



Inspection Report on

Meadowlands

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

9 June 2022

09/06/2022

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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	1 October 2021
Does this service provide the Welsh Language active offer?	Yes. 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

This was a focussed inspection. We did not consider all themes in full but concentrated on aspects of care and support and leadership and management.

People receive personal care and nursing care from a team of staff who are friendly and appear familiar with their needs. Supplementary care documents such as food and fluid intake records and repositioning records are being completed consistently. The service is trialling new processes to monitor skin integrity. Staff feedback is largely positive and suggests that staff communication and relationships have improved. Management in the home is being strengthened by the appointment of a deputy manager. There is not currently a Responsible Individual (RI) in post, however an application is being processed and an interim RI and managing director have been offering support and oversight.

Well-being

As this focussed inspection is only looking at some areas of care and support and leadership and management, we will consider wellbeing only in the context of these areas.

People are supported to be as healthy as they can be. We spoke to a visiting health professional, and they advised that they have seen good progress in the home, with both referrals to them and implementing guidance given. The service has vacancies for nurses and recruitment is ongoing. However, agency nurses are now block booked to improve their familiarity with the home, people living at the home and staff.

Systems to protect people from harm have been strengthened. The service has implemented guidance from external agencies regarding previous concerns over skin integrity, and this appears to have resulted in improved monitoring and treatment of skin breakdown. Some staff have not completed the required refresher training in safeguarding to ensure their knowledge is up to date.

Care and Support

This was a focussed inspection looking at care documentation, daily monitoring and maintaining skin integrity. Other aspects of care and support will be considered at the next full inspection.

Personal plans identify current care needs. We were told that a 'resident of the day' system has been reintroduced to ensure care plans and risk assessments are reviewed regularly and kept up to date. There are a variety of supplementary charts to be filled out on a daily basis, depending on people's needs. The sample of charts we viewed were consistently completed, and we observed staff filling these out throughout our visit. Food and fluid charts showed target intakes and calculations of total amounts. Most repositioning charts noted position changes at regular intervals. Close observation charts are completed in specific circumstances, noting the person's location in the home at certain time intervals. A new process for risk assessing and monitoring skin integrity is being piloted in the home. The manager told us the document templates will guide carers to complete more targeted skin checks. There needs to be ample time for nurses to complete the risk assessments thoroughly and accurately, as this will inform all other monitoring and intervention. There were no reported issues with skin integrity on the day of our visit.

Environment

As this was a focussed inspection, the home environment was not considered in full. However, we saw that redecoration and refurbishment is being undertaken in the home. Staff told us that this investment in the home boosted people's moods, and they were looking forward to being able to use the new outside space that is being created.

Leadership and Management

This was a focused inspection looking at communication between staff members and management oversight of the home. Other aspects of leadership and management will be considered at the next full inspection.

Staffing levels and morale have been variable due to the effects of the pandemic. Work has been done on defining staff members roles and responsibilities to improve communication and handover of important information between staff. Staff gave us positive feedback about the progress that has been made. They told us: *“Things have got better in the last three months”, “I think there’s more respect and more teamwork now”, “carers will report things to me [nurse], I feel better about that”*. Agency staff are booked in blocks to improve consistency of care and build the professional relationship with other staff. We saw evidence of daily handovers, and a ‘huddle’ between care staff and nurses halfway through a shift to share any questions or issues. Additional care staff have been recruited to reflect the complexity of people’s needs and allow care staff the time to meet their needs, monitor them as required and maintain comprehensive record keeping. There is also a deputy manager due to start at the service shortly, who will support the manager and help nurses and care staff to maintain standards in clinical care. There are some gaps in staff training, and this will be followed up at our next full inspection. The service provider reports that the manager and staff at Meadowlands are responsive and receptive to advice and guidance to improve quality of care in the home.

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
15	Not all personal plans provide consistent guidance or document current needs.	Reviewed
21	The care provided is not always in accordance with	Reviewed

	personal plans.	
34	Staff do not always evidence sufficient knowledge around individual medication requirements.	Reviewed
36	Scheduled staff training is not always completed in a timely manner.	Reviewed
15	Regulation 15 – care plans must evidence: (1)(b) personal outcomes, (6) involvement of the individual in their care and support, and (7)(c) views, wishes and feelings are taken into account	Achieved
21	Regulation 21 (1) – people must be supported with mental and social well-being especially people who are most or all of their time in their room/bed	Achieved
36	Regulation 36 (2)(c) – regular supervision of staff	Achieved
44	• Regulation 44 (4)(i) – cleanliness of premises	Achieved
48	Regulation 48 (e) – storage of equipment and supplies: medication rooms and continence pads	Achieved
56	Regulation 56 (1)(a) - hygiene and infection control: regarding personal items in communal bathrooms, cleanliness of bathing and sluice equipment, availability of disposable gloves and bin liners	Achieved

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