



Inspection Report on

Meadowlands

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

Date Inspection Completed

1st October 2021

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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	The service is currently working towards a Welsh Active offer.
Does this service provide the Welsh Language active offer?	Yes

Summary

Staff offer support in a warm and kind manner and people appear well cared for and content. Personal plans and risk assessments are detailed and benefit from regular reviews. However, some plans do not reflect changes in people's needs, and monitoring checks are not always in line with the frequency required. Systems in place ensure medication is stored and administered safely however, on the day of inspection not all medication was provided in line with individual requirements.

The environment benefits from ongoing maintenance and a refurbishment programme is currently taking place. The service has effective infection control measures and staff wear PPE in line with guidance. Up to date policies and procedures support good practice and staffing levels remain adequate with limited support from qualified agency staff. Staff recruitment is effective and supervision is undertaken routinely however, the completion of scheduled staff training requires improvement. The frequency of the responsible individual (RI) visits and quality of care reports are completed in line with regulations.

Well-being

Friendly care workers treat people and their relatives in a warm and caring manner and offer personalised care. Personal plans document people's individual preferences, interests and daily routines. People receive support to maintain contact with relatives and friends who are important to them. An activities co-ordinator is in place to help people occupy their day. Bedrooms reflect people's tastes and meals are adapted to cater for individual preferences. Care provided appears of a good standard with consideration given to routines and wishes. Overall, relatives report being happy with the care offered by the service.

Overall, the service promotes people's physical wellbeing. Plans and risk assessments are in place to provide guidance on individual care needs. However, some areas require improvement to ensure these remain accurate. Regular contact with health professionals and specialist teams support people's physical health. Meals are of a good standard, offering adequate portions and choice. The monitoring of nutritional intake ensures people maintain a healthy weight. However, monitoring checks around maintaining skin integrity requires improvement. Medication is stored and administered in a safe but not always timely manner. The maintenance of the environment is to a good standard and senior managers complete regular checks and audits to support good practice.

People are safe and protected from abuse. The home undertakes appropriate security checks, fire safety measures and an ongoing programme of maintenance and repairs to ensure the environment remains safe. Up to date policies and procedures provide guidance on continued good practice. The RI's oversight of the service is in line with regulations and the reporting of incidents is completed in a timely manner. Care workers are confident in their use of personal protective equipment (PPE) and the service has a sufficient supply in place. Staff recruitment checks are thorough although the completion of staff training requires improvement to ensure staff remain sufficiently skilled.

The service provides positive care and support. Care workers demonstrate a good understanding of what is important to people in their day to day lives and recognise routines and individual needs. Feedback from people living at the service was limited. However, we noted on the day of inspection people appeared happy and settled in their environment. We observed the lunchtime experience, which was pleasant and unhurried. We saw care workers engage with people in a calm and patient manner and noted a number of friendly interactions throughout the day. Overall relatives we spoke with were complimentary about the care provided by the service, comments include care workers are “*marvellous*” and “*I’m always happy with the home*”. Three out of four relatives report feeling welcome when visiting the service, benefitting from receiving regular updates and participating in decision-making. We noted, on the day of inspection the management team quickly responded to concerns raised by one relative who was unhappy with some aspects of care and communication.

Some areas of documentation would benefit from improvement to ensure they remain accurate and up-to-date. Personal plans feel person centred, documenting important aspects of people’s lives, how to improve individual wellbeing and how to maintain privacy and dignity when offering care. Risk assessments in place support in minimising any physical or emotional risks to self or others. The service records all contact or recommendations made by medical and social care professionals. Daily notes contain a good level of detail. Out of the four personal plans viewed, one did not accurately reflect the person’s current needs while two others did not provide clear guidance on either the frequency of repositioning checks or wound management care. We found additional records such as those used to record re-positioning tasks were not completed in line with plans. While no immediate action is required, these are areas that require improvement and we expect the provider to take action.

Medication is stored and administered safely however, improvements are required to ensure qualified staff members are knowledgeable about individual medication needs. We examined medication administration and controlled drug records. We found these completed correctly with no gaps or errors. The service records medication allergies and routine stock checks appear accurate. The completion of daily room temperature checks ensure medication remains effective. On the day of inspection, we found despite written guidance, qualified staff had not considered time critical PRN (as required) medication in a timely manner. While no immediate action is required, these are areas that require improvement and we expect the provider to take action.

Environment

The home environment is clean and secure. Access to the building is safe with checks undertaken to ensure authorised entry. Visiting arrangements are in line with current

guidance and COVID tests completed as required. Improvements to the gardens have been completed and appear well maintained. The home in general looked clean and uncluttered but the interior decoration appeared tired in some areas. The RI informed us the service is currently undergoing a refurbishment programme. This is to update those areas of the home in need of cosmetic improvements which include communal areas and selected bedrooms on the ground floor. Confidential records and personal information is safely stored in locked cabinets or on password protected computers.

People are safe from the risks of harm within the environment. Harmful chemicals are locked away safely and equipment looks clean and well maintained. Personal Emergency Evacuation Plans (PEEP's) in place ensure people receive the right level of support in the event of an emergency. Maintenance records confirm the prompt completion of general repairs and routine testing of fire alarms and general servicing certificates are up to date and satisfactory.

Leadership and Management

There are arrangements in place to support the management of the home. The service undertakes audits and routine checks to support core areas of practice. Team meetings held on a regular basis update staff on any changes to policies or practice. The statement of purpose is accurate and up to date. We saw evidence of the completion of three monthly

visits by the RI and six monthly quality of care reviews. These consider aspects of good practice and identify areas requiring improvement.

The service recruits staff safely however, the completion of training requires some improvement to ensure staff remain sufficiently skilled. Recruitment checks ensure staff are of good character and hold the necessary skills and qualifications to undertake their role. Records show the service undertakes regular team meetings and one to one supervision sessions. We found the service referred safeguarding concerns promptly to the local authority. Care workers demonstrate a good working understanding of key policies including their responsibilities around safeguarding. Staff report feeling confident and skilled in their roles. The training matrix shows care workers do not always complete training sessions within scheduled timeframes. While no immediate action is required, this is an area that requires improvement and we expect the provider to take action.

Overall, care workers feel supported in their roles and people can be confident of sufficient staffing levels. The majority of care workers told us they receive support in their roles and were complementary about the support they receive from the management team. Care workers stated the senior managers have a visible presence in the home. They described the manager as “*approachable*” and “*responsive*” to any issues or concerns raised. Supervision records evidence staff receive regular supervision sessions. Discussions with senior managers confirmed the use of qualified agency staff to ease staffing pressures. Night staff we spoke with reported agency staff were not always familiar with the documents or systems in place. This created additional duties for them, which they often found difficult to complete due to limited time. On the day of inspection, we found adequate staff on duty and managers provided assurances the service has an ongoing recruitment drive to attract permanent staff.

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	New

	guidance or document current needs.	
21	The care provided is not always in accordance with personal plans.	New
34	Staff do not always evidence sufficient knowledge around individual medication requirements.	New
36	Scheduled staff training is not always completed in a timely manner.	New
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	<ul style="list-style-type: none"> 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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