

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 effective?	Inspected but not rated
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Meadbank is a care home providing nursing and personal care to 112 older people at the time of our inspection. The service can support up to a maximum of 176 people. The premises are divided into five separate units, each of which has their own adapted facilities. Most people using the service are living with dementia.

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

People using the service and their relatives spoke positively about the care home and how they continued to improve.

At our last two consecutive inspections we found the provider had made good progress against all the breaches of regulations. The service has also shown continuous improvement in the way they managed risk, ensured the service was adequately staffed and operated their quality monitoring systems.

At this inspection we found the provider continued to improve the way they managed risks people might face, staffing levels, staff training and operated their governance systems. This demonstrated the provider could maintain this progress over a sustained period of time.

People were cared for and supported by staff who knew how to keep them safe while respecting their human rights. The care home was adequately staffed and staff received the right levels of up to date training they required to effectively meet people's needs. Managers had also significantly reduced the service's reliance on temporary agency staff. This meant people were now supported by staff who were familiar with their needs, wishes and daily routines.

In addition, the provider's governance systems continued to be effectively operated and there were systems in place to learn lessons when things went wrong to prevent similar incidents reoccurring.

Since our last inspection the provider has appointed a new manager who has recently applied to be registered with us.

However, further improvements were still needed to ensure the service was managed better. This was because we received mixed comments from staff about the new manager's leadership style. We discussed this mixed feedback from staff with the provider at the time of our inspection. They told us an action plan had already been agreed to improve how the new manager communicated with her staff team. Progress made by the new manager to achieve this stated aim will be assessed at their next inspection.

Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for their role. People continued to receive their medicines safely and as prescribed. The provider had effective systems in place to assess and respond to risks regarding infection prevention and control, including those

associated with COVID-19.

The new manager consulted people, their relatives and staff as part of their on-going programme of improving the service they provided. The provider continued to work in close partnership with other health and social care professionals and agencies to plan and deliver positive outcomes for people using the service.

Rating at last inspection and update.

The last rating for this service was requires improvement (published 25 May 2019), although there were no breaches of regulation identified at that time. At this inspection we found the provider continued to sustain the progress they had made at their previous two inspections. This report only covers our findings in relation to the key questions; Is the service safe, effective and well-led?

Why we inspected

This inspection was prompted in part due to concerns received about the leadership style of the new manager and to check service had sustained all the progress they had made at the time of our last inspection. A decision was made for us to inspect and examine the risks associated with all the issues described above.

The Care Quality Commission (CQC) has introduced focused/targeted inspections to check specific concerns.

We used the targeted inspection approach to look at a specific concern we had about staff training associated with the key question, is the service effective? As we only looked at part of this key question, we cannot change its rating from the previous inspection. Therefore, the rating for this key question will remain good.

We undertook a focused inspection approach to review the key questions, is the service safe and well-led? This was because we had specific concerns about the way risks were identified and managed, how the provider's governance systems were operated and the general management of the service.

As no concerns were identified in relation to the key questions, is the service caring and responsive? we did not inspect them on this occasion. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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).

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

Inspected but not rated

Details are in our effective findings below.

Inspected but not rated

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. As part of this inspection we also looked at the providers infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

#### Inspection team

Two inspectors, a specialist advisor and two Experts by Experience carried out this inspection. The lead inspector and specialist advisor visited the service and conducted an onsite inspection. The specialist advisor was a registered nurse who had experience of working with older people. The second inspector and both Experts by Experience worked remotely, telephoning people living at the care home, their relatives and staff who worked there. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of adult social care service.

#### Service and service type

Meadbank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (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 CQC at the time of our inspection, although the newly appointed manager had recently applied to be registered with us. The provider remains legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to make sure the care home's environment could be made as safe as possible for the people living there to speak with the visiting inspector and specialist advisor.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

### During the inspection

We spoke with six people using the service about their experiences of living at Meadbank care home and a visiting GP. We also spoke with various managers and staff who worked there, including the newly appointed manager, the former registered manager (now a regional director for this provider), six nurses, five health care workers, two activity coordinators, a maintenance person, an administrative assistant and a receptionist.

In addition, we looked at a range of records that included three people's care plans, six staff files in relation to their recruitment, training and supervision records, and multiple medicines administration record sheets.

### After the inspection

We spoke over the telephone with 19 people's relatives and three members of staff. We requested additional evidence to be sent to us after our inspection which included staff training records.

# 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 requires improvement. At this inspection this key question has improved and is now rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider had followed the action plan they had sent us and improved the way they identified and managed risks people using the service might face. This helped people stay safe.

At this inspection we found the provider had continued to improve the way they managed risk and had clearly demonstrated they could sustain progress they had made since our last inspection. This meant people were supported to stay safe while their rights were respected.

- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans we looked at included risk assessments associated with people's mobility, their environment, pain management, eating and drinking, skin integrity, management of medicines and behaviours that might challenge the service. A relative told us, "Staff know my [family member's] needs and the risks she faces, which they manage well." A second relative remarked, "If someone is unsteady on their feet staff are very quick to help them."
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. Staff were aware of the action they needed to take to minimise the risk of falls for people who liked to walk independently around the care home.
- There was clear guidance for staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities.

### Staffing and recruitment

- People were kept safe by receiving care and support from adequate numbers of staff whose 'suitability' and 'fitness' to work in a nursing home had been properly assessed.
- Staff were visibly present throughout the care home during our inspection. We observed staff on numerous occasions respond quickly to people's requests for assistance. People using the service, their relatives and staff told us the care home was adequately staffed. A relative remarked, "There is always someone [staff] on the unit we can talk too and they [staff] usually come fairly quickly when you call them." Another relative explained how staff were good at keeping a close eye on their family member who liked to walk independently and was identified as being at a high risk of falling.
- The new manager told us they had significantly reduced the number of agency staff the service now relied upon. This meant most of the staff now working in the care home were permanent and were familiar with the needs, wishes and daily routines of people living there. This was confirmed by a member of staff who said, "We have been short staffed in the past, but things have got better in the last couple of months because the new manager has recruited lots of new staff... We still use some agency staff, but less so

nowadays."

- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history and a health check, satisfactory character and/or references from previous employer/s, National Midwifery Council professional PIN registration numbers for qualified nurses, and a current Disclosure and Barring Services (DBS) criminal records check.

#### Using medicines safely

- Medicines systems were well-organised, and people told us they received their medicines as prescribed. A relative told us, "My [family member] always gets their medicines on time, as far as I am aware."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Nursing staff authorised to manage medicines followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed nurses received on-going management of medicines training and had their competency to continue doing so safely routinely assessed by their line manager.
- Managers and nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly.

#### Systems and processes to safeguard people from the risk of abuse

- People told us the care home was a safe place for them to live. A relative said, "I have every confidence in the professionalism of the staff here to keep my [family member] safe."
- The provider had effective safeguarding policies and procedures in place.
- Staff had completed up to date safeguarding adults training and knew how to recognise abuse and respond to it. One member of staff told us, "I would report any concerns I had to the management team and would not hesitate to tell the Local Authority safeguarding team and the CQC as well, if I felt nothing was being done."
- At the time of our inspection no safeguarding incidents were under investigation.

#### Preventing and controlling infection

- There were robust systems in place to assess and respond to risks regarding infection prevention and control, including those associated with Covid-19. We were assured that the provider was minimising the risk of visitors catching or spreading infections; was meeting shielding and social distancing rules; was promoting safety through the layout and hygiene practices of the premises; was using Personal Protective Equipment (PPE) effectively and safely; and, was accessing testing for people using the service and staff.
- For example, during our inspection we saw signage informing visitors of the infection control measures in place during the pandemic, individual temperatures were taken on entering the service and hand-wash was available. Hand sanitation dispensers were available throughout the home and staff had access to ample supplies of PPE, which we saw staff wore consistently. A relative told us, "They [staff] did the best they could in very difficult and challenging circumstances during the height of the pandemic. Some staff even stayed and lived in the care home, which was very impressive." A second relative remarked, "Staff always wear face masks and gloves and they and my [family member] get tested regularly for Covid."
- Staff confirmed that they had been given adequate supplies of PPE during the pandemic. One member of staff told us, "We all had our infection control training updated recently, which covered the new Covid-19 PPE and hand washing protocols. During the crisis we had enough masks, gloves, aprons, hand sanitizers and goggles when needed."



### Learning lessons when things go wrong

- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, following a number of medicines errors in the last 12 months the provider had reduced the risk of similar incidents occurring by improving the way nurses recorded and monitored medicines they handled on behalf of people using the service.

# 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 the last inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

We have not changed the rating of this key question, as we have only looked at the staff training part of the key question, which we had specific concerns about. We will assess all of the key question at the next inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection we found staff had received most of the training they needed to effectively carry out their roles and responsibilities, although there were gaps in some staff's knowledge about how to support people diagnosed with certain conditions. This included autism, diabetes and epilepsy. We discussed these training shortfalls with the registered manager at the time of our last inspection who acknowledged people would benefit from staff receiving awareness training in all the areas described above.

At this inspection we found the service had followed the action plan we had asked them to send us and improved the training staff received. This meant staff now had the right mix of knowledge, skills and experience to meet the nursing and personal care needs of everyone they supported.

- For example, staff who supported people with autism, diabetes and epilepsy had now completed relevant awareness training in all these areas. People told us staff were well-trained. A relative told us, "Staff come across as professional and seem very well-trained."
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was always on-going and relevant. One member of staff told us, "I am up to date with all my mandatory training, the managers make sure of that." A second member of staff remarked, "The training is very good here and has helped me understand the importance of my role and how to perform it well."
- Staff had sufficient opportunities to reflect on their working practices and professional development. Records showed staff received regular individual and group supervision meetings with their line managers and fellow peers, which included an annual work performance appraisal.

# 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 the last inspection this key question was rated requires improvement. At this inspection the rating for this key question had improved to good. This meant the service's management and leadership was consistent. Leaders and the culture they created did 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

People using the service and their relatives told us they were happy with the way the service was managed. However, we received very mixed comments from staff about the leadership style of the new manager. Some staff felt the new manager was approachable and friendly, while others did not like the way they communicated with them.

- We discussed this mixed feedback about the new manager's leadership approach with the provider at the time of our inspection. Senior managers told us they were already working closely with the new manager to look at ways to improve the working relationships she had with some staff and how she interacted with them. Progress made by the provider and new manager to achieve this stated aim will be assessed at their next inspection.

- The service does not have a registered manager, although we are aware the new manager has recently applied to be registered with us.

At our last inspection we found the provider had improved the way it managed the service and subsequently the outcomes for people living there. For example, the provider had taken appropriate action to ensure their quality and safety monitoring systems were operated more efficiently.

At this inspection we found the provider had continued to improve the way they operated their governance systems and demonstrated they could maintain the good progress they had made at their last inspection over a more sustained period of time.

- The quality and safety of the service people received continued to be routinely monitored by senior managers and nursing staff at both a provider and service level. For example, regional managers continued to carry out monthly audits of Meadbank, which the service manager would use to develop an action plan to improve outcomes for people living there. We saw the outcome of the service most recent regional manager audit was positive overall and appropriate action had already been taken by the new manager to address all the outstanding issues identified in their last regional review.

- The manager told us they were involved in regular quality monitoring checks at the care home, which included daily tours of the building to speak with and observe staffs working practices on the various units. For example, regular checks had now been introduced to observe people's mealtime experiences. Other audits that were routinely conducted at the service included those on medicines management, infection control, care plans and risk assessment, health and safety, call bell response times and staff training and supervision. A relative told us, "The last manager tightened up lots of the quality assurance systems here, which really helped improve the home."

- It was clear from comments we received from managers and senior staff they recognised the importance of continued monitoring of the quality of the standard of care people living at the service received. The new manager told us they used these on-going checks to identify issues, learn lessons and implement action plans to improve the service they provided.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the service's last CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people of our judgments.
- The new manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider engaged and involved people using the service, their relatives and staff in the running of the service. Relatives told us they had found the weekly video calls the service had introduced to enable them to remain in contact with their loved ones had proven invaluable during the pandemic after restrictions were placed on family and friends visiting the care home.
- Records showed people could express their views about the service their family members received through regular telephone and video call contact and a 'customer' satisfaction survey conducted annually by an external body. The results of the service's most recent satisfaction survey carried out at the end of 2019 indicated most people were happy with the standard of care and support they or their loved one had received at Meadbank in the previous 12 months.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during individual meetings with their line manager and group meetings with their fellow co-workers. One member of staff told us, "The managers do listen to us and ask us what changes we think are needed to improve the home." A second member of staff remarked, "We have regular team meetings, which is when I like to share my views about Meadbank...I do feel the managers are listening to us."

Working in partnership with others

- The provider worked in close partnership with various external agencies, including GP's, the local authority and clinical commissioning groups (CCG).
- Managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. For example. the manager told us how they had worked closely with GP's from a local surgery in the last six months to deal with the Covid-19 pandemic.