

## Meadowvale Care Home Service

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Bathgate  
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Type of inspection: Unannounced  
Inspection completed on: 29 August 2017

**Service provided by:**  
Meadowvale Care Limited, a member of  
the Tamaris Group

**Service provider number:**  
SP2007009148

**Care service number:**  
CS2003010653

## About the service we inspected

Meadowvale is a purpose-built care home in a residential area of Bathgate. The service provider is Meadowvale Care Limited, part of Four Seasons Health Care Group.

There are shops, local services and public transport nearby. The home has a car park and an enclosed garden at the back of the building.

The service is registered to provide accommodation and care for 52 older people. Accommodation is on two floors. Access to the first floor is by stairs or lift. All residents' bedrooms are single rooms with an en-suite toilet and wash hand basin.

Each floor has a large sitting room, a dining area and a smaller sitting room. The small sitting room on the 1st floor is the designated smoking area of the home. There is a conservatory on the ground floor. Communal bathing/showering and toilet facilities are on both floors.

The service's Philosophy of Care is:

"We are committed to providing the highest possible standards of care. Residents will be treated as individuals and cared for with respect and dignity within a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate".

## How we inspected the service

We found, at this inspection, that the service was working towards making sure that care was delivered according to their philosophy of care. There was acknowledgement by the manager that there remained work to make this happen. We were pleased with the level of important progress which had taken place so far.

In view of this, we did not carry out a full inspection. Instead, our inspection focused on checking progress being made on previous requirements.

## Taking the views of people using the service into account

Generally, peoples' views of the service were positive.

## Taking carers' views into account

A number of relatives mentioned improvements which they had seen: "Things are getting better," "There seems to be more staff." Feelings were mixed regarding changes to the staff team. A total of 23 staff members had been replaced/recruited. Some relatives welcomed this. Others did not.

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

The Provider must review the staffing levels in the home. In order to achieve this the Provider must:

- a) Reassess the needs of people who use the service taking into account their physical and social, psychological and emotional needs.
- b) Review the roles and responsibilities of all staff needed to work in the service.
- c) Ensure that there are sufficient staff numbers working in the service to meet the care needs of residents in the home at all times.

This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services).

Regulations 2011 SSI 2011/210 Regulation 15 (a) - staffing.

Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a regulation about health and wellbeing of residents.

Timescale for meeting this requirement : To commence on receipt of this letter and for completion by 30 June 2016.

**This requirement was made on 21 June 2016.**

#### Action taken on previous requirement

We discussed, with the management, the dependency assessments and direct care hours needed in the service. Dependency assessments were carried out four weekly. Samples of duty rotas for a four week period generally showed that daily staffing levels linked to the assessments.

There were now additional hours allocated for staff to complete other duties, such as record keeping and key working. Registered nurses were not now included in numbers for direct care hours. Despite this, we felt that numbers of staff did not reflect the current needs of residents. This was based on our observations of practice during this inspection. The manager agreed to re-assess dependency as soon as our visit ended.

We were told that a new dependency-assessment was as about to be used in the home.

Cover in the kitchen had been improved. There was now a full complement of kitchen staff. We noted improvement in both laundry and domestic cover. We were pleased at the level of improvement which had taken place but felt that there was work still to be done.

This requirement is not met and carried forward.

**Not met**

## Requirement 2

The provider must ensure that the nutritional needs of residents are met. In order to achieve this, the provider must:

- a) Ensure that the social aspect of dining is respected and promoted.
- b) Ensure that the menu offers choices for each meal. This must include people who need a special diet.
- c) Ensure that when service users' nutritional needs have been assessed that service users with identified needs have appropriate plans of care, including guidance for staff on how to meet these needs. This must include oral care.
- d) Ensure that referrals are made to healthcare professionals appropriately.
- e) Ensure that staff accurately complete records about food and fluid intake and that the records are evaluated on at least a daily basis.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services). Regulation 2011 (SSI 2011/210) regulation 3 – a regulation regarding principles.  
Regulation 2011 (SSI 2011/210) 4(1)(a) – a regulation about health and well-being.  
National Care Standards Care Homes for Older People Standard 13 – Eating well.

Timescales for meeting this requirement:

To commence on receipt of this report and for completion of all care plans by 30 June 2016.

**This requirement was made on 21 June 2016.**

### Action taken on previous requirement

Observations of the dining experience showed that this was pleasant, calm and sociable. Residents gave us mixed views of the quality of the meals. Some people were satisfied and others told us that the food was not always good.

Choices were offered however, menus were limited, although there was a good range of cooked breakfast items. The manager was aware that menu planning needed to be improved with a focus on nutrition for older people. She had started to address this through audits of meals and gathering residents' views.

Care files showed that monthly assessments were carried out to identify if anyone was at risk of under nutrition. Weights were monitored and where there were concerns, referrals were made to other professionals.

Individual care plans did not have sufficient guidance for staff. For example, staff were able to fortify foods with butter and cream before serving. We did not see how this was managed. Care plans did not have sufficient information on fortifying foods.

Whilst weight recordings of resident were stable from the samples seen, we observed a number of thin people. We acknowledge that this may be usual for them.

There were no additional snacks and titbits seen to encourage eating. This is particularly important for those who use a lot of energy walking around throughout the day.

Records to monitor food and fluid intake did not evidence that senior staff monitored these. There was no daily total or guidance for staff to follow. When residents were unwell and remained in bed, no monitoring charts were in place. Staff addressed this when we discussed how they might evidence the condition of the residents and the care being delivered.

Records of oral care were incomplete and had gaps showing that care was not delivered as planned. Assessments did not always take account of the resident's needs and wishes. For example, a resident made clear that their preference was to clean their teeth each evening. This was not reflected in the care plan.

There remains considerable work to do in respect of nutrition in the home. The management were aware of this.

There was sufficient evidence to show that points (a) and (d) had been addressed.  
The requirement is carried forward until all points have been addressed.

## Not met

### Requirement 3

The provider must ensure that medications are managed in a manner to protect the health and welfare of service users. In order to achieve this, the provider must:

- a) Ensure that staff made aware of up to date guidance on medication management.
- b) Ensure that staff implement best practice in relation to medication management.  
This must include practice in "as required medication", handwritten entries and stock control.
- c) Ensure that records are maintained to evidence that prescribed topical medical preparations are applied.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1) (a) - a regulation about health and well-being.  
National Care Standards, Care Homes for Older People - Standard 15: Keeping well - medication.

Timescale: to commence on receipt of the report and for completion by 30 June 2016.

**This requirement was made on 21 June 2016.**

### Action taken on previous requirement

Staff were able to access up to date guidance in respect of medication management. Findings showed that this was not implemented in practice.

The medication room was untidy and cluttered with spillages in the dispensing trolley. The management stated that work was commencing on the medication rooms to provide a suitable environment for staff to work.

Room and fridge temperatures were not checked daily. This is necessary to make sure that medications are stored appropriately and remain 'fit for use'.

Checks of controlled drugs showed that these were not recorded well and items were in place which were not recorded and the named individual no longer used the service.  
There were no handwritten entries in records.

Protocols were in place for 'as required' medications. There was some use of carers' notes, however these could be used more effectively.

For example, when prescribed medication could be used for a number of conditions (anxiety, breathlessness or

pain) administration did not explain the condition it was administered for and how effective it had been. This would allow decisions to be made as to whether the medication was the most suitable for the individual.

The system for the management of topical medications needed improved. There were items which were unnamed and/or with no date of opening. This is important to make sure that the resident is given the correct treatment and that the items used are 'fit' and not passed expiry dates.

This requirement is not met and carried forward .

**Not met**

## Requirement 4

The provider must ensure that the premises are maintained to a suitable standard and ensure health and safety measures are improved. In order to do this the following must be addressed:

- a) All safety checks undertaken on equipment in the home must be undertaken as per the providers' policy.
- b) All safety checks on specialist equipment such as hoists, slings, and, beds must be undertaken in accordance with the manufactures instructions and LOLER regulations.
- c) The appropriate safety check records must be available and presented at inspection.
- d) Progress is made in respect of the refurbishment plan for the home and that this takes account of the repairs to windows.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 3 Principles, Regulation 4 1 (a) Welfare of users and Regulation 14 (b) Facilities in care homes. Consideration should also be given to the National care standards, care homes for older people Standard 4 Your environment, Standard 9 - Feeling safe and secure.

Timescale: To commence on receipt of this report and for completion by 30 June 2016.

**This requirement was made on 21 June 2016.**

### Action taken on previous requirement

The manager was aware that checks had not been taking place routinely in the home. Systems were put in place and commenced in March 2017.

Records did not evidence that all checks were completed. Records of items for checks by the contractor, on 19 September 2016, listed 17 items that had not been presented.

We could not follow the records to show that these were completed by this inspection.

A few items were deemed to be unfit to be used (slings and/or hoists) and we could not see if these were always removed from the service.

The management were aware of the importance of these checks and were working to improving records in the home.

This requirement is not met and carried forward.

**Not met**

**Requirement 5**

The provider must ensure that residents' dignity is protected. In order to do so the Manager must:

- a) Devise and implement a system to ensure that residents' bedrooms, wardrobes and drawers are clean and tidy.
- b) Ensure that residents clothing is treated with respect and that care is taken when placing clothing in wardrobes and drawers.
- c) Ensure continence aids are stored discreetly.
- d) Ensure personal grooming items such as hairbrushes and toothbrushes are clean and fit for use.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4 (1) (b) Welfare of users. Consideration should also be given to the National care standards, care homes for older people Standard 4 - Your environment and Standard 16 - Private life.

Timescale: To commence on receipt of this report and for completion by 30 June 2016.

**This requirement was made on 21 June 2016.**

**Action taken on previous requirement**

Continence aids were stored discreetly. Wardrobes and drawers of residents were untidy and poorly cared for. Many items of clothing were unnamed and some which had been marked with pen were difficult to read.

A system of room check records were in place but these were out of date and reflected our findings that no checks had taken place for some time.

Personal items, such as hairbrushes and toothbrushes were dirty. Some were stored together with hair evident on toothbrushes. Toothbrushes were often dry and clogged with paste.

It is important for residents who are unable to care for their own personal items that staff are able to support them.

There was sufficient evidence to show that point (c) had been addressed.  
The requirement is carried forward until all points have been addressed.

**Not met**

**Requirement 6**

The provider must ensure that training offered to staff is appropriate and that it provides the knowledge which staff need to safely undertake their role.

The provider must give immediate priority to training in Adult Support and Protection in this respect

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 9 which is a requirement about fitness of employees.

Timescale: To commence within 24 hours of the receipt of this report and for a training plan to be in place to show that all staff will have completed Adult protection training by 30 June 2016.

**This requirement was made on 21 June 2016.**

## Action taken on previous requirement

The training summary showed that 60% of staff had completed adult support and protection training and 66% of staff had infection control training. These are important to help keep residents safe from harm.

Whilst theoretical training takes place for moving and handling, there were no practical sessions recorded. The manager had identified this and supported some staff to complete the facilitators training in moving and handling. This meant that practical sessions were commencing. This is positive as we saw two separate incidents of inappropriate handling.

It is clear from our findings at inspection that there is further training needed in the home, for example nutrition and record keeping.

This requirement is not met and carried forward.

## Not met

### Requirement 7

The provider must ensure that effective and proactive falls prevention strategies are identified and put in place to minimise the risk of falls, and potential injury, for the service user.

Relatives/carers should be fully consulted, as appropriate, in this process.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - a regulation about health and wellbeing.

Timescale: Within four weeks of receipt of this report.

**This requirement was made on 18 July 2016.**

## Action taken on previous requirement

Risk assessments were used to determine the risk of falls for each resident. Equipment was used to minimise the risk of falls, such as bed-rail and pressure mats.

The manager had begun to look at the level of falls in the home and planned to access the 'falls team'.

Reviews of care were being planned and the management and prevention of falls was to be included in consultation with residents/relatives/representative.

We thought that work was still outstanding to assess this requirement.

The requirement is not met and carried forward.

## Not met



## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

Relatives/carers should expect to be kept informed of any changes to their family member's wellbeing or presentation, in line with legal requirements and the wishes of those involved.

National Care Standards, Care Homes for Older People, Standard 6(1) Support arrangements.

**This recommendation was made on 18 July 2016.**

#### Action taken on previous recommendation

Care files gave information on the main contacts of family members and any person who has legal powers to be consulted. The manager was planning reviews of care where appropriate people would be consulted to discuss the care being delivered to their relative.

Relatives we spoke with did not raise issues about the lack of being kept up to date and told us that staff kept them informed about their relative.

There was sufficient progress to assess this recommendation as met.

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

### Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
28 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Apr 2016	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
1 May 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
22 Jan 2015	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	1 - Unsatisfactory
		Management and leadership	2 - Weak
3 Sep 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	1 - Unsatisfactory
		Management and leadership	2 - Weak
31 Mar 2014	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	1 - Unsatisfactory
		Management and leadership	2 - Weak
18 Sep 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
13 Feb 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
30 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 1 - Unsatisfactory 1 - Unsatisfactory
8 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
23 Apr 2012	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed 2 - Weak Not assessed 2 - Weak
17 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate Not assessed
23 Aug 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate Not assessed
3 Feb 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed 4 - Good
28 May 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate

Date	Type	Gradings	
11 Feb 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Jun 2009	Announced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
19 Dec 2008	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
5 Jun 2008	Announced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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