

Kirklands Healthcare Limited

Meadow's Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meadow's Court is a purpose built home, and registered to provide personal care and support for up to 60 adults with physical or age-related care needs. At the time of the inspection the home was supporting 48 people, some of whom were living with dementia.

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

Although we found improvements to the overall management of medicines, further improvements were needed to ensure people received their time critical medicines as prescribed. Quality systems were not always effective in identifying issues relating to the management of time critical medicines, risk assessments and mental capacity assessments.

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. However, mental capacity assessments required further development to ensure these were decision specific and provided clear evidence as to when best interests should be followed and who should be involved. We have made a recommendation around this.

Staff were trained to recognise potential risks and signs of abuse. Staffing levels were safe. Staff used personal protective equipment (PPE) appropriately when supporting people and infection prevention and control processes were in place.

Staff and people told us there was a positive culture in the home and everyone spoke positively of the registered manager. People and staff were engaged in the running of the home, and people benefited from the home's partnership working with external agencies.

The provider and registered manager were responsive to concerns raised at the time of the inspection. They made some immediate improvements and had plans in place for further improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 April 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made but the provider remained in breach of a regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 26 January 2023 and breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow's Court on our website at www.cqc.org.uk.

Enforcement and recommendations

We have identified a breach of regulation in relation to medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation that the provider consider current guidance to ensure they were working within the principles of the MCA.

Follow up

We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well led.
Details are in our well led findings below.

Requires Improvement ●

Meadow's Court

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 undertaken by 2 inspectors and 1 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

Meadow's Court 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. Meadow's Court 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.

What we did before 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 8 people and 3 relatives about their experience of the care provided and met with a visiting social care professional. We observed interactions and support between people and staff in communal areas. We also spoke with 12 staff members including the registered manager, operations manager, the provider, deputy manager and care staff. We reviewed 6 people's care plans and records and a range of medicine records. We also reviewed 3 staff recruitment files and records relating to the management of the service, such as meetings, audits, health and safety checks, policies and procedures and staff training records.

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 requires improvement. At this inspection the rating has remained 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

At our last inspection we found the provider had failed to ensure people were protected from the risk of harm because medicines management and administration was not safe and risks were not effectively managed or monitored. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice that required the provider to make improvements.

At this inspection, we found some improvements had been made but further improvements were required to demonstrate medicine administration was consistently safe.

- People experienced delays in receiving time critical medicines. These are medicines that must be administered at a specific time each day to manage a person's health condition.
- For example, we reviewed one person's medicine administration record (MAR) for August 2023 and found over 10 occasions where staff had administered their time critical medicine between 1-3 hours later than the prescribed time. This put the person at risk from not receiving their medicine promptly to manage known risks associated with their health condition.
- Medicine audits reviewed for August 2023 and previous medicine audits, identified this as a concern but had not been effective in making improvements.

We found no evidence people had been harmed. However, medicines were not always safely managed which placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took immediate action to make improvements to the administration of medicines following our inspection.
- There were protocols in place to guide staff on when to administer 'as and when required' medicines to people.
- Peoples medication administration records (MAR's) contained all required information and records of the receipt, administration and disposal of medicines allowed all medicines to be accounted for.
- Staff had received training in the safe administration of medicines and their competency was regularly assessed. A staff member told us, "I have completed my medicines training and am about to do more advanced training. After my training, I shadowed (worked alongside) experienced staff and had my competency assessed. My manager checked I was confident before I started to do 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 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.

- Mental capacity assessments required further development to ensure these were decision specific and provided clear evidence as to when best interests decisions should be followed and who should be involved.
- In relation to mental capacity, some of the questions assessed were quite broad and did not therefore reflect that people might have capacity to make some decisions. For example, someone may be able to make decisions in relation to what they wore and what time they got up or went to bed. These were not always recorded.
- We observed some inconsistency in staff interactions with people around choice. For example, we saw some staff consulted with people around choice of food and drink, or where they wanted to go. A number of staff did not converse with people but simply placed food or drink in front of them.

We recommended the provider consider current guidance to ensure they were working within the principles of the MCA.

- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire.

Assessing risk, safety monitoring and management

- People had risk assessments in place which were reviewed and updated regularly. However, where people had individual health needs such as diabetes or epilepsy, a care plan had been completed but the risk assessments were not sufficiently detailed to provide the guidance staff needed.
- People who could become distressed and required staff support and intervention had support strategies in place. However, records to enable effective monitoring of incidents and staff responses were not always completed consistently.
- Risk assessments were completed in areas including personal care, moving and handling, falls and medicines. Staff understood the importance of following risk assessments when supporting people to keep them safe.
- Risks to the environment were assessed and monitored to keep people safe. People had emergency evacuation plans to guide staff on how to evacuate people safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to protect people from the risk of abuse.
- The registered manager acted in a timely manner to address concerns and allegations of abuse and took action to make sure people were safe.
- Staff had completed safeguarding training and were confident about raising concerns. A staff member

told us, "People are safe because the manager makes sure we know how to provide care correctly to keep people safe."

- People told us they felt safe. Comments included, "There are staff and cameras around, this makes me feel safe," and "I do feel safe just being here; I feel protected. I have never had any abuse."

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 provider was supporting visitation to the service in line with current government guidance.

Learning lessons when things go wrong

- The registered manager understood the importance of completing a lessons learned process for when things go wrong, and we saw completed examples of this and the subsequent actions taken.
- Accidents, incidents and falls were recorded in detail. These were analysed monthly to identify trends and themes. Actions from these audits were completed to help mitigate the possibility of similar incidents from occurring in the future and findings were shared with staff to improve working practices.

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 inadequate. At this inspection the rating 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection The provider's oversight systems and processes required further improvements to effectively monitor and mitigate risks to people's safety. The lack of leadership and management oversight of people's care increased the risk of harm. There were limited opportunities for people and staff to give feedback on the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for the provider to make improvements.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, improvements needed time to demonstrate they were sustainable and embedded into staff working practices.

- The auditing systems for medicines were not always effective in monitoring the safe administration of medicines. Time critical medicines were not consistently administered at prescribed times to support people to manage their health conditions and the audits in place had not identified this.
- Auditing systems for care plans had not identified the lack of sufficiently robust risk assessments associated with people's health conditions or lack of decision specific mental capacity assessments and evidence of best interest processes being followed.
- The registered manager took immediate action to make improvements following our inspection. Improvements needed time to demonstrate these were sustainable and embedded into staff working practices.
- The management team were committed to learning lessons to drive improvements. They completed a range of other audits including regular checks of the environment, staffing, IPC practice and an analysis of falls and incidents. These audits were effective and had led to reviews which had resulted in improvements including decor, furnishings and staff deployment.
- Managerial lines of accountability were clear, and staff understood their roles and responsibilities. Staff told us leadership had improved under the current registered manager. A staff member told us, "It was awful before, management was terrible and staff did not know what they were doing. Things have improved now. The registered manager is good and staff know their roles because they receive clear direction and support from the registered manager. Things are definitely moving in the right direction now."
- Staff told us they were able to raise any concerns or make suggestions in meetings, individually or directly

to the registered manager and these were listened to and investigated.

- People felt communication and management had improved at the service which made them feel more involved and engaged. Comments included, "The communication is fine. Staff tell me about activities when they are on and any changes" and "They have residents meetings in the dining room but I don't bother to go. 'I'm quite happy with staff communication, they keep me informed."
- A relative told us, "It seems to be well managed, everyone seems to have a purpose. If I needed to ask anything staff would answer me. There is good overall communication I would say."

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

- The registered manager engaged with people about their care and support needs and worked in partnership with others including people's relatives, staff members and healthcare professionals to support people to achieve meaningful outcomes. A relative told us, "[Name] has improved greatly since moving here. They are far more independent in terms of their mobility than when they first came here and need less equipment which is a good thing."
- The registered manager and staff worked to create an open and positive culture at the service which was person centred. A person told us, "My care here is fine I wouldn't change anything."
- Staff worked closely with people and their relatives to understand their cultural beliefs and backgrounds.
- People, relatives and staff described a good, warm atmosphere in the service and felt the registered manager was approachable and supportive.

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;

- Records showed the registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.
- The provider had clear processes for reviewing concerns and improving support by learning from the issues identified.
- People felt comfortable raising concerns with managers and were confident they would be listened to.

Working in partnership with others

- The provider displayed good partnership working with others to make sure people received the care they needed.
- The registered manager worked well with other healthcare professionals and advice was promptly sought and followed to make sure people's needs were met. They were open to guidance and information from other agencies and used this to improve the care provided.
- Staff supported people to maintain links which were important to them such as with family, friends, and religious groups.

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 Medicines were not always safely managed which placed people at risk of harm