

Mrs Beverley McHale

Meadowbrook Manor

Inspection report

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12 August 2020

13 August 2020

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17 August 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meadowbrook Manor is registered to provide accommodation for a maximum of 31 people who require personal care to adults aged 65 and over. It is located in a residential area close to Garforth town centre, near Leeds and is near to local amenities. At the time of inspection 25 people. Living at Meadowbrook Manor.

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

There were sufficient staff available to meet people's needs and to socially engage with them, however staff were not adhering to the current government guidelines regarding to the COVID-19 pandemic. The deputy manager looked at this again after the inspection to ensure they were up to date with any changes to these guidelines to keep people safe.

We found shortfalls in areas of governance within the home. The registered manager had not been present in the home for some months. The deputy manager recognised these shortfalls. After the inspection the deputy manager received support any gaps identified at the inspection.

People were safeguarded from the risks of abuse, staff received training in this area and knew how to recognise and report abuse. Staff were confident that appropriate action would be taken to keep people safe. Risk assessments were in place to minimise risks. Staff were knowledgeable about risks associated with people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were happy with the quality of care and support they or their family member received. The management team supported staff to deliver person centred care to people. The deputy manager engaged people in the service and listened to their comments. People described staff as being, 'nice and caring.' Relatives felt involved in the care of their loved ones and felt staff were well trained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 16 September 2017) At this inspection we found the service had deteriorated to requires improvement.

Why we inspected

We undertook this focused inspection due to concerns we received. This report only covers our findings in relation to the key questions safe and well-led which refer to those concerns.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadowbrook Manor on our website at 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 monitor the service 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 a breach in relation to good governance.

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

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. We have asked the provider to complete an action plan to show how they will improve the service.

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 always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Meadowbrook Manor

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.

Inspection team

This inspection was carried out by an inspector, a specialist advisor in governance and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a care home. It provides personal care and accommodation and both elements were reviewed as part of the 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. However, the registered manager had not been visible in the home since November 2019.

Notice of inspection

We phoned the service on the morning of the inspection. This was because we needed to discuss the safety of people, staff and inspector with reference to COVID-19.

Inspection activity started on 11 August and ended on 19 August 2020. This included one site visit on the first day of the inspection. On the other dates we spoke with people, relatives and staff telephone and email and reviewed additional information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service, including the local authority. 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.

During the inspection

We spoke with the deputy manager and administration staff at the service. We reviewed a range of records. This included two people's care records and two medication administration records (MAR). A variety of other records relating to the management of the service were also taken into account as part of the inspection.

After the inspection

We continued to seek additional information and clarification from the deputy manager and administrator to validate evidence found, including quality assurance documentation, staff recruitment and staff training records. We also spoke to four staff, four people and 13 relatives to gain their views about the service.

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 now deteriorated 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.

Assessing risk, safety monitoring and management

- At a recent fire safety visit in December 2019 the home received an enforcement notice. The serving of this was to ensure people were adequately protect in case of fire. We received confirmation from the fire service these actions had been completed.
- A fire risk assessment had been updated and completed at the time of inspection.
- Care records we looked at showed appropriate risk assessments had been completed around pressure care and mobility.
- One person who lived at the home told us staff always responded when they pressed the call bell. They said, "I feel safe as I have a buzzer. They [staff] have told us to use them if we need anything and they come." Another person said, "I came here as I used to fall all the time. I haven't fallen once here."

Preventing and controlling infection

- On the day of inspection, we did not observe any staff wearing face masks. Staff were not following government guidance and were putting people at risk. The government guidance states: Mask use is not used for protection of the staff member wearing the mask but is to prevent them passing on COVID-19 from their mouth and nose to other people in the care home. We spoke to the deputy manager about this who told us they would ensure staff wore these moving forward.
- The home had received training from a hospital regarding the use of PPE for staff. We spoke to the deputy manager to ensure this was incorporated into the home with the use of face masks and any additional PPE required.
- Relatives told us they had sometimes seen staff wearing masks and other times not. One relative said, "Seems haphazard sometimes they wear them sometimes not." However, another relative said, "We visited on the veranda. We had our temperatures checked and staff had masks on."
- One person we spoke with after the inspection said, "The staff are wearing masks now and we have a place at the back where a visitor can come."
- The home was clean and people we spoke with told us staff cleaned the home every day.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Meadowbrook Manor. They told us, "I am never lonely I always have someone to talk to." Another person said, "The staff are lovely they all work really hard and are very caring. They would do anything for me."
- Staff had received safeguarding training.

Staffing and recruitment

- There were enough staff employed daily to ensure people's needs were met. The service had recruited an additional member of staff to support morning routine and medication.
- Staff expressed mixed views about the staffing levels at the home. One staff member said, "I think we could do with another staff member on a night." Another staff member said, "We are ok as long as staff don't phone in sick." People we spoke with told us they felt there was adequate staff in place.
- The registered provider had systems in place to reduce the risk of employing candidates who may be unsuitable to work with vulnerable adults.

Using medicines safely

- Medicines on the whole were managed well. We looked at three people's medication. One person's record stated an extra tablet which was not accounted for. The deputy manager told us they had not completed an audit for this yet but said this would have been picked up when completing this.
- An electronic medicines administration record (MAR) was used to record when a medicine had been administered. The administration, storage and disposal of medicines was satisfactory.
- People told us they received their medication on time. One person said, "Medication is always on time and I know what my tablets are for."

Learning lessons when things go wrong

- We looked at the arrangements for accident and incidents and preventing the risk of reoccurrence. A record was kept and included details of what had occurred in the home. We saw evidence of ordering new equipment and involving the GP to minimise these risks.
- We looked at the procedures to safeguard people from harm and abuse. Two safeguarding concerns been reported and closed. However, we did not see any evidence to show safeguarding incidents were used to identify any learning so action could be taken to reduce the risk of reoccurrence.

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 stayed the same. 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

- We found shortfalls in areas of governance within the home. The registered manager had not been present in the home for some months. We requested a copy of the provider audits; however, these were not available as these had not been carried out for a considerable length of time.
- The deputy manager had developed some quality audit systems to monitor the service. However, these audits were not always effective, and did not always identify areas to improve on. For example, we did not see any areas of learning so action could be taken to reduce the risk of reoccurrence. We also found some gaps in identifying analysis around accident and incidents to reduce the risk of reoccurrence.
- A recent fire service visit picked up areas of concern which had not been identified by the home which needed urgent action taken. All actions have now been completed.
- The service was not following government guidelines around the use of PPE in the home at the time of inspection, however this was resolved after the inspection.
- We did not receive any log detailing a summary of complaints and compliments, this meant there was no overview of accountability and progress.

The provider audit process did not include a system to ensure adequate checks were completed. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team understood their responsibility in relation to the duty of candour and were open and honest when needed.
- Feedback from people and their relatives confirmed they were informed and told about any concerns or issues in line with their duty of candour responsibility

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

- The service had completed an annual survey for people and their relatives at Meadowbrook. There were

many positive outcomes from people for example, 'Very pleased with all the staff 'and 'Excellent staff who are caring and hardworking'. Relatives responses included, 'The atmosphere in the home is homely, warm. Welcoming, friendly, caring and supportive'.

- The service had not completed a staff survey, the deputy manager told us this would be looked into and implemented.
- Staff meetings took place and identified key areas for staff to complete. For example; when a room becomes empty for staff to thoroughly clean this and to ensure all buzzers are answered promptly.

Working in partnership with others

- The deputy manager was committed to working with external healthcare professionals to ensure people received the best possible care at Meadowbrook. Working relationships had been developed with the local GPs, local authority and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have adequate governance systems in place.