

Healthcare Homes Group Limited

Home Meadow

Inspection report

Comberton Road
Toft
Cambridgeshire
CB23 2RY

Tel: 01223263282
Website: www.healthcarehomes.co.uk

Date of inspection visit:
18 July 2023
26 July 2023
08 August 2023

Date of publication:
15 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Meadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Home Meadow accommodates up to 49 older people in a single-storey building. At the time of our inspection, 46 people were living at Home Meadow. The service is divided into 2 main units with 1 which accommodates people living with dementia.

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

The provider's systems had not always identified where improvements were required, for action to be taken, to keep people safe from the risk of infection.

We have made a recommendation to the provider to monitor their processes, moving forward, to ensure timely identification and action is taken, when required.

People were at risk of dehydration due to ineffective daily reviews. Furthermore, appropriate risk reducing measures were not contained within care plans for people who required support with diabetes. We found no person had come to harm from these concerns. The registered manager and provider was responsive during the inspection time frame and undertook appropriate reviews.

People told us they felt safe. Relatives told us they felt their family member was safe and well cared for by staff. Staff received training to meet people's needs and had undertaken specific training to help identify and reduce risks associated with falls, severe infections, and health deterioration.

Medicines were administered as prescribed; staff had completed training, and their competency had been assessed. Safe reporting and review systems were in place to monitor incidents and accidents if they occurred. Lessons learnt were reviewed and shared with staff. The provider undertook safe recruitment processes and there were enough staff to meet people's needs.

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.

A registered manager was in post, and people, their relatives, and staff felt able to approach them with any concerns and were confident they would be acknowledged and acted upon. The providers systems, overall, allowed for quality monitoring to take place at the service which drove continuous 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 this service was good (published 27 September 2018)

Why we inspected

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

We have found evidence that the provider needs to make improvements in their monitoring of risks associated with infection control. Please see the safe section of this full report. The provider had taken action to mitigate the risk of harm from this concern, however, further monitoring is required to ensure systems are embedded and sustained.

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.

Recommendations

We have made 1 recommendation to the provider at this inspection. We recommend the provider continues to monitor and review their infection prevention control monitoring processes. Furthermore, when risks are identified, timely responsive action should be taken.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Meadow on our website at www.cqc.org.uk.

Follow up

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Home Meadow

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 carried out by 2 inspectors. The inspection team was further supported by 2 Expert by Experience's. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Home Meadow 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. Home Meadow 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 a registered manager in post.

Notice of inspection

This inspection was unannounced and we visited the care home on 2 occasions.

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. We used the information the provider sent us in the provider information return (PIR) 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 used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 14 of their relatives about their experience of the care provided. We spoke with 11 members of staff including care workers, senior care workers and catering and housekeeping staff, maintenance staff, the registered manager, and the regional manager. We also received feedback from 1 external healthcare professional who provided support to people at the service.

We reviewed a range of records at the service. This included recruitment documentation for staff, and staff induction records. We also reviewed certain care records, medicine, and supplementary records for 9 people during the inspection. We asked for other records to be sent to us, which we reviewed away from the care home. These records included monitoring documentation, staff rotas and training records, and quality assurance records. Additionally, we requested some policies and other records which related to the management and oversight 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 we rated this key question 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.

Preventing and controlling infection

- The provider needed to improve their review and response to risks and signs of infection. An infection prevention control (IPC) visit from the local authority, immediately prior to our inspection, had identified some specific areas of IPC risk. The provider and registered manager developed a robust action plan, and we found all areas had either been addressed or plans were in place for completion during the inspection timeframe. However, these specific areas had not been identified and acted upon by the provider, prior to the local authority completing their visit.

We recommend the provider reviews and completes ongoing monitoring of their infection control audit, and monitoring processes.

- Laundry, domestic and care staff told us they had the required cleaning equipment and products available for their use. One staff member told us, "I have completed infection control training. [Senior staff] check how we use [personal protective equipment] and check our handwashing technique." Relatives told us they had no concerns with the cleanliness of the care home. One person told us, "I think this place is clean, I do see staff cleaning all the time."
- There were no restrictions on visitors to the home. People had visitors on the day of inspection and relatives told us they were able to visit freely.

Assessing risk, safety monitoring and management

- The provider did not always ensure risks to people were assessed; and safety monitoring and management required improvements in some specific areas. We found no person had come to harm; however, some specific reviews were required.
- People were at risk of dehydration due to insufficient monitoring. People at risk of dehydration had fluid charts in place to monitor and support their fluid intake. However, these charts were not appropriately completed at the end of each day to ensure any concerns were communicated within the staff team. This meant there were missed opportunities for staff to further promote and support fluid intake for people where their consumption had been reduced the previous day. We found no harm had come to any person, and the provider and registered manager acted promptly on our findings during the inspection time frame.
- People with diabetes did not always have clear care plans in place. This meant people were at risk of receiving inappropriate care and support. For example, one person's diabetes care plan incorrectly said their blood glucose should be checked daily. However, this was not a required support need for this person and was therefore not completed. Furthermore, sufficient guidance was not available to guide staff on the signs, symptoms, and actions to be taken in the event of a person having low or high blood glucose levels.

The provider and registered manager were responsive to this feedback and reviewed care plans and risk assessments for all people with a diagnosis of diabetes. Furthermore, the registered manager was in the process of arranging additional diabetes training for staff.

- Other care plans and risk assessments we viewed were person centred, informative and they correctly identified and assessed risks to people. Staff knew people's individual risks and were confident in risk reducing measures which were in place. The registered manager had identified the importance of assessing risk and safety monitoring and management where people may experience deterioration or worsening health. During the inspection time frame, staff completed training for falls safety, sepsis identification and response, and NEWS2 training. NEWS2 is an early warning system which allows for timely identification and assessment for those who may experience health deterioration, such as a severe infection like sepsis.

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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Additional staff training, and support, with best interest assessments, was being arranged with the local authority at the time of our inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to help protect people from abuse, however, additional staff training had been identified as required by the local authority and provider. The registered manager had arranged for this training to take place prior to our inspection. We found lessons were learnt and incidents were shared with staff to reduce the likelihood of re-occurrence.
- People told us they felt safe and well cared for by staff. One person told us, "I like my room, I feel very safe there." Another person said, "I like it [at the care home], it feels pleasant to be here and it's very safe". One relative told us, "[Family member] feels safe, and we do feel [family member] is safe. [Family member] was so unsafe at home, here [family member] is super safe!" Where safeguarding concerns had been identified, we found the provider and registered manager were responsive to help ensure people were safe.
- Staff told us they were confident to raise any concerns with senior staff. One staff member said, "We have had training, they are very good at that." Another staff member said they would not hesitate to report concerns externally, to the local authority or CQC, if they ever felt the need to.

Staffing and recruitment

- Safe staffing levels had been assessed and reviewed. The registered manager undertook dependency assessments to consider how many staff were needed to provide people with the care and support they needed. Staff rotas evidenced the required staffing levels were planned for each shift. One person told us, "I think the staff are brilliant. Very caring and polite." One relative told us, "There's always [staff] around, there's always 3 or 4 carers around."
- Successful staff recruitment has taken place at the care home. This meant people were cared for by staff who were familiar with their needs and preferences. People told us staff supported them promptly, and staff

told us staffing levels were sufficient.

- The provider undertook specific checks when recruiting staff. These checks included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed and administered safely by appropriately trained staff. Regular medicines audits were completed, and people were satisfied with how their medicines were administered to them. One person told us, "The [medicine] process here is very good, so no missed [medicines] at all."
- Staff were knowledgeable of the medicines they administered to people, and knew of specific safety requirements for certain medicines. For example, where people were prescribed blood thinning medicines, staff were aware of the safety precautions should they experience a fall or injury.
- Where medicines were not administered by staff at the care home, for example, medicines administered by a visiting district nurse, staff were clear of the agreed protocols in place.

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 we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- For the most part, we found managers and staff were clear about their roles and regulatory requirements. However, we have made a recommendation in the safe domain for the provider to ensure their governance checks, in relation to IPC review, audits, and responsive action are robust, safe, and effective. We specifically expect the provider to review, identify and respond to risk themselves through their own governance, and we will review this at future inspections.
- The provider, their representatives, and the registered manager undertook a range of quality assurance exercises and audits at the care home. We found audits and incidents were reviewed, and where action was identified as required, this was taken.
- One person told us, "This is a decent place to be – clean, tidy, facilities are good, excellent food, my room is very good, and it's kept clean by staff who are friendly, helpful, hardworking and they look and act professionally and wear clean uniforms." One relative said, "I can't think of anything to improve. I have been to other care homes, which are a bit more luxurious than Home Meadow, but as far as I am concerned [family member] is cared for very well. [Home Meadow] has got a quite homely feel."
- Staff and relatives told us they felt able to approach the registered manager with any concerns or questions. One staff member told us, "The [registered manager] is so good. I have really enjoyed working with [registered manager]. Anything of concern, I can go to [registered manager] and [registered manager] will say "Right, what can I do to help?" it is really good." Staff meetings took place regularly. Staff told us the registered manager shared appropriate information with them, and meetings were inclusive.
- On our second inspection visit to the care home, an unexpected incident had occurred. We observed staff to be calm, professional and follow clear protocols and procedures which were in place. The staff ensured there was no impact upon the service provided to people, and we found a person-centred, open, and positive culture was maintained.

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 responsibility to inform and apologise to people, their relatives, and staff if things went wrong. Relatives told us the registered manager maintained appropriate contact when required.
- The registered manager reported notifiable events to the CQC, when required, and maintained records of notifiable events. We saw many types of oversight and analysis records which identified where lessons could

be learnt and drove effective change.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to engage, involve and communicate with people, their relatives, and staff. Meetings were held at the care home, and feedback requests had been made by the registered manager on the service provided. Where people made suggestions, requests, or shared preferences, we found these were noted and acted upon.
- Staff told us regular staff meetings took place, and they were able to share experiences and make suggestions. Staff told us they felt listened to and valued.
- Relatives told us they received regular communication from the registered manager and staff. One relative said, "What I like about this place is that staff come and check on my [family member] more than once, and if something happens, they call me straight away."

Working in partnership with others; Continuous learning and improving care

- The provider had worked with the local authority to review their safeguarding processes, and support was being provided to increase staff knowledge, and practice, surrounding specific best interest assessments.
- We spoke with one healthcare professional who worked in partnership with staff. Feedback included staff were responsive to their advice and guidance, and they experienced positive working relationships.