

Meadowvale Care Home Service

1 Bridgend Court
Bathgate
EH48 2BF

Telephone: 01506 635 373

Type of inspection:

Unannounced

Completed on:

11 December 2019

Service provided by:

Meadowvale Care Limited, a member of
the Tamaris Group

Service provider number:

SP2007009148

Service no:

CS2003010653

About the service we inspected

Meadowvale (referred to in the report as "the service") is registered with the Care Inspectorate to provide accommodation and care for 52 older people.

The service provider is Meadowvale Care Limited, a member of the Tamaris Group.

The service is located in a residential area of Bathgate and shops, local services and public transport are nearby.

The service 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 first floor is the designated smoking area for residents.

There is a conservatory on the ground floor. Communal bathing/showering and toilet facilities are on both floors. There is a car park to the front of the building and an enclosed garden to the rear.

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

This inspection was carried out over two days by two inspectors, with the hours approximately as below:

Tuesday 10 December 2019 between the hours of 15:00 and 18:30

Wednesday 11 December 2019 between the hours of 10:00 and 15:30.

On 11 December 2019 feedback was given to the interim manager in the service and given to senior management at another of the providers homes.

The focus of the inspection was to assess whether improvements had been complied with since an Improvement Notice (IN) was issued on 25 July 2019 for compliance due 30 September 2019. This was extended to 8 December 2019.

An IN is our legal process which sets out priority improvements required, the legal basis for this action and the timescales for completion.

Since our last inspection completed on 9 October 2019, monitoring was carried out through multi agency meetings and a relatives meeting of 20 November 2019.

This was to support the service and to make sure that the service was making the right changes to reduce the risk of harm to residents and that improvement was being made to improve the quality of life for people using the service.

The findings of this inspection were accepted as an accurate and fair assessment of the homes performance in regard to meeting the Improvement Notice dated 25 July 2019.

We concluded that the service had complied with all of the improvements as outlined in the Improvement Notice. This notice is no longer in force.

During this inspection we took into account our findings at the inspection of 9 October 2019 and subsequent monitoring. We looked at a number of records including:

- Updated action plans.

- Notifications made to us by the service.

- Samples of duty rotas.

- Dependency assessments of service users.

- Samples of resident personal plans and relevant documents (for example, monitoring charts).

- Samples of audits undertaken in the service.

We spoke with:

- A number of staff working in the service during our visits including the manager, director, regional manager, resident experience team, registered nurses working in the service, the majority of care staff on shift and ancillary staff (housekeeping and laundry).

- We met with relatives/carers during our visits to ask their views on the service provided.

- We spoke with and/or observed all residents using the service when they were carrying out their daily activity.

- We also looked at the environment during inspections.

Taking the views of people using the service into account

During the inspection and monitoring visits we observed and/or spoke with the majority of residents. Many residents were unable to hold an extended conversation about their experience of life in the home therefore we spent time observing staff practice and interaction with residents. It was evident that, over time the interaction and engagement between residents and staff had improved. This could have been attributed to the management and leadership, staffing numbers, deployment and confidence of staff.

Residents continually told us that they were happy with the staff and that they were given assistance. Our observations showed that residents enjoyed the company of staff and laterally there were no lengthy periods of time where communal areas were unstaffed. This was where most residents spent their day. We saw some very positive and respectful interactions and included laughter and banter. This was particularly in respect of dining where people were afforded the opportunity to make choices.

Taking carers' views into account

We spoke with a number of relatives during our visits and attended a relatives' meeting on 20 November 2019. Information from external agencies showed that no issues were raised to them and that people were complimentary about the staff working in the service.

People were acknowledging that staff morale had improved and that staffing levels seemed better. Individuals gave us good examples of how their relative had been supported to gain their independence. They were invited to participate in reviews of their relative's care and this was welcomed.

People were complimentary about the new chef and were looking forward to spending time having Christmas dinner with their relatives.

They were positive about the changes they had seen in the home and did raise concerns about the interim manager leaving. They were reassured that she would be working alongside the new manager in the first instance.

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

Previous requirements

Requirement 1

Improvement 1.

This had not been complied with at our inspection completed 9 October 2019. The timescale for compliance was extended to 8 December 2019.

By 30 September 2019, residents must experience positive outcomes and received care and support that meets the needs and is right for them. In particular, you must:-

- (a) put in place consistent, good quality and effective management and leadership to guide and direct staff working across the service and improve the quality of care being delivered,
- (b) take action to minimise risks to residents, and
- (c) ensure notifications are made to us and incidents, complaints and allegations of abuse are appropriately and promptly reported to relevant authorities and investigated.

This is in order to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 25 July 2019.

Action taken on previous requirement

Improvement 1.

People should expect that the service and organisation that they use is well led and managed.

The provider had taken steps to review the management of the service and an interim manager was in place.

She was supported by a team of senior managers who had specific responsibilities, such as leading and directing and developing staff to take accountability for their practice.

Everyone we spoke with praised the manager highly and we saw that she had worked hard to engage staff in making improvements in the service.

There was now a positive culture in the home with staff being responsive to the needs of residents and updating and reviewing risk assessments. We discussed the need for continued evaluation of residents' monitoring records, for example in respect of food and fluids. These could give more direction to staff on a daily basis to make sure that residents' needs were always met. This was accepted.

Professionals involved in supporting the service reported improvements and told us that there had been no concerns raised with them recently and they were positive about the changes made.

Notifications were made to us and relevant authorities and if complaints were received these were managed with outcomes recorded.

We were satisfied that sufficient improvement had been made to assess that this improvement was complied with.

Met – within timescales

Requirement 2

Improvement 2.

This had not been complied with at our inspection completed 9 October 2019. The timescale for compliance was extended to 8 December 2019.

By 30 September 2019, residents must receive high quality care and support which meets their health, well-being and safety needs. In particular, you must ensure that at all times there are sufficient numbers of suitably qualified and competent staff working in and deployed across the service.

This is in order to comply with Regulations 4(1)(a) and (b) and 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210).

This requirement was made on 25 July 2019.

Action taken on previous requirement

People should expect that their care needs are met by the right number of people who have time to support, care and speak with them.

A dependency assessment tool was used on a weekly basis and considered the views of nursing and care staff. Samples of dependency assessments of individuals showed that they reflected direct care needs and the numbers of staff working in the service covered this.

Additional duties that staff undertook alongside delivering direct care were accounted for. However, we discussed with the manager how best to calculate and include this in overall staffing. This was acknowledged.

Through safe recruitment practices new staff members had taken up post. Day duty was covered by permanent staff and this meant a reduction in agency use. Staff felt that this was positive and helped to enhance team working.

Staff were qualified and appropriately registered with their regulatory body and guidance, direction and practice assessments were on going to make sure that staff could confidently meet peoples' needs.

We were satisfied that sufficient improvement had been made to assess that this improvement was complied with.

Met - within timescales

Requirement 3

Improvement 3.

This had not been complied with at our inspection completed 9 October 2019. The timescale for compliance was extended to 8 December 2019.

By 30 September 2019, residents must consistently receive sufficient care and support to prevent skin damage and to minimise the risk of development of pressure ulcers. In particular, where there is skin damage, appropriate care must be delivered to assist in wound healing to prevent residents suffering unnecessary distress. This is in order to comply with Regulations 4(1)(a) and (b) and 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210).

This requirement was made on 25 July 2019.

Action taken on previous requirement

People should be assured that they are protected from harm because staff are alert and responsive to signs of deterioration in their health and well-being.

Advanced nurse practitioners (ANP) had initially supported the service in managing wounds. The care of any wounds had reverted to care home staff as they had become skilled and more knowledgeable. They were now reporting early indications of skin damage for advice. It was positive that the ANP planned to commence a clinic for on going support to the staff.

We were informed of two skin breaks which had developed and that were treated at an early stage. However, there needs to be continued monitoring and recording of repositioning and of applications of prescribed creams and emollients which help to maintain supple skin.

The recording in monitoring records had improved and staff were guided in practice in respect of skin care. There continued to be training for staff in skin care and the prevention of pressure ulcers.

We were satisfied that sufficient improvement had been made to assess that this improvement was complied with.

Met - within timescales

Requirement 4

Whilst the focus of this inspection was on the elements of the Improvement Notice dated 25 July 2019, we looked at some issues relating to requirements and areas for improvement that remained outstanding from the inspection completed on 17 July 2019.

Requirement 1.

In order to meet the health and welfare of residents, the provider must ensure that residents' receive their medication as prescribed and in line with the prescribers instructions and 'good practice guidance'. To achieve this, the provider must by 31 January 2019:

- a) medications must be ordered in a timely manner to avoid people missing treatment
- b) the use of codes and/or carers' notes on medication administration records (MARs) to indicate the reason a medication has not been given as prescribed
- c) put in place protocols for medication which is given on an 'as required' basis to give information on how residents should be supported before giving medication.
- d) staff must be clearly directed in the use and application of topical preparations

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and 1.24 which states "any treatment or intervention that I experience is safe and effective."

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

This requirement was made on 17 July 2019.

Action taken on previous requirement

We did not look at medication management fully at this inspection. However, point (d) was met. This requirement will be carried forward but notes the improvement made.

Not met

Requirement 5

In order to ensure the health and welfare of residents, the provider must ensure that there is a culture of continuous improvement within the organisation, having robust and transparent quality assurance processes. To achieve this, the provider must by 31 January 2019:

- a) Review the current audit system to make sure that issues identified in this report (such as the dining experience, staff practice, medication management and the environment) can take into account the outcomes for residents.
- b) Make sure that any action identified for improvement are dated and signed off as completed and made available at inspection.
- c) Review the information from individual audits in order to inform and report on how the service is improving, or where further improvements are necessary.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.23 which states "I use a service and organisation that are well led and managed".

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

This requirement was made on 17 July 2019.

Action taken on previous requirement

Throughout the course of following up this Improvement Notice there has been continual auditing of the service taking account of the experiences and outcomes of people using the service.

Action plans have been produced and shared with both us and the local authority and can evidence where improvements have been made.

There has been sufficient improvement to meet this requirement.

Met - outwith timescales

Requirement 6

In order to ensure that residents experience high quality care and support that is right for them, the provider must :

Develop care plans in respect of personal care (including oral care), skin care, nutrition, continence management, stress and distress and activity. These must and take account of risk assessments (where appropriate) and reflect the choices and wishes of individuals.

Ensure that there is a plan to carry out reviews that are not up to date and that reviews are on going.

This is in order to ensure that 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, in order to comply with Regulation 4.-(1) A provider must-(a) make proper provision for the health, welfare and safety of service users and, Regulation 5.-(1) Subject to paragraph (3) a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: 31 January 2019.

This requirement was made on 17 July 2019.

Action taken on previous requirement

Throughout the course of following up this Improvement Notice reviews of care has taken place for all residents. These involved local authorities in consultation with family members/representatives where appropriate.

Care planning can take time to make sure that they reflect the needs and wishes of residents and that there is risk assessments in place which are accurate to help minimise risks.

Risk assessments had been completed in respect of care issues which could be most likely to have a negative impact on health. This was in regard to pressure ulcer prevention and nutrition and hydration.

Senior staff told us that work continued to identify and complete up to date care plans for individuals most at risk.

We have assessed that it would be fair and reasonable to meet this requirement at this time.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order for residents to have an active life and experience a range of social activities, the service should develop the range of recreational opportunities on offer, both in and out of the home.

The service should use information gained from evaluations of activities, overview records and feedback from residents to develop a programme, for both group and individual activities. This will help to develop the range of social opportunities that is meaningful for each resident.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.25 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" and 2.22 which state "I can maintain and develop my interests, activities and what matters to me in the way that I like."

This area for improvement was made on 17 July 2019.

Action taken since then

Whilst there had been improvement in the availability of activity to stimulate and engage residents, there needed further work to develop the plan for both indoor and outdoor events. Evaluations could be improved to evidence what an individual had gained from a specific event and to assess whether this had met their wishes and preferences.

This area for improvement is carried forward.

Complaints

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

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