



Inspection Report on

Meadows Nursing Home

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

Date Inspection Completed

04/03/2024

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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	19 July 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The Meadows is led by an experienced manager who is supported by a team of motivated staff who mostly feel valued and supported. There is good oversight of the service but not all regulatory requirements are being met. There are some areas where improvements are needed, including reviewing the way information is communicated to care workers, and making sure concerns are reported so they can be investigated in a timely way. This is an area for improvement and will be followed up at the next inspection.

The environment is clean and generally well maintained and the planned programme of refurbishment and maintenance will enhance this further. There is a choice of lounges as well as sitting areas throughout the service for people to spend time either on their own or with others.

People are generally very satisfied with the service, having a high level of confidence in the team and feel they made a good decision in choosing the Meadows.

Well-being

Care workers know their responsibilities in relation to safeguarding and have had training in this area. All the staff we spoke with know the actions they are required to take if they suspect a person is at risk of abuse, harm or neglect and are confident the manager would take the actions necessary to safeguard the individuals. However, one incident was not reported in the correct way meaning the manager was not made aware of a concern. The manager responded in a prompt and robust way once they did become aware and took the actions necessary. Furthermore, additional training is being arranged and a video was sent by the manager to all staff to remind them of their responsibilities.

People's privacy and dignity needs are generally met. Care workers are not rushed and say care takes as long as necessary, working with their colleagues as a team. Most representatives consider people's personal appearance is good, with some attention paid to detail. One told us "*X wears nice clean clothes*" and another said a person is "*mostly in clean clothes*". However, others were less satisfied, with one saying "*Y looks as though their appearance could be better*". Some people respond well to certain staff, and this is acknowledged in the team.

Opportunities to speak Welsh are limited as there are no Welsh speaking staff employed, although some staff are learning Welsh and have some knowledge of basic words.

Interactions are friendly and care workers have a good knowledge of people. Staff throughout the service engage well with people in a helpful and supportive way and are motivated to care and support people. One staff member told us "*I love my job. I go home knowing I have made a difference*" and another said, "*I just love looking after people*".

People are not always able to do things they enjoy or are important to them. The activities worker post is currently vacant, and a senior member of the team has been tasked with arranging activities. They are currently doing some research to find activities that are beneficial and enjoyable for people living with dementia and has some ideas they are planning to put in place. Representatives spoke about the value of engagement, saying "*It is surprising how people react to music... it triggers memories... I think they should do more of it*". Some people are not always clear about their right to exercise choice, and this is where the very comprehensive care and support plans are so important to help inform and drive care.

Care and Support

Care records are detailed. There are plans to make a 'This is Me' document available for each individual and this will contain helpful information about what and who is important to the person. A care worker is spending time with people and their families to write these. We have asked the provider to ensure this work is completed at the earliest opportunity so people's likes, dislikes as well as who and what is important to them is effectively recorded and communicated.

There are care and support plans for a range of areas including mobility, communication, oral care and medication. Daily entries are reasonably informative but do not always provide a lot of detail about people's specific care. For example, if people decline help with their oral hygiene, this is not always recorded. Even though care workers have a good knowledge of this. Care workers have a good rapport with people and understand what person-centred care and support means, but the language used is not always reflective of such person-centred care, with some entries being more reflective of task-based care and support.

People's physical health needs are met. Care workers know how to recognise signs of pressure damage and have the equipment they need to reduce the risk of any pressure damage developing. Some people require assistance to make sure they are regularly repositioning, and care workers are confident this is done. Care workers understand the importance of people remaining as mobile as possible. A nurse is on duty at all times and most care workers find the nurses to be responsive and helpful. Senior carers and nurses are responsible for administering medication.

The reasons for, and frequency of falls is currently being reviewed. A senior member of the team has been tasked with reviewing all witnessed and unwitnessed falls. These are then reported to the adult protection team. The team have not identified any trends but are looking at ways to reduce the risks of further falls whilst still encouraging independence. The provider has given assurances the information submitted on falls records will be documented correctly. We saw some people walking wearing just socks which could increase the risk of falls and the provider was able to explain they encourage people to wear suitable footwear, but this is sometimes declined.

There is an understanding of the importance of good nutrition. Most meals are made using fresh ingredients and there is a choice of meal. People are shown the meals to help them make an informed choice. Special diets are catered for, and special events celebrated. Plans are being made to celebrate an upcoming 100th birthday. Care workers assist people with their meals, and we saw, on most occasions, staff sitting alongside the person to assist them, and meals are not rushed.

More people are now using the dining areas for their meals. Food is available outside mealtimes and staff understand the importance of good hydration. One person has successfully lost some weight since being at the service and another has put on some weight, with their representative saying "*X loves the food. They are eating stuff now they wouldn't try at home*".

There are some opportunities for people to do things they enjoy. A recently appointed clinical lead has taken over responsibility for organising activities after the previous post-holder left the service. A range of games are offered, and efforts are being made to offer more specific activities aimed at assisting people who are living with dementia. Some people, and their representatives, consider there are enough activities, whilst others think there should be more, with one saying "*X is fed up. I wish they had more activities*". During the course of the inspection visits we did not observe any organised activities taking place but there are plans for some people to start going to a coffee morning at a local community centre and also to make good use of the garden areas with barbeques when the weather improves. Other activities includes a dart board, which includes a beer and crisps; word searches, music and boules. Time is spent with people who are receiving care in bed. One representative said they liked it that a person was able to help around the service to remain as active as possible.

Environment

People live in a service which is suitable for their needs. Accommodation is provided over two floors and there are two lifts to assist people to move between the floors. There are three lounges plus 2 dining areas as well as places to sit in the communal areas. Most bedrooms have some ensuite facilities and they have been personalised with items of furniture, ornaments and photographs. Some bedroom doors are painted in bright colours to help with orientation.

Standards of cleanliness throughout the service are good with housekeeping staff taking pride in their work. They are an integral part of the team and we saw some engagement with people which was friendly and helpful. Hallways are spacious and free of any clutter and trip hazards. All areas are light, bright and airy.

There is a maintenance plan in place and most areas are decorated to a good standard, but there is a lack of attention to detail in some parts of the service. At the last inspection there were plans to replace some of the flooring and this work has not yet been done. Routine maintenance work is completed promptly, and the maintenance worker is responsive to the care team.

The kitchen has been awarded the maximum score of five by the Food Standards Agency and the catering team have all the equipment they need to meet people's nutritional needs.

The external doors are kept locked to maintain safety and visitors are required to sign a visitors' book, so staff know who is in the service at all times. Window restrictors are fitted as required and clinical areas are kept locked.

The outside of the service is in need of some maintenance as a lot of the guttering is blocked. We were told approval has been given for this work to be done.

Health and safety checks are completed, including checks of the fire safety equipment; beds and moving & handling equipment. There are processes in place to make sure equipment and services are checked and maintained as required to make sure they remain safe and effective. This includes checks on the fire safety equipment; water safety; hoists and wheelchairs.

Leadership and Management

There are some processes in place to monitor quality. The manager and deputy complete a range of audits including tissue viability, repositioning and care plans. These show a high level of compliance. The quality audit is comprehensive and shows the views of people are sought and considered. Overall, people are very satisfied with The Meadows, but some people are unclear about their ability to exercise choice about aspects of their care, including the choice of when to go to bed and when they have personal care. People are mostly satisfied with the standards of cleanliness and how welcoming the service is.

The responsible individual visits the service regularly, and we were told meets with people and staff. The outcomes from these visits are documented in emails to the Chief Executive and they do not provide evidence of any engagement with people and staff. This means we do not have the evidence to be assured there is good oversight of the service. This is an area for improvement and will be followed up at the next inspection.

Care workers are supervised. They are able to talk about any ideas or concerns they have, and also feel they get balanced feedback on their work with the aim being to support them in their development. Care workers and nurses receive supervision, but this is not always every three months as required. The manager is receptive to staff and encourages them to talk about any work related or personal issues which may impact on their work. Staff meetings take place where they are encouraged to talk about their work. The majority of staff find the senior team responsive, but some feel they are not always listened to.

Care workers feel they have the training they need to carry out their duties safely and effectively. Care workers understand the value of good training, and some would like additional and more comprehensive training in some areas to further develop their knowledge and skills. Training is mostly carried out face to face with a dedicated and experienced trainer. The records show staff are generally up to date with core training but most of the nurses have only completed the core training and not training in areas such as person centred care, equality & diversity and oral care. The majority of staff are up to date with moving & handling training, but some staff are overdue refresher training. The gaps have been picked up as part of the routine quality monitoring through the audits carried out.

Care workers know the actions they are required to take if they suspect a person is at risk of harm, abuse or neglect and say they have confidence the manager would deal with any concerns promptly. However, during the course of the inspection, we became aware of some concerns which had not been reported correctly. The actions taken by the manager to these concerns has been swift and robust, but it does mean people may not have been safe due to the failure of care workers to report their concerns.

A handover takes place to make sure the nurses and senior carers have the information they need; care workers do not attend this. Most staff we spoke with consider they have the information they need to safely and effectively meet people's needs, but others consider they should attend the handover to make sure they all have the same information at the same time. The manager was responsive to our concerns and confirmed they are planning to review the way handovers are managed and resourced.

Care workers are appointed following a safe recruitment process. The required checks are carried out; references and right to work documents are obtained. Files are held electronically and are easy to navigate. There is an up-to-date record which shows all staff have an up-to-date DBS check as well as the review dates for nurses and those registered with Social Care Wales.

Aspects of the leadership and management of the service are identified as an Area for Improvement and will be followed up at the next inspection.

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
66	<p>The emails sent to the CEO by the RI do not demonstrate the RI has sought the views of people living at the service and staff working there. The RI is required to meet their responsibilities fully. Some care workers are dissatisfied as they do not have a joint handover meaning they may not know all of the current needs of people. This had not been picked up as part of the routine quality monitoring. A review of the way information is shared between staff is to be carried out. A safeguarding incident had not been reported in line with policy and good practice. The planned environmental work has not been completed. Some nurses have only completed core training.</p>	New
15	<p>People do not have a voice in their care and support because they and or their representatives are not involved in developing or reviewing personal plans. Risk assessments do not always feed through into the care plan, meaning care workers may not be aware of the identified risk. Daily notes are a list of the care tasks completed and do not give an account of the day or support received from the individual's point of view to check progress against outcomes. The Manager is aware of the issues and will ensure that plans have person centred information available for staff to refer to. People and/or their representative will be involved in developing and reviewing plans. Senior staff to ensure daily notes have an account from the individuals point of view.</p>	Achieved

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