



Inspection Report on

Meadows Nursing Home

**Meadows Emi Home
Church Road
Johnston
Haverfordwest
SA62 3HE**

Date Inspection Completed

30 November 2021

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About Meadows Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	meadows nursing home Ltd
Registered places	59
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards

Summary

People who have made The Meadows their home are generally well cared for and mostly safe. The comfortable environment and relaxed atmosphere helps people and their visitors to feel at ease.

The manager and chief executive officer (CEO) are experienced and respected by the staff team. They are visible and have a good knowledge of the people in the home and those caring for them.

People can make some choices about aspects of their care and are able to take part in some activities. Relatives' views of the service are mixed with one describing the home as "*marvellous*" whilst others were critical of the care people receive.

Most staff feel valued and are able to discuss any ideas or concerns with their managers.

Well-being

People are generally safe and protected from abuse and harm. All staff know the action they must take if they suspect a person is at risk. They are confident their managers will take the appropriate action. Incidents are not always reported to the required agencies.

Most relatives are satisfied with the measures the home is taking to reduce the risk of Covid 19 in the home, saying they appreciate the work being done by staff to keep people safe. Some relatives, however, consider the restrictions to be excessive. Care workers wear PPE correctly. Access to, and exit from, the home is controlled by staff to ensure only those with a legitimate reason are permitted entry to the home.

People have some control over their day to day lives but the care plans do not contain information which sets out people's preferences. People are encouraged to take part in activities but their individual wishes are respected if they choose not to. There is a choice of meal, but no evidence people's likes and dislikes are considered for those people who are unable to express a preference. We were told, however, the chef does spend time with each person when they move into the home to discuss their food preferences.

Visiting the home is by pre-booked appointment and whilst some relatives agree to the limitations placed on visiting, others find the rules excessive.

People have some good relationships with those caring for them. One person described the staff as "lovely" and another said they are "all very good". Some relatives are equally positive about the staff, with one saying "they are brilliant with X" and another said "they are marvellous, so helpful". Care workers mostly feel they all share the same values, but one told us some care workers are less caring than others. Those we spoke with are motivated by providing people with good care, describing it as both "an honour and a privilege" to care for those living in the home.

Care and support is not always offered to maximise and maintain people's health. Care records are difficult to navigate and retrieve information from, recommendations are not always followed up on, and incidents are not always reported. However there is enough moving & handling equipment and pressure relieving aids. A nurse is always available for advice and guidance.

Care and Support

There is a good understanding of the importance of nutrition. The home is awaiting a re-inspection by the Food Standards Agency as they were awarded a rating of one at the last inspection. We found the kitchen to be clean; well equipped and appears well organised. Most people are complimentary about the food describing it as “*very good*”. One person told us it is “*so-so*”. Most meals are prepared using fresh ingredients and there is little reliance on processed food. Special events are catered for, as are special diets, with food being fortified as necessary to increase their calorific value. One person is meant to be having thickened fluids to reduce the risk of choking, however this is not being offered to the person. The head chef appears to take pride in their work and all of the staff we spoke with say the quality of food has improved significantly since the arrival of the new chef, with one describing them as “*fantastic*”. We saw staff assisting people with their meals and doing so by sitting alongside the person and not being distracted by other duties.

Most people use the dining room for their meals in the Meadows part of the home, but we saw most people in The Willows, eat their meals in the lounge. Care workers are unable to give any clear rationale for this and there is no evidence of any expressed preference made by the individual of where to eat their meals. There is insufficient room in the dining area for everyone to have their meals. The manager told us it is not possible for some people to sit in dining chairs due to their health needs. We have asked the provider to consider ways to enhance people’s dining experience by using the dining room where possible.

Care records are stored electronically with some care workers having electronic hand held devices and others using tablets. Some care workers find the electronic system good, but others are yet to see any real benefits of it. We found they contain a range of care plans. It is not easy to see what people’s immediate care needs are. We did not see any record of people’s personal histories; their likes & dislikes and who & what is important to them. Despite this, some care workers did demonstrate a good knowledge of people.

We could not find evidence of care plans being updated following significant events and also could not find evidence some recommendations were followed up. Some fields on the electronic system have not been completed, including the personal emergency evacuation plans (PEEPs) and physical observations. Daily entries are brief and provide a description of care workers observations of people. For example “*appears settled*” and “*settled and had a good night*”. There is no evidence of any engagement with people. The activities co-ordinator spends time with people both individually and in groups, but there is no record of the outcomes of such participation in the care records. The manager assured us this is being addressed and with immediate effect, the outcome for people of the time they spend with the activities co-ordinator will be recorded in the daily notes. One staff member told us they are unable to retrieve some information entered onto the electronic system.

There are some things for people to do. During the inspection we saw one person having their nails done. Other activities include a ladies’ tea and a separate mens’ tea; listening to music and having some outside entertainers come in to the home. Several people are scheduled to visit the home in the weeks leading up to Christmas. Some care workers feel people would benefit from more activities and one said the main source of entertainment is the television. The activities co-ordinator appears motivated and person centred and is researching specific activities to benefit those people living with dementia.

People’s care needs are met, but some improvements are needed. Incidents are not always reported and followed up on. A nurse is on duty at all times for professional advice and care workers know the action they are required to take in the event of an incident, but the correct action is not always taken. People who are at risk of pressure damage due to reduced mobility have the

necessary aids and care workers are able to recognise when a person's skin is at risk. We saw records which confirm people's repositioning needs are met but could not see records of the frequency of such repositioning. An action has been taken which has resulted in a person not having the mobility aid of their choice. The decision for this requires review to ensure the person can mobilise safely. We were told a health professional is to assess the person imminently. Consideration should also be given to ensure any restrictions are both lawful and proportionate. There is not always evidence recommendations are followed up on. For example, a referral was recommended to another health professional for one person but there is no evidence this has been done.

Some relatives say they are not always able to speak to staff in the home, with one telling us they tried many times over a period of days before getting through to the home and another said they did not get a helpful and courteous response from staff. One said they were not informed of an incident involving their relative. Others, however, said they are kept informed about changes in people's health, and also following significant incidents, telling us "*Y is getting the best care available... I cannot fault them*".

Environment

People receive their care in a suitable environment. Accommodation is on two levels and there is a lift to enable people to move between floors.

Many of the rooms have been personalised with ornaments and photographs and most rooms have some en-suite facilities. People have an area in their room where they are able to sit as an alternative to spending time in the lounges.

The furnishings are in fair order and the home is reasonably well maintained. Some areas are in need of redecoration and refurbishment as some tiles in one of the bathrooms need replacing, and there are some areas of worn or stained flooring. Corridors are free of clutter and safe for people to mobilise.

There is a hairdressing room but this is not being used. The provider said work is planned to make this room useable for people to benefit from.

During the first day of the inspection, there were some malodours but most of the home appeared clean and people are satisfied with the standards of cleanliness.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front door bell before gaining entry. Visitors are also required to provide evidence of a negative lateral flow test result to reduce the risk of Covid 19 being taken into the home.

Peoples' personal care records are stored electronically and are only available to care workers and healthcare professionals who are authorised to view them. Other personal and confidential information is stored securely.

The audits carried out by the CEO demonstrate equipment and services are regularly checked and in working order.

Leadership and Management

There are some effective governance arrangements and comprehensive audits and checks are carried out by a senior manager. These include environmental checks; checks on staff training; equipment and care planning. The most recent audit shows a compliance score of just under 70% with some areas identified as needing urgent attention and others were assessed as compliant. The audits have not picked up on the short-falls in the electronic records nor the gaps in reporting incidents.

Most staff consider there are enough care workers on duty, although some say more are needed. We saw care workers are busy but the atmosphere was calm with no rushing around. Care workers say they have enough time to spend with people and care is not rushed. A dignity champion is employed who feels able to discuss with staff when people's dignity needs could be better, or more effectively met and also to consider good practice. Some relatives, however, say the home is short of staff, particularly at weekends. The rotas do not show a significant reduction in staff at weekends. There are two registered nurses on duty during the day and one at night. Care workers describe them as helpful and responsive and will offer assistance and advice in a timely way. The nurses confirmed they are able to respond promptly to requests.

Most care workers say are up to date with their training and are not asked to do anything for which they do not feel confident nor competent. The training matrix indicates almost all staff have completed dementia care and challenging behaviour training. Some care workers would value additional dementia care training and the manager told us face to face training had been arranged but did not take place due to the pandemic. Most care workers have completed training in a range of areas, including Moving & Handling; First Aid and Safeguarding. However, some training is out of date. This is largely due to the pandemic. Staff need to complete their QCF level 2 as set out by Social Care Wales. Some relatives consider care workers are skilled.

Care workers get feedback on their work and say this is balanced and supportive. The majority of care workers had supervision in October 2021, but in the months leading up to that, it was not always carried out every three months. Some group training sessions are recorded as supervision on the matrix. All of those we spoke with know how to raise any ideas or concerns and are confident of receiving a timely and helpful response.

Staff are appointed following a robust recruitment process. The necessary checks are carried out and references obtained. Staff files are organised and easy to navigate.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
21	Care plans are not written following significant incidents. . Incidents are not always reported on.	New

	<p>Advice is not always followed up on. One person was to have thickened fluids to reduce the risk of choking. This had not been implemented. Information can not be retrieved from the electronic records system. Records do not contain information about people's backgrounds and what matters to them. Audits are carried out but these shortfalls are not always picked up on. One care workers said they read people's records during their break and another said they had not seen the care records; does not know people's backgrounds and does not have time to read them.</p>	
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