



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Meadowlands

**Abernant Road
Aberdare
CF44 0PY**

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Description of the service

Meadowlands Care Home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide nursing care for a maximum of 52 people over the age of 18, who have dementia needs. Care is provided over two floors; the more physically dependent residents being nursed on the first floor of the home.

The home is owned and operated by HC-One Ltd (the registered provider). The registered manager is Caroline Price and the provider has nominated a responsible individual who has overall responsibility for the quality and performance of the service.

Summary of our findings

1. Overall assessment

Meadowlands is a welcoming home where residents experience a sense of belonging. Effective management and person-centred care is at the core of the home's success. Staff are content in their roles and feel well-supported. They demonstrate kindness towards the residents, whose needs they understand and anticipate. The home has recently embraced a recognised philosophy and implementation of care for people with dementia which has enhanced residents' physical and emotional well-being. It is being further developed to include environmental adaptations.

2. Improvements

- Adequate staffing levels have been maintained to ensure residents remain safe and have their needs met promptly;
- A part-time activities worker has been employed to support the existing full-time activities organiser. This has enabled organised activities to be held on weekends as well as during the week.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve outcomes of care for residents at the home. These relate to accurate completion of documentation. No areas of regulatory non-compliance were identified during our visit.

1. Well-being

Summary

People receive person-centred care which promotes their well-being and self-worth. The home now implements a model of dementia care which seeks to remove all barriers between residents and staff and promote residents' emotional fulfilment.

Our findings

People are able to exercise choice in their daily living and are supported to do so where necessary.

We found that residents are able to choose when they wish to go to bed and are allowed to wake naturally in accordance with their body clock. This ensures that the home operates around the needs of its residents and not for the convenience of its staff. Because of this, there is no set breakfast time as people are served food when and where it suits them. We saw that the lunchtime meal was a more social and convivial experience, with some residents and staff eating together at the dining room table. Residents were given a choice of foods at each mealtime and staff assisted those who needed support or visual prompts to decide. Care plans indicated that residents could choose what clothes to wear, what activities they wished to pursue and where to spend their day. We found that many residents were unable to express their preferences and therefore staff collated as much information as possible from residents' family, friends and other professionals involved in their care about each individual's likes and dislikes. We saw that this, along with information received on admission to the home about residents' social and medical history, was incorporated into their care plans to ensure support was tailored to their needs and wishes. The registered manager told us that meetings were also organised every other month with residents and their families which provided people with opportunities to express their views and opinions about the support provided.

From our findings, we conclude that residents are able to participate in their care and exercise their rights.

The home provides social and recreational stimulation to meet the diverse needs of its residents.

We found that activities were organised in accordance with the abilities and preferences of the residents. On the first floor, the atmosphere was cheerful, with era-appropriate music being played from an old-fashioned record player. Some residents were chatting with staff in the main lounge while others were sitting quietly in the small sensory lounge. The latter provided a relaxing ambience where residents could handle tactile 'twiddle mitts' and enjoy the colourful decorations, fish tank and bubble tube. The registered manager told us of plans to convert one of the upstairs rooms into a social club for the residents. On the ground floor, where residents were mobile, places of interest had been created along the length of the corridor, prompting residents to stop wandering and engage in an activity. These included a bus stop, hairdressing salon, washing line with dolls clothes, dolls and prams, and an indoor flower bed with watering can. Throughout our visit we saw

residents taking an interest in the different items available and were supported to do so by staff wherever necessary.

We conclude that the service promotes residents' quality of life through the provision of suitable pastimes and activities.

2. Care and Support

Summary

People receive care relevant to their current needs and are supported to remain as healthy and active as possible. Staff demonstrate enthusiasm for their work and have a good understanding of each resident's condition and requirements.

Our findings

People are supported by courteous and caring staff.

We observed care assistants interacting with residents and demonstrating kindness and patience. At lunchtime we noticed that residents were asked politely whether or not they wished to wear an apron to protect their clothes and their responses were respected. Staff spent time encouraging residents with their meals and offered assistance where needed, without rushing them. We spoke with a nurse working on the first floor who told us that the care staff knew the residents well and were quick to inform her if they noticed any changes in a resident's condition. A visiting relative was also complimentary about staff and described them as "marvellous", adding that "this home is second to none." Another visiting family member was keen to tell us how patient and kind the nurse on duty was.

We judge from our findings that the service is able to deliver considerate, good quality care to its residents.

People receive timely nursing support and medical treatment appropriate to their needs.

We viewed a sample of care files and saw that planned care was person-centred, detailing their physical and mental health conditions. For example, information was clearly documented in respect of one resident's diabetic needs and another person's nutritional needs in view of their swallowing difficulties. Nursing staff kept monthly recordings of each resident's weight and vital signs to monitor their general well-being.

Care plans of residents living on the first floor were of a high standard, being regularly reviewed and updated whenever required. Care staff maintained daily recordings of residents' skin condition and/or their food and fluid intake, in accordance with identified risks. We noticed, however, that residents' total fluid intake over a 24 hour period was often not recorded on the charts. This is important so that staff can promptly detect any risk of dehydration or other complications of a poor fluid intake. We informed the registered manager, who advised us that the totals were recorded elsewhere but that she would remind staff to record the information on the appropriate charts. We also found that care staff were not consistently signing a resident's topical medicines chart to indicate that the cream or lotion had been applied. This was brought to the attention of the manager, who told us she would pursue the matter.

We found evidence that residents received regular medical support in a timely manner whenever required. Multi-disciplinary professionals visited the home to provide advice or treatment. These included the GP, dementia care specialist nurse, dietician, optician and podiatrist. We saw that residents also attended hospital out-patient appointments for various chronic health conditions.

We conclude that the service is able to anticipate and address the various health needs of the residents living at the home.

Residents are able to engage with visiting children and enjoy a range of entertainment. The registered manager informed us that the home now had links with a local nursery and college. Nursery children had visited the home to play with some of the residents. Activities had included “bath the baby” (doll) and music sessions and the residents had enjoyed hearing the children laughing. Work placement students from the college had also visited and plans were in place for art and craft students to help in the garden. We spoke with the activities organiser who told us that a recent party had been arranged in the home to celebrate VE Day, which residents had enjoyed very much. We saw, from information in one resident’s care file, that they had been assisted to take part in a local Remembrance Day parade.

Our findings indicate that the service ensures its residents have contact with the community to enrich their lives and prevent boredom.

3. Environment

Summary

People can enjoy a clean, welcoming and stimulating environment. Care is provided over two floors and residents are accommodated where their needs can be best met. Environmental adaptations are being made for the safety and increased well-being of residents.

Our findings

People benefit from a clean, safe and well-maintained environment.

We found the home to be fresh and odour-free. The home has four house-keeping staff, with two on duty each day. The registered manager informed us that one house-keeper now works until 8pm to ensure residents' needs are also being met in the evenings. We viewed the house-keepers' daily diary and saw that monthly deep-cleaning of all rooms was carried out and residents' mattresses were washed on a daily basis. We also saw evidence that the company's area director provided regular reports about the presentation of the home's environment and facilities, as part of the regular quality monitoring visits.

We viewed documentation relating to the safety and general maintenance of the home. Certificates were available to evidence legionella and asbestos testing, gas safety compliance and lift servicing. The home's maintenance worker carried out regular environmental checks which included daily fire door and weekly fire alarm testing. The registered manager informed us that the home received a fire safety inspection in May 2017, which resulted in some fire doors being replaced to meet fire regulations.

We conclude that the service provides a suitable environment which promotes residents' safety, comfort and well-being.

People benefit from a homely and stimulating environment where their independence is encouraged and risks are managed.

At the time of our visit, building work was in progress on the ground floor, as the wall separating the lounge and dining area was being knocked down to form a large integrated through-room. This would allow improved freedom of movement for mobile residents and would better enable staff to supervise those at risk of falling. We saw that a fireplace had been fitted in both downstairs lounge areas which created a homely atmosphere. The registered manager advised us that the kitchen hatch was going to be blocked off and a kitchenette area would be created for the residents' use. On previous inspection visits, we had noticed that certain residents would persistently attempt to exit the door at the end of the downstairs corridor and that staff would do their best to distract and re-direct them back to the communal areas. On this occasion we found that wall paper, with the design of a book shelf, had been papered over the door and surrounding wall. This effectively served the purpose of reducing residents' anxiety and eliminated their desire to open the door. The activities organiser told us that this, along with the various visual and tactile activities and distractions on the ground floor, had resulted in a significant reduction in residents' wanderings and had in turn reduced the incidence of falls.

We conclude that the environment provides a calming effect, promoting residents' physical and mental well-being.

4. Leadership and Management

Summary

People can be confident that the service is being managed efficiently and effectively, with a focus being placed on quality improvement.

Our findings

People are cared for by staff who are suited to their roles, supported and trained.

We examined two staff personnel files and found that appropriate recruitment information had been sought, which met regulatory requirements. This included identity and criminal record checks, evidence of qualifications, references and a full employment history. A detailed job description and contract were also on file. We saw that new staff members were provided with a mentor and were expected to complete the home's induction booklet.

We spoke with care staff who told us the registered manager was approachable and provided them with guidance and support in their roles. They informed us that as a result, staff morale was good. The manager informed us that she made herself available every Friday afternoon for any member of staff who needed a confidential chat or who wished to discuss a concern. Through examination of relevant documentation and discussion with care assistants, we found that a variety of staff training was arranged; either as a classroom-based activity or via e-learning courses. Mandatory courses included moving and handling of people, safeguarding of adults at risk, fire safety and infection control. Other training courses included dementia awareness, falls prevention and person-centred care planning. Formal one-to-one staff supervision was carried out every two months and we saw from a completed supervision template that staff were provided with confidential opportunities to discuss their performance, training needs or any concerns with their line manager. The registered manager informed us that whenever an issue arose with the practice or behaviour of a member of staff, supervision would be undertaken more frequently and that the provider had recently developed a "staff counselling record" for such purposes.

We conclude that the service adopts safe recruitment practices and staff are supported to increase their professional knowledge, understanding and skills. This in turn ensures that residents receive a high standard of care.

People are supported by a service which is committed to quality assurance and on-going improvement.

We found that the home had a robust system in place for quality auditing. Medication management and care plans were audited on a monthly basis and action plans were devised for any areas where improvements were required. We saw that quarterly audits were carried out in respect of infection control, falls and catering, while health and safety audits were completed twice a year. Results were sent to the provider's Standards and Compliance Team. The registered manager informed us the home had a dedicated falls team which met on a bi-monthly basis for the purpose of discussing how to reduce residents' falls. Strategies had included consideration of the suitability of bed rails, ensuring

residents were appropriately stimulated and occupied, and introducing weight bearing exercises. We saw documentary evidence that the incidence of falls in the home had been significantly reduced over recent months since the home had adopted a change in its approach to dementia care.

We viewed the most recent bi-monthly report produced by the company's area director on behalf of the provider, the contents of which reflected four quality monitoring visits to the home in September and October 2017. Information was thorough and evidenced engagement with residents and feedback from staff. Any action that needed to be taken was clearly indicated for the manager and staff to address.

The home's annual quality assurance report was due in December 2017 and we found that questionnaires had been sent out to residents, their relatives and staff to obtain feedback about the home. Where questionnaires had already been returned, we saw that comments had been considered and action plans for improvements had been devised.

We conclude from our findings that the service monitors and evaluates outcomes for residents in order to ensure their needs are met and their well-being is promoted.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

No areas of regulatory non-compliance were outstanding from previous inspections.

5.2 Areas of non compliance identified at this inspection

No areas of non-compliance were identified at this inspection.

5.3 Recommendations for improvement

The following recommendations were made to promote the well-being of residents:

- Nursing and care staff should ensure that residents' 24 hour total fluid intake is recorded on the relevant chart;
- Nursing and care staff should ensure that all topical medication is appropriately signed for on the relevant chart.

6. How we undertook this inspection

We (CSSIW) visited the home without prior warning on 21 November 2017 for the purpose of conducting a full inspection. As evidence for our report, we used the following sources of information:

- Consideration of information held by CSSIW since the previous inspection in March 2017;
- Observation of routines and care practices in the home;
- Conversations with the registered manager and various other members of staff;
- Brief conversation with two residents and discussion with visiting family members;
- Examination of four resident care files and related daily recordings;
- Examination of two staff personnel files, including recruitment information and supervision records;
- Consideration of staff training;
- Examination of the home's quality assurance processes;
- Examination of service maintenance records, and
- Inspection of areas of the home and grounds to which residents have access.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	HC-ONE Ltd
Registered Manager(s)	Caroline Price
Registered maximum number of places	52
Date of previous CSSIW inspection	14 & 16 March 2017
Dates of this Inspection visit(s)	21/11/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Not at present.
Additional Information:	

No noncompliance records found in Open status.