

Meadow Care Homes Ltd

Meadowcare Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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

People were not protected by the home's infection control policy and procedures. Infection control and prevention measures, the cleanliness and repair of the home, fixtures and fittings required improvement. We could not be satisfied staffing levels kept people safe from harm and promoted choice and person-centred care.

Systems to monitor and audit the service were not effective and had not identified the improvements that were required. The service had not been consistently well led which had contributed to the failure to improve the service. The provider had failed to identify or act to mitigate the risks to people of receiving care that was not consistently safe and of a high quality.

Medicines were managed safely, and records were up to date. Processes to safeguard people from abuse were in place and risks, other than infection control and staffing levels, were reviewed and maintained. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people.

The operations manager and deputy led by example and had expectations about the standards of care people should receive. They were proud of the staff team and how they worked together and supported one another.

Communication was effective to keep everyone who used the service up to date.

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 (April 2018).

Why we inspected

The inspection was prompted in part due to concerns received from a whistle-blower. These included, infection prevention control measures, staffing levels, recruitment and health and safety of the environment. A decision was made for us to inspect and examine those areas of risk.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe 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. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to the services response to infection control measures, ensuring safe levels of staffing and good governance. This meant that improvements were required to ensure quality monitoring and management and provider oversight was more effective.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Requires Improvement ●

Is the service well-led?

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

Requires Improvement ●

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.

Based on the concerns raised with us by a whistle blower this was a focused inspection where we looked at the key questions, is the service safe and well led.

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 undertaken by two inspectors.

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. In the interim the operations manager and deputy were managing the home whilst recruitment for the position was underway.

Notice of inspection

Due to the concerns shared with the CQC the inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We considered information from the local authority and professionals who work with the service. We used this information to plan our inspection.

During the inspection

We looked around the home and observed how staff interacted with people, although we did not meet with staff individually, we spoke with them during a tour of the home. Staff appeared happy and told us they were having a good shift. We spoke with the operations manager, deputy, human resources managers, maintenance person and one relative.

After the inspection

After the visit at the service, we wrote to the provider asking them to tell us how they would address and take immediate action to the concerns we identified during the first day of the inspection. We asked for an action plan about how they would make improvements and within what timescales. At our request this was sent to us the following day by 14:00hrs.

The second day of our inspection consisted of a video call meeting with the operations manager and deputy. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including policies and procedures, risk assessments and quality monitoring and assurance documents.

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 good. At this inspection this key question has now 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.

Preventing and controlling infection

- We could not be satisfied that people were protected by the home's infection prevention and control measures. In part this concern was attributed because domestic hours were not deployed after 14.30hrs, seven days a week. People moved freely around their home and touched surfaces. This meant after 14.30hrs touch point surfaces were not cleaned until 07.30hrs the following day.
- On the day of the visit we saw the provider was not wearing a mask when visiting the premises. We were informed by the operations manager that this was a regular occurrence. In addition they told us that another director also visited the premises and did not always wear a mask.
- Clinical waste bins within the home were small, they were overflowing with waste, so the lids could not shut.
- In some areas the interior fixtures, fittings and furnishings were not in good physical repair and could not be effectively cleaned. Effective cleaning was compromised in these areas and could harbour germs. Examples we saw included, rusty legs on a commode and split waterproof covers on mattresses and duvets. Laminate had peeled away from people's bedside tables. Most chairs were fabric upholstery which were stained and ripped, and some of these had a strong smell of urine.
- Toilets and bathrooms were cluttered with bed rail covers, screen dividers, wheelchairs and hoist slings.
- At the time of the inspection we were told by the deputy people were not using commodes. There were commodes in the home, the pans were stained and had no lids. There were no sluice facilities available when people had used their commodes.
- Social distancing was compromised because there were too many lounge chairs, and these were too close together. It was difficult to raise awareness of the importance of social distancing for those people living with dementia. Whilst discussing this with the deputy we suggested less chairs and only enough to seat the current occupancy would help reduce risks.
- Visiting arrangements required improvement. This was because the room used did not provide suitable substantial screening to reduce the risk of viral transmission and in line with government guidance.

These shortfalls meant people were not always protected from the risk of infection because official guidance was not being followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Visitors were tested for COVID-19 before they entered the home. PPE was available at the reception area for visitors to wear on entering the home.
- The day after the inspection we received an improvement plan from the provider on the action they had

taken with certain risks we had identified. This included the two people not wearing masks, additional domestic hours deployed from 14.30hrs to 18:00hrs, seven days a week and a revised cleaning schedule for staff after 18:00hrs. In addition, the provider had suspended visits from relatives until suitable screening was put in place.

Staffing and recruitment

- We could not be satisfied the systems in place ensured safe levels of staffing. The provider did not use a tool to help determine staffing levels based on the needs of the people who lived there and the layout of the building. In addition, staffing levels did not take into account any emergencies, for example a person requiring emergency services, a person becoming acutely unwell or for those people who required end of life care.
- Concerns had been raised prior to the inspection that the provider was wanting to reduce staffing levels. This was confirmed during conversations at the inspection. There were potential risks because of staffing levels between 20:00hrs and 08:00hrs. There was one nurse and two care staff for up to 34 people. There were 29 people living at the service at the time of the inspection.
- In addition, our findings confirmed staffing levels sometimes compromised choice. Those people without capacity did not always receive person centred care. For example, some people were supported to get ready to go to bed at 6pm when this was not their choice.
- The provider did not always ensure staff employed had suitable skills, experience and competence to fulfil their roles. Filling staff vacancies had become task orientated. Systems needed to improve to conduct proficient, robust interview processes to ensure suitable people were employed.

This meant people were not always protected from risk because the provider 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.

- 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 whether the applicant has had any past convictions that may prevent them from working with vulnerable people. Although DBS checks were in place the provider needed to introduce their own guidance in relation to how often staff DBS checks were reviewed and rechecked. This was so the provider could be assured that people continued to receive safe care and treatment. We were told this was currently being put into place.

Assessing risk, safety monitoring and management

- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Automatic door sensors were being installed on bedroom doors. Use of these was individually risk assessed for those who were at risk of falls.
- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and falls.
- Up to date emergency plans were in place to ensure people were supported in the event of a fire. Everyone had a fire risk assessment based on individual needs and risks identified.
- There was a programme of weekly and monthly health and safety checks, completed by the maintenance person.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the processes to follow to safeguard people in their care. The operations manager, deputy and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the

police where necessary.

Using medicines safely

- Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months. Any errors found during the home's monthly audits were reported and addressed to prevent further re-occurrence.
- Medicines were administered by nurses who completed medicine competency assessments and received regular updates based on best practice guidelines.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed what led to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.

Is the service well-led?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always consistently managed and well-led.

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

- Given the shortfalls identified at the inspection we could not be satisfied quality assurance monitoring and audits were effective. Improvements were required with some audits to make them more robust and effective.
- We were not assured or satisfied by the provider oversight. Although they had a regular presence in the home, they did not conduct any formal quality monitoring.
- The provider did not act on feedback from people using the service, or those acting on their behalf, for example staff so that they could continually evaluate the service and drive improvement.
- During our planning for the inspection and whilst at the service it was evident that staff were sometimes frustrated when improvements were required. Collectively common themes shared with us included, changes that were required were not always responded to promptly, at times there was a resistance to effect positive change and this had created barriers to progress. This compromised the safety of others and the quality of care people received.

This meant 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.

- An improved environment/equipment audit was being addressed following the second day of this inspection following our feedback. This was required in order to identify failings and where improvement was required. This included interior fixtures, fittings and furnishings.

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

- The operations manager, deputy and staff team maintained a clear focus on seeking to improve the service people received. They were a cohesive group who worked well as a team. However, the provider needed to ensure staff at all levels were empowered and listened to so they could influence positive change where necessary and improve the safety and quality of care people deserved.
- The operations manager and deputy led by example, they were caring, kind and respected by staff and relatives. We read a recent thank you card received by the deputy which stated, "Thank you so much for your support yesterday. We really appreciate all the time you spent, and of course everything you do for mum".
- In discussions with the operations manager and deputy it was positive to hear their enthusiasm and plans to improve the services provided. They were looking into lead roles for staff so that behaviours, knowledge and values would further promote and enhance the care people received. Lead roles included dignity,

dementia wellbeing and end of life care champions.

- The operations manager, deputy and nurses knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent recurrences and improve quality.

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 operations manager and deputy understood their responsibilities about informing people and families, the CQC and other agencies when incidents occurred within the service.
- The operations manager and deputy were open, honest and transparent when lessons could be learned and improvements in service provision were required. This was demonstrated after the first day of our inspection. Prompt actions and response to improvements we had identified were communicated formally to heads of departments outlining these and what immediate action would take place.
- One social care professional had recently written to the operations manager whilst co-ordinating a potential new admission to ensure the service was a suitable placement. They wrote, "You were open and transparent in discussions and your staff needs, including training, knowledge and skill set of staff was always at the forefront".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis.
- We saw examples where the deputy had kept in regular contact with people's loved ones throughout the pandemic to relieve anxiety, loss and sadness. They had emailed family members with regular updates about their loved one's wellbeing and sent videos and photographs. We spoke with a relative who told us they were 'happy with care mum was receiving and he received regular updates from staff'.
- Communication systems were in place to help promote effective discussions between staff, so they were aware of any changes for people in their care. This included daily handover reports and written daily records.
- Other methods of communication included planned meetings. These had been slightly compromised by the pandemic.
- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and Deprivation of Liberty Safeguards teams and the CQC.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not always protected from the risk of infection because official guidance was not being followed, particularly those introduced during the Covid19 pandemic. systems were not effective to assess, prevent or control the risk of spreading infections. Regulation 12(1)(2)(h).

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	Quality monitoring required improvement to help ensure people who used the service were safe and received quality of care. Regulation 17 2 (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. Regulation 18 (1)