

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. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6th April 2023 and ended on 27th April 2023. We visited the location's service on 6th and 12th April 2023.

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 6 people using the service and 5 family members. We spoke with the regional director, deputy manager, an agency nurse, 2 care assistants, maintenance lead, a housekeeper and chef.

We reviewed a range of records. This included 6 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service, which included quality monitoring and auditing, minutes of meetings, policies and procedures.

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 good. At this inspection the rating has changed to 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; Using medicines safely; Preventing and controlling infection; Systems and processes to safeguard people from the risk of abuse

- Systems were not robust enough to demonstrate safety was effectively managed.
- The provider's approach to assessing and managing environmental and equipment-related risks was inconsistent. For example, inspectors were told by a person that they had felt unsafe during a fire test. A flame was visible from their bedroom window and they had not been informed by staff that it was a fire test. Debris from a fire test had not been cleaned up by staff. The regional director submitted a notification retrospectively to both CQC and the local authority and assured us they had already changed their approach to fire testing at the service and reviewed their policy.
- People's care records were not current and accurate. For example, one person's catheter care plan had no guidance for staff to follow, in relation to the catheter management, including identify risks, cleaning, and monitoring fluids in their hydration and nutrition plan. The lack of guidance put the person at risk of harm.
- One person's communication care plan stated they were encouraged to join others daily in the lounge area of the service, however the same person's mobility care plan stated they were cared for in bed.
- People did not always receive their medicines as prescribed. For example, a person had not received their medicine for their health condition for two days. Staff had failed to order the person's required medicine in advance. Management were not aware. There was no system in place to ensure sufficient medicine stock. This meant people were at risk of not receiving their medicines as prescribed.
- Staff did not always follow relevant national guidelines around storing medicines and administering them. The provider had been reliant on agency nurses and external healthcare professionals for clinical knowledge. A new clinical lead had just been appointed as the deputy manager of the service. However improvements were needed to ensure safe systems for medicine management were consistently followed by staff.
- We were not assured the provider was preventing the risk of infection as inspectors found issues with cleanliness in the home, for example windows were dirty and storage areas not kept clean. The regional director told us improvements had been made which included the recruitment of another housekeeper.
- Systems and processes to safeguard people from the risk of abuse were in place, however these had not always flagged up concerns in a timely manner.

These failures to effectively assess risk with people's health, the environmental risks, the ineffective management of medicines and inaccurate care records was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Once the provider became aware staff had not consistently escalated safeguarding matters to

management, they instigated support and placed an embargo at the service, sharing all their concerns with local partners in the first instance.

- Work had been undertaken between the management team and the local authority to ensure all safeguarding concerns had been reported correctly, following concerns highlighted during her own inspection.
- Staff and external contractors undertook scheduled checks of systems and equipment to ensure they were in good working order.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- We signposted the provider to resources to develop their approach. Following our inspection the regional director advised us they had reviewed our findings and confirmed that actions had been taken where necessary and procedures improved.
- Staff had received training in safeguarding. Staff were knowledgeable about safeguarding when we spoke with them and were aware of where to find further information if needed.

Staffing and recruitment

- We received mixed feedback from people and their family members. People told us there were sufficient staff to meet their needs. A person said, "Staff were really good and they try their best". Some people told us they used their call bell if they needed support and that staff responded promptly. A person said, "I use the call bell, I press it, staff are quite good, they come and are proactive".
- However family members reported not being able to speak to a nurse when they wanted to discuss their family member's health. One family member told us, "I think the nurse is always busy when we want to ask them anything".
- Staff numbers were kept under review and were based on the needs of people and the promotion of their safety. Recruitment was taking place for more nurses for the service.
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We shared a good practice resource with the provider with regards to recruitment. Following our inspection the regional director updated us and advised how they had combined the new recruitment toolkit with their own and shared the information with the staff team.

Learning lessons when things go wrong

- The management team audited people's care records to review any accident or incidents to identify potential signs of abuse. A record of all incidents and accidents was kept, which included referrals to the relevant agencies.

Visiting in care homes

- The provider's policy confirmed there were no restrictions upon visitors attending the service to see people. Family members told us they could visit the service whenever they wanted too.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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 live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff did not always make referrals at the right time to make sure that people's health and wellbeing was maintained or improved. For example, external health professionals told CQC it had taken staff from the service, three months to make a referral to the Tissue Viability Nurse (TVN) for a person who was admitted to the service with a pressure sore.
- Due to the high level of concerns with regards to the nursing care at the service at the time of the inspection, the local ICB agreed to regular visit the service and offer support, until a new registered manager joined the service.
- Information identifying health and social care professionals involved in people's care, and their contact details were contained within people's records. However, staff at the service had not always alerted health and social care professionals when they had concerns about people's health and well-being. The deputy manager told us how they were making improvements on this and working with new care staff at the service to ensure all staff had a consistent approach.
- Family members were confident people's medical and health needs were managed, despite not always being able to speak to the nurse or a manager when they wanted too. One family member told us, "Happy with the care [my relative] gets. Only thing that has bothered me, has been the rapid turnover of the management. People do not tend to stay".

Staff support: induction, training, skills and experience

- The provider did not have a consistent approach to managing staff performance. The regional director had identified some staff required performance managing at the service as they were not fulfilling their roles. However, not having a manager at the service had impacted what actions had been taken to manage staff performance to date.
- Not all staff had received a complete induction when they joined the service. The regional director had identified this and was in the process of meeting with staff to identify gaps. They assured us newly recruited staff were being supported and were settling well into their roles.
- Staff told us and records showed us they had received supervision, however this had been ad-hoc as opposed to planned supervision, due to staff being new in their roles and to the service being without a manager at this time. Supervision sessions provided opportunities for staff to reflect on their working practices and discuss training and support needs.
- The provider's training matrix showed staff had undertaken training in the key areas related to people's

care and welfare. For example, moving and handling, dysphasia and choking, bed rail assessment and food safety.

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

- People lived in a building that was not always adapted for people experiencing memory issues. The interior lacked visual signs to help provide navigation for people living with conditions, such as dementia. Living with dementia can adversely affect people's spatial (orientation and navigation) and reality (time, date and place) orientation, which can detrimentally impact on their sense of social inclusion and wellbeing.
- The decoration was mainly neutral colours. The provider told us people choose the colours of the lounge.
- Some people's rooms had undergone decoration, and their choices around how their rooms looked were respected. Rooms were personalised to people's needs when this could be identified by staff.
- We observed people spending time with each other in the communal lounge.

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.

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were completed where people were unable to make decisions about their care and best interest decisions had been made. However, inspectors found one person's care plan was not up to date, as it did not contain evidence of the best interest decision or a completed MCA assessment with regards to the risk of them choking due to their medical condition. Following our inspection the regional director provided assurance this was being monitored and the family were fully involved. Staff will seek further information in relation to their best interests going forward.
- DoLS applications had been submitted where needed and there was a process to monitor their with the local authority. Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed prior to their moving into the service to ensure their needs could be met, this included consideration to their needs as defined under the Equality Act. For example, religious or cultural needs.
- People's needs were kept under review, however their care plans were not always updated to reflect any changes in their needs, as inspectors reported under the key question of Safe in this inspection report.
- Family members told us they were kept informed about key changes and were involved in decisions. A

family member told us, "I particularly like the fact that I have access to [my relative's] care records, especially as I cannot always be there. It has taken pressure off me".

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

- People were encouraged to maintain a healthy diet. People told us they enjoyed some of the food on offer, and if they didn't like something, they could ask for something else. There was a written menu on display, not in large print, and it was out of date on the days of our inspection. The regional director told us the staff in the kitchen had recently changed and a new menu was in the process of being agreed, with people's input who lived at the service.
- Staff had documented food and fluid likes, dislikes, allergies and requirements in people's care plans.

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. The rating for 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

- There were failures by the provider to maintain a safe and effective service for the people using the service, as detailed in the key questions above, and breaches of regulation occurred.
- Systems and processes were not always effective at identifying areas of improvement. This meant quality performance at the service had not always been qualified, which meant potential risks to people were not always identified in a timely manner.
- Medicines management systems and processes were not robust and had failed to identify and explore reasons why medicines were not administered.
- There were insufficient systems in place to monitor and review how service users' needs and risks were being met. Management audits had not identified the issues we found with continence and wound care. Therefore, audits were not always effective in identifying and driving improvements.
- At the last inspection we identified the service did not have a registered manager. The provider told us they would be submitting an application for a registered manager imminently; however this was not received by CQC. The service had not a registered manager for approx. 19 months, at the time of our inspection. This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Systems and processes had not been operated to ensure robust governance and oversight of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When the provider identified the shortfalls and risks, they took action and were transparent in sharing the information with their local partners.
- Following our inspection the regional director confirmed they had recruited a new manager and they would be joining the service once they had worked their notice.
- The regional director was swift to share the actions they had taken following our inspection and concerns identified by the recent local authority, ICB and CQC visits.
- Staff told us daily handovers provided up to date information about people's health and welfare, along with any changes or monitoring linked to their care and support.

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

- Despite the frequent manager changes at the service, staff had created a calm environment for people to live. A family member said, "Our [relative] has settled a lot more and is a lot happier now". A person praised staff to the inspection team and said they were very good and said they were the 'A' team.
- People were seen relaxing, listening to music or watching television, many in their own bedrooms. One person was looking through old photographs, and one person sat reading a book in the lounge. Inspection team observed a lack of physical activities taking place at the service, despite staff working hard to support those who needed more interaction than others. A family member told us, "Entertainment is very small here, but the staff are sweet".
- Family members spoke positively about the care provided, which included the positive and caring relationships developed between their family member and staff. A family member said, "Staff do the best they can". Family members told us how their relative always appeared clean and well presented. A family member said, "It's been quite good recently. Staff had listened when I had raised a concern regarding my [relative's] dignity and the matter had been resolved".
- Staff spoke positively about the atmosphere within the service, which included good teamwork. A staff member told us, "I enjoy working here and want to provide the best care to people. We are working well together".

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

- Although the provider was aware of their responsibilities and had an understanding of the duty of candour, reporting incidents to both the local authority and CQC, staff had not always informed families in a timely manner since our last inspection.
- The regional director and external visiting professionals had identified several different examples of where staff had not always followed the provider's policy. For example, we found the family of one person was only informed about an allegation 4 weeks later via letter.
- The majority of family members told us they were informed by staff of any accidents or incidents involving their relative, and any actions they had taken to reduce similar events.

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 some progress had been made, however involvement from the provider and recruitment of a registered manager was critical to any improvements being sustained. Feedback from the local authority and the local ICB was of concern, however the management team were working with external professionals to ensure people's needs were being met during this time.

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

- People's views had been captured through daily care planning, as staff had identified resident meetings were not always suitable forum for all of the people they supported, many of whom were living with dementia.
- Family members' views had also been sought about the quality of care provided at the service. One family member told us, "We have had zoom meetings to discuss anything. We have all been able to raise any concerns we have through these meetings". Another family member told us, "Somebody came on the zoom meeting last time talking about how to set up a Lasting Power of Attorney".
- Staff spoke hopeful about the recent changes in staff and they were all keen to get a new manager in place at the service. One staff member stated, "We are working hard, we know improvements are needed, but we

are all trying".

- Staff told us they were keep updated with relevant information through daily meetings and feedback via senior carers, nurses or management.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	People were not prevented from receiving unsafe care and treatment and avoidable harm or risk of harm concerns related to risk management for people and risk related to the environment.

The enforcement action we took:

Warning notice

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	Effective systems and processes were not in place to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

Warning notice