

Dignity Care UK Limited

# Meadows Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Meadows Court Care Home is a residential care home providing personal and nursing care to 10 people aged 65 and over at the time of the inspection. The service can support up to 22 people. Meadows Court Care Home are registered to provide care to people in their own homes, living in the community. However, the service was not providing this type of care at the time of the inspection.

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

Risks relating to people's care had been identified and risk assessments had been implemented to mitigate any identified risk. However further detail was needed in these assessments to ensure staff had clear guidance. Whilst accidents and incidents were reviewed, there was still no formal analysis of these.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff were recruited safely and there were enough staff to meet people's needs. Medicine practices had improved since the last inspection, and people received their prescribed medicines by trained and competent staff. Measures were in place to reduce the risk of infection to people. Staff had received safeguarding training and understood their responsibilities to keep people safe.

There was a clear structure in place relating to quality assurance. Audits took place and identified areas of improvement. Action had been taken or was planned to improve these areas. The manager and provider had good oversight of the service. However, they did not have a good knowledge of the duty of candour and how this was used in practice. Staff told us they felt the service had improved since the last inspection and were optimistic about the future at the service.

There was a pre-admission assessment which took place prior to admission. This needed to be embedded and used consistently. Staff received training. People were supported to eat and drink safely, in line with their preferences.

The provider's developments of the environment were on going and there were plans in place to resolve outstanding works. Staff worked with other agencies to promote effective care for people.

People were supported to maintain their independence by doing things for themselves. Staff interacted positively with people and knew them well. People felt at home and staff supported them well.

Care plans had improved and provided information to staff on how to support people. The service was able to meet a variety of people's communication needs and the registered manager knew how to source

different resources to meet people's needs. Activities in the service required improvement. However, there was a plan to develop this further. There had been no complaints about the service. However, the provider had a policy and the manager understood their responsibilities around this.

#### Rating at last inspection (and update)

The last rating for this service was inadequate (last report published 12 February 2021) and there were breaches of regulation found. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

This service has been in Special Measures since December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

#### 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.

## 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.

**Requires Improvement** ●

### Is the service effective?

This service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Meadows Court 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 Care Act 2014.

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 conducted by two inspectors.

#### Service and service type

Meadows Court 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

This inspection was 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 reviewed the information which the provider sends us monthly, in line with the conditions of their registration. 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior carer, care workers and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 inadequate. At this inspection this key question has now improved 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.

At the last inspection, the provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and was no longer in breach. However, further improvement was required to ensure action taken was sustained.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection we identified concerns relating to the providers risk management. During this inspection, we found there had been improvement and risks associated with people's care had been identified and mitigated.
- There was information and guidance available to staff to enable them to support people safely and reduce the risk of harm. For example, where someone was unable to reposition themselves in bed to maintain healthy skin. Staff supported them to reposition regularly to relieve any pressure on their skin.
- Where people had experienced frequent falls, assistive technology was in place. Sensor mats were used to alert staff that some people were mobilising and required support to do so. This reduced the risk of people falling.
- Whist accidents and incidents were reviewed by the registered manager, there was no formal analysis to identify potential themes and trends. However, we found there was no impact to people's safety.

We recommend the provider sources support to establish a tool which can be used to formally analyse themes and trends of accidents and incidents to reduce risk of reoccurrence.

Using medicines safely

- At the last inspection we found medicines were not managed safely and in line with best practice guidelines. However, during this inspection, we found practices had improved and people received a safer administration of prescribed medicines.
- Medicine Administration Records (MAR) were completed and where medicines had not been administered, there was an improvement on recording of the reason why. However, further improvement was required to ensure all non-administrations were accounted for and action taken was detailed where multiple non-administrations were documented.
- People received their prescribed medicines by trained and competent staff. Regular medicine audits were completed which identified areas of improvement and action was taken to resolve this.
- Where people were prescribed 'as needed' medicines, information and guidance was available for staff on the potential circumstances of the administration of these medicines.
- Medicine records, care plans and medicine information sheets contained correct and accurate personal

information about people.

### Preventing and controlling infection

- At our last inspection, we identified significant concerns relating to infection control practices. During this inspection, we found improvements had been made. Measures were in place to protect people from the spread of infections. All staff wore Personal Protective Equipment (PPE) in line with national guidance.
- Cleaning schedules were consistently completed and there were plentiful PPE and hand sanitising stations around the service. Staff encouraged social distancing were possible to maintain.
- All staff received training relating to COVID-19, hand hygiene and infection control.
- There was a strict regime when a visitor entered the service. They were required to have their temperatures taken, sign in the visitors' book then escorted to the donning and doffing room where there were hand washing facilities and PPE. A COVID-19 test was then taken to ensure the visitor did not have the virus. We observed this process taking place throughout the inspection.
- 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.

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

- Staff had received safeguarding training and understood their responsibilities to keep people safe. Staff were confident to report potential concerns and knew how to escalate these concerns if required.
- People told us they felt safe using the service. One person said, "Yes, its home, I feel safe."

### Staffing and recruitment

- The registered provider continued to ensure that staff had received appropriate pre-employment checks prior to commencing their employment. This was to ensure suitability of staff to work with people living in the service.
- There were enough staff to meet people's needs. We observed staff supporting people well and in a positive way.



# 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 requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Act 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's capacity had been considered when it came to supporting people with their care when care plans were written. However, mental capacity assessments had not been completed relating to specific decisions and best interest decisions had not been recorded comprehensively.
- We discussed this with the registered manager who told us they would review the current mental capacity assessments in place and ensure they are completed in line with The Mental Capacity Act. The provider worked closely with a care consultant who would also provide support in completing this.
- People had DoLS in place which were reviewed and re-applied for as required.

We recommend the provider and registered manager source support, advice and guidance regarding mental capacity assessments to ensure they are in line with the principles of The Mental Capacity Act 2005 (MCA).

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

- There was a pre-admission needs assessment which was recently implemented. This was to ensure the service could meet the needs of people before admitting them.
- Risk assessments were incorporated in the pre-admissions needs assessment, which assisted the registered manager to identify and mitigate risks associate with people's care.
- A 'mini-care plan' had also been developed to ensure when a person is admitted to the service, staff had guidance and information available on how they can support the person.
- We discussed the pre-admission assessment during the inspection and informed the provider that people's needs needed robustly assessing prior to admission to the service

We recommend the provider and registered manager continue to use the comprehensive pre-admission needs assessment, risk assessments and mini care plans to ensure they can meet a person needs before they are admitted to the service.

Staff support: induction, training, skills and experience

- Staff received training as part of their role. This included topics such as; moving and handling, MCA, DoLS and care planning.
- Staff told us they felt supported by both the provider and registered manager. One staff member commented, "Yes, I am supported, they are great."
- As a result of recent improvements made in the service, staff told us they had learned and knew more about certain areas. For example; medicines.

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

- People were supported to maintain a balanced diet.
- One person was at risk of choking due to a health condition and required a modified diet and thickened fluids. Information was available for staff to enable them to provide the prescribed modified diet and how to achieve the correct consistency with the thickened fluids using thickening power.
- Staff who worked in the kitchen had a good oversight of what diets people were prescribed or preferred. The cook provided meal options for people, however, told us people can request alternatives should they not want an option from the menu.

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

- Staff worked with other agencies to promote timely care for people. This included working in partnership with district nurses and doctors.
- The cook told us as part of the menu options, the service offered a healthier option to promote healthy eating. However, people had the choice of which meals they would like.

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

- There were areas of the service which required updating and repairing. However, the provider was already aware of this and had a plan in place to resolve outstanding works. A new maintenance person had been appointed who had started decorating areas deemed to be a priority.
- People were encouraged to make their rooms their own. This included bringing in their personal items from their own home.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- People told us staff were caring and knew them well. One person said, "Yes, the staff look after us well."
- We observed positive interactions between staff and people.
- People appeared to be engaged when staff supported them and responded positively.
- We spoke to the registered manager about equality and diversity and had they had knowledge of characteristics which would be considered under The Equality Act. They told us, "Everyone is different, and all deserve the right to good care. This is their home and we ensure people are treated respectfully."

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices in their daily care. For example, meals. The cook told us if people don't want what is on the menu, they will go and talk to them to find out what they like.
- In care plans, people's preferences had been sought and recorded.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. We observed this during inspection, for example, staff knocking on bedroom doors before entering.
- Where required, people were supported to wear clothes protectors during their meals and staff supported them respectfully to do this.
- During our inspection, we observed staff encouraging people to do things for themselves and maintain their independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 the last inspection we found people's care plans did not contain consistent and adequate guidance and information for staff to support people. However, at this inspection we found improvements had been made.
- People had care plans in place which provided information for staff on how to support people safely and how people preferred. One person's care plan stated the person is cared for in bed and likes to have the radio on during the day. We observed this taking place during our inspection.
- Where people required the support of assistive technology and additional equipment, this was detailed in their care plans. We observed people using the equipment stipulated in their care plans. For example; mobility aids, pressure relieving equipment and sensor mats.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood, and had knowledge of, a variety of resources available, if needed, to support people to communicate. For example, braille, large print and information in different languages.
- One person had limited verbal communication. Whilst this was improving with support from staff, picture cards were available to ensure the person could express themselves in different ways.
- Another person had a diagnosis of a cognitive impairment and had limited verbal communication. In the person's care plan, it detailed information for staff on how the person used facial expressions and touch to express themselves.

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

- Activities was an area which required improvement in the service. This had already been identified by the registered manager and provider, who had a plan in place to recruit an activities co-ordinator and purchase equipment to support people to engage with activities.
- Staff told us about the engagement sessions they currently do with people, which included; domino's, nail painting and art.
- One person had a picture of a dog on their bedroom door, this was to prompt the person that it was their bedroom. The person told us, "I like dogs, I had them when I was at home. It is such a nice picture isn't it."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Whilst there had been no recent complaints, the registered manager had a good knowledge of their responsibilities relating to handling and responding to complaints.

#### End of life care and support

- People had care plans in place relating to the end of their life. These contained information on how they wanted to be supported at this time.
- Where people were reaching the end of their life, staff worked with doctors and district nurses to ensure they had appropriate medicines in place to reduce the person experiences pain and discomfort. These were stored and monitored safely.

# 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 as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection, the provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and was no longer in breach. However, further improvement was required to ensure action taken was sustained.

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

- At the last inspection we identified there were ineffective systems and processes to identify shortfalls and monitor quality in the service. During this inspection, we found there had been an improvement.
- There was a clear quality assurance and auditing programme in place. Shortfalls had been identified and action had been taken, or planned, to resolve this. Such as; continued development of the environment. The systems in place required further embedding in the service.
- Both the manager and provider had a good oversight of the service and openly spoke about the need for further improvement and sustainability. The registered manager was passionate about ensuring there was continual improvement at the service.

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

- The registered manager and provider did not have a full understanding of the duty of candour. Following our feedback, we asked them to review the duty of candour and establish a strategy of how this would be implemented in practice. However, the registered manager told us they understood it was important to be open and honest.

We recommend the provider and registered manager sources information and training relating to the duty of candour, to ensure their knowledge is up to date and can be used in practice.

- Staff told us there had been multiple improvements since the last inspection. One staff member said, "Things are loads better now, I know more now. We have learned so much. Everything is in more detail and thorough." Another staff member commented, "Everything has changed since the last inspection, its more positive, definitely. [Name of registered manager] has developed."

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

- There was a supervision schedule in place to ensure staff received regular supervisions. A staff meeting had taken place since the last inspection where staff were encouraged to engage and give their feedback.
- In the entrance of the service, there were feedback cards for visitors to complete to share their experience.
- Staff, relatives and people were given the opportunity to share their feedback in the form of surveys. The registered manager told us they would use feedback to drive further improvements in the service.

Working in partnership with others

- The service had worked closely with a care consultant who supported them to make improvements. The registered manager told us they found them to be supportive and had a better knowledge of certain things.
- The service worked with healthcare professionals to ensure people had access to medical support.