Meadowlark
Care Home Service

Mannachie Road
Forres
IV36 2JT

Telephone: 01309 676307

Type of inspection:
Unannounced

Completed on:
19 September 2019

Service provided by:
Renaissance Care (No1) Limited

Service no:
CS2011303089

Service provider number:
SP2011011731
About the service

This service registered with the Care Inspectorate on 14 November 2011. The provider is Renaissance Care (No1) Limited.

Meadowlark care home is registered to provide a care service to a maximum of 57 older people, including people with dementia or mental health problems.

The service is located in a residential area in the town of Forres. The single storey home is set in its own grounds. It was purpose-built to provide care and accommodation for older people and has enclosed garden areas. The home provided a total of 57 bedrooms, 27 of which were en-suite. The layout of the home was designed to provide accommodation in three units, all on the ground floor. One unit specifically specialised in the care of people living with dementia.

The service’s written aims and objectives are:

‘Renaissance Care’s primary aim is to ensure that our clients enjoy a good quality of life within a pleasing and safe environment.’

What people told us

The inspection volunteer spoke with seven people who used the service during the inspection and we spoke with six. We also spoke with six relatives/carers.

Feedback from our conversations were mostly positive. When asked about what people thought about the quality of care and support we received the following comments:-

‘It’s quite good here, I get on fine with all the staff’
‘I don’t think there are enough staff, some people are not very good at understanding what residents need’
‘I like to go out but it’s been a few weeks since I was last out’
‘There are enough staff. It’s a well run place’
‘It’s not bad here. The staff take good care of me’
‘The food is good’
‘The one to one stimulus is lacking a bit. It’s a staffing problem. I feel there should be more to do’
‘Overall I am happy with my relative in here’
‘99 percent of the time my relative gets the care they need, but sometimes there are issues with personal care’

Other feedback and comments we received are included in the body of this report.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

| How well do we support people’s wellbeing? | 3 - Adequate |
| How good is our leadership?                | 4 - Good     |
How good is our staffing? 3 - Adequate
How good is our setting? 3 - Adequate
How well is our care and support planned? 4 - Good

Further details on the particular areas inspected are provided at the end of this report.

**How well do we support people’s wellbeing?** 3 - Adequate

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact, but the likelihood of achieving positive experiences and outcomes for people is reduced significantly, because key areas of performance need to improve.

People should experience warm, compassionate care and support.

Some staff had a good awareness of people’s preferences and had built good relationships with them. We saw that some staff supported people in a kind and caring way, showing patience and understanding.

We observed some good interactions where staff took time to connect with people using smiles and touch, which provided reassurance. This had a positive benefit on people’s wellbeing.

There were, however, staff who would benefit from further training in relation to dignity and respect and dementia awareness (including stress and distress). When we spoke with relatives/carers, some told us that there were staff who lacked compassion and didn’t make human contact with people. We attended the morning huddle meeting and although the majority of staff spoke about people respectfully, there were some who lacked professionalism and compassion and showed a lack of knowledge and understanding, when talking about people who suffered from periods of stress and distress. (See area for improvement 1 under key question 3 - How good is our staff team)

The deputy manager had a good awareness of the Health and Social Care Standards and we could see that she was trying to promote these with existing and new staff. The deputy was also using the standards to develop more person centred care plans for people who use the service. (See key question 5)

People should be able to choose to have an active life and participate in a range of recreational, creative, physical and learning activities every day, both indoors and outdoors.

Through one of our observations we noted that people enjoyed musical entertainment. We noted that a high number of people were engaged and were singing and tapping their feet. There was some evidence that people took part in some planned one to one and group activities. Where we observed one to one activities, these appeared to be much more meaningful to people than the groups. We also found that there were many missed opportunities for staff to engage with people while taking part in group activities. Many of the people we saw sitting round an arts and crafts table were either sleeping or were looking out of the window. (See area for improvement 1)
Some planning of activities took place, however it would appear that this was not based around people’s past, or present, interests. Using information about people’s interests and hobbies would support more meaningful activities being offered and hopefully a higher level of enjoyment would be evidenced. The service should also give consideration to how they can support people to stay a part of their local community and participate in activities and social engagements outwith the home.

The service should also consider how the information about the activity programme is displayed around the home. Information should be in a format appropriate for those people who live with dementia, or have communication difficulties, so that they can make an informed choice about how they would like spend their day. *(See area for improvement 1)*

People’s care and support should meet their needs and be right for them.

People’s needs were regularly assessed to monitor areas of risks. We could see that there was regular access to health professionals where this was assessed as necessary. We spoke with a community psychiatric nurse who informed us that he had regular contact with the home and felt that the communication was good.

Where people were assessed as being at risk in relation to their nutritional needs there was monitoring in place. We found that this was more for people who were underweight and suggested that they improved the support for those with a BMI, which placed them at risk.

We observed staff practice when they were supporting people with their moving and handling needs. We found this to be of a satisfactory standard. People who were moved using a hoist appeared comfortable and showed no signs of distress. Staff spoke with people and explained what they were doing, which helped people feel safe and protected.

We looked at a sample of care plans for people with tissue viability needs. Although the care plans contained good information on how to assess and manage people’s wounds, it appeared that staff were not following through with the suggested treatments. This had the potential to affect people’s health and well being. Where staff were required to record people’s positional changes and check pressure relieving equipment, this should be carried out in a consistent and accurate manner. This will help people to maintain healthy skin and support good outcomes for those assessed as at risk. *(See area for improvement 2)*

We looked at how the service supported people with their medications. We found that there had been some progress with the requirement made at the last inspection. However, there were areas where improvements were still needed to ensure that people’s medication needs were safely met. *(See area for improvement 3)*

### Areas for improvement

1. People should have access to a range of activities that are meaningful to them. Staff should ensure that the information they gather about people’s interests and hobbies, both past and present, is used to develop their individual activity profiles and plan activities for people, both inside and outside, of the home. This will help ensure that people are supported to take part in a range of activities and be able to achieve their activity goals. The provider should ensure staff are aware that part of their caring role is to support people to participate in the activity programme in the home.

The service should also give consideration to how they display the programme of activities around the home. Information about activities should be displayed in an appropriate format, so everyone, including people who live
with dementia, or have communication difficulties, can make an informed choice about how they wish to spend their day.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors’ (HSCS 1.25).

2. To support good outcomes for those people with tissue viability needs, staff should ensure they follow the planned treatment set out in care plans. For example, wound assessments and dressing changes and record any outcome. This will help ensure that progress/deterioration of wounds is monitored and healing of wounds is promoted.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. To ensure that people’s needs with their medication are met safely and effectively the service should do the following:-

a) ensure that where people receive ‘as required’ pain relief they regularly evaluate the effectiveness of the prescribed medication.

b) ensure that they keep an accurate audit trail of all medications stored in the home.

c) improve the way they write topical medication administration records (TmarS) to ensure that they give clear guidance to staff about where, in what circumstances and how often creams are to be applied. Staff must ensure that they follow the guidance and support people to apply their topical medications as prescribed by their GP.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective’ (HSCS 1.24).

How good is our leadership?  4 - Good

We found there were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant, positive, impact on people’s experiences and outcomes. However, improvements are needed to maximise wellbeing and ensure that people consistently have experiences and outcomes, which are as positive as possible.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

The deputy was working in an acting manager position at the time of the inspection. The service was in the process of recruiting a new manager for the home. People we spoke with told us that the deputy was approachable and they would be happy to go to her with any concerns they had.

The deputy had a proactive approach and regularly worked on the floor carrying out direct observations of staff practice. We were able to see that this had influenced some positive changes in relation to people’s meal time experience.
The service had developed an improvement plan for the home. We suggested that the deputy carry out the Kings Fund environmental assessment and include the results from this into the service improvement plan. (See area for improvement under Key question 4 - how good is our setting)

There were regular audits in place of accidents/incidents, falls, pressure ulcers and medication incidents. The deputy collated the information from these audits and used the information to look for any trends/patterns and identify where any actions could be taken to reduce risks to people.

The deputy was looking at how the service could improve the care they provide to people by developing champion roles and accessing training for staff in these areas. (See area for improvement under Key question 3 - how good is our staff team)

We looked at a sample of supervision and appraisal and found that the quality of these needed to improve. If supervision was to be more of a meaningful process this would improve communication and support staff development in all areas of their work. (See area for improvement 1)

Areas for improvement

1. The manager should continue to develop and implement a structured system of supervision and appraisal to support good communication and support staff’s learning and development.

   This is to ensure that care and support is consistent with the Health and Social Care Standards which states that, ‘I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes’ (HSCS 3.14).

How good is our staff team? 3 - Adequate

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should have confidence in staff because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes.

Staff had access to training through an electronic system (evo) and also some face to face training. There was a service training plan. The management encouraged staff to complete all training that had been identified as necessary for their job role. At the end of each training course, staff had to complete a reflective account to evidence their learning and describe how the training would influence their day to day practice. The deputy had identified that the quality of these were poor. Taking into account the issues found in relation to some staff practice and the lack of professionalism during this inspection, we found that further training was required to ensure that those staff identified received appropriate training to improve practice. Gaining further knowledge and understanding in the areas identified in the requirement below will help support better outcomes for people who use the service. (See requirement 1)

The use of agency staff had gone down since the last inspection. People we spoke with stated this was better now and that staffing in the home appeared to be more consistent. There were concerns raised by staff about having insufficient staffing levels across the home, especially at night. We asked the home to look at this using the results of a dependency assessment supported by on the floor observations. This is to ensure that staffing
levels are appropriate to fully meet the needs of people living in the home, taking into account their changing needs and abilities. (See area for improvement 1)

Requirements

1. By 31 December 2019, to ensure that care is provided to people by staff who have the right knowledge, competence and development, the following training should be provided to all those staff assessed as requiring this:-

a) Health and Social Care Standards
b) Training in dementia that reflects the promoting excellence framework
c) Stress and distress (as offered by the community CPN)
d) Dignity and respect
e) Meaningful activities.

All training should be evaluated to ensure that staff practice improves as a result of this training being provided.

This is to ensure that care and support reflects the Health and Social Care Standards which state that, I have confidence in people because they are trained, competent and skilled are able to reflect on their practice and follow their professional and organisational codes’ (HSCS 3.14) and in order to comply with Regulation 4 (Welfare of users) and Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. To meet the needs of people who use the service and promote positive outcomes for people, the provider should ensure that, at all times, there are sufficient staff on each shift, both care and domestic, to fully meet the needs of all who use the service.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'My needs are met by the right number of people' (HSCS 3.15).

How good is our setting? 3 - Adequate

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should experience premises that have been adapted, equipped and furnished to meet their needs.

There were areas of the home that were homely and pleasant and small group living was encouraged in areas throughout the home.

There were small dining/kitchen areas and people were noted to use these areas outwith meal times.

People should live in an environment that is safe and secure.

There were systems in place for the reporting of faults and repairs and there was a handyman who carried out the regular safety checks in the home.
People should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

There were areas of the home that looked tired and in need of upgrade. Corridors were bland and dark and there were no handrails. Bathrooms and toilets were in need of upgrade. Some of the carpets in the home were very stained and looked dirty. This all had the potential to affect people’s health and well being and the provider should take action to make the necessary improvements. (See requirement 1)

The service had carried out a Kings Fund environmental assessment to look at ways the environment could be improved. The provider should act on the results of this assessment and enhance the quality of the environment in ways that promote people’s independence. For example, contrasting handrails, toilet seats, improved lighting and better signage. (See requirement 1)

Requirements

1. By 31 December 2019, the provider should take into account the results of the premises risk assessment and the Kings Fund assessment and develop an action plan, which gives details and timescales for the planned upgrade to the home. This will ensure the safety, health and well being needs of people are met and that outcomes for people are improved.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states that, ‘I experience an environment that is well looked after with clean tidy and well maintained premises, furnishings and equipment’ (HSCS 5.22) and in order to comply with Regulations 4 (1) (a) and 10 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

How well is our care and support planned? 4 - Good

We found there were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people’s experiences and outcomes. However, improvements are needed to maximise well being and ensure that people consistently have experiences and outcomes, which are as positive as possible.

People should be fully involved in assessing their emotional, psychology, social and physical needs at an early stage, regularly and when their needs changed.

On admission to the home people, had an assessment of their needs carried out including, mobility, nutrition, tissue viability and continence. We could see that these were regularly reviewed and updated where people’s needs changed.

People’s care plans should be right for them because they set out how their needs will be met, as well as their wishes and choices.

At the last inspection the information in some people’s care plans was limited. Staff would have had difficulty providing the appropriate level of care, using them for guidance. This had the potential to impact on the quality of care people received. The deputy had taken action in relation to this and a lot of work had been carried out. The deputy had a good understanding of the Health and Social Care Standards and was now using them to help develop more person centred care plans. The deputy had focused on improving the care plans wing by wing in the home. In the sample of nine that we looked at we could see the improvements in some of them. The care
plans that had been worked on were now written with a much more outcome focused approach. The information contained in them was now much more detailed, person centred and gave a real sense of the person and their preferences and wishes. Work needs to continue to ensure that everyone’s care plan is of the same standard as the improved ones we saw in our sample. Where people live with dementia and experience times of stress and distress there should be care plans developed, which give staff guidance about triggers and strategies to be used, to reassure and comfort people in these difficult times. Work also need to be carried out to develop detailed end of life care plans for those people who have expressed a wish for this. (See area for improvement 1)

People should be fully involved in developing and reviewing their personal plan, which should always be available to them.

There was some evidence that people were being offered a review of their care plan. However, this was not always as regular as it should be. Where reviews were being carried out, they were sometimes limited in detail and did not evidence any involvement of the person, or their family/representative. This had the potential to impact on the quality and level of care provided to the person. (See area of improvement 2)

Areas for improvement

1. The service should take the Health and Social Care Standards into consideration when further developing people’s care plans. Using these will support the development of person centred, outcome focused care plans, which reflect people’s preferences and wishes. It will also help ensure that people continue to receive a level of care that meets their needs and is right for them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, ‘My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices’ (HSCS 1.15) and ‘My care and support meets my needs and is right for me’ (HSCS 1.19).

2. To ensure that care provided to people continues to meet their needs, they should be offered a minimum of two reviews in each year. There should be evidence of involvement of the person, or their family/representative. After each review an action plan should be developed, to ensure that any issues highlighted through this process are taken forward. People’s care plans should be updated to reflect any changes to their care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that, ’I am fully involved in developing and reviewing my person plan which is always available to me’ (HSCS 2.17).
What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

In order to ensure service users receive the right care in relation to continence, pressure ulcer prevention and personal hygiene in a manner which promotes their comfort and dignity the provider must make and then implement a plan to improve the quality of service users’ care in relation to the identified areas by 1 December 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states that, ‘My care and support meets my needs and is right for me’ (HSCS 1.19) and to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 7 August 2018.

Action taken on previous requirement

We found that work had been carried out on people’s care plans since the last inspection. The deputy manager had been working on the care plans in one of the wings. In the sample of these we looked at, we could see that these were much better quality and would give staff good guidance to provide person centred care to people.

At present there was still a reliance on the daily notes for the most up to date information about people’s care needs. This was something that the deputy was aware of and was working with staff to make improvements to the way they record information about changes to people’s care. Although this requirement has been met we are making an area for improvement in this report to allow progress to continue and be monitored in this area. (See key question 5 in this report).

Met - outwith timescales

Requirement 2

In order to ensure service users’ care is provided by staff who know what their care needs are the provider must implement a procedure which will ensure all staff, particularly new and agency staff, are confident they know what service users’ care needs are by 1 October 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 4.14 which states that, ‘My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event’ (HSCS 4.14) and in order to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 7 August 2018.

Action taken on previous requirement

Some work had been carried out in this area. The deputy had developed an agency/new start handover sheet. This contained information on all the people in each unit, with a summary of their needs and abilities. This was available to all staff. The manager updated the information on this sheet each day, to ensure that the care
people received was at a level that was right for them. The service needs to ensure that they continue to develop the information they hold in relation to people’s interests/hobbies and past history, as this will support good outcomes for people and help staff provide person centred care and meaningful activities. An area for improvement has been made to allow progress to continue to be monitored in this area. (See Key question 5 in this report). This requirement has been met.

Met – outwith timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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<tr>
<th>How well do we support people’s wellbeing?</th>
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<td>1.1 People experience compassion, dignity and respect</td>
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<td>1.2 People get the most out of life</td>
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<td>1.3 People’s health benefits from their care and support</td>
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<th>How good is our leadership?</th>
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<tr>
<td>2.2 Quality assurance and improvement is led well</td>
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<th>How good is our staff team?</th>
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<td>3.2 Staff have the right knowledge, competence and development to care for and support people</td>
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<td>3.3 Staffing levels and mix meet people’s needs, with staff working well together</td>
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<p>| How good is our setting? | Adequate |</p>
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<tr>
<td>4.1 People experience high quality facilities</td>
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<td>4.2 The setting promotes and enables people’s independence</td>
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**How well is our care and support planned?**

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<td>5.1 Assessment and care planning reflects people’s planning needs and wishes</td>
<td>4 - Good</td>
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