

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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Meadbank Care Home was providing nursing and personal care to 146 older people at the time of our inspection. The service can support up to a maximum of 176 people. The care home accommodates people across five separate units, each with their own adapted facilities. Approximately half the people staying at the care home are living with dementia.

### People's experience of using this service

At our last inspection we found the way the service was managed needed to be improved. This was due in part because we received mixed comments from staff about the leadership approach of the manager who was in charge at the time.

At this inspection we found progress had been made by the provider to improve how the care home was now managed. For example, a new suitably competent and experienced permanent manager was appointed in February 2021 who had applied to be registered with us at the time of our inspection. Furthermore, three qualified nurses had recently been employed to fill the vacant unit managers' positions. Plans had also been agreed to re-register Meadbank Care Home by the end of 2021 to create two smaller services, which should be easier to manage. Progress made by the provider to achieve this stated aim will be closely monitored by the Care Quality Commission (CQC).

People received care and support from staff who were now suitably trained to effectively carry out their working roles and responsibilities. However, formal appraisals of staffs overall work performance are overdue and will need to be completed. We discussed this staff support issue with the new manager at the time of our inspection who assured us a time specific action plan was in place for all staff to have their annual work appraised within the next three months.

The provider had failed to notify us about one incident involving a person who had lived at the care home which had resulted in them being seriously injured. We discussed this notification failure with the new manager who understood their responsibilities with regard to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

The provider had well-established governance systems in place to assess and monitor the quality and safety of the care people received however; we found these processes were not always operated effectively. This is because they had failed to pick up and/or take action to address the aforementioned issues we identified during our inspection. We discussed this matter with the managers who agreed to take appropriate action to improve the effectiveness of their governance systems.

Most people told us they were satisfied with the standard of care and support they or their loved one received at Meadbank Care Home however, we found evidence during our inspection that the provider needed to make improvements.

The service had effective safeguarding systems and procedures in place to keep people safe from the risk of abuse and neglect. People were cared for and supported by staff who knew how to manage risks they might face. People were supported by sufficient numbers of staff whose suitability and fitness to work in an adult social care setting had been properly assessed. Medicines systems were safe and people received their prescribed medicines as and when they should. We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19.

People were supported to access to the relevant community health care professionals and services as and when required. The care home worked well with these community professionals and other agencies to provide effective care and support.

People received care and support from managers and staff who were clear about their roles and responsibilities. The new permanent service manager recognised the importance of learning lessons when things went wrong and were keen to continuously improve the care home. The views of people who lived at the care home, their relatives and staff, were sought by the provider, which now operated an open and inclusive culture at the care home.

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 5 October 2020). The overall rating for the service remains good.

Why we inspected

This inspection was prompted in part due to concerns we had received in relation to an increase in the number of safeguarding alerts raised about Meadbank Care Home during 2021, and the high turnover of managers. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

In addition, areas of specific concern were identified in relation to people accessing the relevant community health care professionals and services in a timely manner, which we looked at under the key question of effective. The CQC have introduced targeted inspections to check this which does not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We did not inspect the key questions of caring and responsive. Ratings from 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.

## 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 provider's 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 (SpA) and two Experts by Experience carried out this inspection. The SpA is a registered nurse with experience of working with older people living with dementia. The Experts by Experience were people who had personal experience of using or caring for someone who uses this type of 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, although a new manager had been appointed and has applied to be registered with us. This will ensure someone is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This two-day inspection was unannounced on the first day.

#### 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 received email feedback about the care home from six community health and social care professionals we contacted including, a GP, a local authority commissioning/quality assurance officer, three nurses including, two tissue viability nurses, and a social worker. We also received email feedback from the nominated individual about future registration and management plans for the care home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### During the inspection

We spoke in-person with 12 people who lived at the care home, a visiting relative and various managers and staff who worked there including, the service's new manager, the regional manager, three unit managers, six nurses, six health care workers and a maintenance supervisor.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records that included seven people's care plans, eight staff files in relation to their recruitment, training and supervision, and multiple medicines administration record sheets. A variety of other records relating to the management and governance of the service, including policies and procedures were also read.

#### After the inspection

After the site visit, the Experts by Experience worked remotely to make telephone contact with the relatives of 16 people who lived at the care home to gather their views about the standard of care and support their loved ones received there.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to notifications they have a legal responsibility to send us and staff training.

# 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems and procedures in place to keep people safe.
- People told us they felt they or their loved one was safe living at the care home. A relative said, "As far as I'm aware, my [family member] is perfectly safe at Meadbank. I feel confident about their safety and care."
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. The provider had clear safeguarding and staff whistle blowing policies and procedures in place and staff had received up to date safeguarding adults training. Staff knew how to recognise abuse and respond to it. A member of staff said, "I attended my safeguarding refresher training recently and I know I must not hesitate to report any abuse I might see at the care home."
- The service has experienced a higher than expected number of safeguarding incidents during 2021. Most of these safeguarding alerts remain open and under investigation.

Assessing risk, safety monitoring and management

- People were supported to stay safe and risks they might face were appropriately assessed, monitored and managed.
- People's care plans contained risk assessments and management plans. These risk assessments and management plans provided staff with clear guidance about the actions they needed to take to prevent or manage identified risks and hazards people might face.
- Staff demonstrated they understood these identified risks and the support they required to mitigate or minimise those risks. For example, it was evident staff were routinely repositioning a person at risk of developing pressure ulcers to mitigate this in accordance with their care plan and guidance provided by a community tissue viability nurse.
- People told us they were confident staff knew how to keep them or their loved one safe and manage risks they were assessed as facing. For example, one relative said, "I think staff are fully aware of risks my [family member] faces and clearly know how to manage them and keep her safe."
- 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.
- The premises and equipment staff used in the care home was routinely checked by the relevant professionals to ensure they remained safe and fit for purpose, such as mobility hoists, bed rails, the service's electrical wiring, gas installations, and fire safety equipment.

Staffing and recruitment

- The service was adequately staffed by people whose suitability and fitness to work in an adult social care

setting had been properly assessed.

- Staff were visibly present throughout the care home during our inspection. We observed staff respond quickly to people's requests for assistance. People told us the units were adequately staffed. A community professional remarked, "The service has a lot of new nursing staff and has successfully filled their three unit manager vacancies recently, which should really help them improve the care home."
- The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs.
- Staff underwent robust pre-employment checks to ensure their suitability for the role. Staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

#### Using medicines safely

- Medicines systems were well-organised, and people told us they received their prescribed medicines as and when they should. A relative said, "My [family member] definitely gets their medicines on time."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included a risk assessment in relation to an individual's willingness and ability to safely manage their prescribed medicines.
- Staff authorised to manage medicines followed clear protocols for the safe receipt, storage, administration and disposal of medicines. For example, at this inspection we found no gaps or omissions on any of the medicines records we looked at.
- Staff authorised to handle medicines received on-going management of medicines training and had their competency to continue doing so safely, routinely assessed by managers and nursing staff.
- 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.

#### Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. Feedback we received from people about how the provider had managed the COVID-19 crisis was positive. For example, a community professional told us, "I felt the home performed brilliantly during the COVID-19 pandemic. Staff continued to care for our patients who lived at Meadbank extremely well in very challenging circumstances."
- Staff used personal protective equipment (PPE) correctly and in accordance with current IPC guidance. Managers and nursing staff routinely checked staff were wearing their PPE safely during regular walkabout tours of the building.
- Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.
- The premises continued to be kept hygienically clean. Each unit had designated housekeepers responsible for implementing a rolling program of cleaning high touch surfaces, such as light switches, grab rails and door handles.
- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived or worked at there was routinely tested for COVID-19.

#### Learning lessons when things go wrong

- The provider had effective systems in place to record and investigate any accidents and incidents, which included a process to identify any lessons to be learnt which they used to try and improve quality and safety. The new manager gave us an example of how they had improved medicines management safety following a



number of medicines errors by introducing better quality monitoring of staff's medicines handling practices and staff training. This had help minimise the risk of similar medicines errors reoccurring Internal audits of medicines indicated staff's medicines management had significantly improved in recent months.

# 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 part about the training and support staff received, 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

- People received care from staff who had received training and support that was relevant to their working roles and responsibilities. The new manager told us they had identified a number of shortfalls in the training staff should have received, but had taken action to address this issue. For example, staff who did not have up to date training in safeguarding adults, fire safety and control of substances hazardous to health (COSHH) had now completed the relevant online courses. In addition, where gaps were found in staff's clinical knowledge the new manager ensured these staff have now updated their safe management of medicines, end of life care, falls prevention, diabetes, skin integrity and epilepsy awareness training.
- People told us the training staff received at the care home had improved under the leadership of the new manager. For example, one relative said, "They [staff] seem to know what they are doing and the new manager seems to have gone out of his way since he came here to ensure staff were properly trained."
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was now being routinely refreshed to ensure it remained relevant.
- Staff now had more opportunities to reflect on their working practices and professional development through individual and group supervision meetings with their line manager and fellow co-workers. The new manager acknowledged staff had not had any formal recorded supervision meetings with their line manager or peers since the end of 2020/beginning of 2021 when the previous manager was in charge of the care home, but action was being taken to address this issue. For example, records showed all staff have now attended a formal one-to-one supervision meeting with their line manager in the last three months.
- However, formal appraisals of staffs overall work performance are overdue and will need to be completed.

We discussed this staff support issue with the new manager at the time of our inspection who assured us a time specific action plan was in place for all staff to have their annual work appraised within the next three months. Progress made by the provider to achieve this will be closely monitored by the CQC.

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

- People were supported to access to the relevant health care services and support as and when required.
- Community health care professionals told us the nursing staff at the care home worked closely with them

to routinely monitor the changing health care needs of the people they supported. For example, one health care professional told us, "Meadbank staff are very good at communicating with us and assessing our patients in a timely manner". A second community professional remarked, "The nurses are very good at making timely pressure ulcer referrals to our team for input. Any advice given is usually quickly actioned by the home and if they have any questions or need a review they are prompt to get in touch with us."

- People's care plans detailed their health care needs and conditions, and how staff should manage them.
- The provider had effective systems in place to monitor people's health care. This included for example, daily GP visits and meetings held between managers and nursing staff to discuss any changes to people's health care condition. A unit manager told us, "The GP comes every day so the nurse in charge of a particular unit can keep them informed about people's health, especially if its deteriorated. We have a is good working relationship with the local GP surgery."

# 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 good. At this inspection this key question has now deteriorated 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.

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

- The new manager understood their responsibilities with regard to the Health and Social Care Act 2008 and what they needed to notify us about without delay. The provider now notified us in a timely manner about all the incidents they should which had adversely affected the health, safety and wellbeing of people living at the care home.
- However, the service's former manager had failed to notify us about one incident involving a person who had lived at the care home which had resulted in them being seriously injured.

We discussed this notification issue with the new manager who acknowledged the failing and assured us they had already taken appropriate to improve the services reporting systems to minimise the risk of a similar error reoccurring. A community health care professional told us, "The new manager is doing a much better job of reporting concerns, and although more issues are being raised, at least they are getting reported and actioned now."

- The provider did not always operate its well-established governance systems effectively. This was because these oversight and scrutiny processes had failed to pick up and/or take prompt enough action to address all the issues we identified at this inspection. For example, we found staff's work performance had not been appraised and we had not been notified in a timely way about a serious injury sustained by a person living at the care home who had an unwitnessed fall.

We discussed these oversight issues with the managers who agreed to take appropriate action to improve the effectiveness of their governance systems.

- It was evident from the comments and action taken thus far by the new manager they recognised the importance of continuous learning and were keen to improve the service.
- The new 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 staff's 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 assessments, health and safety, call bell response times and staff training and supervision.

- The new manager also told us they routinely analysed the audits described above to identify issues, learn lessons and implement action plans to improve the service they provided people living at the care home.

At our last inspection we found the way the service was managed needed to be improved. This was due in part because we received mixed comments from staff about the leadership approach of the manager who was in charge at the time. At this inspection we found progress had been made by the provider to improve how the care home was now managed.

At this inspection we found the way the care home was managed had improved following the appointment of a new permanent manager in February 2021.

- The new manager has applied to be registered with us.
- We received only positive feedback from people living at the care home, relatives, community health and social care professionals and staff about the leadership approach of the new permanent manager. For example, one relative told us, "BUPA have struggled to keep good managers here, which has been very frustrating for all concerned. However, things seem to be getting much better since the arrival of the new manager." A second remarked, "Unlike the previous manager, the new one has more compassion and empathy with the residents and staff."
- The nominated individual told us to help make Meadbank Care Home an easier place to manage a decision had been taken to re-register the service by the end of 2021 to create two smaller services, each with their own registered manager. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the leadership approach of the new manager was more open and was promoting a positive culture within the care home. People typically described the new manager as very approachable and supportive. For example, a community health care professional said, "The service is certainly better since the new manager took over. In my opinion people are safer and staff morale has significantly improved. The new manager is very open, a good listener and keen to make improvements, which the service definitely needs."
- People received personalised care from staff who now had the right mix of knowledge, skills and experience to perform their roles and responsibilities well. One relative told us, "I would recommend the home because they treat my [family member] as an individual. They [staff] call everybody by their names and know what he likes and doesn't."
- Managers were aware of their responsibilities under the Duty of Candour. The registered manager gave us an example of how duty of candour worked in practice, telling us the action they had taken after an incident which included writing a letter to the person and their next of kin, acknowledging that something went wrong and apologising for it.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The new manager had begun to reintroduce a range of methods which had been put on temporary hold because of COVID-19 to gather people's views about their experiences of using the service provided at Meadbank care home. This included regular care plan reviews, resident's meetings and stakeholder satisfaction surveys. The results of the most recent survey conducted in February 2021 indicated most

people living at the care home and their relatives were satisfied with the standard of care and support they or their loved ones received at Meadbank.

- People had also been given various electronic devices, such as mobile phones, tablets and laptops, to enable people to remain in contact with family and friends. One relative told us, "It was so frustrating not being able to see my [family member] during lockdown, but at least we could physically see how she was on the video calls, which helped."
- The provider 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 regular meetings with the services management. This included daily shift handovers and flash meetings with clinical staff and separate departmental meetings with the catering, housekeeping and activities coordinator staff, for example. One member of staff told us, "I feel able to talk to the new manager, they're definitely more approachable than the previous one."

#### Working in partnership with others

- The provider worked in partnership with various community professionals and external agencies, including Local Authorities, Clinical Commissioning Groups (CCGs) and GP's.
- The managers regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. For example, managers told us how they had a good working relationship with all the GP's who operated out of a local GP surgery which had helped them manage the COVID-19 virus and ensure the majority of people living in the care home were vaccinated against it.