

Sanctuary Care Limited

Meadow View Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 8 and 9 February 2017 and was unannounced.

Meadow View is a residential care home without nursing for up to 60 people living with dementia and/or physical disability. Meadow View is a purpose built care home which is situated in a quiet residential area of the village of Hersden. Accommodation and facilities are on two floors. There are several lounges and separate dining rooms. There is a large landscaped garden with raised flower beds and a sun terrace on the top floor. People's bedrooms have en-suites facilities with a wet room. At the time of the inspection there were 39 people living at the service.

This service did not have a registered manager in post. The previous registered manager left the service in 2016 and a new manager had been appointed in November 2016. The new manager had applied to the Care Quality Commission to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people's safety and behaviour were assessed but further detail of how to manage these risks safely and consistently were not always recorded. Details of accidents were not recorded accurately by staff, the information recorded was analysed to identify trends and to reduce the risk of a further occurrence.

People told us they felt safe living at the service. Staff had received training on how to keep people safe and knew the action they needed to take to report any concerns if they suspected abuse. The management responded appropriately when concerns were raised and liaised with the local authority to make sure people were safe.

People's finances were protected as there were systems in place to ensure that people's money was accurately recorded and checked.

Environmental and health and safety checks were carried out by staff to ensure that the premises were safe and equipment, such as hoists, were in good working order. The systems in place to record accidents were not always completed accurately to show how these were being monitored and what action had been taken.

Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. A fire risk assessment was in place and fire drills were carried out with all staff so they knew what to do in the event of a fire. The information in the personal evacuation plans for each person were not sufficient as they detailed instructions to staff to tell people what to do but people living with dementia may not be able to do this safely.

The service had an ongoing recruitment drive to ensure that there was enough staff to meet people's needs. There had been a considerable amount of new staff, including the manager, deputy manager, and senior staff. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed. Systems were in place to ensure that people were recruited safely but not all staff had two references on file.

Staff received the training they needed to have the skills and competencies to perform their role. New staff received induction training which included shadowing more senior staff. Staff said they were supported by the new manager who worked with them to make sure people received the care they needed.

People received their medicines safely and when they needed them. The staff monitored people's health needs and sought professional advice when it was required. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People were supported to have a healthy and balanced diet. Their nutritional needs were assessed and when required appropriate referrals to health care professionals, such as dieticians, were made.

Staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Applications had been made for DoLS authorisation when people who lacked capacity to consent were restricted.

People and relatives were satisfied with the care being provided. They said the staff were kind and caring. The atmosphere in the service was calm and relaxed. People were able to move around the service, going to their rooms if they wished or relaxing in the dining rooms or lounges. Staff supported people to make choices of where they wanted to be and ensured their privacy and dignity was respected. When people became anxious staff took time to sit and talk with them until they became settled.

Before people decided to move into the service their care needs were assessed to make sure the service would be able to offer them the care that they needed. Care plans contained the detail needed to show how all people's care was being provided in the way they preferred. The plans were regularly reviewed to ensure that staff were aware of people's current needs.

People had the opportunity to take part in activities of their choice. Activities were being provided by the staff as the service was in the process of recruiting a new activities co-ordinator.

Records were not complete and up to date, the manager had not consistently recorded complaints and the actions taken in response to these, staff files were not completed when staff completed their probation.

People, staff and relatives told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service. The manager had sought feedback from people, their relatives, staff and other stakeholders about the service.

Audits and checks were regularly carried out by the manager and staff. These were recorded and action was taken when shortfalls were identified, however the shortfalls identified in this inspection had not been

identified. The regional manager visited the service regularly to check the quality of the service. They carried out audits and checks on different areas of the service. If shortfalls were identified detailed action plans were then put in place to improve the service.

The manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

We found two breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Potential risks to people had been identified and recorded, however additional guidance for staff was required to ensure that risks were managed safely.

Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use. Further details were required in the personal evacuation plans for people to ensure they would be supported to leave the premises safely.

There was enough staff to keep people safe. Staff were checked before they started working at the service but not all documents were in place to show conduct from their previous employment.

Staff had received training and knew how to recognise and respond to different types of abuse.

Medicines were managed and stored safely.

Is the service effective?

Good ●

The service was effective

Staff received an induction, training, and supervision to support people effectively.

Staff had received Mental Capacity Act and Deprivation of Liberty Safeguards training and understood how this applied to people's care.

People told us the food was good. The service provided a variety of food and drinks to ensure people remained as healthy as possible.

People were supported to maintain good health and referred to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by their relatives to be involved in planning their care and to make decisions about their daily lives.

People had positive relationships with staff and were treated with dignity and respect.

Staff were kind and caring, they knew the people well and treated them as individuals.

Staff promoted people's independence by encouraging them to do things for themselves.

People's personal information was stored securely.

Is the service responsive?

The service was not always responsive.

Complaints were not consistently recorded. Recorded complaints were investigated in line with the provider's policies and procedures.

Before people moved into the service care needs assessments were completed.

People's care plans were personalised and detailed. These were updated regularly when people's needs changed.

There was a varied programme of activities which people enjoyed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality assurance and monitoring systems had not identified the shortfalls found at this inspection.

Records were not always accurate or completed.

The manager was in the process of applying to CQC to be registered.

There were systems in place to gather people's views about the service, to continuously improve the service.

The manager, deputy manager and staff were committed to providing a warm, open and inclusive culture based on people's individual needs and preferences.

Requires Improvement ●

Staff understood their roles and responsibilities and felt supported by the management team.

Meadow View Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 9 February 2017 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We looked around areas of the service. We spoke with nine people living at the service. Conversations took place with people in their own rooms, and in the lounge areas. We observed the lunch time meal and observed how staff spoke and interacted with people.

Some people were not able to explain their experiences of living at the service to us due to their dementia. We used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we observed how the staff spoke with and engaged with people and their visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities.

We spoke with eight members of staff, the manager, deputy manager and regional manager. We also spoke

with six relatives. We spoke with two visiting professional who had regular contact with the service.

We reviewed eight care plans, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

This was the first inspection since the service was registered 21 September 2015.

Is the service safe?

Our findings

People told us they felt safe living at the service. They said they had the choice of locking their rooms and their personal belongings were also safe. One person said, "Yes I feel safe here, they [the staff] look after us well".

Relatives told us they felt their relatives were safe and well looked after. They said, "We know our relative is being well looked after; we know that they are alright. That gives us peace of mind. We can take a holiday knowing they are being cared for". "I believe that the residents are safe".

A health care professional said, "There is a sense of trust between my client and the staff".

Not all risk assessments to support people with their mobility had sufficient detail to ensure that staff had clear guidance about how to move people safely and consistently. The assessments had information about what equipment was needed, the number of staff and the person's medical condition. The care plan stated 'Staff to ensure that there is always two members of staff while hoisting and assisting with personal care.' This person had a heart condition and had suffered a stroke but there were no details of how this affected their ability to move. There was no step by step guidance of how to move this person safely and consistently.

When people became anxious there were guidelines in their care plans of how to support them. However one care plan stated 'Staff to reassure the person when they become agitated and anxious' but there was no further details to guide staff how to do this and what exactly needed to be said or done to support the person.

Accidents/incidents are recorded via a central reporting telephone line and a report is then instantly sent to the home manager via email. The manager acknowledges, investigates and closes the accident/incident report; a monthly report is then completed to identify any patterns and trends to reduce the risk of further events.

People who may develop pressure areas were monitored and had special airwave mattress set to their individual weight to ensure that their skin remained as healthy as possible. Pressure relieving mattresses should be set to the person's weight and checked regularly to ensure they are working properly to ensure people get the full benefit. There was a system in place to check that the mattress was working, however, the checklist did not include the setting each mattress should be set at to make sure they were correct, or had been accidentally reset.

Checks were made on the premises to ensure that the fire equipment was working which included fire drills for all staff. People had an individual personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. The information in the personal evacuation plans for each person was not safe as people's communication needs and levels of understanding had not

been considered. One PEEP stated, "Should the person refuse to leave the building staff are to ask them to stay behind two doors away from the fire", but this person was living with dementia and may not understand this instruction.

Risk assessments required further detail to guide staff how to reduce the risks when supporting people with their mobility, checking equipment and the content of people's personal evacuation plans. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The maintenance team carried out health and safety checks to ensure the premises remained as safe as possible. There were records to show that equipment and the premises received regular checks and servicing. These included checks on the electrical system, water supply, and gas appliances. Equipment such as hoists and the lift were regularly serviced to ensure they were in good working order. Environmental risk assessments were in place, including the checking of water temperatures to reduce the risk of scalding.

There were plans in place to ensure the premises were well maintained. One relative had mentioned that the dish washer, summer house doors and hot water boiler in the lounge were in need of repair. We discussed these issues with the manager who said that there had been problems getting the dish washer and hot water boiler repaired but this had now been done. They acknowledged that the summer house doors were in need of repair as they had been damaged during the winter months and told us that they would be repaired as soon as the weather improved. One staff member said, "The dishwasher was not a problem. We washed up by hand and, in fact, some of the residents like to help with the washing up. It's a good activity for them and they really enjoy it".

Equipment was in place to reduce the risk of falls, such as lowering people's beds, alarm mats and when required additional monitoring was implemented to keep people as safe as possible.

The provider had recruitment policies and procedures in place. The recruitment of staff was initiated at the service, however, there was a central recruitment team based at the provider's head office who oversaw the recruitment process. Recruitment checks to ensure that staff were honest, trustworthy and reliable to work with people were completed. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Checks on people's identity had been completed.

There had been a high turnover of staff at the service and new staff, including the manager, deputy and senior staff had now been recruited. The staffing levels were sufficient to meet the needs of the people living at the service and to keep them safe. Agency staff were being used to cover the service in times of sickness and absence. On the day of the inspection the two senior staff on duty were on sick leave and these were replaced with permanent staff. The manager was confident that staffing levels would now settle as the required recruitment had been successful. Feedback from staff was positive and they were enthusiastic about building the team.

On the whole relatives told us there was enough staff on duty however, one relative said they could do with more staff, there were no managers on site at weekends and both the manager and deputy helped the staff to support people to eat at meal times. "I think that's because they are tight on staff. They often have agency workers and they are 'slap dash'". They added that the regular staff were exceptional and there had been staffing problems in the past and that the managers were trying to do something about it.

We discussed this with the manager who told us that they worked with the care staff to ensure people's

needs were met, especially at meal times, to encourage and make sure people enjoyed their meals. They told us it was part of their management style to be 'hands on managers' and work alongside the staff. Agency staff were monitored to ensure they had the skills and competencies to fulfil their role and having the manager working with staff gave them the opportunity to observe their practice. There were two senior staff on duty at the weekends and an on call system to ensure that staff could contact a manager out of the office hours for support. Staff told us that this worked well and managers were responsive to their calls to give them guidance and support.

Staff knew how to protect people from harm and abuse. Staff told us, "I would go to the deputy or the manager, if needed I could go outside the company to the safeguarding team". Staff said that they were confident that the manager would take action if needed. Staff were aware of and understood the provider's policy on whistle blowing. The provider had a safeguarding policy for staff to refer to, and staff told us that they had received training, and this was confirmed by the training records.

People were protected from financial abuse. There were systems in place to manage people's finances. The administrator ensured that people had the finances they needed and sent invoices to relatives when necessary. Receipts of transactions were kept and records were regularly checked to ensure they were accurate.

Before our inspection there had been concerns raised about the management of medicines at Meadow View. There were now systems in place to ensure that medicines were ordered, recorded, stored and administered safely. Records were available to show when medicines and how many had been ordered; to reduce the risk of medicines not being available. There were audits in place to count medicines that were supplied in boxes after each medicine round to check that the medicines had been given as prescribed. The medicine administration record (MAR) charts were checked each day to check that there were no missing signatures. Hand written instructions had been signed by two staff to confirm the instruction was correct.

Some medicines had specific procedures which should be followed with regards to their storage, recording and administration; these medicines were stored and administered safely. Some people were prescribed medicines on an 'as and when' basis, such as pain relief, there was guidance for staff about when and how much medicine should be given. Staff completed a pain record chart each time they gave people pain relief to assess if the medicine had been effective. Records were not always completed accurately to show why people had not been given their medicines. This was an area for improvement. The room and fridge temperature, where medicines were stored, was recorded each day to make sure that the medicines remained effective

Is the service effective?

Our findings

People and relatives felt they received the care they needed. They said that staff made sure they had what they needed.

Staff had received appropriate training to carry out their role. When staff began working at the service they completed an induction, this involved shadowing more experienced staff to get to know people including their preferences and choices. Staff received training in core subjects and work towards the 'Care Shield', the provider's version of the Care Certificate. The Care Certificate is a set of nationally recognised set of standards that social care workers adhere to in their daily life. New staff worked through a six month probation period, during this time the provider's policy required that staff should meet with the management team to discuss their progress and to be signed off as competent at the end. There was not always evidence that this had taken place with new staff who had recently finished their probation period. One member staff told us, "I have received a contract so I take it I have passed my probation."

Staff completed regular training to keep up to date with current best practice. Training that had been undertaken had been recorded, any training that was due was highlighted to staff for them to complete. Training was a mixture of face to face and on line, training was relevant to people's needs and included dementia care, mental capacity and first aid. Staff had completed or were working towards adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training, staff must prove they have the ability to carry out their role to the required standards. Staff told us, "I have completed my moving and handling training to train and assess staff and assess people's needs, this is going to help people and staff if people's needs change." Staff were observed supporting people to move around the service safely.

Staff had regular one to one meetings with their line manager to discuss their roles and responsibilities. There was a programme in place to for all staff to receive an annual appraisal to discuss their training and development needs. Staff told us that they had received the training they needed, and which was ongoing to update their skills and competence. Staff told us they felt supported by the management team and were confident to raise any issues if they needed additional support or 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood their responsibilities to encourage people to make their own decisions and choices whenever possible. Staff told us, "I show people different clothes in the morning and let them choose which ones they want to wear". Staff respected people's choices if they refused support and would ask them again later. People told us they chose when to have their shower, when they got up and went to bed.

When people were unable to make decisions for themselves best interests meetings were held, including family and health professionals. One person had been assessed as not having capacity to make complex decisions, they were refusing to take their medicines, staff and the GP had reviewed the medicines and changed the times that the medicines were given to see if the person would take the medicines. When the person continued to refuse, a best interests meeting was held to decide if the person should receive their medicines without their knowledge, covertly, the meeting included staff, family members, GP and pharmacist.

Some people were subject of a DoLS authorisation as they were being restricted or constantly supervised. We checked that any conditions within the authorisations were being met. The care plans reflected the conditions that were part of the DoLS authorisations and we saw these conditions were in place.

One person said how much they enjoyed the food, they said "10 out of 10 for the chef". Relatives said, "The food here is very good and very plentiful and we are welcome to stay and have lunch if we want to". "The food is lovely, very traditional, and well cooked. My relative wasn't eating and was losing weight before they came here. Now they eat well and enjoy the food".

The dining room was set up in a restaurant style with menus on the tables showing what was available. People could choose to have a cooked breakfast or just a continental style, either in their rooms or in the dining room. Breakfast was casual with people eating at a time to suit them. There was a choice of lunch, one of which was a vegetarian option. Both hot meals were plated so that the staff could show people what was on offer. Cakes and pastries are offered in the afternoon. There was also a choice of hot or cold food for supper. Snacks were available with a milky drink before bed.

Portions were very generous. The food looked well cooked and was presented very well. People were not rushed and were all assisted and helped as needed. There was a birthday tea for one person with a birthday cake in the afternoon. There was a very friendly and relaxed atmosphere in the dining room.

The chef was knowledgeable about the nutritional requirements of people living with dementia, and said "People who have dementia need lots of extra calories so I add cream and milk powder to meals and prepare milkshakes with cream for people to drink during the day". Some people required a special puree diet; each element of the meal was separated on the plate and looked appetising.

People said that the staff made sure their health was maintained. They said the staff acted promptly when they needed medical attention. One relative said, "The staff call the doctor at the first possible sign of a problem. I am here frequently and have seen the staff ask if the resident wants the doctor. So even if they think the resident is confused, they take no chances".

People had access to specialist health professionals when they needed it including speech and language therapists and GP. Staff worked with health professionals such as, the community nursing team, dieticians and chiropodists. A relative confirmed that people were taken to the dentist or optician as required.

People living with a catheter were monitored closely with guidance in their care plans to help staff to recognise the signs and symptoms to look for in case the catheter was not working effectively. Fluid and

food charts were used to monitor what people ate and drank if people needed additional support to eat and drink enough. Staff monitored people's weight, if people were losing weight they were referred to a dietician for support and guidance, people had been prescribed supplements to help them gain weight.

Is the service caring?

Our findings

People were happy and looked well cared for. People and relatives told us the staff were kind and caring. People said, "The staff are really kind, very caring". People often sent 'thank you' cards to the service to show their appreciation of the care being provided. Relatives had written, "We would like to thank all of the staff for the extreme kindness that was shown to our relative. The devotion of the staff was truly amazing".

Relatives said, "The staff are all amazing". "I am overwhelmed at how well they look after my relative. They're just lovely. I can come anytime and am always welcome. The staff even rallied around me and supported me when my relative was ill". "The staff are lovely. Very kind and caring; they all work very hard. My relative is very happy here and I am very happy to leave them in their care. I have no worries at all". "We usually visit three or four times a week. The manager and staff are lovely; they always make us feel very welcome and we can come whenever we want to".

There was a warm, friendly, caring atmosphere. Staff were attentive and caring. One member of staff observed that a person was cold and asked if they needed a cardigan. They refused; the member of staff walked away and a little later came back with a blanket. They spoke with the person and asked if they would like their favourite blanket to keep them warm. The person responded and took the blanket, they said, "Thank you; you are a lovely lad, very caring".

One person's care plan said that they would often forget to walk with their walking stick. Staff made sure they had their stick beside them and encouraged the person to use it. They took time to walk with this person to make sure they were safe whilst keeping their independence.

Staff treated people with respect. People were referred to by their preferred name and were relaxed in the company of staff. There was a warm relationship between staff and people; staff approached each person differently, so that each person responded to them. One person did not respond to a member of staff so they found the person's favourite stuffed fox and the person responded, started to chat and agreed to a cup of tea.

People were supported to go to their rooms when they wanted to and were monitored by staff to make sure they were safe. Bedrooms were spacious and full of ornaments, photos and personal things what were important to people. There were reminders in people's bedrooms to ensure they had their choices and preferences upheld such as 'Staff to check that the resident had the sports channel on'.

People moved freely around the unit they lived in and could choose where they wanted to spend time. Staff knew when people wanted their own space and respected this. One person had put a 'Do Not Disturb' sign on their door, staff respected this and said, "They will come out of their room when they want something to drink".

A relative said, "Whenever we arrive, the staff always tell us what's been happening if we haven't been in for a day or two. Our relative prefers to stay in their room most of the time and the staff are very respectful of

their wishes. They have become very picky about their food and they always accommodate them and tell us what they have eaten".

Staff supported people to be as independent as possible, some people had been assessed as being safe to make their own hot drinks and they were able to make drinks whenever they wanted in the kitchenette area.

The staff and managers were all very friendly and approachable; they knew people very well. Relatives told us that their loved ones were treated with dignity and respect. Staff knocked on doors before entering and asked people if it was ok to enter, telling them what they were going to do, such as "It's time for your medicine" or "I'm just checking that you are ok? Do you want a cup of tea?"

Staff recognised the importance of social contact and companionship. They supported people to develop and maintain friendships and relationships. People were comfortable in each other's company; people sat together and chatted, talking about their memories.

People were able to walk about the service and often stopped to talk to staff or walk with staff chatting to them. Staff asked people discreetly if they needed help with their personal care, and respected their decisions, coming back to offer assistance a short time later.

Staff and relatives told us that visitors were welcome at any time and people were supported to stay in touch with family and friends. During our inspection there were a number of relatives who visited and they said they were able to visit when they wanted. They told us they were always made welcome by staff that were friendly and polite.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff were discreet and answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People told us staff were responsive to their needs and answered the call bell promptly when they rang for staff. One relative said that sometimes people had to wait for staff to respond whilst others said they came quickly. During the inspection staff responded promptly when the call bell rang.

A health care professional told us how a member of staff was very knowledgeable about the person they had come to assess. They said the person was living with dementia and did not always want to communicate. The member of staff said, "I think about how I am going to respond before I go into their room, sometimes I need to sing or dance to ensure that the person is able to communicate".

Before people moved into the service a care needs assessments was carried out. People and relatives were involved in this process to discuss the care and what to expect before they came to stay at the service. People said that they were involved in planning their own care. The assessments included information about people's lifestyles, backgrounds and family life. It also included their likes and dislikes, together with their medical conditions and preferences. These gave staff an understanding of how people wanted to be cared for and supported to remain as independent as possible.

Each person had a care plan which centred on them and gave detailed information about their preferences and choices. The care plans had the person's life history which included details of people who were important to them, their work life and any hobbies they liked to do. Staff were able to build relationships with people by talking about their lives and encouraging people to share their memories.

Care plans included details about people's preferences, such as what they liked for breakfast, the toiletries they liked to use. One person's care plan stated the person had a poor sleep pattern and would wake up in the night, get out of bed and sit by the window. It stated that staff should offer a cup of tea and chat to the person until they were ready to go back to bed. The person us that staff kept them company if they are up at night. Another person did not like male carers to support them, during the inspection only female carers assisted them. A health care professional commented that care plans were 'comprehensive and had good information'. They said staff had 'first hand knowledge of people's needs' and were able to discuss them positively.

Care plans were regularly reviewed and updated to reflect people's changing needs. When people's health changed or deteriorated care plans were altered to reflect guidance that had been given by health professionals. The speech and language therapist had given guidance for one person and this had been changed in the care plan, for example the person should be offered a puree diet and encouraged to drink some fizzy water before and after eating a meal, at lunch staff encouraged the person to have a fizzy drink before and after their meal.

There was a full programme of activities that people could enjoy. There was an activity board on the wall showing lots of different activities, such as ball games and quizzes. At the time of the inspection staff were providing the activities as the activity co-ordinator had recently left and the manager was actively recruiting

for a replacement. There was a keyboard where people enjoyed singing. There were photo albums showing what activities people had enjoyed, such as the Christmas party, birthday parties and significant events. People were also encouraged to go into the garden and a relative said, "The garden is lovely. We often sit outside and have tea in the summer months. The residents love the garden".

At the time of the inspection people were talking about the royal family in the lounge. The member of staff further encouraged them to have a discussion by providing them with a book about the royal family. People looked at the pictures and the conversation continued. People smiled and enjoyed the banter.

Some people were taking part in an activity throwing a large ball, they laughed and joked and seemed to be enjoying themselves. Staff were attentive and encouraged as many people as possible to join in with the game.

People said they would feel happy to speak to the manager if they had any concerns or problems. They told us several times that the manager was very kind and helpful.

Relatives said they would feel very happy to speak with staff and managers if they felt the need to complain. One relative said, "I complain to the manager all of the time, it sometimes takes a long time before things are sorted out". Other relatives said they did not have any complaints and were happy with the service being provided. They said, "We are very happy having our relative here". "This is a very good care home. I'm very happy leaving my relative here. If I wasn't, I would do something about it".

We discussed this with the manager who told us that they had spoken to all of the relatives who had complained and resolved their issues. The manager told us that they spoke to relatives regularly on an informal basis and dealt with all complaints at the time of these meetings. However, the manager had not recorded the complaints or outcomes. There was no way of checking how many informal complaints had been received, whether they had been investigated and resolved and whether there was any learning from them. The manager said that in the future they would be recording all issues no matter how minor to show how they will positively use this information to continuously improve the service.

The provider had a complaints procedure and this was on display in the main entrance. The information had not been presented in different forms for people to understand. The manager had recorded the formal complaints they had received; the manager had responded and investigated each complaint in line with the provider's policy. The manager had not recorded all of the actions taken in response to the complaint, there was no way of checking what actions had been taken to stop the situation reoccurring.

Is the service well-led?

Our findings

People and relatives told us that the service was organised well. They were able to identify who the managers were and spoke positively about them. A relative said, "When we first came to look around, we were very impressed with every aspect of the home. We went away and our only concern was that it stays like it.... and it has".

The manager had been in post since 7 November 2016 and had applied to the Care Quality Commission to become the registered manager. They were qualified and had a lot of management experience in running a care service. Since the service opened in 2015 there had been a high turnover of staff. The service had recently recruited new members of staff including the deputy manager and senior staff. They were aware of the importance of promoting teamwork and were working alongside the staff to support people with their care.

Records were not always accurately or completed properly. When staff had not given a medicine, a code should be recorded for the reason why, there were two occasions when staff had not recorded why the medicine was not given. On one occasion a signature had not been countersigned to confirm the medicine had been administered safely. Informal complaints had not been recorded to show the investigation and any resolution and learning. Staff's probation had not been reviewed and signed off by a manager in line with the provider's policy. Staff recruitment files had not been checked to ensure staff had been subject to all of the providers' required checks. The provider's audits had not picked up these errors.

Accidents and incidents were not always recorded accurately. One person had fallen on 4 and 5 of February 2017. These events had been recorded in the daily handover book and accident forms had been completed. However, on 4 February 2017, no body map (maps to identify where people had been injured) had been completed in the care plan to document the person's injury, but the incident had been recorded on the daily notes. On 5 February 2017 the person fell again, this incident was recorded on the daily notes but no body map was completed. Staff did not have accurate records available to detail if and where people were injured.

The manager completed regular quality audits for the provider, and these were then reviewed by the regional manager who completed a monthly compliance visit. Records showed that any areas for improvement were actioned in the service improvement plan with timescales and details of the action taken. The actions are then checked as completed at the next visit. The care plan audit did not show the shortfalls in the moving and handling risk assessments and recording. The audits did identify when risk assessments were not in place, however they did not identify there was a lack of guidance for staff to reduce the risks or when records were not always completed accurately.

The provider failed to assess, monitor and mitigate risks to the health, safety and welfare of the service user. The provider failed to maintain accurate, complete and up to date records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the heads of departments met at 10 am each day to have a ten minute review meeting to discuss the issues of the day. This ensured that communication was effective and staff were aware of the issues of the day and what needed to be addressed and actioned.

Our observations and discussions with people, staff, visiting professionals and relatives, showed that there was an open and positive culture between people, staff and management. Health care professionals told us that the management of the home was good; two commented on a quality survey that the 'management of the service was excellent' and they had a 'wealth of knowledge'. A health care professional commented, "The manager and deputy manager really care about the service".

Staff said they felt supported and that the manager was very approachable and easy to talk to. They said, "The service had improved since the manager and deputy have taken over and the service is going in the right direction". "The new managers have improved the communication within the home; staff know more of what is expected of them and what they need to do". "We may be all new here but we provide good care and are working as a team". Staff were nominated by people and relatives to receive positive and kindness awards when the organisation gave them vouchers to recognise their good work.

There were systems in place to gather people's views about the service, quality surveys had been completed by people, relatives and health care professionals. Staff had also completed a survey but the results had not been forwarded to the service from the head office at the time of the inspection. These surveys were summarised by head office and the results were sent on a 'resident satisfaction survey feedback' poster, however this was an overall summary of the whole organisation and not specific to Meadow View. People and relatives told us that if they requested something and it was possible, the manager and staff do their utmost to accommodate.

Staff told us that the organisation ethos was 'keeping kindness at the heart of care' and they endeavoured to do this. They told us that this had been discussed at meetings so that all staff would be aware. Staff were positive about working at the service, they said, "I used to work in retail. I felt unfulfilled and bored. I really like my job here. I love the residents; they make me smile. The manager is excellent". "It's a lovely atmosphere to work in. I am supported to learn and encouraged to go on courses and progress. I wouldn't want to work anywhere else". "The manager and even the regional manager are very good and are a part of the team. They're helpful, kind and have helped me with my studying. I feel very supported and love working here".

People were actively supported to have links with the community such as the local school to encourage young people to visit the service. There were plans for the school and people to get involved in planning a sensory garden. Dementia workshops had been held and relatives were invited to attend to understand what it is like to live with Dementia.

There were opportunities for the manager to enhance their skills by attending leadership courses to keep up with current practice.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments required further detail to guide staff on how to reduce the risks when supporting people with their mobility, checking equipment and the content of people's personal evacuation plans. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and mitigate risks to the health, safety and welfare of the service user. The provider failed to maintain accurate, complete and up to date records. |