

Bondcare (London) Limited

Meadowbrook Care Home

Inspection report

Meadowbrook Court, Twmpath Lane
Gobowen
Croesoswallt
SY10 7HD

Tel: 01691653000

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Meadowbrook Care Home is a care home providing personal and nursing care to a maximum of 69 people. At the time of the inspection, 55 people were using the service. Accommodation is provided in one purpose-built building consisting of three units at ground floor level.

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

People felt safe living at the home and with the staff who supported them. The provider's staff recruitment procedures helped to protect people from harm. Staff had been trained and knew how and when to report any concerns about people's well-being. Risks to people were assessed and there were plans in place to mitigate risks. Improvements have been made since the last inspection to ensure care plans were in place to assist people when they became distressed or anxious. People received their medicines when they needed them from staff who were trained and competent. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People were assessed to ensure their needs and aspirations could be met. Improvements had been made to ensure people were provided with enough food and drink to meet their needs and preferences. People were positive about the quality and quantity of the food they received. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice. People lived in a home which was adapted to meet their needs. People saw healthcare professionals when they needed. People were supported by staff who were trained and competent to carry out their role.

People told us they were supported by kind and caring staff who respected their wishes and treated them with respect. People were supported to live their lives as they chose and were regularly consulted about the care they received. People's privacy was respected, and they could spend time alone in their bedroom when they wanted. People were supported to be as independent as they could be.

People told us staff knew them well and what was important to them. Care plans had improved and now contained information for staff about people's social history and preferences. People were supported to maintain contact with those who were important to them and were provided with opportunities for social stimulation. People's communication needs were assessed and responded to. People did not raise any concerns about the care they received but felt confident action would be taken to address any concerns they may have. There were systems in place to ensure people's needs and preferences would be understood and met during their final days.

Staff received the supervision and support needed to carry out their role effectively. The views of people were sought and valued. Systems to monitor and improve the quality of the service provided had improved. The provider worked in partnership with other professionals to ensure good outcomes for people. The provider was aware of their legal requirement and of their responsibility to be open and honest when things

go wrong.

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 requires improvement (Published 27 January 2022).

Why we inspected

The inspection was prompted in part due to concerns received about the care and welfare of people. There had also been a recent fire at the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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.

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 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 two inspectors.

Service and service type

Meadowbrook 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. Meadowbrook Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who lived at the home and. We spoke with 9 members of staff which included the registered manager, operations manager, registered nurses, assistant nurses, domestic and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at 6 care plans and medication administration records on each unit. We looked at staff training and recruitment records, records relating to health and safety and the management 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found restrictors fitted to all windows were not appropriate and could be overcome using basic tools. The provider took appropriate action at the time of the inspection to rectify this.
- At our last inspection there were no care plans to guide staff on how to manage people who experienced episodes of distress or anxiety. At this inspection improvements were found. People's care plans provided information for staff how to safely support the person and mitigate any risks or further distress.
- On one of the units we found drink thickeners had been left out in an unattended kitchenette which, if ingested, could pose a risk to people's health and safety. The registered manager acted immediately and spoke with staff who advised they had just finished serving drinks and acknowledged they should have been locked away immediately after use. We were assured there were no risks to people.
- At the time of the inspection, works were being carried out to replace the heating systems following a fire at the home. We found the new radiators were very hot to touch and had not been covered to protect people from the risk of surface burns. We immediately brought this to the attention of the registered manager who was aware of the situation. Risk assessments had been completed and staffing had been increased to monitor those people who mobilised independently around the home and may be at risk. The maintenance person took immediate action to lower the temperature of the radiators and informed us materials were being purchased to make covers for the radiators.
- Risks to people were regularly assessed and there were plans in place to help mitigate risks. This included risks associated with people's mobility, nutrition and hydration, skin integrity and exposure to infections.
- Staff demonstrated a good understanding of people's risks and how to help keep them safe. For example, where people's skin integrity was at risk, appropriate pressure relieving equipment was in place. Where people had been identified at risk of falls a range of measures had been considered. These included low profile beds, crash mats and bedrails.
- Staff had been trained in moving and handling and we saw that people were assisted to move safely using specialist equipment.
- There were systems in place to ensure people were protected from the risk of fire. Fire detection and alarm systems were checked each week, staff received training in fire safety and a fire risk assessment was in place. Each person had a personal evacuation plan which detailed the support they needed should they need to be evacuated in the event of an emergency.
- There were regular checks on the environment and equipment used by people had been regularly serviced to ensure they remained safe for people to use.

Using medicines safely

- People received their medicines when they needed them by staff who were trained and competent to

carry out the task. One person told us, "I always get my tablets at the right time."

- We observed staff administering medicines to people in a safe way. Staff wore a red tabard alerting others they should not be disturbed. When administering medicines, staff took their time to explain to people what their medicines were.
- There was a clear audit trail of medicines held at the home. Records of medicines received, administered and disposed of were maintained. Medicines were securely stored at temperatures within the manufacturer's guidelines.
- There were clear protocols for medicines which were prescribed on an 'as required' basis. This helped to ensure staff followed a consistent approach and people received their medicines when needed.
- Where people were prescribed medicines to manage periods of distress or anxiety, these were regularly reviewed with the GP to ensure they remained effective.

Staffing and recruitment

- We observed a good staff presence and people did not have to wait long for assistance. Staff were also seen spending quality time with people. One person told us, "The staff are lovely, and they are here when I need them."
- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable with the staff who supported them. One person said, "It's lovely here. It feels like my home."
- Staff had been trained to recognise and report any signs of abuse and they were confident action would be taken to keep people safe. A member of staff said, "I've never seen any poor treatment here. It wouldn't be tolerated and would be reported."
- The registered manager understood when and how to inform us and the local authority of reportable incidents that occurred in the home and we saw they worked in partnership with other professionals to help keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance. One person told us, "I can see my relatives when I want."

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and were regularly reviewed. This helped to identify any trends.
- Where things went wrong, the registered manager explored the reasons and took steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

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 requires improvement. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection people did not speak positively about the quality of the food offered. We also found mealtimes were disorganised and people had to wait for long periods. At this inspection improvements had been made.
- People were positive about the meals provided. One person said, "The food is lovely. So lovely I eat far too much." We observed lunch being served on each unit. The atmosphere was relaxed, and people did not have to wait long for their meal. Staff were available to assist people in accordance with their needs.
- People's weights were monitored which helped to identify any weight loss. Fortified meals and supplements were provided where there were concerns about a person's weight. Records of people's food and drink intake were maintained and reviewed each day which helped to identify any concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before a placement at the home was offered. This helped to ensure the home could meet people's needs, preferences and aspirations.
- People's care plans showed diverse needs such as religion and sexuality were discussed with them prior to moving to the home.
- People's care was planned and delivered in accordance with best practice and current guidance. For example, the registered manager liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- Staff received a thorough period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. Staff were not expected to work alone until they felt confident and assessed as competent to do so.
- Staff with no previous experience in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were positive about the training they received and told us they had completed the required training to meet the needs of the people they supported. One member of staff said, "We get all the required training and can also ask for additional training in topics which interest us."

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

- People told us, and their care plans confirmed, they were able to see healthcare professionals when they needed. One person said, "I was a bit chesty, so the nurse called the doctor who prescribed me some antibiotics."
- People's care plans showed any recommendations from external healthcare professionals were acted upon in a timely manner.

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

- The home was purpose built and accommodation was provided over three units at ground floor level. Grab rails helped people mobilise around the corridors and there were raised lavatory seats and assisted baths.
- People had their own bedroom which they could personalise in accordance with their tastes and preferences.
- The home was built around a courtyard style garden and patio which people could access from each unit.

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.

- People told us they were never made to do anything they did not want to do. One person said, "I decide what I do and what I don't want to do and the staff respect that. For instance, I didn't feel like a shower this morning so the staff are going to ask me later today."
- We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day.
- The registered manager submitted appropriate DoLS applications, when necessary, to ensure people had appropriate legal authorisations in place. The registered manager had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.
- Assessments of people's capacity had been carried out when a need was identified and discussions had taken place to ensure any decisions were made in the person's best interests. These included discussions around the use of bedrails and the administration of medicines covertly.
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a happy and relaxed atmosphere in the home and people told us they were treated with kindness. One person said, "All the staff are lovely and are very kind."
- Staff interactions with people were kind and respectful. Staff supported people in a gentle and unhurried manner.
- The registered manager led by example to make sure people were treated with respect. The registered manager and staff knew people well and respected their individual needs and wishes.
- People's care plans contained information about their wishes and preferences. This gave staff the information they needed to ensure they cared for people in accordance with their cultural needs and wishes. For example, care plans contained people's preferences relating to the gender of staff they wanted to assist them with personal care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they made choices about their day to day care and how they spent their day. One person told us, "I prefer to stay in my bedroom but I can go into the lounge whenever I want."
- We saw staff offered people choices such as drinks, food and how and where they wanted to spend their day.
- Everyone had their own bedroom where they could see visitors or spend time in private. People had been able to personalise their rooms which gave them an individual homely feel.
- Care plans detailed how to support people to be as independent as possible such as choosing their own clothes and being involved in meeting their own personal care needs.
- People were provided with the mobility aids they needed to enable them to mobilise independently.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection care plans did not always reflect people's preferences and people did not always feel listened to when they raised concerns about the quality of the food.
- At this inspection, improvements were found. People's care plans reflected their needs and preferences. This meant staff had the information needed to support people in accordance with their wishes.
- People's cultural and religious preferences were recorded in their plan of care and people were supported to attend religious services at the home in accordance with their beliefs.
- People living at the home and where appropriate their relatives were able to voice their opinions about the care they received through regular reviews of their plan of care.

Meeting people's communication needs

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

- Care plans detailed the support people needed to access written or verbal information. For example, whether a person wore spectacles or hearing aids. We saw people had been provided with the aids they needed.
- Information for people, such as the provider's complaints procedure and an activity programme had been produced in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with the important people in their lives. One person told us, "My relatives visit me regularly and they are always made to feel welcome."
- Care plans contained information for staff about who was important to people and staff demonstrated a good understanding about the people they supported.
- Activity staff were employed and there was a varied programme of activities for people to enjoy. On the day of the inspection people were enjoying a Christmas party and singer.

Improving care quality in response to complaints or concerns

- None of the people we spoke with raised any concerns about the care and support they received and all

knew how to make a complaint if needed. One person said, "I am quite happy and haven't needed to complain. I could talk to any of the staff if I was unhappy."

- There was a complaints procedure in place and records showed that concerns had been investigated and responded to within agreed timescales.

End of life care and support

- The registered manager told us there was nobody who was receiving end of life care. People's care records contained information about their religious preferences and their preferences during their final days and following death. This meant staff knew how to support people in accordance with their wishes.

- Staff worked with other professionals to make sure people were comfortable and pain free during their final days.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection the provider's systems had failed to identify and address the shortfalls we found. At this inspection, improvements were noted.
- There were audits and checks in place which were effective in identifying where improvements were required.
- The provider had followed their action plan to address the shortfalls found at our last inspection.

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

- People were cared for by staff who were trained and supported to carry out their role. A member of staff said, "We have great team work here and [name of registered manager] is so supportive and approachable."
- Staff training, skills and competence were regularly monitored through supervisions, appraisals and regular refresher training.
- There was a clear staffing structure in place and staff understood their role and responsibilities.
- There were regular meetings for staff to seek their views and provide updates and information about current guidance and health and safety matters.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the home within required timescales.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to express their views about the care and support they received on a daily basis. People, their relatives and staff completed an annual survey where they could comment on the quality of care provided. Results of the last survey had been positive.
- People, relatives and staff views were valued and responded to. For example, following a recent survey, staffing levels had been increased to accommodate relatives to visit their loved ones in the evening. Staff told us they were encouraged to express their views and they were listened to. A member of staff said, "[Name of registered manager] absolutely listens to us. We were given extra staff when we requested it."

- People's protected characteristics such as religion and sexuality were discussed with them and recorded in their plan of care.
- The registered manager had established positive relationships with people's relatives and ensured they were kept up to date about their loved one's well-being where appropriate. Relatives were supported to visit people when they wanted.

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 registered manager had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the duty of candour.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.