

Dignity Care UK Limited

# Meadows Court Care Home

## Inspection report

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Date of inspection visit:

02 October 2023

04 October 2023

Date of publication:

08 November 2023

## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Meadows Court Care Home is a residential care home providing accommodation and personal care to up to 22 people. The service provides support to older and younger people and people living with dementia. At the time of our inspection there were 18 people using the service.

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 or in the past 18 months. The provider told us they were applying to have this aspect of their registration removed.

Meadows Court Care Home is designed across two floors with bedrooms on both the ground and first floors. The service has 12 ensuite bedrooms and shared bathroom and toilet facilities. There are shared communal spaces such as lounges, dining room, conservatory and garden. The service also has a kitchen, laundry room and office on site.

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

Risk management was poor. People were not supported to have risks to their health and well-being assessed. Staff did not have sufficient guidance to understand how to identify when people's health might be deteriorating and what to do. Where guidance was in place staff did not always follow this in practice which could lead to harm or improper treatment.

People were not supported to manage their medicines safely. Medicine records showed a significant number of discrepancies suggesting medicines were being administered incorrectly.

Recording of incidents and accidents was not consistent. Information was not accurately analysed to identify any increases of risk or deterioration of people's health and well-being. There was a failure to learn lessons with a view to improving care following incidents occurring. This meant concerns about people's health could go unnoticed.

Agency staff were living in the service. Not all recruitment checks had taken place to ensure the staff were of good character and suitable for their role. Risks to people in relation to staff living in the service had not been explored or assessed. This placed people at risk of harm or abuse.

People lived in a service where maintenance plans were not in place. This resulted in repairs not being addressed. Some of these such as damage to the flooring in the laundry and shower room could result in increases of bacteria and the spread of infection. Some areas where people lived also had a strong smell of urine.

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, however, the registered manager did not well understand best practice in this area. Records did not promote person centred care and identical information had been duplicated across a number of people's records.

Quality assurance systems such as audits and surveys were ineffective in identifying areas for development and making improvements. We found significant failures in relation to registered manager and provider oversight of quality. This resulted in a failure by the provider to improve the service despite these concerns being identified at 4 previous inspections. This posed a risk to people's safety, health and well-being.

Despite these findings, overall, people and relatives told us they were happy with the care they received.

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 requires improvement (27 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to the management of medicines, management of risk, and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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 inadequate based on the findings of this 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.

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

#### Enforcement and Recommendations

We have identified breaches in relation to risks to people, staffing, medicines management and quality assurance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

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

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# 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 Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors and 2 Experts 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

Meadows Court Care Home 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. Meadows Court Care Home 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. Inspection activity started on 2 October 2023 and ended on 16 October

2023. We visited the location's service on 2 and 4 October 2023. The inspection ended when we gave feedback to the provider and registered manager on 16 October 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. 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 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 spoke with 6 people and 12 of their relatives about their experience of the care. We spoke with 7 members of staff including the registered manager, catering and care staff and we spoke briefly with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 spoke with two professionals who work with the service and reviewed 10 people's care records and 9 people's medicine records. This included 2 people who were at the end of their life.

We reviewed 2 staff files and 3 agency staff files as well as looking at various quality assurance audits, documents and policies.

# 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. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider failed to ensure people's needs had been fully assessed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks to people with significant health conditions had not been assessed. There were no care plans and protocols for treatment for people diagnosed with epilepsy, diabetes and a number of other serious health conditions. This meant there was a lack of clear guidance for staff on how to safely identify a health concern and what to do in the event of a health emergency.
- Environmental risks had not been identified such as wardrobes not safely affixed to the wall and ill fitted bed rails. For people who did have guidance about the safe use of bed rails, this was not always being followed by staff. This meant there was an increased risk of falls or other injury if a person attempted to climb over bed rails in place that should not have been used.
- Fire safety checks were inconsistent and not all staff were receiving monthly training on safe fire evacuation for people living on the first floor who required the use of an evacuation sledge. The registered manager did not complete competency assessments of staff following training in moving and handling. Staff were observed to be supporting people with mobility aids incorrectly placing people at risk of serious injury.
- The registered manager confirmed that they and senior staff supported a person to check their blood glucose levels but had never had their competency to do so safely assessed by a qualified medical professional. If these checks are not done correctly, they can give false readings and cause unnecessary pain and finger calluses.
- There was no specific plan in place to guide staff how to safely support a person when they became confused and distressed, which could sometimes result in them expressing their emotions physically by hitting out at others.
- Inconsistencies regarding the recording of incidents and accidents using both an electronic and paper system meant they were not all being identified. This meant the data used to identify patterns of incidents or increased falls was incorrect and the system not effective. There was no evidence of meaningful reflection following these incidents and accidents to support staff to consider lessons they could learn that would improve care and reduce risks.

Care and treatment was not provided in ways that identified and mitigated risks to people. The provider had



failed to make and sustain improvements in this area for 4 consecutive inspections. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during the inspection. They put risk assessments in place for diabetes and epilepsy for people who required them. However, these did not offer sufficient guidance for staff to safely manage the associated risks of these conditions.

Using medicines safely; Preventing and controlling infection

At our last inspection the provider failed to ensure safe management of medicines. Infection control and environmental safety measures were not always effective. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not being managed safely. Out of 9 people's medicine records checked, we found the stock count for 4 people's medicines to be incorrect. This suggested people were either being given too much or too little medicine.
- Staff were not always writing the open dates on newly opened medicines which can impact the effectiveness of medicine if opened longer than the manufacture recommendation.
- Staff were observed signing the Medicine Administration record (MAR) for creams that had not at that point been administered. This meant there was a risk of the person not receiving them if other staff assumed it had been given.
- Protocols for as and when needed medicines (PRN) contained the incorrect information in relation to what the medicine was for. They also contained duplicated information across different people's protocols and failed to detail the dosage, maximum use and dates agreed. This meant people were at risk of being given the wrong medicine for the wrong reasons and staff not being clear about how much they could administer.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Furniture and floors were sticky. Two areas of the service had a strong smell of urine that did not dissipate throughout the day. The oven was dirty with previous grease and food debris. The laundry and shower room floors required repair or replacement as they posed a risk to the spread of bacteria. The décor was old and tired in many areas with scratched doors and required deep cleaning and redecoration.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. This was because staff had received training in how to reduce the risks of spreading infections such as COVID-19 but they did not have their competency in this area assessed. People and staff in high risk groups did not have specific risk assessments in relation to reducing the risk of contracting COVID-19.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. However, we were not fully assured that this was being implemented safely. Audits of infection prevention and control (IPC) were repetitive with no follow up or actions and had failed to identify the concerns we found. The registered manager did not demonstrate a good understanding of IPC and this was reflected in the standards in the service.

We have also signposted the provider to resources to develop their approach.

Equipment and premises were not maintained to ensure they were safe. Medicines were not managed in a

safe way. The provider had failed to make and sustain improvements in this area for 4 consecutive inspections. This was a further continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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.

#### Visiting in Care Homes

The provider had an open visitors' policy and people and relatives told us there were no restrictions on visiting. One relative said, "I have been in several times unannounced and never refused entry."

#### Staffing and recruitment

- Staff recruitment procedures were not effective. Risks relating to the outcome of Disclosure and Barring Service (DBS) checks had not been explored or assessed. A member of staff had no evidence of a DBS ever having been applied for. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff records showed significant gaps in employment history and concerns identified through DBS checks had not been explored to ensure the good character of the staff members. Agency staff members were living on the premises. Risks related to shared accommodation had also not been assessed.

Recruitment procedures were not effectively managed to ensure persons employed were of good character and suitable for the role. Risks related to persons employed and living at the premises had not been assessed. This placed people at risk of harm. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection to seek reassurance about the good character and suitability of agency staff to work at the service. However, related risks had still not been assessed.

- The provider had enough staff to meet people's basic needs. We observed people did not have to wait long for their call bells to be answered. However, feedback from staff suggested there was not always enough staff to ensure people could spend their time how they wished to or if people needed extra support due to illness.
- The provider had an induction process in place but there was little evidence of follow up of induction or training to check staffs' knowledge and practice.

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

- Systems and processes were in place to keep people safe from the risk of abuse. Staff had a good understanding of what abuse would look like in practice and how to safeguard people. They knew how to report concerns and were confident to do so.
- The registered manager conducted audits in relation to incidents but these were not based on accurate information and were not effective in identifying areas of concern. No-one had come to harm as a result of the inaccurate records but this placed people at risk of not receiving the right treatment and support in a timely manner.

- The registered manager did report concerns to the relevant authorities.
- Despite our findings, people told us they felt safe and relatives echoed this view. One person told us, "I feel cared for, secure and safe."

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 provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager had conducted mental capacity assessments for people for various decisions. However, the registered manager did not demonstrate a good understanding of the principles of the MCA or how to conduct the mental capacity assessments in a meaningful, person centred way. For example, they failed to support people to have the opportunity to use different methods of communication to understand the decision being assessed. The registered manager used a pre-typed template with generic comments about how people were supported. They used the same comments across different people's assessments. This meant there was no record of how people were supported to understand the decision being made or their responses.
- The local authority had completed best interest assessments and approved DoLS for people who required restrictions to maintain their safety and well-being. They had involved people and their relatives in these processes.

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

At our last inspection the provider had failed to ensure there were effective quality monitoring systems and processes in place to monitor quality and safety of the service and maintain oversight. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The registered manager and provider did not have a good understanding of their roles and responsibilities. The provider completed no quality assurance checks directly, relying on feedback from the registered manager and staff and records on the electronic care planning system. The data in this system was inaccurate and did not enable the provider to have good oversight of the service.
- Audits were in place for medicines, IPC and overall care in the form of a manager's monthly audit. The audits were completed in ways that repeated the previous months comments and showed no meaningful evidence of identifying specific areas of improved practice or of areas of concern. Audits had failed to identify any of the concerns we found during this inspection.
- The registered manager and provider had failed to identify concerns and make and sustain improvements in this area across the previous 5 inspections. This showed they did not have a culture of continuous learning in ways that would improve the quality of care and effectiveness of systems in place.
- The registered manager did not understand how to analyse information collated to look for patterns and trends. They were not aware they should have addressed the areas of risk identified above in the key question of Safe. They did not attend any local networking meetings or subscribe to newsletters that would support their learning. The provider had failed to provide development and learning opportunities for the registered manager to support them to fulfil their role.
- Person centred care was not promoted by way of systems in place. The registered manager and staff were overall kind and caring and showed a desire to provide good care. The registered manager failed to understand what good care looked like which impacted on the quality of care they were able to provide.
- Documents were often generic and identical information carried across different people's care records. There was some information about people's history but no evidence of how this was built on to develop

individual interests and preferences. People had a rota for bathing just once a week on certain days although people told us they could have a wash daily.

- People and their relatives told us more could be done to improve the use of indoor and outdoor space to support other ways of spending their time. One relative said, "They are not making enough use of the garden and conservatory. If they had more staff, they could do more. People are left to their own devices in front of the TV." A person told us, "The general environment is residents are asleep and wake up at mealtimes." People also told us they would like to go out more, but it only happened if supported to do so by relatives. People confirmed they could get up at a time of their choosing.
- Daily notes were task led and failed to record information that would be helpful when analysing what is going well and what needed to change for individuals.
- The service supported a number of people who were living with dementia. There was a lack of good signage that would support people living with dementia to be able to identify their own rooms and orientate themselves around the service. Consequently, people told us there had been incidents where people had walked into the wrong room by mistake, both in the day and the nighttime, they told us they found this distressing.

Systems and processes were not in place to ensure effective monitoring and management of risk, quality and performance. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider produced an action plan following the inspection, but this did not clearly show who was responsible for all actions or have target dates for achievement. The plan failed to identify concerns not mentioned to the provider by inspectors. This demonstrated a lack of awareness of the areas for development and a failure of the provider's own systems to identify and drive improvement.

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 registered manager did understand the need to be open when things went wrong and to take ownership of the situation and apologise to those involved.
- The registered manager did notify the CQC of reportable events and openly displayed their last inspection outcomes in the service and on their website.

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

- The registered manager and provider did not have any formal means to give feedback. Staff meetings occurred monthly but only between the management team. The registered manager confirmed they did not hold meetings for people or their relatives in order for them to share their opinion of the service and offer suggestions.
- The registered manager had sent out surveys to people, relatives and staff for feedback but was unable to evidence how they had used the information to drive improvement. The registered manager confirmed they did not share outcomes with people and relatives unless they specifically asked.
- Staff told us they did have ad-hoc chats with the registered manager and if they shared an idea this was listened to and implemented if possible. Relatives told us, despite not having formal opportunities to feedback, staff always communicated any changes to their family member's health or other updates and were happy with the level of communication.
- People told us they did not have meetings to share their opinions, but they did give a lot of positive feedback about the staff team. Despite our findings, people felt cared for and listened to due to the attitude and approach of the staff team.

#### Working in partnership with others

- Feedback from other professionals was generally positive and they felt the registered manager and provider had been open and willing to work collaboratively to make the required improvements.
- Where people needed access to health professionals such as district nurses or the GP, the staff team enabled this and worked with them to follow their advice.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not effectively managed to ensure persons employed were of good character and suitable for the role.