



## Inspection Report on

**Meadowlands**

**Meadowlands Care Home  
Abernant Road  
Aberdare  
CF44 0PY**

## **Date Inspection Completed**

18/07/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gov.uk](mailto:psi@nationalarchives.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## 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	18 July 2023
Does this service promote Welsh language and culture?	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

Meadowlands provides care and support in a warm and friendly environment. The premises is safe and accessible and has suitable indoor and outdoor areas. Staff know people well and interact in a kind and caring manner. Care files detail how people like their needs met and are reviewed regularly. A well-being officer provides support with activities, and these are varied to ensure people's physical and emotional well-being. Staff feel supported, are usually happy, and confident in their roles. Staff receive supervision and training, and policies are in place to provide guidance. Audits and oversight by the management team are carried out. Good quality assurance systems are in place, and the Responsible Individual (RI) visits the service and carries out their regulatory duties as required.

## Well-being

People at Meadowlands have support and opportunities to have control over their lives. Personal plans are clear, involve people if possible and their representatives, and are usually reviewed regularly. A statement of purpose is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. The manager deals with complaints.

There are good systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed and this is evidenced in people's care files. Best interests assessments and authorisations for people who are being deprived of their liberty are in place, with advice and conditions clear in people's care plans. Staff work to offer choice of meals with a six-weekly menu that is varied and nutritious. Alternative dietary needs are also considered. The service currently has a 'very good' Food Standards Agency score of 5, following their most recent review by an Environmental Health Officer.

Staff can identify when people may be at risk of harm or abuse. Risks to people's health and safety are included in personal plans and risk assessments. The service provides safeguarding training. Policies around safeguarding and whistleblowing are in place. Care staff understand the requirements when reporting a potential safeguarding issue.

People can contribute to, and enjoy, safe and healthy relationships. Interactions between staff and people are warm, friendly, and familiar. People are safe and appear happy at Meadowlands, and feedback from relatives is very positive. People maintain contact with loved ones through visits to the home or trips out. There are appropriate security measures in place such as intercom entry and signing a visitors' book. Staff consider people's communication and language needs, and the service provides the Welsh Active Offer.

## Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. The manager completes a pre-admission assessment before deciding whether the service can support people's needs.

Staff have an accurate and up to date plan to provide care to people. People where they are able, their relatives, and other professionals contribute to personal plans, making them relevant to people's individual needs. Plans to move to an electronic care planning system will give the opportunity to streamline and review the large amount of information currently in care files. Records of communication between staff, relatives, and other professionals are kept. Staff know people well. Interactions are warm and friendly and feedback from relatives is positive. One relative said "*They're very good...always something going on...she seems happy.*"

A newly employed well-being officer supports people with activities such as crafts, games, colouring and crosswords, balloon badminton, one to one conversations, and reminiscence work. A 'Three Wishes' Project and other tools such as 'Remembering Me' and Sunshine Assessments are used to ensure people's wishes are considered in planning activities and support. We were told of a recent open day, a singer who visits, and re-establishing links with the local children's nursery. The service has a wheelchair accessible mini-bus for trips out. Activities such as a Wimbledon Day and Fun Fair Day were observed during our inspection visits. A hairdresser attends the service weekly. There are a number of lounge, dining, and other seating areas indoors and outdoors available for use. There is plenty of food and choice to meet people's dietary needs, and the kitchen also gets involved in activities such as the monthly 'Around the World' day.

People have good care and support and access to healthcare and other services. We observed positive interactions between people and staff, and saw files show involvement from other professionals. There is a medication policy. Protocols and arrangements for safe and appropriate medication management are in place and were observed. Only qualified nursing staff administer medication. Records of as required medication (PRN), controlled drugs, and covert medication is kept appropriately. Electronic medication charts are accurate, signed by staff, and regularly audited by the management team with actions taken to address any issues/lessons learnt. Daily medication room and fridge temperatures are kept, ensuring safe medication storage.

The service considers people's communication needs, evident in people's care plans. The service offers documentation, including the statement of purpose and written guide, in both Welsh and English. Some staff at the service speak Welsh and signage around the care home is in both languages. The provider's website and social media platforms offer the option to have information in both Welsh and English.

## Environment

The service provides people with care and support in a location and environment, with suitable facilities and equipment, that promotes their personal outcomes. It is accessible and safe with appropriate security measures in place. The general environment is warm, welcoming, clutter and odour free. The service is homely and appropriate to the people living there with pictures, decorations, and suitable furniture. Facilities/equipment such as lifts, bathing aids, and hoists are used and stored safely. Bedrooms are clean, tidy, and personalised. There is a home improvement plan in place including further refurbishment work such painting bedrooms and replacing the bath and shower in the downstairs bathroom.

Outdoor spaces have patio areas, potted plants, seating, a gazebo, and are accessible to people and secure. Fundraising has helped to update and make these areas pleasant for people and families to use.

There are maintenance staff on site and hygienic and risk infection practices are in place. We saw records of maintenance and servicing which are up to date including hoist, bath aids, beds, and lifts. Legionella and water safety checks, PAT (Portable Appliance Testing), and gas and electrical safety certificates are completed. A fire safety risk assessment and personal emergency evacuation plans (PEEPs) are in place. Fire and safety extinguishers, a floor map, and regular fire drills are evident at the service.

An infection control policy is in place. We observed staff using personal protective equipment (PPE) appropriately, with hand-sanitiser and PPE such as gloves and aprons throughout the service. Other infection and prevention control measures such as cleaning were observed.

## Leadership and Management

People are supported by a staff team who are suitable to work in the care sector. Recent changes in management at the service has had some impact on staff morale. However, staff feel the temporary manager in place is approachable and pro-active so feel morale will improve. Recruitment information is kept, with all regulatory checks completed for all staff including up to date Disclosure and Barring Service (DBS) checks. Appropriate training ensures staff have the knowledge and skills to provide the level of care and support required in helping people achieve their personal outcomes. Most staff have received regular one to one supervision and up to date annual appraisals to support their well-being and professional development. We spoke to staff who are confident in their jobs and feel supported by the management team. Staff have daily flash meetings and regular team meetings, and told us about being recognised for their work with the provider's Kindness in Care Awards. One staff member told us *"It's a lovely place to work...I miss it when I have a day off."* Another said of the manager *"Amazing...takes the weight off my shoulders."*

People have access to information about the service. We saw the statement of purpose and the service user guide are available for people to see, which includes the complaints/compliments procedure and advocacy contacts. These are appropriate to the service, informative and easy to understand. Other information around access to other services is available at the entrance.

The provider supports staff to raise concerns about the service through whistleblowing procedures. A policy is in place and staff can access this. There are accessible safeguarding policies and procedures, and staff have had training in these areas. A number of other policies are available to staff to provide guidance in their roles.

Good processes are in place to monitor the quality of the service and follow up any actions. Satisfaction surveys are sent out annually, and the home has regular staff and resident/relative meetings. The home is also on CareHome.co.uk and received a score of 9.7 in June 2024. Regular audits are carried out by the management team and the Quality Improvement Lead. A Home Improvement Plan (HIP) is continuously reviewed with action plans and lessons learnt in place. The RI and Area Director also carry out monitoring at the service and provide good support to the management team. The RI visits the service and speaks to people and staff. Records of these visits are available at the service and evidence recommendations and areas for improvement for the HIP. Quality of care reviews are completed at least every 6 months as per regulatory requirements.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.

### Area(s) for Improvement

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



	inspection	
--	------------	--

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 27/08/2024