

# Meadowlark Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 March 2024

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2011303089

## About the service

Meadowlark service is owned by Renaissance Care (No1) Limited. It is registered to provide a care home service for a maximum of 57 older people, including people with dementia or mental health problems.

Meadowlark is a purpose built home located in Forres. There are three separate units, one of which has been specifically developed to support people living with dementia. All rooms are single occupancy, some have en-suite facilities.

The home is set within its own grounds and includes a pleasant private rear garden, which is overlooked by many of the rooms.

## About the inspection

This was a follow up inspection to assess the progress the service was making since the last inspection on 28 November 2023. An unannounced inspection took place on 12 and 13 March 2024. Two inspectors carried out this inspection. The follow-up inspection focussed on the requirements and areas for improvement made during the previous inspection and evaluated how the service had addressed these to improve outcomes for people.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and three of their family and friends
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People were lacking in opportunity to engage in purposeful activity that was meaningful to them.
- Although Infection Prevention and Control (IPC) processes and systems were in place, some areas of the home had not been cleaned.
- Communication methods used by staff were not effective in supporting people who experience stress and distress.
- People were clean and well presented.
- Medication practices were in line with best practice guidance and medication was being taken as prescribed.
- Quality assurance systems were providing improved outcomes for people around falls and weight loss.

## How well do we support people's wellbeing?

Two requirements were made at our previous inspection. Since then, the provider had put actions plans in place to support the improvements needed. The service had not made sufficient improvements relating to the requirement around people getting the most out of life, this requirement has not been met. Therefore, we have restated this requirement with a new agreed timescale of 5 June 2024. **(See 'What the service has done to meet any requirements made at or since the last inspection' and Requirement 1)**

We found the service had made improvements to meet the requirement relating to Infection Prevention and Control (IPC). However, although improved processes around IPC were in place, we found some areas of the home were unclean. For example, shared showering and bathing areas had residue on them and pulling cords in bathrooms required freshening up. The provider made us aware of low domestic staff numbers recently, which may have impacted upon the cleanliness of the home. However, the service must ensure they improve their hygiene practices, so the home is always clean and fresh throughout. As a result, this would provide an environment where risk of infection is reduced. **(See 'What the service has done to meet any requirements made at or since the last inspection' and Requirement 2)**

There were inconsistencies in how staff supported people who were stressed or distressed. Most staff communicated in a gentle and encouraging manner. However, we heard a staff member raise their voice when supporting a person. This approach to people's care was unsupportive and not in line with their personal plans. As a result, some people were not being supported as they should and may experience heightened stress or distress. We immediately notified the provider of our concerns. **(See Requirement 3)**

## Requirements

1.  
By 5 June 2024, the provider must support people to get the most out of life when considering meaningful activity, purpose and stimulation.

To do this the provider must at a minimum:

- a) Ensure people's goals, aspirations and personal preferences are identified and that support plans evidence any steps taken towards meeting them.
- b) Ensure that meaningful activities are taking place each day which are in line with individual preferences.
- c) Ensure there is sufficient staffing in the home, to provide enough therapeutic and meaningful activity throughout the day.
- d) Promote a positive culture within the home where it is the responsibility of all staff to ensure that people are getting the most out of life and that opportunities for meaningful interactions are not being missed.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2); and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

2. By 8 May 2024, the provider must ensure that the home environment is clean and that domestic tasks result in private and communal areas being hygienic and fresh.

To do this the provider must at a minimum:

- a) Ensure there are sufficient domestic staff working each day and have a back-up plan if required.
- b) Undertake regular observations of the home environment to ensure cleanliness throughout.
- c) Promote a positive culture around maintaining a consistently clean, tidy and hygienic environment.

This is to comply with Regulations 4 (1) (a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

3. By 8 May 2024, the provider must ensure people who experience stress and distress are supported using the least restrictive measures which are tailored to individual need.

To do this the provider must at a minimum:

- a) Ensure all staff have undertaken recent training around supporting those who experience stress and distress.
- b) Ensure all staff are equipped with the knowledge, skills and understanding to effectively communicate with people experiencing stress or distress.
- c) Provide management oversight through direct observations and on-going support and discussions in supervisions.
- d) Liaise regularly with mental health professionals around best approaches to use with people.
- e) Ensure people's personal plans are clear around how to support people and that staff have good awareness of individual need.

This is to comply with Regulation 4(1)(b) and (c) (Welfare of users) and Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24); and

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1); and

'My personal plan (sometimes referred to as care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 4 March 2024, the provider must support people to get the most out of life when considering meaningful activity, purpose and stimulation.

To do this the provider must at a minimum:

- a) Ensure people's goals, aspirations and personal preferences are identified and that support plans evidence any steps taken towards meeting them.

- b) Ensure that meaningful activities are taking place each day which are in line with individual preferences.
- c) Ensure there is sufficient staffing in the home, to provide enough therapeutic and meaningful activity throughout the day.
- d) Promote a positive culture within the home where it is the responsibility of all staff to ensure that people are getting the most out of life and that opportunities for meaningful interactions are not being missed.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2); and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

**This requirement was made on 28 November 2023.**

### Action taken on previous requirement

Although some improvements had been made, people were not being adequately supported to get the most out of life in a way that was meaningful to them. Planned activities started later than scheduled and were shorter in time. As a result, people were disappointed they had not gone on for longer. Some people remained in their rooms with little interaction, whilst others said they were bored. This meant people were under stimulated. Focus was on tasks and routines, with little time for positive and meaningful interactions. Although personal plans identified wishes and aspirations, they were not used to support how people spent their time. Consequently, people were lacking in individual and group opportunities that benefit their lives.

Morning time had improved, with more going on. For example, some people were in the shared lounges interacting. One person was being assisted to arrange some flowers, whilst someone else was being supported to open birthday cards. Music was on in both lounges. Due to this, these areas were more welcoming.

Overall, improvements were limited. The provider must support the staff team to view meaningful activity, stimulation and interactions as part of daily life. This would result in a more positive culture around how people spend their time.

This requirement has not been met and will be reinstated with an agreed timescale of 5 June 2024.

**Not met**

## Requirement 2

By 15 January 2024, the provider must ensure that the processes in relation to Infection Prevention and Control (IPC) are further enhanced, ensuring senior management clearly identify areas for improvement and action is taken promptly to address indications of poor care provision.

To do this the provider must at a minimum:

- a) Undertake a full communication review, to ensure all staff are fully aware of any and all Infection Prevention and Control (IPC) concerns.
- b) Review the laundry process, to ensure they comply with the best practice guidance 'Safe Management of Linen'.
- c) Review the housekeeping processes, to ensure they comply with the best practice guidance 'Safe Management of the Care Environment'.

This is to comply with Regulations 4 (1) (a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.17).

**This requirement was made on 28 November 2023.**

#### **Action taken on previous requirement**

The provider had enhanced their Infection Prevention and Control (IPC) processes and strategies in accordance with good practice and guidance. The laundry process had improved to ensure clean and dirty items were separate. This resulted in a streamlined process with less likelihood of cross contamination. Domestic staff were aware of people who were in isolation. This had been communicated throughout the home. Staff had good oversight and understanding around required precautions, which resulted in minimised risks. As a result, this reduced the likelihood that infection could spread throughout the home.

Staff were kept up to date through varying means. Daily huddles included IPC updates, and IPC noticeboard was in place. The management team had also updated IPC processes in their action plan. Due to this, staff and management had better awareness around required processes and systems.

Domestic staff were receiving supervision. In January, this focussed on the management of a safe environment. Consequently, staff had good awareness of their products and when they should replace cleaning utensils.

This requirement has been met. However, due to concerns around the cleanliness of the general environment, a new requirement has been made around IPC. (See 'How well do we support people's wellbeing?' and Requirement 1)

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support people to experience consistent standards of care regarding personal care, the provider should ensure effective oversight of staff practice.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 28 November 2023.**

#### Action taken since then

People were clean and well presented. Family members said their loved ones were tidy and appropriately dressed when they visit. People said staff assist them to wash and dress and had no concerns around how they are supported. Therefore, people appeared clean and tidy.

People's personal plans had improved to highlight any changes to personal care needs and preferences. This provided clear guidance, which would be beneficial for any agency staff. Staff appeared more knowledgeable in people's individual needs and how to support them. This meant a more individualised way of supporting people to maintain their appearance and hygiene.

Management oversight had improved. Regular audits were taking place and management were doing spot-checks of staff practice. This included washing, dressing and oral care. As a result, staff's ability to assist with personal care had improved and people appeared clean and presentable. The provider should continue to develop their oversight of hygiene needs to further improve personal care outcomes for people.

**This area for improvement has been met.**

#### Previous area for improvement 2

To ensure people's personal belongings, including clothing, are respected and safeguarded, the provider should ensure effective oversight of practice and procedures.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 28 November 2023.**

**Action taken since then**

Management had clear and effective oversight of practice and procedures for storing and safeguarding belongings. People's personal items were being stored safely and securely. People said they felt their belongings and personal items were safe. There was a clear system in place for any lost property, resulting in a reduction in missing items.

People's overall satisfaction with the laundry had improved. However, laundry items were still going missing on occasions. We discussed with the manager how continued monitoring of the laundry can support further improvements.

**This area for improvement has been met.**

**Previous area for improvement 3**

To support the provision for the health, welfare and safety of residents the provider should ensure good practice, in relation to administration, recording, evaluation and stock management of medication.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 28 November 2023.**

**Action taken since then**

Medication systems were in line with best practice. There was improved oversight by staff, with monitoring, recording and accountability being managed well. The processes in place were effective in evaluating the impact of medications, including pain management and covert medication. As a result, people's medication was being evaluated and managed well.

Staff were supporting people to take their medication as required. They had good knowledge and understanding and could advise when people's medication should be taken. This was clear within paperwork and recordings, which were being accurately completed. As a result, people were taking their medication as prescribed.

**This area for improvement has been met.**

**Previous area for improvement 4**

To support service users experience well-coordinated care, the provider should undertake a review of how information is shared with staff to ensure consistent current care is maintained. This should include promoting good practice, role modelling and supporting a positive culture within the service.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

**This area for improvement was made on 28 November 2023.**

## Action taken since then

Systems were in place to promote effective communication in the home. Daily huddles were taking place where information was being shared. This included, discussions around people's care needs, health, activities and diet. Staff were also using the electronic system to update people's needs and outcomes. This meant staff were aware of any potential risks in the service and of the changing needs of people.

Staff communicated well with one another. Staff spoke of an improved culture where they more freely share information with one another. Overall morale amongst the team had improved, with most talking positively about their colleagues and managers. As a result, information about people's needs was being shared amongst the staff team.

**This area for improvement has been met.**

## Previous area for improvement 5

To improve people's experience of living in the care home, the provider should ensure the quality assurance systems and auditing processes are linked directly to people's outcomes and experiences.

This should include but is not limited to, ensuring audits are completed accurately; all learning from any concerns, audits and from people's experiences are shared with all staff, to ensure practice changes are implemented and sustained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 28 November 2023.**

## Action taken since then

Quality assurance systems had improved and were linked to outcomes for people. Management were using audit tools, including around falls, medication and nutrition. There was evidence linking these processes to a reduction in falls and weight loss. This showed that people's health and well-being had improved.

The service improvement plan was up to date and routine audits were being completed. Senior management were analysing management's auditing and systems, this provided further oversight. Staff were made aware of any changes at team meetings which were being recorded. Any concerns or complaints were investigated and addressed accordingly. As a result, a culture of improvement in the home was developing. Management should continue to improve their quality assurance processes to further develop outcomes for people.

**This area for improvement has been met.**

## Previous area for improvement 6

To ensure continued positive outcomes for people, the provider should further review how they managed the induction program, training and supervision of staff and their staff meetings.

This should include but is not limited to, meaningfully involving staff in improvement which should make a positive contribution to people's experiences and outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 28 November 2023.**

#### Action taken since then

Induction processes for new staff have improved. Recent staff members described a supportive approach, which enabled them to learn from more experienced colleagues. As a result, staff felt more confident when supporting people. One to one supervision was taking place, with documentation to evidence this. This provided staff with an opportunity to discuss any issues or concerns with their direct line manager. Consequently, further learning and open communication was developing. Management should continue to improve their induction and supervision processes to improve practice and outcomes for people.

Team meetings were taking place regularly and covered varying topics. There was reasonable attendance at meetings, although this could be improved. This was discussed with management who will encourage further participation in the future. Training was being completed regularly, with management having oversight of this on their training matrix. As a result, some improvements were seen in practice, which will improve people's experience of care. The management team should continue to review performance and have open discussions in team meetings to further improve how staff support people.

**This area for improvement has been met.**

#### Previous area for improvement 7

To ensure people receive the care and support that is right for them and their thoughts and wishes are respected, the provider should ensure accurate recording of all discussions with families and the care and support provided by staff, to facilitate effective evaluation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 28 November 2023.**

#### Action taken since then

Up to date information was being recorded around people's care and support. For example, people's wound care was clear in their personal plans around assessment, treatment and outcomes. Daily notes were providing up to date information. Information was being recorded accurately and consistently, which resulted in clear evaluations of people's care. Evidence of people's wounds healing could be seen.

People, their families and representatives were more involved in their care and support. Discussions with people and their families were recorded within daily notes and plans. People were being asked who they wanted to attend reviews and meetings. As a result, personal planning was more person-centred around individual preferences.

The overall quality of people's personal plans had improved. Information was more up to date, people's aspirations and wishes were clearer and plans were being updated. The provider should continue to involve people in personal planning to support people to get the most out of life.

**This area for improvement has been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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