

A & I Care Home Ltd

# The Meadows Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Meadows Residential Care Home is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The service can support up to 25 people over three floors. It is owned by a family run limited company.

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

The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. Medicines were generally managed safely. Where we found a discrepancy in medicines management, this was addressed immediately. People were well cared for and relatives told us they thought people were safe and supported by capable staff. Safe recruitment procedures were in place.

The provider had effective systems to manage infection prevention and control. These reflected risks associated with the COVID-19 pandemic. Staff wore personal protective equipment (PPE) appropriately and visiting was managed safely in line with government guidance. COVID-19 testing and information around vaccinations was in place.

The provider had systems for managing incidents, accidents, safeguarding concerns and complaints to help make improvements to the service. This included investigating the issue, identifying outcomes and liaising appropriately with other relevant agencies such as the local authority. There were also effective systems, such as audits and spot checks, for monitoring and improving the quality of the service.

The provider worked closely with external professionals to help ensure people's health and wellbeing needs were met. Relatives, staff and other professionals said the registered manager was approachable, listened and responded appropriately to them.

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

The last rating for this service was requires improvement (published 22 October 2019). 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 unannounced comprehensive inspection of this service on 10 and 11 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

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.

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 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 The Meadows Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# The Meadows Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by two inspectors.

#### Service and service type

The Meadows Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the last

inspection report and notifications received from the provider. 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the nominated individual, who was also the owner, the registered manager, a senior care worker and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included four people's care records and four medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and two professionals who visit 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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. Risk assessments assessed people's identified needs. These included choking, anti-coagulant usage, bed rails, oral care, falls, moving and handling and COVID-19 risk assessments. Repositioning records were also completed appropriately.
- Risk assessments contained guidance for minimising risks to people and were regularly reviewed to help keep people safe.
- People had personal emergency evacuation plans (PEEPs). These stated the assistance which was required to ensure people could evacuate safely in an emergency. People's doors had coloured stickers to indicate the level of support required for evacuation.
- Records showed that a range of maintenance and safety inspections had been carried out including hoists, pressure mattresses and lifts. Appropriate environmental and fire risk assessments were also carried out which included fire equipment, gas and water systems checks.

### Using medicines safely

- Medicines were generally managed safely and the provider had a medicines policy and procedure in place. However, we saw that one person's medicines administration records (MAR) did not reconcile with the stock. It appeared to be a single administration of the person's medicines and the impact was minimal. The provider was training new staff to administer medicines at the time. The registered manager took immediate action by having a meeting with all staff who administered medicines and showed us an action plan to address any shortfalls.
- All other records we viewed were completed appropriately. This included as required medicines (PRN) protocols and signed off guidance from the pharmacist for crushed medicines.
- Staff had appropriate training and annual medicines competency testing to help ensure they were administering medicines safely.
- The provider undertook weekly and separate monthly medicines audits to help ensure people received

their medicines as prescribed. Where a problem was identified, an action plan was created, and staff signed to confirm they had read it.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from harm or abuse. Relatives said they felt their family members were safe. One relative said, "No worries about [person] being safe. I have complete trust in the staff."
- Staff had completed appropriate training around safeguarding adults and knew what action to take if they had concerns.
- The service maintained safeguarding records and worked with the local authority to investigate safeguarding alerts and protect people from further harm. People's care plans and risk assessments were updated appropriately and where required other agencies such as CQC were notified of the concerns.

Staffing and recruitment

- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people. This included COVID-19 awareness training and infection control training since the pandemic began.
- There were a sufficient number of staff to attend to people's needs and help keep them safe.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents and learning lessons when things went wrong. Falls in particular were analysed to help mitigate future falls.
- Incidents and accidents were recorded and investigated and had a learning outcome. Where required care plans and risk assessments were reviewed and guidance shared with staff to help prevent a reoccurrence.
- Staff also had handovers where they could share information about people's changing needs.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider's monitoring systems had failed to identify gaps in assessments relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) 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.

- The provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service.
- The registered manager and senior staff completed a range of audits on various aspects of the service. These included medicines, incidents, accidents, safeguarding concerns, complaints and records for people using the service and staff, which helped to identify any areas that required improvement.
- The provider held regular team meetings and had supervision with staff which provided staff with the opportunity to reflect on their practice and make changes and improvements as needed.

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

- The service promoted a positive, person centred and open culture. Relatives were consulted about their family members' needs and how to improve their care. A relative told us, "Any time there has been an issue, they contact me. They implement action immediately."
- People had person centred care plans with clear guidance to help achieve good outcomes.
- The provider had followed government guidance to support people's family visiting the home, and this was confirmed by relatives who had visited the home.
- Staff were positive about working in the service and said, "The Meadows is a family and we support each other" and "Best thing is they are giving us training to make us better at our job."

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 and nominated individual were aware of the importance of being open, honest and transparent in how they managed the service and to take responsibility when things went wrong.

- They submitted notifications of significant events to CQC and informed other relevant agencies, such as the local authority when things went wrong. Records demonstrated the provider responded to complaints and safeguarding alerts appropriately and shared information with other agencies as required.

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

- The service had a clear staff structure and the nominated individual, who was also the owner, was present and involved in the day to day running of the service, along with the registered manager.
- Managers had relevant training and experience and kept themselves up to date with changes in guidance and legislation, so they were able to meet their legal requirements.
- The provider had processes to monitor the quality of services provided and make improvements as required.
- Relatives gave positive feedback about the registered manager and told us, "I'm very comfortable in approaching the management either by phone or email" and "Anything we need, we email or phone. They reply immediately and make sure we are well informed." A social care professional said, "[The registered manager] is personable and takes time to talk to people."
- Staff felt supported through handovers, team meetings and supervision. They told us the registered manager was approachable and listened to them. One staff member said, " We are getting fully supported. If anything is going wrong, we are comfortable to talk with [the registered manager]. They make us comfortable to talk about everything. They listen to us."

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

- The provider engaged people who used the service and their relatives. Relatives confirmed the service had sent them surveys about how the service was run. They also told us the provider kept them informed through newsletters and phone calls. One relative said, "They have invited us to relatives' meetings. We are included and there is a regular email with updates. If there are any issues, they are on the phone. I am extremely happy with their efficiency."
- Care plans had information around people's protected characteristics and how to support these needs, for example communication.
- Team meetings were held to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- Records indicated the provider worked well with other professionals to help ensure people's health and wellbeing needs were met. We saw the provider worked with the GP, speech and language therapist, community nurses, dietician and other organisations such as Public Health England. A relative said that now restrictions had lessened, the provider was proactive in getting other agencies such as the optician to come into the home again.
- The feedback we had from both health and social care professionals about the service was positive. A social care professional said, "They are responsive and act upon feedback. They are customer driven."
- The nominated individual and registered manager participated in local authority provider forums to share information and best practice with other providers in the area.