

# Inspection Report on

Meadowlands

Meadowlands Care Home
Abernant Road
Aberdare
CF44 0PY

**Date Inspection Completed** 

18/07/2023

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# **About Meadowlands**

Type of care provided	Care Home Service
	Adults With Nursing
Registered Provider	HC One Limited
Registered places	52
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert]23.1.2023
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

# **Summary**

People receive support from nurses and care workers who are kind, committed and who are familiar with people's needs, wants and routines. People are supported to make daily choices and participate in a variety of activities they appear to enjoy. Mealtime experiences are positive, and people are supported and encouraged to eat a good variety of meals. They have choice about what they eat and where they prefer to eat. People benefit from detailed and current personal plans, which are reviewed regularly. Nurses and care workers provide care and support in a dignified, respectful manner and there are adequate numbers of staff to ensure people receive care and support when they need it. There is a positive sense of teamwork amongst staff, who are led by a pro-active, well-respected manager. Staff receive training to help them carry out their work safely and efficiently and supervision is provided on a regular basis. Up to date policies and procedures support good practice. Equipment is in good working order and serviced as required. Governance and quality assurance arrangements are good and enable the service to reflect and develop. The responsible individual (RI) oversees the quality of care while the manager oversees the day-to-day running of the service.

### Well-being

People have a voice and are listened to. Whenever possible, staff encourage people to be as independent as they can be and to have control over their day-to-day life choices. The statement of purpose and written guide are available to individuals or their representatives. A good programme of activities take place but are flexible dependent on people's wishes and abilities on any given day. The service asks individuals about their wishes, involves them or their representatives in the planning of their care, and ensures their support is appropriate.

Individuals have access to various health and social care services. Information regarding their physical and emotional health, well-being and behavioural support needs are identified within their care files. The staff team know people very well and are able to recognise any physical or mental health issues quickly, adapt their approach and source advice from medical professionals in a timely way if required.

Individuals live in suitable accommodation, which supports and encourages their well-being. Their rooms contain personalised items, are suitably furnished to encourage their independence, and enables them to have private time. Environmental building checks are completed and documented routinely. There are several communal areas to support activities and social experiences. The home is organised well, staff and management reduce hazards as far as practically possible.

There is a clear management structure in the service. We received positive feedback from the staff we spoke with, who told us they feel valued and supported by the manager. There are effective systems for monitoring and auditing standards of support and the environment, overseen by the RI.

People are safe and protected from harm as far as possible. The entrance and exits to the home are secure and no hazards were identified throughout the visit. The home is clean throughout and staff practice good infection prevention control. Staff are confident in their use of personal protective equipment (PPE) and there is a sufficient supply in place. Staff are recruited and vetted safely, and there is a thorough induction process in place. Policies and procedures are up-to-date and promote safe practice. Medication is stored appropriately and administered as prescribed. Nurses and care workers understand their safeguarding responsibilities and feel confident in raising concerns with management.

## **Care and Support**

People receive the right care at the right time. Personal plans of care are detailed and clearly outline people's needs and how they should be met. There are risk assessments in place where required and all documents are reviewed regularly to ensure they are kept current and accurate. Care workers have built positive relationships with the people they care for and have a good understanding of people's needs. Relatives and individuals we spoke with told us: "they are absolutely marvellous here" and "they make so much fuss of her". Consistent staffing levels ensure people receive the right care at the right time. People are able to take part in a range of activities that are tailored to their individual needs. There is an activity coordinator whose dedication ensures people have their preferences identified and do the things that matter to them. There are good safeguarding measures in place. Staff have relevant training to recognise signs of neglect, abuse and poor mental or physical health. They are aware of their safeguarding responsibilities and know what action to take if any concerns are identified.

There are safe systems in place for the management of medication to maintain people's health. Medication is stored securely in designated medication rooms which are kept locked. We saw that medication administration record (MAR) charts are on an electronic system and completed accurately. A few nurses and care workers have been in post for several years and subsequently know the people they support well and recognise any deterioration in health. We saw that people are supported to attend routine medical appointments which are documented in their care files. Medical assistance is sought promptly if any issues arise with people's health.

People experience warmth and kindness. We saw care staff treat people as individuals. They are very attentive and respond to people's different needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. Staff speak in a friendly, caring and respectful way and people respond positively. Relatives told us "I'm really happy with everything here", "It's a lovely home" and "the care is very good". We spoke to people living in the home, one told us "I like it here". Others smiled when asked and one person gave a 'thumbs up'. We witnessed positive and caring interactions during this inspection where care staff were supporting people in a dignified manner.

#### **Environment**

The service is secure from any unauthorised visitors and carries out regular environmental checks. On arrival we were asked to sign the visitor's book and our identity was checked. We saw evidence of ongoing servicing and maintenance checks of all utilities and equipment to ensure these remained safe and fit for purpose. Fire equipment such as alarms and emergency lighting are checked, and people have a PEEP (personal emergency evacuation plan) in place in the event of an emergency. Effective daily cleaning schedules are in place as all parts of the home are clean, tidy and well organised. We saw window restrictors in place and harmful chemicals stored securely. We saw the laundry facilities, which are suitable to meet the needs of people living in the home.

A personalised environment supports people to feel included, uplifted and valued. The home takes a sympathetic approach to accessorising rooms to find a balance between creating a warm, homely environment whilst maintaining personal safety. People's bedrooms reflect individual tastes. We spoke with the activity coordinator who is personalising people's rooms with wall art which reflects their individual interests. We saw people using the main and smaller quieter lounges; there is sufficient space to meet the needs of different interest. The grounds are of a good standard with sufficient areas to enable people to have access to safe, pleasant and interesting outdoor space.

# **Leadership and Management**

The service is well-run and managed. Staff give positive feedback about the manager which included: "She is really fair", "Brilliant" and "We get on like a house on fire". Robust governance, auditing and quality assurance arrangements are in place to support the efficient running of the service. These systems help the service self-evaluate and identify where improvements are required. We saw evidence of the RI undertaking the legally required three-monthly service visits and six-monthly quality of care reviews. Thorough policies and procedures, such as for infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. There is a complaints policy and procedure in place and complaints are appropriately investigated and outcomes recorded. Communication is effective, open and transparent. There is a daily meeting with head of departments.

People are supported by nurses and care staff who are recruited safely, have access to training and regular supervision. Recruitment checks ensure staff are of good character and hold the necessary skills and qualifications to undertake their role. Nurse pins are valid which evidences their suitability for practice. Care staff are registered with Social Care Wales (SCW), the work force regulator. All staff have a valid disclosure and barring service check (DBS) which are kept under review by the human resources (HR) department. The training matrix viewed and feedback from staff evidence staff have access to and have completed suitable training for their roles. Records relating to supervision show staff are receiving the regulatory required levels of formal support. This supports their professional development and gives them the opportunity to discuss any concerns they may have. Staff told us: "I do enjoy working here", "I love this job", "I absolutely love it here" and "It's a family, friendly atmosphere".

The vision and ethos of the service are clear. A Statement of Purpose sets out the service's aims, values, and support available. We found this to be consistent with the service provided. A written guide is available for people in the service, containing practical information about the home and the support provided. The service also offers various formal and informal opportunities for people to ask questions and give feedback. Both documents are available in Welsh.

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		
21	The care provided is not always in accordance with personal plans.	Achieved		
36	Scheduled staff training is not always completed in a timely manner.	Achieved		

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	
N/A	No non-compliance of this type was identified at this inspection	N/A	
36	The provider is not compliant with regulation 36(2)(c). This is because not all staff have received the required level of supervision / appraisal	Achieved	
15	Not all personal plans provide consistent guidance or document current needs.	Achieved	
34	Staff do not always evidence sufficient knowledge around individual medication requirements.	Achieved	

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