

Meadowlark Care Home Service

Mannachie Road
Forres
IV36 2JT

Telephone: 01309 676 307

Type of inspection:
Unannounced

Completed on:
23 September 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 an unannounced inspection which took place on 19 September 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

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 12 people using the service and 18 of their family and friends
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People were being supported by high quality staff who treated them with kindness and warmth.

Management had robust quality assurance processes in place which were improving outcomes for people.

People and their families were involved in planning and reviewing their care, which meant support was person-centred.

The service had made positive improvements around supporting people to get the most out of life, which meant the previous area for improvement was met.

The service had made positive improvements to ensure the home environment was clean and hygienic, which meant the previous requirement was met.

As part of the inspection, we assessed the service's self-evaluation of key areas. We found the service had an effective and well completed self-evaluation that was reflective of our findings.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good, for this key question. As several important strengths, taken together, clearly outweighed areas for improvement.

People were being treated with kindness and warmth. Someone told us, "The staff are all nice to me when they help me, I don't feel like a bother to them". Staff were using people's first names and were observed smiling and talking gently when interacting with them. This showed staff were familiar with people and contributed to a respectful and dignified living environment. Due to this, people were comfortable and at ease within their home.

People were supported to look well. People spoke positively about being assisted to maintain their hygiene. Someone told us, "They help me to get dressed and washed and it's no problem" whilst a family member said, "They are always clean and smell good when I visit". This meant people were happy with how they were supported to maintain their appearance. As a result, people felt good about themselves and had increased confidence.

Staff supported people to take their medication safely and at the right times. Staff were knowledgeable around administration protocols and guidance. This meant people were taking their medication as prescribed, which improved people's health. Staff were correctly recording when people had taken their medication and management were auditing records. This helped to keep people safe, by reducing medication errors. However, more detail was needed in some people's 'as and when required' medication guidance. For example, it was unclear in some people's documentation when medication should be provided to reduce agitation. This was discussed with the provider, who agreed to review 'as and when required' guidance for everyone in the home. This will ensure people are receiving 'as and when required' medication at the time that is right for them. We will follow this up at future inspections.

People were enjoying their meals and were positive about the quality of food and drink. Someone told us, "The food is always excellent, and they make me something else if I don't like what's on the menu" whilst a family member said, "I sit with him whilst he eats and even though he can't tell them, I know that he's enjoying it". People who required support to eat and drink received it and people were observed in dining areas finishing their meals. This showed the good quality of food and meant most people's dining experiences were positive. However, there was a delay for some people receiving their meals in one area of the home. Some people were being served dessert, whilst others were being served their main meal. Furthermore, someone who ate their meals in their room said their food was sometimes not hot enough. This was discussed with the provider, who will work towards enhancing the mealtime experience for everyone. We will follow this up at future inspections.

Staff were observed supporting people who could become distressed. For example, a staff member spent time with a person who appeared anxious. They spoke gently to them and guided them back to their room. This person's mood changed from appearing stressed, to being relaxed and smiling. Personal plans evidenced good supportive links with other professionals such as, Community Psychiatric Nurses and GPs. The likelihood of people becoming distressed was reduced because of this. This meant people's experiences were improved and contributed to the calm atmosphere in the home.

People were being supported to move and walk safely. Someone was observed being assisted to move from bed to chair with a standing-aid. Carers spoke gently to the person to ensure they felt comfortable. This meant the person felt confident, safe and secure during the transfer. Staff were observed supporting people to move throughout the home and people were seen enjoying walks in the garden. Falls were being tracked, recorded and analysed. As a result, falls in the home had reduced, which made people safer.

People were generally positive about how they spend their days. People were observed taking part in group activities and staff were seen engaging in meaningful conversations with people. This meant most people were stimulated and satisfied. People's general mood and well-being was improved because of this. (See 'What the service has done to meet any areas for improvement made at or since the last inspection')

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the service provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

Management were visible in the home and were viewed positively. A staff member said, "Management are really good, and we can go to them about anything" whilst a family member said, "I can ask the managers anything and they do listen". Managers and team leaders interacted with people and were aware of their role and responsibilities. This had created an environment where staff felt supported by their leaders and people had faith in how the service was managed.

A detailed service improvement plan was in place which focussed on improving outcomes for people. Actions and outcomes were clearly evidenced and were being updated regularly. This promoted a culture of continuous improvement and development. Regular meetings were taking place to gain the thoughts and opinions of people and their families. People's views were evidenced throughout the plan and were being used to make changes to the service. People felt included and valued by the provider because of this. This enhanced people's satisfaction with living in the home.

Complaints and concerns were being logged. Management were taking time to analyse and learn from these. Any actions or outcomes were then shared with the wider team. This promoted open and honest discussions. Furthermore, it supported improved staff practice, resulting in better outcomes for people.

Quality assurance and auditing tools were being used to support improvements. Robust systems were in place to monitor and develop various things including, medication, falls, staff training and personal plans. There was evidence of how these systems were improving people's lives and reducing risks. For example, action plans were developed following nutritional intake and weight being analysed. This had resulted in a notable reduction in weight loss throughout the home. Falls in the home had also reduced, following a period of close monitoring. This meant potential risks were reduced, whilst people's health and well-being improved. We concluded the provider was efficiently and effectively monitoring and leading the service. This had resulted in good quality care and outcomes for people.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the service provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

Staffing levels were effectively meeting people's needs. Management regularly assessed people's care and support to ensure the right number of staff were always available. Staff were visible throughout the home and most people spoke about not waiting long if they needed help. Someone said, "If I want something I just use my buzzer, and someone almost always comes quickly". This showed that people's needs were being met in a timely manner. This meant people were positive about the staff team and had faith in them. Furthermore, staff spoke about having time to help people and said they did not feel rushed. A staff member told us, "We have enough staff on now and if someone needs help, we know we have time to help them, and that other staff will be with the other residents". This evidenced a team approach to caring for people, which enhanced the quality of people's care.

People and their families viewed the staff team positively. Staff were taking time to make meaningful connections with people and their loved ones. Someone told us, "The staff are all really good; I like all of them. They take time to speak to me and ask me how I am" whilst a family member said, "They are all great, I can't fault them. I come in and there are lots of people in the lounge and the staff are in there doing things with them". This showed the service had a high-quality team, who were working well together to improve people's lives. People were happier in their home because of this.

Staff communicated very well with each other. Staff were observed talking to each other during their shifts. Regular daily scheduled meetings took place where people's care and support was discussed. Any changes to people's needs were further communicated in staff diaries and on the electronic recording system. This meant staff had the most up-to-date information. People's care and support was therefore consistent with their current needs. This improved the overall quality of support in the home.

Staff were trained to support people. Staff had completed training in various things including, medication, adult support and protection, and moving and handling. Staff were knowledgeable and felt confident in their roles. This contributed to the good quality of care that was being provided.

Staff felt supported by management. Staff were positive about their induction to their roles. They also discussed regular one to one supervision time with their line managers. This provided time for them to develop and meant they felt valued and respected. This added to staff satisfaction and contributed to a good team-spirit. The positive working culture added to a happy feeling in the home, which made people living there feel comfortable.

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Meadowlark was clean, tidy and smelled fresh throughout. People and their families were positive about the cleanliness of the home. A family member told us, "It's always clean when I come in, we have no worries about that". The home had undergone some recent refurbishments, including areas being painted and new flooring. Someone told us, "They've done the home up and it looks much better now. I think everyone is happier to be here because of it". This showed the improvements had positively impacted on people's wellbeing. The refurbishment plans remain on-going. We were confident the provider will continue making scheduled improvements to the home. This will further enhance people's living environment and surroundings.

Cleaning products were safely stored. Domestic staff were knowledgeable around the chemicals they were using and were aware of how to dispose of potentially hazardous waste. Staff awareness around infection prevention and control procedures was good and routine cleaning audits were taking place. Due to this, the environment was safe and risks of infection were reduced.

There was an enclosed garden area for people to use. People were observed walking and sitting in the outdoor space. Someone told us, "I have a walk in the garden whenever the weather is nice". This showed people were enjoying the outdoors, which was improving their quality of life.

Staff were working together to make sure the home was always clean and tidy. Management had encouraged a team approach to the upkeep of the environment. For example, a carer was observed sweeping the floor when they noticed crumbs. Domestic staff felt more supported due to this and said their job was now manageable. This had resulted in a pleasant living space for people. (See 'What the service has done to meet any requirements made at or since the last inspection')

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the service provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

Personal plans were in place for each person in the home. Plans included ways to support in various things including, personal care, medication and nutrition. Plans were comprehensive, detailed and identified people's personal preferences. For example, someone's plan informed who they like to eat lunch with, whilst another identified music they liked to listen to. This could improve people's experiences, as plans were based around personal choice.

People and their families were involved in planning and reviewing their care. Someone told us, "They have meetings with me where we talk about my care, I'm able to tell them what I want" whilst a family member said, "I've been to several review meetings, so I feel involved". This meant people felt included, which improved their feelings of self-worth. Information from review meetings was being used to update plans. This meant plans were current and that care was based around present needs. People were receiving the right care at the right time because of this.

Daily recordings were made for each person on the electronic system. Notes were made about various things including, medication, general mood and washing and dressing. Notes were consistently up-to-date and provided good detail. Staff could access the notes at any time. This meant they were always aware of how people had been presenting, or if there had been any changes. This supported staff to provide a good quality of care for people.

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

Requirements

Requirement 1

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).

This requirement was made on 13 March 2024.

Action taken on previous requirement

Domestic staff were keeping the home clean, tidy and fresh. Management ensured the environment was consistently presentable by regularly monitoring it. Improvements had been made; including new flooring and paint work. The whole staff team had developed a culture where it was everyone's responsibility to ensure the home was looking it's best. As a result, the home environment had improved and people felt happier living there. (See 'How good is our setting?')

Met - outwith 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's health and wellbeing and improve the quality of their day, the provider should improve how they support people, so all people's daily lives are meaningful and experiences are positive.

This should include but is not limited to, ensuring those who choose to stay in their bedrooms are able to take part in meaningful activities and engagement, and ensuring day to day experiences, tasks and interactions are provided in a supportive and timely manner.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); 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 area for improvement was made on 19 June 2024.

Action taken since then

Personal plans included people's preferences around how they spend their days. For example, someone's plan noted they like to go for a daily walk. This meant plans were person-centred and holistic. This assisted in supporting people to do things that they enjoy each day.

People expressed satisfaction around activities they had taken part in. Someone told us, "I love the bingo, it's fun" whilst a family member said, "The activities for the residents are fantastic, engaging, appropriate and thoughtfully delivered". People were observed enjoying group exercises to music and spoke highly about the arranged activities. Furthermore, those choosing to stay in their rooms were positive about how they spend their days. Someone told us, "I'm not bored, I feel they take time to come and talk to me". This showed people were getting the most out of their days.

Meaningful interactions were seen between staff and people. People were seen laughing and smiling, whilst staff engaged warmly with them. There was a team approach to ensuring people were enjoying their days. This meant the overall atmosphere in the home was very welcoming. Consequently, people appeared happy and relaxed.

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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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