

Bupa Care Homes (ANS) Limited

# Meadbank Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Meadbank Care Home is a care home providing personal and nursing care to up to 176 people. The service provides support to older people over five separate units, with adapted facilities. At the time of our inspection there were 132 people using the service.

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

People's medicines were not always managed as intended by the prescribing G.P. The provider took swift action to address our concerns. Risks were managed to ensure people were protected against avoidable harm. Safeguarding training ensured staff could identify, report and escalate suspected abuse. Sufficient staff were deployed to keep people safe. Where possible lessons were learned to mitigate further incidents. The provider had effective infection control procedures in place, including those in relation to COVID-19.

People's relatives spoke highly of the management of the service. People's voices were heard through compliance systems and where appropriate action was taken in response to people's views. Regular auditing was carried out to ensure issues were identified swiftly and appropriate action taken. The registered manager worked in partnership with stakeholders to drive improvement. The registered manager was aware of their responsibilities under the duty of candour and submitted notifications to the Care Quality Commission in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Good (published 7 July 2021).

### Why we inspected

We received concerns in relation to COVID-19 practices and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

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

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

Meadbank Care Home on our website at [www.cqc.org.uk](http://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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Meadbank 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 on both days.

#### Service and service type

Meadbank 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

Both days of this two-day inspection were unannounced.

#### 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 two people who used the service. We spoke with 11 staff members including, care workers, two clinical managers and the registered manager. We looked at a range of records including, six people's care plans, medicines systems, risk assessments, audits and other records relating to the management of the service.

#### After the inspection

We spoke with four relatives and contacted two healthcare professionals to gather their experiences of the service. We also requested further information from the registered manager including policies and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- We identified some issues in relation to the completion of medicines administration records (MAR). On one floor we identified multiple MARs that had been signed to show that medicines had been administered, however the medicines were still in the blister packs. Or, records showed that medicines had not been administered to people, nor offered later when they were sleeping.
- Where a medicine is not administered for any reason, it is best practice for a coding system and reason for non-admission to be recorded. Records were sometimes unclear as to when this system had been used.
- We raised this with the clinical lead who took immediate action to remedy these issues with the relevant staff. This included liaison with the regular visiting GP.
- After the inspection the registered manager sent us a comprehensive response to the concerns identified and action taken to mitigate further occurrences. We were satisfied with their response and will review this at the next inspection.
- Notwithstanding the above people's relatives told us, "My relative gets her medicines on time, I haven't noticed any problems." And, "I'm aware of the medicines that my relative takes. If there are any problems, the service will phone me first to ask my opinion. As far as I know, my relative can ask for pain relief medicines and this is provided."
- A staff member told us, "We are not trained to administer medicines, only the registered nurses are. There are training partnerships with Bupa, which will enable you to administer medicines as a nursing assistant."

### Assessing risk, safety monitoring and management

- Risk assessments were not always clear in articulating the specific support needs that people may have. For example, one person had a risk assessment for a risk of choking and malnutrition. However, there was no detail on the positioning for this person to minimise the risk of them choking; nor was it clear what specific support they required to eat and drink.
- We raised this with the management team who took immediate action to update the risk assessment for that person. They also informed us were in the process of implementing a more succinct tool to provide staff with clear risk needs for each person that could be easily accessed in care files.
- The above points notwithstanding, we found that risk assessments covered a wide scope of specific needs to ensure staff knew of potential risks and how to mitigate them. These included areas such as falls and use of bedrails.
- People had personal emergency evacuations plans in place, both in their care files and accessible to staff in a central location. These enabled staff to support people to leave the building safely in the event of an emergency.
- A staff member said, "If the risk assessment [doesn't reflect people's needs] we report it so it can be

reviewed. We have in house physiotherapists who will assess people and if there are changes in their mobility the risk assessment will be updated."

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse as staff underwent safeguarding training and knew how to identify, respond to and escalate suspected abuse.
- People told us they felt safe at the service and that they could speak with staff members should they have any concerns.
- A relative said, "[My relative] is one million percent safe. Every time I go there it's a happy place to be in, the staff are fantastic." Another relative told us, "[My relatives] is absolutely safe. We visit regularly and since being there [my relative] is so happy. Her attitude and the way she is has improved is because of the safe care she receives. There have been no emergency's unlike when relative was [living] at home."
- The provider had a safeguarding policy and notified the relevant authorities of any safeguarding incidents where appropriate.

Staffing and recruitment

- There were sufficient numbers of staff deployed to keep people safe. The registered manager told us and records confirmed agency staff were used to cover any shortfalls.
- One person told us, "The staff are very helpful and when I use my buzzer, I don't have to wait long for them to [assist] me." Other comments from relatives included, "It's hard for me to judge, but there always seem to be nurses and carers around." And "Yes, there's loads of staff present. Everyone has someone overlooking them and my relative has never complained about the staffing levels."
- Staff were permanently allocated to one unit however would work across units when they were short-staffed. Care workers told us there were enough staff to meet people's needs safely and in a timely manner.
- The provider ensured that staff underwent suitable recruitment checks prior to the commencement of employment. Staff Disclosure and Barring Service (DBS) checks were up to date. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed that staff provided a full employment history, explaining any gaps. Recruitment records also evidenced interview responses and the providers assessment of staff competencies.

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.
- People and their relatives told us they had been able to visit the service during the COVID-19 pandemic. Comments included, "I've been able to visit the service. [Staff members] are kitted out with gowns and masks. I also get tested prior to visiting and I have to wear a gown and a mask when seeing my relative." "We can visit whenever we like. The staff wear protective clothing and we have to wait [in a specific area] until the results of our Covid-19 tests are back."

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

#### Learning lessons when things go wrong

- The management team were keen to ensure lessons were learned when things went wrong.
- Quarterly lessons learned review meetings were held whereby the root cause, lessons to be learned, themes and trends were discussed, and action plans implemented to ensure repeat incidents were mitigated.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and Continuous learning and improving care

- At the last inspection, the provider had failed to notify us of a serious injury sustained by someone living at the service. The provider also did not always operate its well-established governance system effectively.
- At this inspection, the registered manager sent reportable notifications to the Care Quality Commission in a timely manner. The management team undertook regular audits of the service, these included for example, care plans, risk assessments, medicines, COVID-19 procedures and environmental assessments. Issues identified during the audits were then shared with staff to ensure lessons were learned and improvements made.
- The atmosphere in the home was inclusive, relaxed and caring. Staff spoke positively about working at Meadbank Care Home and it was clear that morale amongst the staff team was upbeat.
- Staff were complimentary about the registered manager. They told us, "[The registered manager] is very supportive, anything you need he will give", "He comes to check on the night staff, makes sure we are doing our job", "He is brilliant, 100% listens and understands", and "He is very attentive and tries to solve our problems, couldn't ask for a better [registered] manager."
- A relative told us, "The service is definitely well managed. They will come back to me quickly if there are any issues. The communication between the service and family is really good." Another relative said, "Every time I go there, management cannot be more helpful. They're approachable and supportive."
- Throughout the inspection we observed staff members seeking guidance and assurance from the management team who appeared at ease in approaching them. Guidance was readily given.
- There were clear pathways for staff to progress through the organisation. One care worker told us about how she was encouraged and supported to apply for a Nursing Associate apprenticeship. Staff were supported to undertake qualifications at levels three and five. Staff were also supported through opportunities for flexible working.
- The registered manager was clear on their roles and responsibilities and had taken steps to make improvements to the home and how it was run. Quality assurance systems in place were effective in reviewing areas of need and supported driving improvements across the home.

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

- The registered manager was keen to ensure people's views were gathered to improve the services wherever possible.

- A relative told us, "We have filled out questionnaires. Whatever we have asked for [the service] have done for my relative, we cannot fault them." Another relative said, "I have been asked to write my thoughts of how things are going. I'm regularly asked how things are going and if there is anything my relative needs. I believe [the service] take my views on board."
- A staff member said, "We [staff members] complete [a questionnaire], there is one online and one in reception. Every three or six months we have to do a survey which is confidential."
- Staff told us Meadbank Care Home was a great place to work and that this was because the team worked as one to deliver good care to the people they supported.

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; and Working in partnership with others

- The registered manager was clear about their responsibilities under the duty of candour and the importance of acknowledging and apologising when things went wrong.
- The registered manager placed great importance of working in partnership with stakeholders to drive improvements across the service. Records confirmed, guidance provided by healthcare professionals was implemented into the provision of care.