



# Inspection Report on

**Meadows Nursing Home**

**Meadows Emi Home**

**Church Road**

**Johnston**

**Haverfordwest**

**SA62 3HE**

**Date Inspection Completed**

14/02/2025

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## About Meadows Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	meadows nursing home Ltd
Registered places	59
Language of the service	English
Previous Care Inspectorate Wales inspection	4 <sup>th</sup> March, 2024
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

The Meadows Nursing Home supports people who have nursing needs and are living with or without dementia. A new manager has recently been appointed to run the service. Overall, people were satisfied with the standards of care and support, though noted improvements could be made to communication and cleanliness of the service.

We found greater oversight is required to ensure people are safe and receive quality care. Areas of priority action have been identified regarding medication management and the provision of care and support in line with people's personal plans. Areas of priority action have also been identified regarding people's safety and security in the environment. Areas of priority action have also been identified regarding oversight and governance of the service including provisions for Responsible Individual (RI) visits to the service, review of the quality of care at the service and quality assurance processes. Immediate action must be taken to address this.

## Well-being

A relaxed atmosphere in the home helps people and their relatives feel at ease. People develop good rapport with consistent and unrushed staff who they can get to know. Staff have good relationships with people and work alongside them in positive ways. We witnessed several good-humoured and sensitive interactions throughout the inspection. Overall people and their representatives are satisfied with the care and support received at The Meadows. However, some relatives felt that communication and updates about care from the service could do with some improvement, along with improvements needed to the cleanliness of the service.

Where possible people are supported with choices. People can have visitors to their home at times that are convenient to them. People personalise their surroundings in line with their interests, tastes and hobbies. People's dietary needs and wishes are supported by an attentive catering team. A sense of community is created in communal areas between people and staff, as people are encouraged to use the different spaces for activities they enjoy. Throughout the inspection we saw people enjoying a valentine's day singer, engaging in craft activities with the activities co-ordinator and we saw people's choice to not engage in activities is also respected.

However not all people's wellbeing has been supported through consistent and timely care. People are not robustly safeguarded because medications are not always administered to people as prescribed. Oversight of medication administration management is inadequate. Personal plans are not always reflective of people's changing needs in a timely manner. Documentation does not always evidence that people receive the right care and support as identified in personal plans. Staff are not rigorously supported through robust training and appraisal procedures. People therefore cannot be assured their health and wellbeing is consistently promoted.

People cannot be confident they live in a home which best supports them to achieve good wellbeing. People personalise their rooms, with photographs and items of importance to them. Risks to people within the environment are not consistently identified and remedied, to ensure people are as safe as possible. Confidential records are not always stored securely. Governance processes are ineffective because the provider does not identify all risks or areas to improve in a timely manner. Issues identified during this inspection had not been picked up through robust and consistent quality assurance and oversight processes.

## Care and Support

The new manager has recently been employed at the service. They have begun identifying and addressing issues to improve care and support at the service. People look relaxed and comfortable in their surroundings. A person using the service told us, *"It's alright here, I'm well looked after and my family can visit me"*. We received a mixed response from representatives about the care and support received by their family member. Some relatives we spoke with told us, *"They've been really helpful, they're helpful to me, give me regular phone calls"* and *"They're definitely doing something right"*. However, other relatives spoken with raised concerns regarding communication from the service and environmental matters including cleanliness in some areas of the service.

Personal plans are sufficiently organised, person-centred and contain appropriate guidance for staff on how to achieve outcome-focused care for people. Personal plans include necessary risk assessments to provide guidance to staff on how to mitigate risks to people. Deprivation of Liberty Safeguards (DoLS) are in place and up to date, or authorisation applied for, for people who do not have the capacity to make decisions about their accommodation, care, and support. However, personal plans are not always reviewed in a timely manner, with identified changes not always resulting in personal plans and risk assessments being updated. We noted a lack of consultation during the review process with individuals and/or their relatives. Consultation with people or relatives was not recorded in personal plans. We had a mixed response when speaking to relatives. Some felt consulted with about the care and told us, *"They're good with communication and update us if there is any changes"* and *"They phone me regularly and keep me informed of any changes"*, whilst others felt they were not kept updated or consulted with.

Referrals are made to healthcare professionals such as GPs, occupational therapists and advanced nurse practitioners. We saw emergency medical attention is sought when necessary and outcomes of this are documented. Records do not consistently evidence people are supported as described in their plans. We saw contradictory and inaccurate information in daily care recordings which lacked detail and we saw gaps in people's records. We read repositioning documentation which did not consistently evidence people were being supported in a timely manner in line with their personal plans. We did not see robust auditing which consistently identifies skin integrity issues. This is having an impact on people's health and wellbeing and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service is committed to providing staffing continuity. This allows people and staff to develop effective, caring relationships. Staff are respectful of people's individual circumstances, complex needs and communication challenges. We observed many unrushed and sensitive interactions throughout the inspection. People can do a range of things that matter to them. We saw people getting involved in an unplanned dancing

session in the lounge, enjoying an organised valentine's singer at the service, and engaging in planned activities with the activities co-ordinator.

The service has arrangements in place for medication administration. Care staff are trained to administer medication. However, medication storage temperatures are not being recorded in all areas where medication is stored. Not all designated medication areas are organised and clutter-free. We sampled a selection of Medication Administration Records (MAR) and saw inconsistencies in MAR documentation. We did not see effective arrangements in place for the regular auditing of medication administration. This is having an impact on people's health and wellbeing and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Environment

The environment is friendly and overall people are comfortable and happy. Visiting is unrestricted and people can meet with their family members whenever they want, in their own rooms, in the communal lounges, or in quieter spaces at the service. There are different areas to socialise in, including a spacious courtyard for people to enjoy some fresh air in warmer weather. People's rooms are personalised to reflect their taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. Relatives told us they felt the cleanliness of the environment had improved recently and was more pleasant than previously. However, many felt that cleanliness still needed some improvement.

People have as much independence as possible within an enabling environment. People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. Whilst some areas have doors with key codes to maintain safety, people can move around the home with purpose and are supported to do so. In some areas, the service have considered dementia-friendly approaches such as coloured doors, to help people find their way around the communities. Communal areas are spacious and light. Décor within the home is homely and comfortable. The service has a designated maintenance officer. We heard about planned developments at the service to enhance the environment. Routine maintenance is taking place with the necessary equipment checks conducted. Improvements to the heating system were being undertaken at the time of our inspection and drains were being cleared to reduce malodours. The new manager has begun identifying and addressing issues to improve the environment at the service. We saw renewal of bedding and some care equipment being replaced.

Regular checks of the fire alarms and emergency lighting take place at the home. Fire drills take place and an up-to-date fire risk assessment is available. We saw appropriate oversight regarding gas and electricity safety checks are in place and portable application testing (PAT) has taken place. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency. Communal areas and emergency exits are uncluttered and free from hazards. On the day of the inspection, we saw a fire door mechanism disabled and some doors wedged open.

The kitchen has a food hygiene rating of five, which means food hygiene standards are very good. People benefit from a varied and enjoyable menu. We saw catering staff engaging with residents and providing individual attention to people's needs throughout our inspection. The kitchen is clean and organised, with staff knowledgeable about the dietary needs of people. We saw food was stored appropriately and fridge and freezer temperature checks taken daily. A family member of a person using the service told us, "*My [relative] always comments that the food is excellent*".

The service is not consistently safe and secure. The service provider has some arrangements in place to identify and mitigate risks. However, we did not see robust arrangements for oversight of the environment. On the day of the inspection, people could gain access to areas which could compromise safety. We did not see consistent standards to ensure adequate hygiene and infection control. We observed a cluttered and disorganised medication room. We did not see consistently suitable and secure storage of personal information, to ensure GDPR compliance. We noticed not all environmental risks to people receiving a service were consistently considered and identified through a robust quality assurance process. This is key to ensuring people's outcomes are achieved safely. This is having an impact on people's health and wellbeing and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.



## Leadership and Management

A new manager has recently been appointed to run the service. Staff spoke positively about the new manager and the impact their presence is beginning to have on the service.

The service provider has not ensured effective monitoring and oversight of the service since our last inspection. The Responsible Individual (RI) has visited the service, though we noted a lack of timely visits, where the views and experiences of people and staff were documented in line with Regulations. This remains an area for improvement and we expect the provider to take action. We did not read a bi-annual quality of care review, with a robust analysis of information to identify where the quality and safety of the service is being compromised. We did not see evidence of routine, thorough quality assurance procedures in place, which enable the service provider to identify areas of weakness that require improvement. We saw the service does not consistently notify CIW of significant events. This is key to ensuring the best possible outcomes are achieved for individuals. This is having a negative impact on people's health and wellbeing and placing them at risk. We have therefore issued a Priority Action Notice. The provider must take immediate action to ensure their oversight is effective and promoting people's health and well-being.

The statement of purpose (SOP) does not provide accurate and up-to-date information about the service and therefore does not reflect the service being provided to people. There are policies in place in relation to the safe running of the home, however several of these require updating. Since our last inspection, there has been changes to management. The provider has recently appointed a new, experienced manager who is appropriately qualified and registered with Social Care Wales (SCW) the workforce regulator. We heard and saw the new manager is having a positive impact on the service. A member of staff told us, *"People are happy. There is an open door to see the manager – we get handovers and we had a team meeting."*

Throughout our visit, we saw a sufficient number of staff on duty to support people. We reviewed the services staffing rota's and saw staff are deployed consistently. Disclosure and Barring Security (DBS) checks are in place and current. Nearly all staff are appropriately registered with Social Care Wales in a timely manner. Not all staff personnel records contain all the information required by Regulations to ensure they are safe and fit for work. There are gaps in safeguarding training, medication competency checks and annual appraisals. The support and development of staff is key to ensuring that quality care and support is consistently provided. A member of medication administration staff told us, *"I have never had a meds competency observation."*

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
58	The service provider must have robust arrangements for the safe administration of medication and arrangements for clear oversight of medication administration.	New
44	The service provider must ensure that any risks to health and safety in the environment are reduced as far as is reasonably practicable.	New
6	The service provider must ensure regulatory issues are identified and responded to appropriately, with sufficient care, competence and skill.	New
21	The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and wellbeing of individuals.	New

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
66	The Responsible Individual (RI) must ensure that the views of people using the service and staff are sought quarterly, to meet Regulation 73 Requirements. The emails sent to the CEO by the RI do not demonstrate the RI has sought the views of people living at the service and staff working there. The RI is required to meet their responsibilities fully. The RI must have arrangements in place for clear supervision that nursing staff have completed all the required training to undertake their role.	Not Achieved

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