



Inspection Report on

Meadowlands

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

Date Inspection Completed

24/01/2023

Welsh Government © Crown copyright 2023.

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.gsi.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	09 June 2022
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 living at Meadowlands receive personal care and nursing care from a team of care workers and qualified nurses who appear competent in their roles. People are able to exercise choice and have access to a varied range of structured, meaningful activities. People and their representatives provided positive feedback saying they are happy with the care and support provided. Personal plans and risk assessments are tailored to each persons needs and are reviewed monthly. Evaluation of a selection of personal plans showed people do not always receive aspects of care and support in line with their care and support plans. Care workers and nurses are compassionate and respectful and enjoy working at the service. They are recruited following a robust recruitment process which ensures their suitability for working in the care sector. We found improvements are needed to ensure staff receive the required levels of formal support and they are up to date with all of their core training. The service has effective auditing systems and is meeting legal requirements in relation to Responsible Individual (RI) visits and quality assurance measures. The environment, it's facilities and equipment are maintained to a high standard and standards of cleanliness and hygiene within the home are very good.

Well-being

People are treated as individuals. Personal plans are tailored to people's specific needs and are devised with input from people and their representatives. Documents detailing people's history and their likes, dislikes are present. Personal plans describe the best ways of supporting people. However, we found people are not always supported in line with their personal plans. We saw care workers and nurses adopting a warm, friendly approach when delivering care and support. There is a good choice of nutritious food available and kitchen staff have access to individual dietary information. A good variety of structured activities are available for people to participate in if they choose to do so.

There are systems in place to keep people safe. Risks to people's health and safety are assessed and managed. There are policies and procedures in place underpinning safe practice. These include safeguarding and whistleblowing which provide guidance regarding the processes for raising concerns. Staff are trained to meet the needs of the people they support, however, some staff require refresher training to ensure their skills and knowledge are maintained. Hygienic practices reduce the risk of cross contamination. Domestic staff are at the home daily and perform routine cleaning of communal areas and people's rooms. There is a plentiful supply of personal protective equipment available, and staff know when and how to use it.

The environment helps to support people's well-being. The home is clean and comfortable throughout. People are able to choose where they spend their time, for example in communal areas or their bedrooms. There is a well-maintained garden to the rear of the building with seating available. This provides an ideal area where people can relax or take part in activities. People's rooms are personalised to their preference containing belongings such as pictures and other items of importance.

Care and Support

We observed warm and positive interactions between care workers and people throughout the time we spent at Meadowlands. Care workers and nurses appear to know the people they support well and respond to them promptly. Consistently positive feedback from people and their representatives supports our observations. One person said, *“The staff are really good. They get on with everyone”*. A relative of a person living at the home told us, *“The staff are lovely, very accommodating. Nothings too much trouble for them”*.

Opportunities for stimulation and interaction with others are provided. Family and friends can visit when they choose to do so. There is an activities co-ordinator who spends time with people individually providing meaningful interactions. They also arrange group activities, and we were shown photographic and written evidence of people’s participation.

People’s care and support needs are set out in their personal plans. Personal plans are devised in conjunction with people and their representatives. Personal plans also contain risk assessments highlighting people’s vulnerabilities. We saw personal plans are reviewed monthly to ensure they are current. Review documentation did not always detail participation from people and their representatives. The management assured us this would be better evidenced in future reviews. Supplementary charts are in place to monitor care and support provided. Examination of care and support plans and supplementary charts in relation to skin integrity showed people are not always re-positioned within the recommended timescales. As this was identified at the last inspection, we have now issued a priority action notice and would expect the provider to take immediate action to address the issue. Documented evidence in people’s personal plans show they have access to a range of healthcare professionals. We saw correspondence detailing medical appointments and referrals made to medical professionals such as GP’s and the Speech and Language Team.

There are systems in place ensuring the effective management of medication. There is a medication policy which is aligned with best practice guidance and kept under review. All medications are stored appropriately with medication room and fridge temperatures routinely monitored. The home uses an electronic system to record all administrations. The system alerts staff if any medication has been missed. Regular audits ensure any discrepancies are identified and actioned.

Environment

Meadowlands offers an environment that is safe, clean, comfortable, and adapted to people's needs. The home is set over two floors with a lift providing access to the upper floor. The home is secure from unauthorised access with a sign in/out system in operation. Areas of the home which could pose a risk to people's health and safety are locked and can only be accessed by authorised personnel. There are communal areas on both floors consisting of lounges and dining areas. These rooms are decorated and furnished appropriately. There are also communal bath and shower rooms containing specialist equipment for those who need it. People's rooms are pleasant and contain items of importance such as photographs and ornaments. The home uses a tool called the 'Sunshine Scale' which aims to ensure people's personal space is reflective of their preferences.

There is a schedule of maintenance, repair and servicing in place that addresses any environmental issues and promotes safety. Gas, electrical installations, and fire safety features have the required safety certifications in place. Fire equipment is checked, and alarms and lighting are tested regularly. All people living at the home have a personal evacuation plan in place providing information needed in emergency circumstances.

Leadership and Management

Care workers and nurses told us they enjoy working at the home and feel valued and supported. They used words like *“really approachable”*, *“supportive”* and *“brilliant”* to describe the management. They said, *“any issues are sorted”* and *“the team work well together”*. Staffing levels on the day of our inspection were consistent to what was detailed on the rota. We were told agency staff are used to cover shortages and the home block books the same staff where possible for consistency purposes. Supervision and appraisal gives staff the opportunity to have private meetings with the management to reflect on their performance and discuss any concerns. We examined documentation relating to supervision and appraisal and found staff did not always receive the required levels of formal support. While no immediate action is required, this is an area for improvement, and we expect the provider to address the issue.

The service offers a range of development opportunities including core and specialist training. Staff we spoke to provided positive feedback on training opportunities provided, they said, *“we get lots of training”* and *“training is a lot better here compared to the place I worked before”*. Although feedback regarding training was positive, the services training statistics showed not all staff are up to date with their core training requirements. As this was identified as an area for improvement at the last inspection, we have issued a priority action notice and would expect the provider to take immediate action to address the shortfalls identified in this area of non-compliance.

People living at the home can be assured staff are recruited via a safe recruitment process. We looked at a number of personnel files which contain all of the required information, such as references, Disclosure and Barring Service completions, dates and authorisations along with offers of employment. New staff members have to complete a structured induction and get to shadow experienced members of the team in order to familiarise themselves with the service and people residing there.

The service monitors its performance via its quality assurance measures. The RI and senior management team appear to have good oversight of the home. The RI visits every three months and considers aspects of service provision to inform improvements. Documentation relating to visits is comprehensive but does not always detail discussions with staff and people living at the home. The RI assured us improvements would be made in this area. A quality-of-care review is conducted every six months. We looked at the latest quality of care reports which provide clear indication of the services strengths and areas where it can develop further.

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

Date Published 14/02/2023