

Coseley Systems Limited

# Meadow Lodge Care Home

## Inspection report

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10 February 2021

11 February 2021

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30 April 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Meadow Lodge is a care home providing accommodation and personal care people for younger adults and people aged 65 and over. At the time of the inspection 11 people were living at the home. The service can support up to 22 people.

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

The provider has a poor history of meeting the regulation. When improvements are made, they are not always sustained. The provider had a quality monitoring system in place, this was not always effective. Issues were identified and not acted on in a timely way or the system did not identify the issues.

The environment was not always maintained in a way that ensured people's safety. Infection control practices were in place but not consistently effective. The management of risk's to people was not always effective and placed people at risk of potential harm.

Medication was not always stored or managed safely. People's care records were not always detailed, accurate and kept up to date.

Staff knew how to report concerns of abuse and there was enough staff to respond to people's request for care. However, not all staff felt the service was well managed.

People told us they were happy with their care and felt safe living at Meadow Lodge.

### Rating at last inspection and update.

The last rating for this service was Requires Improvement (Published on 12 November 2019).

### Why we inspected

The inspection was prompted due to concerns about poor infection prevention and control (IPC) and whistleblowing concerns including concerns about the management of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. We only looked at safe and well led during this inspection. We did not look at the key questions of effective, caring and responsive. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains as Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow Lodge care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches in relation to safe care, premises and good governance. Full information about CQC's regulatory response to the more serious concerns found during inspections are added to reports after any representations and appeals have been concluded.

Please see the action we told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Meadow Lodge 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 carried out by two inspectors and an assistant inspector, who visited the home on the 10 February 2021. One inspector returned on 11 February 2021 to continue the inspection.

#### Service and service type

Meadow Lodge 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 (CQC) at the time of this inspection. 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

We gave short notice and contacted the service the day before we visited. This was because the service had a recent Covid 19 outbreak and we needed to ensure arrangements were in place to assist us with our inspection.

#### What we did before inspection

We reviewed information we had received about the service since our last inspection. We sought feedback

from the local authority. We did not ask for a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with nine staff including the registered manager, deputy manager, senior care staff, care staff, cook and domestic staff. We also spoke with the registered provider and two health care professionals. We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment. We also looked at medication records and checks and audits that related to the management and quality assurance of the service.

#### After the inspection

We looked at additional records sent to us by the provider. This included the recruitment policy, staff training records and staff rotas.

# 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 remained the same. 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.

Assessing risk, safety monitoring and management; Using medicines safely;  
Preventing and controlling infection

- Risks to people had not been appropriately managed. Risks in relation to supporting a person to move safely had been identified, but care records did not detail how staff should support the person with these needs and how any potential risks would be managed. There was no general or individual moving and handling risk assessment in place to look at the equipment needed and the specific moving and handling needs of the person.
- There was no process in place to assess staff competency in supporting people with their moving and handling needs.
- Risks in relation to the use of a specialist bed and bedrails had not been assessed. There was no assessment of the risk of falling from the bed, if the bed rails were appropriate or the person's views on the use of bedrails had been taken into account.
- Risks identified upon admission in relation to a person leaving the home unaccompanied were not assessed and preventive measures were not put in place until after an incident had taken place.
- There was no risk assessments in place to guide staff on how to support people with managing specific risks in relation to their care needs. For example, where a person refused personal care or had anxiety.
- A person's medicine prescribed to be given on an 'as required basis' (PRN) records showed it had been given almost daily for several weeks. There was no PRN protocol or risk assessment in place to guide staff on how the person would be supported to take their medicine's safely and no guidance about how usage would be monitored.
- One person was prescribed a medicine that needed to be taken in a specific way and there were associated risks in relation to taking the medicine. Some staff knew some of the risks. However, there was no guidance to inform staff about how they supported the person to manage the risks.
- Some people stored medication stocks in their bedroom (creams and prescribed drinks) there was no risk assessment in place to ensure risk to the person and other people living in the home had been assessed.
- Some medicines were not dated when opened, so it was unclear if they were still within the recommended time to remain effective.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Chairs in the lounges were not socially distanced and no changes had been made to communal areas to reduce the risk of infection. We found light pull chords that were dirty, a touch point that could spread infection. We also found damaged and ripped lino floor covering, two damaged mattresses, stained quilt and pillows and mould in one of the ground floor bathrooms

Systems in place for the management of risk had not been effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were somewhat assured that the provider was meeting shielding and social distancing rules. We observed a person using the bathroom which was allocated to a person who had returned from hospital and was isolating. The protocol was to keep the bathroom locked so only the isolating person had sole use of it to minimise the spread of infection, this was not followed by a staff member and the registered manager took immediate action.
- The provider took action during the inspection to separate furniture in both lounges to promote social distancing.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider's policy for infection control does not refer to COVID-19. The provider's PPE policy refers to COVID-19 and the procedures to follow which are in line with current government guidance in relation to the correct PPE to use.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Prior to our inspection there had been concerns raised by health care professionals. These included concerns about staffing levels, people locked in their bedrooms, poor care, unclean bedrooms.
- We discussed the locking of bedroom doors with the provider. The provider explained to us privacy locks were on all bedrooms and some people had requested a key to their room and this had been provided.
- Meetings had been held with health care professional and the registered manager to discuss the outcome of safeguarding's and where improvements were needed. A recommendation by healthcare professionals to promote people's privacy in shared bedrooms by providing privacy screens had not been actioned.
- Staff told us they had received safeguarding training. Staff confirmed their understanding of protecting people from poor care or harm and said they would report any safeguarding concerns to the registered manager.
- One person told us, "I do feel safe living here. I get on okay with the other residents." Another person told us, "I feel safe living here, I have lived here a while and I am happy with things. I like spending time in my own room."

Staffing and recruitment

- The provider's recruitment practice had not always been robust. A staff member had worked in a care setting previously and prior to appointing the staff member, they had not requested information from the most recent employer to confirm satisfactory evidence of conduct and reason for the ending of their employment.
- Gaps in employment history for another staff member had not been explored.
- Other safety checks on staff including Disclosure and Barring Service (DBS) checks had been carried out. These are checks to ensure staff are suitable to work with people.
- People told us they received the support they needed from staff. One person told us, "The staff are very good, and I get the help I need."
- Staff told us there was enough staff to meet people's needs. Staffing levels had been reduced as

occupancy levels were down. A staff member told us. "There is no concern with staffing levels, they have decreased, we have less people, they are fine."

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider has a poor history of meeting the regulations. Over nine inspections since 2014 the regulations have only been met at one inspection in August 2018. At our last inspection on the 12 September 2019 we found a breach of regulation 17 and regulation 10. The history of the service shows when improvements have been made, the provider has been unable to sustain them. The provider has demonstrated a reactive approach to meeting the regulations and has failed to sustain and build on improvements made. This places people at risk of harm.
- There was a governance system in place, but this was not effective and had not identified the concerns we found.
- Systems had failed to identify the risk assessment process to assess, monitor and mitigate risk to people were not effective. Risks to people's safety had either been identified and not monitored or the system in place had failed to identify the risk. For example, risks in relation to supporting people to move safely and the use of moving and handling equipment had not been assessed.
- Systems had failed to ensure a thorough pre-admission assessment process was in place. The pre-assessment document lacked detail about people's assessed needs. When risks were highlighted through the assessment process the registered manager had failed to put plans in place to mitigate the risk. For example, risk of a person leaving the home unaccompanied.
- Audits had failed to identify that accurate records relating to people's care were not always maintained to ensure staff had access to consistent and accurate information about people's support needs. For example, there was conflicting information about a person's appetite on a waterlow assessment, to assess their skin integrity and the nutritional assessment. A personal emergency evacuation plan (PEEP) to guide on evacuation in the event of a fire had not been updated with significant changes in a person's mobility needs. A number of care records had incomplete dates. For example, some reviews of people's care and weight records had the month of completion and no date recorded which would impact negatively on the monitoring of people.
- Systems in place for the management of effective infection control were not always effective and had not identified the concerns we found during our inspection.
- Systems in place to ensure medicines were administered safely and in line with guidance were not always effective and had not identified the concerns we found during our inspection.
- Systems failed to identify the registered providers recruitment policy and procedure was not always effective.

Systems were either not in place or not robust enough to demonstrate the provider had maintained effective management oversight of the quality and safety of the service. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failure to have an effective risk assessment process to assess, monitor and mitigate risk to service users and others

- Audits for health and safety and infection control were not always effective and failed to identify concerns that posed a risk to people's safety.
- Audits looked at for January 2021 had not identified most of the concerns we identified. They had not identified torn bedroom floor coverings and soiled and worn bedlinen.
- Audits had identified some broken items of furniture in a person's bedroom on 01 January 2021, these remained outstanding at the time of the inspection.
- The provider had failed to provide the appropriate sized sling for a person who required support to move safely.
- There were trailing wires and trip hazards in a person's bedroom.
- The ground floor bathroom had a large area of damp and mould.
- The first floor bathroom, had a raised uneven area at the entrance which posed as a trip hazard and no action had been taken to address this or identify the risk.
- The first floor bathroom had partly uncovered hot pipes.
- The ventilation system in the resident's smoke room failed to prevent smoke smells spreading into the dining area and lounge. This exposed people, staff and visitors to risks associated with cigarette smoke.

Systems in place for the oversight of the premises and equipment were not effective. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were given opportunity to feedback on the quality of the care provided. This took place via questionnaires. We saw people had been asked to complete a survey in December 2020. One person raised concern about the quality of food, another person raised concern that clothing items had gone missing and another person raised that staff did not say hello to people. The registered manager had put an action plan in place to address these issues.
- Staff gave mixed feedback about the registered manager and management of the service. Some staff felt the registered manager was approachable, other staff did not. Some staff told us the registered manager was not easy to approach and at times would shout at staff and people living at the service. We shared this information with the provider and the registered manager. They advised that people's well being was their priority and some staff had not carried out their role as required and they would be spoken to about this.

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; Working in partnership with others

- The provider and registered manager told us they understood their responsibility to be open and honest when things go wrong.
- We spoke with the registered manager and provider about how they captured the information from complaints and safeguarding's made in recent months about the service from visiting healthcare professionals. The system in place for monitoring concerns and complaints recorded that none had been received, as none had been made directly through their own complaint process. They agreed going forward that information from other sources would be captured into their monitoring process and they would reflect

any learning that had been made, from these.

- The service worked in partnership with other professionals and agencies, such as social workers, district nurses and the local authority. We were informed shortly after our inspection that healthcare professionals would be providing some intensive support to the service in March 2021 to improve outcomes for people living at the service.
- The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  System in place for the management of risk were not effective.

### The enforcement action we took:

Impose a condition for regulation 17 incorporate the failing of regulation 12

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Impose a condition for regulation 17 incorporate the failing of regulation 12

### The enforcement action we took:

Impose a condition for regulation 17 incorporate the failing of regulation 15

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  System in place for good governance was not effective

### The enforcement action we took:

Impose a condition for regulation 17 incorporate the failing of regulation 12 and 15