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Meadowbrook Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Meadowbrook Manor is a residential care home providing personal care to older people. Meadowbrook Manor accommodates 31 people in one adapted building. At the time of our inspection there were 23 people using the service.

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

Recruitment checks were carried out by the management team, but this was not always done robustly. 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 did not always support this practice. Risks associated with people's care were managed safely and systems were in place for learning lessons when things go wrong. Most aspects of people's medicines were well managed. People told us there were always enough staff to give them the care they needed and they knew the staff who cared for them well. They also told us they felt safe. The provider followed safe infection, prevention and control procedures. The service had systems in place to safeguard people from abuse.

People received high quality person-centred care. Feedback about the standard of care, leadership and quality of staff was consistently positive. Staff felt valued and were proud to work at Meadowbrook Manor. Quality assurance was usually effective although some areas of risk, such as gaps in the recruitment process, had not been picked up through the provider's system. The registered manager confirmed the provider was introducing additional governance support. Records showed people's care was planned and reviewed. The service worked effectively with other professionals to support joined-up care.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 September 2020). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an inspection of this service between 11 and 17 August 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance arrangements. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. 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.

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, which will help inform when we next inspect.

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 well-led.

Details are in our well-led findings below.

Good ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors 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

Meadowbrook Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meadowbrook Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used information gathered as part of monitoring activity that took place on 23 June 2022 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time in communal areas observing the care and support provided by staff. We spoke with 7 people who used the service, 5 relatives, a visiting health professional and 8 members of staff including care workers, senior care worker, assistant manager, registered manager and responsible individual. The responsible individual is responsible for supervising the management of the service.

We reviewed a range of records. This included 4 people's care records and multiple people's medicine records. We reviewed 3 staff recruitment files and a variety of records relating to the management of 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

- Recruitment checks were carried out by the management team, but this was not always done robustly. As soon as we brought this to the attention of the registered manager they took immediate steps to address the issues and assured us that going forward the process would be consistently robust and safe.
- The provider had enough competent staff for people to stay safe. During the inspection we saw staff were present in communal areas and gave people the support and care they needed. One person said, "There's always somebody about and it is easy to get their attention." Another person said, "The carers are really nice here. It is very informal and the carers show respect and have time for you."
- The service had a good staff retention record and a consistent staff team. People told us they knew the staff who cared for them well, which was a positive feature, and something they liked. One person said, "All the carers are good and I know them all. They understand what I need and when I ask for anything it is provided."
- The registered manager explained they had an informal system for reviewing their staffing arrangements. At the time of the inspection they used measurable data, observations and feedback to review and adapt staffing levels but told us they would introduce a more formal system.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not always working within the principles of the MCA. If needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The management team judged whether people had capacity to make decisions but did not always carry out assessments when required. The registered manager explained they had discussed specific decisions such as the use of bed rails with relevant persons but not made a formal record. This was addressed as soon as we brought it to the attention to the registered manager.
- During the inspection, all members of the inspection team observed staff consistently offering and

respecting people's choices.

Using medicines safely

- Most aspects of medicines were managed safely. People usually received their medicines as prescribed and accurate medication administration records were kept. However, the stock balance of medicines for 2 people was incorrect. For example, one person was prescribed 11 different medicines and they had 3 additional tablets in stock.
- The service usually had guidance for staff to follow when people required support with their medicines. One person had recently been prescribed a medicine to take as required but did not have a protocol in place. This was written as soon as we brought it to the attention of the registered manager.
- One person was prescribed a thickener powder which was added to drinks and used to reduce the risk of choking. Staff had not recorded when it was used which meant we were unable to establish if thickener powder was administered properly. This was addressed immediately.
- Some people were prescribed a pain patch and instructions showed the patch should be applied to a different area of the body each time to prevent over-concentration of the medicine. A record was in place to make sure the patch had been applied correctly.
- Medicines were stored securely. Staff were trained, and their competency was assessed to make sure they understood how to administer medicines safely.

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

- Accidents and incidents were generally well recorded. The management team had a system in place to analyse events and identify action taken to mitigate the future risk and lessons learned. We saw one example, where an incident occurred but a form had not been completed. This was addressed as soon as we brought it to the attention of the registered manager.
- Risks to people were assessed and managed safely. Care records contained assessments and guidance for staff on how to best manage these risks. These were reviewed regularly and updated to reflect changes in the level of risk people were exposed to.
- The service had an effective system for monitoring people's weights, recorded changes and follow up actions. Where individuals had been assessed to have their food intake monitored, appropriate records were maintained.
- Regular checks of the building and equipment were carried out to help keep people safe.
- Fire safety was well managed. People had individual personal evacuation plans in place to be followed in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had effective systems in place to ensure allegations of abuse were investigated and acted on.
- People told us they felt safe living at Meadowbrook Manor. Relatives and staff were very confident people were safe. One person said, "Yes, I feel very safe here. All the carers are lovely and very helpful, especially helping me because of my difficulty walking." A relative said, "The care here is very good. I am confident that [name of person] is in a safe place and I have no concerns about their safety."
- Staff had a good awareness and understanding of safeguarding procedures and knew what to do to protect people. They were confident the management team would deal with any concerns appropriately and promptly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The provider's approach to visiting met government guidance. During the inspection we saw visitors were welcomed to the home.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the service did not have adequate governance systems in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- People received high quality person-centred care. Feedback about the standard of care, leadership and quality of staff was consistently positive. One person said, "It is very good care here. Everyone is very kind." A relative said, "I am more than happy with the care. [Name of relative] is so happy; she looks good, is eating well and is happy and smiling. The carers I've met are lovely."
- Our observations reflected people's feedback and we saw staff were kind, attentive and responsive to people's needs. There was a good rapport between staff and people who used the service throughout the inspection. For example, during lunch food was well presented and staff made sure people's dining experience was enjoyable and relaxed. One person said, "The food is marvellous including the drinks and snacks."
- The service had a positive culture with clear visions and values. Staff consistently told us they felt valued and respected and were proud to work at Meadowbrook Manor. One member of staff said, "Everyone [management and staff] is willing and happy when they come in. Everybody wants to make it nice for people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 promoted high quality care and led by example. Everyone had confidence in the management team and told us the service was well-led. One person said, "I think the home is well managed. [Name of registered manager] has been manager for over two years and I like her. I would definitely recommend this home." Another person said, "The manager is lovely. Anything you want, any help, they are there for you. I like there being regular staff who know me and my needs."
- The registered manager closely monitored service delivery and was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people in relation to their

care.

- Systems and processes for monitoring quality and safety were usually effective. The management team carried out a range of checks which included accidents and incidents, environmental, medicines, complaints and Infection Protection Control. These usually picked up where the service achieved the desired outcome and areas to develop although they had not picked up some shortfalls around medicines, recruitment and MCA. The registered manager was responsive to the inspection findings and sent information to show they were improving the effectiveness of their systems.
- The responsible individual was in frequent contact and kept up to date with what was happening in the service. However, they did not use a formal monitoring system and relied on quality assurance processes completed by the management team who worked at the service on a day-to-day basis. The registered manager confirmed the provider was taking action to introduce a more formal system which would provide additional governance support.
- Care records were well organised and showed people's care was planned and reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to ask people living at Meadowbrook Manor and the staff for their views of the service. People told us they were comfortable putting forward suggestions and ideas. One person said, "The atmosphere is happy and friendly. The manager listens and is responsive." A relative said, "If I raise anything which is not right they do listen and take action."
- Resident and staff meetings were held. Minutes showed voices were heard and acted upon. For example, people had recently asked for some alternative food choices which were provided and suggested more community activities. The registered manager was organising several trips to the local garden centre.
- The service worked positively with external stakeholders. Management and staff understood the importance and benefits of working with other professionals. Care records showed staff contacted other professionals when they had concerns about people's health and welfare.
- A professional who visited the service on a regular basis told us people were well cared for and the service was well-led. They said, "It feels like a home. They absolutely follow advice and guidance and will also question if they are not sure. They have had these staff for ever and a day, it's 100% good management and they are doing things properly. We have no concerns about Meadowbrook."