

# Tanglewood Project Company No. 2 Limited

# Meadows Park Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Meadow Park Care Home is a residential care home providing accommodation and personal care to up to 66 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 40 people using the service.

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

People living at the service were safe. There were systems and processes in place to ensure people were safeguarded from abuse and the risks to their safety were well managed. Staff received appropriate training for their role. There were both environmental and personal risk assessments, and measures identified to reduce risks were in place.

Like many care homes staffing and recruitment had been a challenge for the service during the last year. However, the managers had worked to improve recruitment and people were supported by adequate numbers of staff.

People's medicines were managed safely, and people were protected from the risks of infection as staff followed safe infection prevention and control practice. There was adequate amounts of personal protective equipment (PPE) available for staff to use, and the provider was following the present government guidelines in relation to wearing PPE.

There were clear processes in place to learn from events at the service to further reduce risks and improve care for people.

People's needs were assessed using nationally recognised assessment tools to ensure they received the right care. Their nutritional and health needs were well managed. Staff worked with external health professionals to ensure people received appropriate care.

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.

People lived in a well-maintained purpose-built service and were supported by staff who were caring and respectful towards them; they received person centred care. Their privacy, dignity and independence were supported, and people had a say in the way their care was managed.

There were different social activities to reduce the risk of social isolation for people and their friends and relatives were welcomed into the service.

The service was well led, there was a clear management structure in place and comprehensive quality monitoring processes to monitor and continue to improve care for people.

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 and update

This service was registered with us on 25 August 2021 and this is the first inspection.

#### Why we inspected

We undertook this inspection to provide a rating for this service.

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.

#### 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Meadows Park 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

The inspection was carried out by two inspectors. An Expert by experience undertook telephone calls to relatives following our inspection. 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

Meadows Park Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Meadows Park 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 its registration with CQC. 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

During the inspection we spoke with 4 people who used the service and 2 relatives. Following our visit, we undertook telephone interviews with 7 relatives of people who used the service. We spoke with 14 members of staff. This included kitchen assistants, senior care staff, care staff and the maintenance person. We spoke with the registered manager and the care manager. We also spoke with the quality manager, the health and safety manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a number of documents associated with people's care needs, this included medicine administration records and 7 care plans. We also reviewed documents associated with the running of the service, this included quality monitoring records, policies, environmental risk assessments and cleaning schedules. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were clear processes in place to protect people from harm. People we spoke with told us they felt safe and would know who to talk to if they had any concerns. Relatives we spoke with echoed these comments. One relative said, "Yes [name] is (safe), they are in a safe place." Where people who could not use words to communicate displayed anxiety, we saw staff supporting these people to ensure their safety.
- Staff received appropriate training to support their knowledge of how to protect people from abuse. All the staff we spoke with showed good knowledge of the types of abuse people could be exposed to and how they would manage this. They understood who to report any issues to, how to record it and what they would do if they felt the management team did not address any concerns. Staff were confident the management team would address any issues reported to them.
- The registered manager had records of safeguarding events which showed they had worked with the local authority safeguarding team to investigate and learn from concerns raised to them.

Assessing risk, safety monitoring and management

- People were protected from unnecessary harm as the provider had reviewed the individual risks to their safety and put measures in place to reduce those risks. There was clear information in their care plans and risk assessments to provide guidance to enable staff to support people safely.
- Where people needed support with their mobility or had moving and handling needs, they had the appropriate aids in place. For example, walking frames and good fitting footwear, if they required a hoist, they had been assessed to ensure the correct sized slings were used. If people were at risk of skin damage through the inability to change their own position in a bed or chair, there was guidance to show how often they needed repositioning.
- Environmental risks to people's safety were also assessed and well managed. People had personal emergency evacuation profiles (PEEP's) in place to give clear information on the support they would need in the event of a fire. There were regular fire safety checks undertaken by the maintenance team, and the provider's health and safety manager oversaw servicing and maintenance of equipment was undertaken in line with manufacturer's instructions and servicing contracts.

Staffing and recruitment

- Like many care homes staffing and recruitment had been a challenge for the service during the last year. The provider was aware of this and had worked to address the issue. They had looked at their terms and conditions for staff and had a prolonged recruitment drive. The nominated individual told us they had been able to employ more staff over the last couple of months and had more staff joining the service in the near future.
- People and relatives told us the service had been short of staff over the Christmas period and at times

during COVID 19, but things were improving. One person told us the call bell response times were mostly quick but if they were a bit short staffed it may take up to 10 minutes. A relative told us there was a time when staffing was difficult, but it was improving.

- Staff echoed the comments made by the management team and told us there had been sometimes when they had been short staffed. But told us the management team had worked to support them. One member of staff told us they had agreed to work extra shifts while staff were being recruited and things were now getting better.
- The recruitment processes in place for the service were safe. We saw records of staff's application process where gaps in employment were accounted for, references from previous employers were sought and the Disclosure and Barring Service (DBS) was used. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff were supported with a clear induction plan when they commenced their employment.

#### Using medicines safely

- People's medicines were managed safely. Staff who administered medicines had training in the safe handling of medicines and we saw safe administration practices in place.
- People received their medicines at the times they needed them. A member of staff who had just started at the service told us they had received update training and support before administering medicines. They showed how they ensured people who needed medicines at specific times received them on time. They told us as required medicines were used appropriately and there were protocols in place to give staff guidance on the symptoms people might display when they needed these medicines.
- People's medicines were stored safely, and the provider used an electronic recording system for administration of medicines. The system had built in checks to help reduce medicines errors and this was checked daily to ensure any errors or issues were dealt with swiftly.

#### 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

- People were able to enjoy visits from their relatives and friends when they wanted to. The provider worked within the government guidelines to manage visiting safely. During our visit we saw a number of relatives visiting people at the service.

#### Learning lessons when things go wrong

- The registered manager and care manager reviewed incidents and accidents and discussed the outcome with staff to ensure learning from these events. This was undertaken in a number of ways, such as staff meetings, supervisions and use of the electronic daily handover sheet which staff had access to. These



handover sheets stayed online for staff to look back at if they had days off to check for any changes in people's care needs as a result of any incidents.

# 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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed using nationally recognised assessment tools. The guidance from the tools were used to provide good outcomes for people. For example, the use of the Waterlow scoring tool was used to highlight how prone to skin damage people were and what support they needed from staff to prevent this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training and support for their roles. Staff told us the training they received supported them and where they had asked for particular types of training, this had been provided.
- Staff were encouraged to progress in their roles and told us the management team provided support and guidance to enable them to progress.
- During our inspection we saw staff support people in many different ways, showing their knowledge of their roles. For example, when using moving and handling equipment, when supporting people to eat and drink or using calming distraction techniques when people were showing signs of anxiety.

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

- People told us the food at the service was good. The meals at the mealtimes we observed looked and smelt appetising. Staff supported people appropriately during mealtimes.
- There was good information on people's dietary needs in their care plans and in the kitchen, so staff preparing meals had the right information on specialist diets and people's likes and dislikes. Where needed staff had referred people to external health professionals, such as the speech and language therapy team (SALT) who support people with swallowing difficulties. The staff had followed the guidance from these teams on the level of diet and support people needed.
- People's weights were regularly monitored to ensure they stayed within a healthy range. Where people had lost weight, staff increased their monitoring of their weight, offered a fortified diet and took advice from people's GP's on whether dietary supplements were needed. People were supported to drink regularly to reduce the risk of dehydration. One of staff said, "(A) good thing about the home is that people get a lot of fluids throughout the day, very much encouraged to drink."

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 people, their relatives and health professionals to ensure people's health needs were met. One person we spoke with said, "When I was ill they were very good to me, called the doctor."

- Where people needed to have external health professional assessments, these had been sought. During our visit staff had requested support for one person whose mental health had been deteriorating. The team visited and acted upon the staff's concerns.

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

- The building the service was provided from was new and purpose built. The building was well maintained, and the design of the building meant there were areas for people to spend time. There were a variety of communal areas and the outside of the building was enclosed. During our visit we saw a number of people use this area.

#### 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.

- The mental capacity assessments completed for people, and best interests' meetings had been undertaken to support people who lacked capacity to make specific decisions. Relevant people such as relatives, social workers and health professionals had been involved to ensure where decisions had been made for people. These had been taken in the person's best interest and were the least restrictive options.
- There were DoLS in place for people using the service to keep them safe from harm. The service applied for them appropriately and kept a record of the authorisations and any conditions imposed.

# 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 were treated with respect. One person said, "Staff are marvellous, wonderful. Never impatient or unkind." Throughout the inspection we saw positive interactions between people and staff. For example, at one mealtime when a person was showing some anxiety, a staff member bought their lunch and sat with the person at the table to eat with them and engage in conversation while they ate. We also saw a member of staff stayed after their shift to help a person replant an orchid as they had been discussing the best way to do this during the morning.
- Staff we spoke with spoke positively about the people they supported, and all staff told us they were happy with the way their colleagues spoke with and treated people. One senior member of staff said, "Staff are respectful and caring towards people, if I saw anything different I would address it straight away."

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

- People had the chance to express their views on how they wanted their care delivered. This included the level of support they wanted with personal care, the times they got up or went to bed and their food preferences. The registered manager told us the information was often collected from people when they were the 'resident of the day' when staff would discuss people's care needs with them.
- Throughout the inspection people were able to move around the service as they wished, some people enjoyed a cigarette and were supported to sit outside together. Staff ensured people's choices were accommodated.
- The provider had information for people on advocacy services available for them. An advocate is an independent person who works to ensure people needing support have their voice heard on issues that are important to them. At the time of the inspection no one living at the service needed the support of an advocate.

Respecting and promoting people's privacy, dignity and independence

- Staff supporting people promoted their privacy. We saw staff speaking discreetly to people about personal needs or knocking on doors before entering their rooms. When people were supported to eat and drink, staff did so in a way that supported people's dignity.
- People were supported to be independent, making choices about where they would spend time. One person said, "I like to be on my own so spend time in my room."

# 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 received personalised care from staff who showed good knowledge of people's needs. The provider used an electronic care plan system and there was regular monitoring of the information about people's care.
- People's care plans were detailed and personalised with good information about the person's needs. For example, any underlying health conditions which needed monitoring had clear guidance for staff to follow. Where there had been changes to people's needs, the changes had been recorded and what support had been accessed for the person. This included the input from professionals such as physiotherapists or the community psychiatric nurse (CPN).
- Staff told us they were able to access people's care plans. Our observations of their interactions with people showed they used their knowledge of individual's needs to provide them with personalised care.

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 who needed support with their communication received this support. People who had hearing difficulties had hearing aids in place. Some people had difficulty understanding complex information and staff provided information in straightforward clear simple language. People were offered visual aids to help them with their choices. The signage at the service was in large print and in picture format. This supported people living with dementia or who were sight impaired to find key areas of the service.

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

- Throughout our inspection we saw people were supported to join in with different social activities. The lay out of the service, and the way mealtimes were planned, meant people who had become friendly with each other were able to sit together. This meant their mealtimes were sociable and enjoyable.
- Relatives and friends were able to visit their loved ones regularly. There was a range of social activities available to meet different individual's preferences. This included a number of carpet games people had requested such as Jenga or skittles. The activities co-ordinator arranged different events such as cinema afternoons, joining in with the national beer tasting day, Yorkshire day (making Yorkshire puddings) or the world cup football day.

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

- The provider had a clear complaints procedure in place and there was information about the process displayed at the service. People and their relatives told us they would be able to raise concerns with staff and know they would be addressed.
- Staff understood their role in making sure any concerns or complaints made to them were recorded and addressed.

#### End of life care and support

- People received end of life care in line with their expressed wishes. Staff worked with external health professionals to ensure people were well supported at this difficult time. We saw there was information in people's care plans about how they wanted to spend the last period of their lives. This included RESPECT forms which had information on whether people wanted to be admitted to hospital or stay in the service and what level of treatment they required.
- Staff worked to support not only people in the end stages of their life, but also their relatives. The service had introduced a box which had different items in designed to provide relatives with things should they decide to stay with their family member during the last phase of their life. This included items such as a toothbrush and toothpaste, lap blanket, deodorant and biscuits.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and her management team promoted a person centred and inclusive culture at the service. They worked in an open and inclusive way with people, their relatives and staff. Staff we spoke with told us the management team were responsive and open with them.
- People were supported in individualised ways to ensure good outcomes for them. For example, one person who could not communicate verbally, had some changes to their behaviour patterns. Staff ensured this was monitored and external health professionals were consulted so their health plan could be reviewed to ensure they were receiving the right medicines and support for them.
- Staff were able to discuss people's individual needs and there was clear information in their care plans on their preferences. We saw staff supported people to spend their day as they chose.

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 management team were aware of their responsibilities in relation to the duty of candour. When things went wrong they were open with people about events and how they would work to improve.
- The registered manager notified CQC of events at the service and how these had been managed. This is their legal responsibility and part of their registration conditions.

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

- People's care was overseen by the registered manager and their management team. The registered manager and home manager reviewed the electronic care plan system each day to ensure the care people should receive was documented. They also spent time out on the floor of the care home to check staff practice, the environment and talk to people about their care.
- There were regular quality monitoring audits undertaken in areas such as people's; care plans, weights and prevention of skin damage, the environment, medicines and any incidents and accidents. These audits fed into a monthly action plan that highlighted what actions were needed, who would complete them and when they should be completed. We spend time with the registered manager reviewing how she highlighted issues to staff to ensure ongoing improvements in people's care.
- Our observations on the days of our inspection showed the auditing systems were effective. This included information in care plans and regular checks on equipment in place.

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

- The registered manager worked to engage with people, relatives and staff to hear their views on the running of the service and act on issues which were raised. This was done through meetings, surveys and the walk round she and the care manager undertook.
- During our inspection we saw these had been acted upon. This included people suggestions on activities. At a staff meeting the managers highlighted a concern from a relative about handwashing, staff had asked for hand washing facilities to be improved in people's bedrooms. During our walk rounds we saw this had been completed.
- Staff we spoke with were positive about the way the service was run. They told us they felt engaged and listened to by their managers. One member of staff said, "I am very happy here, we are not ignored (by managers). We feel part of a team."
- The provider also had initiatives in place to show staff they were valued. They had an annual awards ball where staff were nominated for different awards to highlight their commitment to their roles. We saw 7 staff who undertook different roles at the service had been nominated for these awards.

Continuous learning and improving care

- The provider supported the registered manager and their team to develop and keep up to date with current practices. The registered manager attended a local care association meeting. The nominated individual was on the board of directors for this association which supports local care providers to keep up to date with best practice.
- Staff were encouraged to undertake extra areas of training they had requested to support them in their roles. One member of staff told us they had highlighted an area where they felt they needed further knowledge and the registered manager had arranged further training for them.

Working in partnership with others

- Throughout the report there have been examples of good working with external health professionals. During our inspection we saw staff working with different external health professionals to support people's care needs.