

Nexus Trading Services Limited

Meadowyrthe

Inspection report

Meadowyrthe Residential Home
Comberford Road
Tamworth
B79 8PD

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Website: www.nexuscare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Meadowyrthe is a residential care home providing personal care to up to 41 people. The service provides support to people aged 65 years and over, some of who are living with mental health conditions or dementia. At the time of our inspection there were 33 people using the service.

Meadowyrthe accommodates people across four separate households, each of which has separate adapted facilities. One of the households specialises in providing care to people on short term respite stays.

People's experience of using this service and what we found

Systems used for the management of medicines were not always safe. Records did not accurately reflect the medicines stored at the home. The provider's governance and oversight systems were not always effective in identifying areas of concern or requiring improvement.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff did not always follow national guidance in relation to people's capacity and applications to lawfully restrict them.

People were supported by staff who knew how to identify signs of potential harm and abuse. Staff had received training in safeguarding and reported concerns for people's safety. Risks to people's safety were assessed and recorded so staff knew how to protect them from avoidable harm. People received their medicines as prescribed. There were enough staff to meet people's needs and they had been safely recruited. Where events took place, the provider had systems in place to ensure learning took place and any improvements identified were made.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

People's needs had been assessed and care plans developed which reflected their individual needs. Staff received an induction to their role and training to give them the skills and knowledge required to support people. People received support with food and drink to maintain a healthy diet. People were supported with their health needs by staff and healthcare professionals. A refurbishment of the home was underway, which was planned to reduce disruption to people's daily living environment.

People were supported by caring staff who knew them well. Staff treated people with respect and acted to ensure their dignity and privacy. People received support that promoted their independence.

People received support that reflected their current needs and was responsive to any changes in their health

or well-being. Staff understood people's individual preferences, likes and dislikes. People were supported to maintain relationships that were important to them and visitors were welcomed at the home.

People were supported to take part in activities that interested them and they found enjoyable. People and relatives felt able to raise concerns about their care and there was a system in place to manage complaints. People's wishes relating to end of life care were recorded, including spiritual and religious wishes.

People, relatives and staff spoke positively about the management team. The new manager was aware of their responsibilities and was open to feedback about areas of improvement. Staff felt they could offer feedback about how the home was run and described the manager as approachable. The provider was receptive to the findings of the inspection and advised they would take action to drive the necessary improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 4 December 2019.

Why we inspected

The inspection was prompted in part due to concerns received about medicines. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to medicines management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Meadowyrthe

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors.

Service and service type

Meadowyrthe is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Meadowyrthe is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for just over one month and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we had previously conducted an unannounced inspection which had to be terminated due to inspector illness.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 2 relatives about their experience of the care provided. We also spoke with 6 staff, the deputy manager, the manager and the operational lead for residential care, acting on behalf of the provider. Following the inspection, we also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 6 people's care records, medicines administration records, complaints, health and safety and quality assurance records. We also looked at 2 staff recruitment files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Records relating to the safe management of medicines were not always accurate. Stock balances of medicines did not always reflect the amount of medicines available. The management team were unable to account for missing medicines on the day of inspection.
- Where people were prescribed controlled drugs, which have special regulations on ordering, storage, administration and recording; there were discrepancies between the provider's electronic recording system and the legal record of controlled drugs.

Medicines were not safely managed. This placed people at risk of harm. This was a breach of regulation 12 (2.g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these recording concerns people received their medicines as prescribed. Improvements had recently been made to the guidance offered to staff when administering people's 'as required' medicines. This meant staff knew when and how these medicines should be offered to people.

Following the inspection, the manager told us they had implemented additional checks to ensure they were able to account for all medicines stored at the home. They planned to review the medicines management systems in discussion with the provider to ensure oversight and auditing processes detected any discrepancies without delay.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy living at the home. One person said, "It's lovely here." Relatives told us they were reassured by staff knowledge of their family members and did not have any concerns for their safety.
- Staff had received training in how to protect people from harm and knew how to identify signs of potential abuse or neglect. They shared with us examples of the action they would take if they were concerned for people's safety or wellbeing.
- Where safeguarding incidents had occurred, the management team had made appropriate referrals to local authority safeguarding teams, and had notified us, as required by law.

Assessing risk, safety monitoring and management

- People's risks had been assessed and were known by staff who followed guidance to support them safely. For example, where people were at risk of developing sore skin, staff ensured they were regularly supported to reposition to reduce the risk of harm.

- Care plans and risk assessments contained information about people's known risks. These provided staff with information about how to safely support people with health conditions such as diabetes and malnutrition.
- Handover meetings were held daily to ensure new information about people's risks were shared with staff who supported them. These included changes to people's dietary or mobility needs.

Staffing and recruitment

- People were supported by enough staff who were able to provide both planned and responsive care. Staff were allocated daily to specific households and care was planned within each staff group.
- Where people required support, we saw staff were available to respond in a timely way. Relatives told us they felt there were enough staff to provide care and support their family members. Some staff members felt they would like more time to spend with people, but that staffing levels were not unsafe.
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. There were no restrictions placed on visiting, visitors could access the home freely.

Learning lessons when things go wrong

- There was evidence of learning after incidents and events took place. The manager was able to share examples with us of learning that had been implemented after events. The operational lead for residential, representing the provider, also shared with us changes that had been made following a recent incident.
- Staff told us learning was shared with them and training had also been offered to ensure they had the skills and knowledge to respond appropriately to incidents and events.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knowledge about the MCA and DoLS was inconsistent. Some staff we spoke to demonstrated a clear understanding of the MCA and how they should apply it. However, other staff were unclear about their responsibilities.
- The management team had not fully considered people's individual needs in relation to assessing their capacity to receive care at the home. For example, the manager told us they applied for a DoLS for everyone who moved into the home on a permanent basis. We found they had not fully explored people's individual capacity in relation to these applications for lawful restrictions.
- Despite these concerns, capacity assessments had been undertaken for other specific decisions and these were recorded and shared with staff. Where decisions had been made in people's best interests' guidance had been followed and decisions were clearly recorded.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were carried out when people moved into the home and these gathered information about protected characteristics, such as people's cultural needs and how they expressed their sexuality.
- People's health and support needs were recorded in care plans which enabled staff to provide personalised care. People's needs were reviewed regularly so care provided reflected their current needs. Information about people's life histories were included in their care plans as well as details of their likes and dislikes and personal preferences.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge required to support people. Relatives told us they felt staff had a good understanding of their family members needs and personality and knew what was important to them.
- Staff received an induction and on-going training and support which helped them carry out their roles effectively. One staff member told us, "I was new to the care sector, I did an induction and training as well as shadowing experienced staff. I feel the training gave me the skills I needed."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a healthy, balanced diet. People spoke positively about the food and meals they received. One person told us, "I had a lovely breakfast this morning, there was plenty to choose from."
- Staff were aware of people's dietary needs and were able to share with us how people's food was modified to support their nutrition. Staff members responsible for the preparation of food received information about people's dietary and hydration needs and ensured appropriate food was available.
- Risk assessments were in place to ensure people received food and drink safely. For example, where people were at risk of choking, clear plans were in place for staff to follow to ensure people's safety. Where people had specific dietary requirements, for example in relation to their culture, these were recorded and known by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's health needs were met. Records reflected referrals had been made to external professionals where changes in people's needs had been identified. These included referrals to GP's, district nursing teams and speech and language therapists.
- Information was shared with staff at the start of each shift about people's health needs. This included where people required additional monitoring, or if a decline in their health had been observed, what action had been taken.
- Relatives told us they felt staff acted promptly when people became unwell. One relative said, "Because staff know [person's name] well, they notice if anything changes. We are always contacted and if necessary, the GP is called."

Adapting service, design, decoration to meet people's needs

- Refurbishment works were underway to improve the environment and décor. A phased approach was being taken to this to minimise the disruption to people.
- Facilities throughout the home contained adaptations, for example in bathrooms. This enabled people to maintain their independence, where possible.
- Some signage was in place to assist people in locating bathrooms and bedrooms. Bedroom doors displayed people's photos to assist with orientation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the care they received. One person said, "The staff are loving, there is always something going on here."
- Staff knew people well and there was a friendly atmosphere in the communal lounge areas. One group of people and staff were taking part in a quiz and the conversation between them was light-hearted and jovial.
- People appeared comfortable around staff and were able to share their thoughts and experiences with them. Where people shared information about themselves staff responded with interest and compassion.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. We spoke with one person who chose to spend time in their bedroom. They explained it was their choice to do so and were happy with the support staff provided them.
- We observed staff offering people choices about their day to day lives, such as where and how they spent their time. People were also offered a range of choices in relation to food and drink.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. We observed staff knocking on people's bedroom doors before entering and arranging for people to meet with relatives in private or quieter parts of the home.
- Staff understood how to promote people's independence. One staff member said, "We encourage people to do their own personal care as much as possible. It's important to maintain independence."
- People were supported by staff who valued and protected their dignity. We observed staff supporting people to straighten their clothes to ensure they were well presented and encouraging people to do things for themselves where possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's care plans were developed with them or their advocates where appropriate. Care plans reflected people's life histories, important relationships and interests and hobbies.
- Staff knew people's preferences and understood their likes and dislikes. Staff shared examples with us of how they adapted their support to ensure it was personalised. These included supporting people's individual communication styles and providing activities which people found interesting and enjoyable.
- Where people's needs changed, staff referred to external professionals for additional support and their advice was recorded and shared with the staff team. This ensured care was responsive to people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff. This included whether people used glasses or hearing aids, as well as their chosen language. Staff shared examples with us of how they used flash cards and interpreters to ensure people's communication needs were supported and their wishes known.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We observed staff supporting people to take part in activities and discussions which they enjoyed. For example, staff encouraged people to share their past experiences of Halloween and during a quiz people were discussing their previous jobs and careers.
- People spoke positively about the activities available to them at the home. One person said, "There's always something going on here, this morning we're playing scrabble."
- Activities were adapted according to people's needs and throughout the day we saw people were offered both group, and one to one activities to support their well-being.

Improving care quality in response to complaints or concerns

- We observed people offering informal feedback to staff during the inspection, this included their view on activities offered, or meals provided. Staff were receptive to this feedback and offered alternatives.
- Relatives told us they felt able to raise any concerns either directly with staff who supported their family

member, or with the management team. One relative said, "I find [name of deputy manager] really responsive. Anything we raise, it is dealt with straight away."

- The provider had a system in place to monitor complaints and identify any patterns or trends. This enabled them to make improvements where required.

End of life care and support

- People were supported to make decisions about the care they would like to receive at the end of their lives. Where possible, staff involved people and their relatives in developing care and treatment plans. These reflected people's cultural, religious and spiritual needs. Where people had chosen not to discuss their wishes, this was clearly documented.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audit processes used by the management team and the provider were not always effective. In some cases, the management team told us quality audits had been completed, however when we asked to view the details the audits contained no information.
- Medicines audits had either not been completed or not identified the discrepancies we identified at the inspection. The manager told us senior staff were responsible for medicines audits, but there was no further oversight, by the manager or provider, to ensure records were accurate and management systems were safe.
- The provider's systems relating to the application of Deprivation of Liberty Safeguards (DoLS) were not consistent with national guidance. Governance and oversight systems had not identified this.

The provider had failed to establish systems to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Despite these concerns we found no evidence that people had been harmed as a result of inconsistent governance systems. Staff we spoke with understood people's needs well, despite the lack of clarity in their records.
- The manager and deputy manager were responsive when we raised the concerns we had identified. They took immediate action to address the issues relating to medicines and planned to review care plans and risk assessments to ensure consistency.
- Following the inspection, the nominated individual advised that the electronic systems used at the home were being reviewed, to ensure they were effective and provided accurate information required by staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; continuous learning and improving care

- The service had been without a registered manager for just over one month prior to the inspection. A new manager had been appointed and had submitted an application to register with us. A new deputy manager had also been appointed.
- The manager told us they were keen to establish themselves in the role and make positive changes at the home. They told us they were willing to accept feedback from visiting professionals and planned to take action to improve people's experiences wherever possible.

- Staff spoke positively about the management team, although some felt they could be more visible. One staff member told us, "The manager is very approachable. They understand the home and the staff."
- Learning processes were in place following any accidents and incidents. Action plans were implemented when issues were identified to reduce the risk of reoccurrence and improve safety.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and the provider's management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the management team had met with people, their families and representatives and explained what action they had taken to improve the quality of care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had been asked for their feedback about the care they received. Relatives told us they felt they were listened to when they expressed concerns, and feedback was taken seriously.
- Staff told us they were able to give feedback either in supervision meetings or team meetings. One staff member said, "I suggested changes about one person's meals based on their cultural needs. Things were improved."
- The manager, deputy manager and staff team worked alongside visiting healthcare professionals and other partner agencies, including social workers, to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not safely managed. This placed people at risk of harm. This was a breach of regulation 12 (2.g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish systems to effectively assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (2.a) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>