

Visionary Care Ltd

# The Meadows Care Home

## Inspection report

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Date of inspection visit:  
30 May 2023

Date of publication:  
09 August 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

The Meadows Care Home is a care home providing nursing and personal care for up to a maximum of 34 people. The service provides support to older people and people with physical disabilities in an adapted building, over 2 floors. At the time of our inspection, there were 32 people using the service.

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

Risks to people had not always been mitigated. Care records did not always evidence staff were following people's care plans in providing effective and timely intervention to manage known risks. Records did not demonstrate what, if any, interventions staff were providing when people became distressed, prior to administering anti-psychotic medicines. Medicine administration systems were not always effective in demonstrating people had received their medicines as prescribed.

There were systems to monitor and improve the quality of the service provided but these were not always effective. Audits and checks had not identified the concerns we found during this inspection around care records, staff interventions and medicines.

Overall, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation that the provider reviews people's mental capacity assessments to ensure these are sufficiently detailed and support specific decision making.

People's care plans included information about people's life histories, wishes and preferences that support staff to provide personalised care. People were able to participate in a range of activities. People and relatives felt able to raise concerns if they needed to. We have made a recommendation that people's care plans record that opportunities have been provided for them to discuss their end of life wishes.

People were supported to maintain their well being and stay healthy. Staff worked with a range of health and social care professionals. Staff received the training, supervision and support they needed to understand and meet people's needs.

People told us they felt safe living at the home and with the staff who supported them. Staff had been trained to recognise and report signs of abuse. There were sufficient staff to meet people's needs and help keep them safe. The provider's staff recruitment procedures helped to protect people from harm. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People and their relatives were consulted about their care and support and engaged in the development of the service. Staff supported people to be a part of their local community and worked with external agencies to enable people to maintain their health and well being.

The registered manager was open and transparent throughout the inspection. Updated records and new procedures were implemented immediately after the inspection. However, these required time to become embedded into practice to reduce risks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The rating under the previous provider was good (published 12 October 2019). This is the first inspection under this new provider.

#### Why we inspected

We received concerns in relation to infection prevention and control and oversight. Whilst we did not find any concerns around the management of infections, we made a decision to inspect all key questions for this new provider based on the evidence we found.

You can read the report from our last comprehensive inspection under the previous provider, by selecting the 'all reports' link for The Meadow Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to risk management and management oversight at this inspection. You can see the action we have told the provider to take at the end of this report.

We have made a recommendation that the provider reviews mental capacity assessments to ensure they meet the requirements of the Mental Capacity Act 2005.

We have made a recommendation that the registered manager ensure opportunities to discuss end of life are recorded in people's care plans and include their wish to decline to discuss this if relevant.

#### Follow up

We have requested an action plan from the provider. 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 effective.  
Details are in our effective findings below.

**Good** ●

### 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** ●

# The Meadows Care Home

## 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

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Meadows care home 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. The Meadows care home is a care home with 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### 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 had not been sent a provider information return (PIR) prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We discussed this information with the registered manager as part of this inspection.

### During the inspection

We spoke with 8 people and 1 person's relative to gain their views about the service. We also spoke with 10 staff including the registered manager, deputy manager, a nurse, an administrator and care staff. We reviewed care plans and records for 5 people and undertook a sampled review of people's medicines. We reviewed 3 staff recruitment files, staff training records and other records relating to the day to day management and governance of the service.

# Is the service safe?

## Our findings

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

At our last inspection under the previous provider we rated this key question as good. At this inspection the rating has changed to 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; Assessing risk, safety monitoring and management

- People were at risk of harm. Staff did not always record the strategies used to support people when they became anxious or distressed. For example, one person was prescribed a medicine to be administered as and when required when they became distressed. The person's medicine administration records for May 2023 showed this medicine had been administered on an almost daily basis. There was no information to demonstrate what, if any, actions staff had taken prior to reassure the person prior to administering the medicine. Failing to ensure non-medical support was offered prior to administering this medicine placed the person at risk of not receiving support in line with best practice guidance.
- The provider had electronic and paper medicine administration plans and records. We found conflicting information in the person's administration records. For example, paper medicine administration records stated a medicine was prescribed PRN (as and when required) whilst electronic records failed to identify a medicine as PRN. This placed the person at risk of receiving this medicine not as it was prescribed.
- People's medicine records did not always reflect they received these as prescribed. For example, we found gaps in administration records to indicate staff had administered topical medicines, such as creams and lotions. Additionally, information on electronic records was not updated in a timely manner when people's medicines changed. This meant people were at risk of not receiving their medicines as prescribed.
- People's care records did not evidence people were supported with repositioning within the specified time frames to reduce the risk of skin pressure damage. For example, records for 3 people who required support to reposition themselves every 2 to 4 hours to reduce the risk of pressure damage evidenced gaps of 8 to 12 hours or more.
- One person was at significant risk of harm due to a deteriorating pressure wound. A detailed wound management plan was in place but monitoring records had not been completed consistently to demonstrate this was being followed. For example, we found gaps of 12 hours or more for some monitoring records. These records did not support that the person was receiving appropriate care to manage known risks.
- Gaps in monitoring records did not demonstrate people had received support to manage risks associated with personal care. For example, we found numerous gaps in records to evidence people had received support with oral health care as they required this.

The provider had failed to ensure all that is practical is done to mitigate risks to people's health and safety. The provider had failed to ensure people received their medicines safely. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took immediate action following our inspection to address concerns around

records. They told us they had implemented more robust positive behaviour support planning to support people when they became distressed and anxious.

- People's care plans included information around risks and actions staff needed to take to mitigate these.
- Medicines were stored safely and staff administering medicines had completed safe management of medicines training and competency assessments to administer medicines safely.
- There were regular checks on the environment and equipment and a programme for regular testing and inspection was in use. Any issues identified were addressed in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person told us, "I'm being well looked after." A second person told us, "The staff are ever so good; very kind and take their time. We have banter and they take time to listen to me."
- A relative told us they felt their family member was safe because staff took time to update them and consult with them about their family member's care.
- Staff had completed training in safeguarding and told us they felt confident in reporting concerns. They felt that action would be taken to keep people safe. A member of staff said, "I have no problems raising concerns if I need to. We know people really well so can tell quickly if something is not quite right or has changed."
- Records showed the registered manager had escalated safeguarding concerns to external agencies to ensure people were safe.

Staffing and recruitment

- People, relatives, and staff told us they felt there were sufficient staff to meet people's needs. One person said, "I've got no issues with staff. Sometimes it's a longer response if they are busy but I never get rushed."
- The provider used a dependency tool to identify how many staff were required on each shift. The tool used identified sufficient staffing was in place.
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The service had recently achieved a high standard of compliance with infection prevention and control following a recent audit by an external agency.
- 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 provider followed government COVID-19 guidance on care home visiting. There were no current



restrictions to visiting.

#### Learning lessons when things go wrong

- There were robust systems in place to record and review accidents and incidents. This ensured analysis of the information was effective to learn lessons and monitor trends or patterns. For example, the registered manager reviewed accident and incident forms monthly to identify if people required additional support or referral to external agencies.
- The registered manager promoted an open culture of learning from mistakes and making improvements.

# 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.

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Mental Capacity Act (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.

- We found inconsistency in the level of detail within people's mental capacity assessments. For example, a person's assessments were highly detailed and demonstrated effective consultation with the person and their representatives. A second person's mental capacity assessments were poorly detailed and were not decision specific, but a reference to generic loss of mental capacity. This meant people may not have consistent support to make more complex decisions and choices.

We have made a recommendation that the provider reviews mental capacity assessments to ensure they meet the requirements of the MCA.

- The registered manager made timely referrals for people to be assessed under DoLS. Any conditions related to DoLS authorisations were being met.
- People told us they made day to day choices about their care, such as where they wanted to spend their time, and staff respected these choices. One person told us, "I choose what I want and where I want to go. Staff do listen to me."
- Staff told us they sought consent from people before providing care. A staff member told us, "I always ask people before helping them. People can make choices and let you know if they are happy with what you need to do, either verbally or by expressions and responses."

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

- An assessment of people's needs and choices was completed before they moved into the service to make sure they were understood and could be met.
- There was information available around the service to help ensure staff had the knowledge to provide support in line with best practice guidance, current standards and the law. For example, information around safeguarding and dignity in care.
- A range of policies were in place to support staff practice.

Staff support: induction, training, skills and experience

- People were supported by staff that had the knowledge and skills to carry out their roles. One person told us, "The staff are good; the new staff clarify what you want which is good."
- Systems were in place to ensure staff received regular training in areas relevant to their role. One staff member told us, "The training is good and gives us the skills we need. We have just completed a lot of refresher training which was really helpful."
- Staff underwent competency assessments to ensure they had the knowledge and skills to provide safe and effective care.
- Staff told us they felt well supported in their role and records showed they received regular supervisions. One staff member told us, "The [registered] manager is really supportive and approachable. There is an open culture now where we can raise concerns and make suggestions."
- The deputy manager described how they used supervisions to support staff to develop, in addition to addressing areas where work practices needed to improve.

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

- Records showed that people's nutritional needs were assessed, monitored and met.
- Systems in place ensured catering staff knew when people had specific dietary requirements or preferences.
- People told us they enjoyed the meals available and quality of food and meals had improved following the change in provider. One person told us, "The food had improved since the changeover and the choice is better too."
- Menus showed that people had a choice of meal options and alternatives were always available. People were supported to have meals and drinks if they needed help.

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

- The provider worked effectively with other agencies to make sure people received all the care and support required to meet their needs. This included referrals to a physiotherapist to aid people with any mobility needs and speech and language to support people to eat and drink safely.
- Advice from health care professionals was included within people's plans of care. For example, guidance on meals, drinks thickeners or mobility.
- People and their relatives told us they were kept updated, and staff contacted GP's quickly when people were unwell. We observed staff consulting with healthcare professionals where they had concerns about people's well being.

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

- The premises had been adapted and decorated to meet people's needs and provide a safe environment. A relative told us, "I have seen a positive difference since the changeover in provider. There is new signage, new flooring and better maintenance with ongoing improvements to be done." We saw improvements were continuing to the decor and environment as part of a refurbishment plan.

- A lift provided access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
- People's rooms were personalised with items of their choice. People told us they could arrange their rooms as they wished.

# 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.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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 told us they were treated well, and their dignity and privacy were respected. Comments from people included, "I can't fault the staff," "I'm being well looked after," and "The staff are great."
- We observed staff supporting people during the inspection, in a caring and warm manner. It was clear staff knew people well; what support they needed and what their choices were regarding their care.
- People's care plans included information about lifestyle choices, preferences and wishes around their care and support. Records included any cultural or religious needs or preferences.

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

- Records showed that regular meetings took place with people living in the home, to gather their feedback and discuss areas such as meals, activities and changes to their care. One person told us, "We are reviewing my care plan with [relative]. I am hoping to have physiotherapy soon."
- Staff were aware of the importance of people being involved in their care and one staff member said, "We always check people are happy with their care and what we are doing. If they can't express themselves verbally, we look for gestures or facial expressions to indicate their choices."
- People told us they made day to day decisions about care. For example, one person said, "Staff always ask me what I want to do and where I want to be." A second person told us how their view had been listened to when they chose to remain in their room or in bed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans reflected what people required support with and what they could do for themselves.
- We observed staff encouraging and promoting people's independence during the inspection. Staff encouraged people to mobilise and engage in activities.
- People's personal and confidential information was stored securely in line with data protection laws.

# Is the service responsive?

## Our findings

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

At our last inspection, under the previous provider, we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- Care plans did not always demonstrate that people had been given the opportunity to discuss their end of life wishes. For example, we found a person's end of life care plan was very detailed and reflected their preferences and wishes. Care plans for a further 2 people lacked any information around end of life care.

We recommend the registered manager ensure opportunities to discuss end of life are recorded in people's care plans and include their wish to decline to discuss this if relevant.

- Staff had received training in end of life care and were supporting people with end of life care at the time of our inspection. They worked in partnership with other agencies, such as district nurses, to ensure people had the care and treatment they needed.

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

- People's care plans included information about their life histories, wishes and preferences. Information included guidance around their specific cultural, religious or lifestyle choices. This supported staff to provide personalised care.
- People told us staff respected their individuality and choices and tailored care around these. For example, one person preferred to spend time in their own room. Staff respected this and provided care and interaction accordingly.

### 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.

- Systems in place ensured the Accessible Information Standard was met.
- People's communication needs had been assessed and support required was reflected within care plans to help ensure staff knew how best to communicate with people.
- The provider used adapted signage around the home, to support some people's communication.

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

- People were supported to maintain relationships with friends and family.

- There was a schedule of activities available for people to join in with, and these were advertised around the service. People told us they picked activities that interested them. For example, one person liked afternoon teas and going out, whilst another person enjoyed engaging in more in-house activities, such as carpet bowls.
- Staff were in the process of consulting with people around the provision of activities and inviting ideas and suggestions. This would help to ensure activities were meaningful and inclusive for everyone.

#### Improving care quality in response to complaints or concerns

- Information on how to complain was readily available for people throughout the service.
- People and their relatives all told us they knew how to raise concerns, but those we spoke with had not had reason to raise anything formally. One person told us, "I have never had to make a complaint. Staff work with me on any issues." Relatives told us any small issues were resolved as soon as they were mentioned.
- Records showed that complaints received were investigated and responded to appropriately.

# 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.

At our last inspection under the previous provider we rated this key question good. At this inspection the rating for this key question has changed to 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

- The registered manager had detailed governance and audit processes in place. However, we found these were not fully effective in identifying and addressing the shortfalls we found during this inspection.
- Systems and processes were not effective in identifying when care had not been delivered in line with people's assessed needs. For example, we found concerns with the recording of support offered to people who may become distressed and people who required support with repositioning and personal care. This placed people at potential risk of harm.
- Audits and checks had not identified the concerns we found around the recording of medicines and monitoring and administering of anti-psychotic medicines.
- Systems and processes had not identified that some mental capacity assessments lacked the detail and information to support effective decision making.

The provider had failed to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the registered manager provided us with evidence of actions completed and implemented to address these concerns and ensure improvements were made.

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

- Staff training, skills and competence were regularly monitored through supervisions, appraisals and regular refresher training. This helped to ensure staff had the necessary skills and experience to meet people's needs.
- Care plans were person centred with a focus on people's individual aspirations and abilities.
- Care records showed people were supported to make day to day choices and decisions about their care and determine what they wanted from their care and support.

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 registered manager was aware of their duty of candour responsibility and had systems in place to



ensure compliance.

- Complaints records showed the registered manager had been open and honest when things had gone wrong and taken timely remedial action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had formal and informal systems in place to take account of staff, relatives, and people's opinions of the service. This feedback was used to drive improvements within the service. For example, improvements to the environment or activities
- People were offered meetings to share information about the service and discuss any issues. One person told us, "I was informed of the (provider) changeover in a meeting and how this would affect me. I have seen positive changes as a result and have been kept informed of these." A relative told us, "Minutes of meetings are sent out with our invoices. This helps keep us informed of what's happening if we can't attend meetings."
- Staff told us they were consulted and able to share their views through meetings and face to face with the registered manager. One staff member told us, "[Registered manager] is very approachable. We can raise concerns and make suggestions and these are listened to and acted on."
- Care plans were completed with people or their relatives as appropriate. One person told us, "I have a meeting planned to discuss my care. My relative has also been invited to attend with me."
- Staff were positive in describing the new provider as having a visible presence in the service and being approachable and supportive. One staff member told us, "The provider or senior managers visit every week. They are focused on providing people with good care."

Working in partnership with others; continuous learning and improving care

- The registered manager implemented new systems to improve the oversight of the service after the inspection. This demonstrated they were committed to providing people with good care and enabling them to achieve positive outcomes. However, these need to be embedded into practice and sustained.
- The registered manager accessed a range of resources to develop their knowledge and awareness. They were currently working with the new provider to develop an action plan of improvements to develop the service.
- The registered manager had established links with the local community to support people to be a part of their community. These included links with place of worship and local schools.
- Staff worked in partnership with other health and social care professionals. These included GP's, community nurses and specialist health and social care services.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure all that is practical is done to mitigate risks to people's health and safety.</p> <p>The provider had failed to ensure people received their medicines safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had failed to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the care provided</p>