Meadow Court Limited

Meadow Court Residential Home

Inspection report

Meal Hill Lane
Slaithwaite
Huddersfield
West Yorkshire
HD7 5EL

Date of inspection visit:
30 October 2017
31 October 2017

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01 December 2017

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Meadow Court Residential Home (known to people using the service, their relatives and staff as Meadow Court) on 30 and 31 October 2017. The first day of inspection was unannounced. This meant the home did not know we were coming.

Meadow Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides residential care for up to 37 people; at the time of this inspection 30 people were using the service. The building has two floors. There are communal lounges, a TV room, a conservatory and a dining area on the ground floor, and shared bathrooms and toilets on both floors.

Meadow Court was last inspected in February 2017. At that time we rated the home as 'Requires Improvement' overall, as it was deemed to be 'Inadequate' in the key question of 'Safe', 'Requires Improvement' in the key questions of Effective, Responsive and Well-led, and 'Good' in the key question of Caring.

Because there had been a rating of 'Inadequate' in one key question on two consecutive CQC inspections, we placed the home into Special Measures after the last inspection. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The home had a 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. The registered manager had changed since the last inspection.

Records at the home could not evidence robust recruitment procedures were in place. As the only breach of regulation identified at this inspection, this showed that whilst much improvement had been made since the last inspection, some concerns relating to governance remained.

Risks to people had been assessed and managed. This included risks posed by the building, its utilities and equipment. Staff could describe how they kept people safe from abuse.

People told us, and our observations showed, sufficient staff were deployed to meet people's needs.

Medicines were managed safely and administered in a person-centred way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice.

Staff had access to training, supervision and appraisal in order to help provide people with effective care and treatment.

Feedback from people and relatives about food and drinks at the home was positive. People were asked to feedback about the meals they received and this was used to change the menus.

People told us, and records showed, they had access to a range of healthcare professionals to help support their holistic health needs.

Meadow Court had been adapted to better meet the needs and preferences of people who lived there.

People and their relatives told us staff were kind and caring. All interactions between staff and people we saw were polite and respectful; we also observed plenty of banter and good humour was exchanged.

Staff respected people's privacy and dignity. They could also describe people's likes, dislikes and personal histories in detail.

The registered manager and registered provider promoted an open and inclusive culture at the home.

People's care plans had much improved since the last inspection in February 2017. They now contained detailed person-centred information which care workers knew how to access, and people were consulted regularly about them.

A range of activities were available for people to take part in at the home. People were consulted monthly about activities they had taken part in and asked for their ideas for new activities.

No complaints had been received since the last inspection. The complaints policy was displayed at the home and had been discussed in a residents' and relative's meeting in 2017.

Feedback about the registered manager and management team at the home was positive. They used a collaborative approach to include people, relatives and staff in decision-making.

A range of audits were in place to assess safety and quality at the service. Records showed findings were discussed at management and staff meetings.

The management team used good practice and partnership working with other organisations to drive improvement at the home.

We found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the 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.

Records could not evidence a robust system of recruitment was in place.

Medicines were managed and administered safely.

Risks to people had been assessed and managed.

Sufficient staff were on duty to meet people's assessed needs.

Is the service effective?

Good

The service was effective.

Staff had access to training, supervision and appraisal to support them in their roles.

The registered provider was compliant with the Mental Capacity Act 2005.

People were supported to see a range of healthcare professionals.

Feedback about food and drink at the home was positive.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. Our observations during the inspection support this.

People were regularly consulted about the content of their care plans.

The registered manager and registered provider sought to promote a culture which was open and inclusive to all.

Is the service responsive?

Good

The service was responsive.

People's care plans contained detailed person-centred guidance for staff on the support they needed.

People told us they had access to a range of activities. Records showed people were regularly consulted about activities provision at the home.

No complaints had been made about the home. People and their relatives told us they felt able to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had improved since the last inspection, however a new breach of regulation showed some issues with governance remained.

The service involved people, their relatives and staff in decision-making at the home.

Good practice and partnership working was used in addition to audit to drive improvement at the home.

Meadow Court Residential 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.

This inspection took place on 30 and 31 October 2017. The first day of inspection was unannounced. The inspection team consisted of two adult social care inspectors and one 'expert by experience' on the first day of inspection, and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR) in June 2017. 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 used this information to help plan our inspection.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, the local authority infection prevention and control team, and the Clinical Commissioning Group. After the inspection we received feedback from a healthcare professional who visited the home to support people there.

During the inspection we spoke with 10 people who used the service, six people's relatives, three members of care staff, the registered manager, two directors and the nominated individual for the registered provider, the activities coordinator, a kitchen assistant and a cook.

As part of the inspection we looked at four people's care files in detail and selected care plans from one other person's care file. We also inspected three staff members' recruitment and supervision documents,

staff training records, five people's medicines administration records, accident and incident records, and various policies and procedures related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Meadow Court. One person said, "I feel safe here – I wanted somewhere I would be", and a second person told us, "I am safe and well looked-after." People's relatives agreed. Comments included, "[My relative] has been here a long time and hasn't had any bumps or cuts or anything", and, "[My relative] needed 24 hour care. It is definitely good, safe care."

At the last inspection in February 2017 we found records showed robust recruitment procedures were in place; this had been a breach of the regulation relating to fit and proper persons at the previous inspection. At this inspection we found recruitment records were not complete. For example, applicants had not supplied their full employment histories and this had not been clarified during the interview process. One staff member's application form stated they had worked in a previous job for three years, whereas their reference stated they had done the job for one month. This discrepancy had also not been explored with the staff member. Each prospective employee did have a Disclosure and Barring Service (DBS) check; the DBS helps employers make safer recruitment decisions.

Concerns with recruitment demonstrated a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in February 2017 we identified a breach of the regulation relating to safe care and treatment, as risks to people had not always been assessed and managed appropriately. At this inspection we found much improvement. People's risk assessments and care plans were stored electronically. Risk assessments were in place for people at risk of falls, choking and pressure ulcers, and for those who used bedrails, and their care plans contained detailed information for staff about how to keep people safe. We asked three staff to describe the specific risks related to three people and the control measures in place to manage them. They demonstrated excellent person-centred knowledge of people's needs. This meant risks to people were now assessed and managed appropriately.

We noted an example of positive risk-taking at the home. A person with problems swallowing safely had been advised by speech and language therapists to eat food and fluids which had been modified to reduce their choking risk. Records showed the person regularly refused to do this. The person's records also showed they had been assessed as having the mental capacity to make this decision and their care plans reflected this. Care staff told us they encouraged the person to eat and drink modified food and fluids, but if the person chose not to, they respected their decision. One care worker said, "It's [their] choice at the end of the day." This meant people were supported to take risks if they chose to.

At the last inspection in February 2017 we identified the home did not undertake regular fire drills, and one member of staff could not tell us what action to take in the event of a fire. At this inspection records showed regular fire drills had been held and all staff we spoke with could describe what to do in the event of a fire. People's personal emergency evacuation plans (PEEPs) were located centrally in a 'grab bag.' Directors for the registered provider had arranged a fire drill with the local fire service in June 2017, which had involved fire fighters coming to the home to practice an evacuation with staff pretending to be residents. Concerns

around fire safety had also been raised at a residents' and relatives' meeting in June 2017 following the Grenfell Tower disaster. Minutes of the meeting showed fire evacuation procedures had been discussed and reassurances given. This meant fire safety procedures at the home were much improved.

At the last inspection we noted hot water temperatures in some of the home's communal bathrooms exceeded the safe upper limit of 44°C recommended by the Health and Safety Executive. At this inspection we found water temperature checks for the prevention of scalding and to reduce the risk of Legionella had been undertaken. Records for all health and safety checks on the building, utilities and equipment had been organised into one file since the last inspection and a director for the registered provider told us this had improved their oversight. We found all the required servicing and checks had been completed.

Feedback about staffing levels at the home was good, although most people commented that care staff were busy. One person told us, "There are plenty of staff", a second person said, "It (staffing levels) doesn't affect me. They are good at night, you wait maybe five minutes", and a third person commented, "It's not caused me any problems, they are just busy." Relatives agreed. Comments included, "There are plenty of staff", "There are enough (staff); [my relative] is always alright", and, "Never been anything going wrong because there weren't enough (staff)."

Care staff told us there were usually enough staff deployed to meet people's needs, although they said there were issues when staff called in sick without sufficient notice and sometimes during school holidays. The registered manager told us the home used a dependency tool based on the assessed needs of people. Rotas showed four care workers, including one senior care worker, were deployed between 7am and 9pm, with an extra care worker between 5pm and 9pm to support people going to bed. Two care workers were on duty between 10pm and 8am, which meant day and night staff overlapped for an hour in the morning when most people liked to get up. A manager who lived locally was on call at night to provide support if required.

The registered provider had surveyed care staff about staffing levels in July 2017 during the school summer holidays and we saw feedback at that time was negative, as eight of the 11 staff surveyed said staffing levels were not correct. In response, the provider had refused some admissions for people with more complex needs during the holidays, and at the time of this inspection was in consultation with staff over their preferred shift patterns. The registered manager told us the home may switch to 12 hour shifts; however, as the aim of the consultation was to provide staff with choice and ultimately improve staff retention, she would try to be as accommodating as possible.

During the inspection we made observations throughout the day and we also checked records for the response times to the electronic call buzzer at night. We saw there were busy times, such as in the morning when people were getting up, but our observations did support feedback from people and their relatives that sufficient staff were deployed to support people at the home.

As part of this inspection we observed a morning medicines round. We saw the care worker was polite and respectful. They explained to people what their medicines were for and did not rush people to take them; the care worker could also describe to us how each person liked to take their medicines. Most medicines were supplied in pre-packed dosettes, although some 'when required' medicines were boxed. We saw the worker used a 'pop and dot' method, whereby a dot is added to a person's medicine administration record (MAR) when the tablet is popped. This ensures the contents of the dosette are checked against the MAR. The care worker then signed the MAR after the person had taken their medicines.

A system was in place for the ordering, receipt and return of medicines at the home; we saw medicines were stored safely and at the correct temperature. MARs showed two members of staff booked the new monthly

medicines in and the stock of medicines not in dosettes was carried forward. Medicines classed as 'controlled drugs' were stored appropriately; controlled medicines are those controlled by misuse of drugs legislation and include strong pain-killers. We checked stock levels for six medicines, including three controlled drugs. Stock levels for five of the six medicines tallied with records, including all three controlled drugs, but one medicine did not tally as there was one tablet too many. The registered manager said she would investigate the discrepancy.

We checked MARs for five people at Meadow Court and found all medicines had been administered as prescribed. We also reviewed MARs for people's topical creams; these included body maps and had been signed by staff to evidence people's creams had been applied. The MAR folder contained care plans for medicines which were prescribed 'when required', such as pain-killers. This meant systems were in place to ensure people received their prescribed medicines.

Care staff we spoke with could describe the forms of abuse people may be vulnerable to and said they would report any concerns to a manager; all staff said they would whistle-blow or tell a manager if they had concerns about other staff members working practice or behaviour. This meant staff at Meadow Court knew how to help keep people safe.

During this inspection we checked whether the home was clean. We looked in communal areas, bathrooms, toilets, the kitchen, and in people's rooms (with their permission). We found the home to be clean and odour-free.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff at Meadow Court were well-trained. One person said, "They are good enough for what they have to do", and a relative commented, "They are trained enough for what [my relative] needs."

At the last inspection in February 2017 we identified a breach of the regulation relating to consent, as the registered provider was not compliant with the Mental Capacity Act 2005 (MCA). At this inspection we found much improvement.

The 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards or 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.

We found people who lacked capacity to consent to living at Meadow Court had DoLS authorisations in place or applications for DoLS submitted for them. None of the DoLS we reviewed had conditions for the service to abide by.

People's care files now contained information about their cognitive abilities and how staff should maximise choice and independence if people did have problems making decisions. A range of mental capacity assessments and best interest decisions had been undertaken for people who had been deemed to lack capacity in some areas, such as managing their finances or taking their medicines. Records also stated whether people's relatives had been granted Last Power of Attorney to make decisions on people's behalf, with evidence in the form of court stamped documentation.

When we asked staff to explain MCA and DoLS, and how it impacted upon the people living at the home, we found their knowledge was good. People also told us staff asked for their consent before providing support and supported them to make decisions. Comments included, "They always explain and ask if I want them to do it", and, "I tell them what I want to do." This meant the registered provider was now compliant with the MCA.

The registered manager told us prospective care staff who applied to the home and were successful at interview completed two 'shadow shifts' where they worked alongside an experienced care worker. This was to give the home an opportunity to assess whether the applicant was suitable and for the applicant to decide if they wanted to work at the home. The registered manager also told us they preferred to recruit

experienced staff with recognised health and social care qualifications, but did occasionally take inexperienced staff. Such recruits were enrolled on the Care Certificate and records we saw evidenced this. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care.

Staff at the home had access to a range of training courses to support them in their role. Training certificates evidenced they had attended courses on moving and handling, safeguarding, dementia awareness, and fire safety. The registered manager had a training matrix which showed which courses staff had attended and when they needed to receive updates. Care workers who administered medicines had received training for this and had their competency checked by a manager at the home.

Records showed staff had received supervision in 2017, but this had not always been quarterly as stated in the registered provider's policy. Supervision records evidenced supervision sessions were supportive, and involved discussion around the supervisee's personal and professional development. Care workers we spoke with said they found supervision beneficial and felt supported by the registered manager and other members of the home's management team and could go to them at any time with issues or concerns. The registered manager told us the home was in the process of reorganising the supervision structure because a member of the management team was leaving. The plan was for senior care workers to supervise other care workers; minutes of management meetings described this and care workers we spoke with also confirmed the changes. The registered manager told us supervision would recommence after all those providing supervision had received training and the current round of annual appraisals, which were in progress at the time of this inspection, had been completed. This meant staff at Meadow Court received the support they needed to provide effective care.

Feedback about the food and drinks at the home was positive. One person said, "On the whole they are good – enough to eat. Choices, you can have something different", and a second person told us, "They are OK. There is enough to eat and a good enough choice." Relatives also said the food was good. Comments included, "They (the meals) look fabulous from the menus", "I have had some (meals). Lovely; really good choices. You can ask for more", and, "I stay sometimes (for a meal). They are absolutely good."

The kitchen at the home was clean and tidy; records showed the correct temperature checks on foods and storage equipment were made. Kitchen staff we spoke with could describe how they modified foods according to people's needs and preferences, for example, modified textures for people with swallowing problems, food for those with diabetes, and for people who needed to gain weight. We observed two mealtimes during the inspection and one of the inspection team had a meal with people using the service. They found the food to be well-cooked and tasty, and served on a warm plate. We noted mealtimes were a relaxed time, with conversation between people and with the staff.

Staff demonstrated their knowledge of people's likes and dislikes for food and drinks. The tea trolley made its round mid-morning and mid-afternoon, serving hot drinks, biscuits and homemade cakes. We noted people drank from a variety of mugs and asked why. The kitchen assistant told us it was according to people's preferences, and joked about one person "[Name] likes a small cup. If I give [them] a big cup or mug I get shouted at!"

People were given at least two choices each mealtime and could have a cooked breakfast every morning if they chose. We also noted an 'anytime menu' in the dining room, of hot foods and snacks people could request in between main meals. Minutes from monthly residents' and relatives' meetings evidenced people's involvement in choosing the menu options. There had been requests for curry, Chinese spare ribs and sardines on toast, which had all been provided. One person told us, "I asked to have a Chinese meal. I

asked for spare ribs. I had about 12 – lovely." This meant people enjoyed the choice of food and drinks on offer at Meadow Court.

People and their relatives told us people had access to a range of healthcare professionals to help support their wider health needs. This was supported by documentation we saw during the inspection. One person said, "If you want to see a doctor or someone, you tell them", and a second told us, "Yes, they get them (healthcare professionals) in. They are good like that." Relatives told us they were kept up to date by the home about their family member's well-being. One relative said, "We are told straight away (about healthcare referrals)." A healthcare professional who visited the home regularly said the home had a stable staff team who followed the advice they provided and told us, "They're quick to report any concerns."

We saw adaptations had been made to the home to make it more 'dementia-friendly.' Word and picture signage was in place to assist people to navigate, and picture menus were displayed in the dining area, showing the options available for each meal. A shower room had recently been refitted at the home. It included a new shower chair and grab rails so people using it would feel safe. During this inspection the registered provider was also updating another bathroom, and adding a bath which could provide a massage sensation with jets of air to help people relax. The home had a range of sitting areas for people to choose from. We saw some people like to sit in the busy reception area to watch people come and go, others preferred the quite conservatory area, and one person liked to use the small TV room because they could choose what to watch. This meant the home had been adapted to better suit the needs and preferences of people living there.

Good

Is the service caring?

Our findings

People and their relatives told us staff at Meadow Court were caring. One person said, "They are very kind and treat me properly. I am happy with them", and a relative told us, "One is like an angel on earth. They are all very good."

People also told us staff were respectful. One person said, "They respect my privacy and dignity, knock on the door and close the curtains." Relatives agreed. Comments included, "They always respect [my relative's] privacy and dignity. They whisper in [my relative's] ear asking if [they] want the toilet", "They cover [my relative] with towels when [they] are on the toilet", and, "[My relative] always looks presentable and well cared for."

During this inspection we observed staff were respectful in their interactions with people and demonstrated a good knowledge of people's likes, dislikes, preferences and personal histories. We also found the atmosphere to be warm and homely, and frequently heard laughter and banter between people, and between people and staff. People said of the atmosphere at the home, "It's quite good. People get on with each other", "It's a nice place to live", and, "I would recommend it"; and their relatives told us, "It's like a real home", and, "I'm so well-known I feel like a resident." We noted people were dressed in well-fitting, clean clothes which were appropriate for the time of year and had their hair brushed or styled. At mealtimes and during craft sessions people were offered tabards to help protect their clothing. This showed staff were respectful of people's dignity.

Records evidenced people had been involved in developing and reviewing their care plans. The activities coordinator had meetings with each person every two months to discuss their care plans and see if anything had changed. Any changes were then passed to the registered manager for her to update the computer system. Some people were unable to take part in review meetings because they were living with dementia; we saw their relatives were asked regularly to review their care plans to see if they had suggestions to make them better. This meant people who were able to take part were consulted about the content of their care plans.

People and their relatives told us staff supported people to remain independent. One person said, "I am supported to be independent. I am left to my own devices", and a relative told us, "[My relative] can only do little things, but they let [my relative] do what [they] can." Care workers could give examples of how they supported individuals to remain independent, for example, by encouraging a person to wash the parts of their body they could reach. We saw some people used walking aids to support their mobility and others ate from specialised plates which allowed them to eat without help from staff. People told us they could decide when to get up and when to go to bed, and could have a bath or shower whenever they chose. One morning we heard two people joking with a third person who was still eating their breakfast, a bacon sandwich, as the mid-morning tea trolley was going round. The person laughed and said of their lie-in, "It's what I felt like today", to which another person responded, "It's a good life, int' it?" This showed people were supported keep their independence.

People supported at the home at the time of this inspection had relatives who acted as their advocates. The registered manager could describe how and when she would refer a person for support from advocacy services, and we saw details about how to access advocates was included in the service users' handbook, which each person had a copy of.

We asked the registered manager how she ensured the home was inclusive in terms of welcoming people of different ethnicities, culture, religion, sexuality and disability. She told us the home's pre-assessment process asked if people had any cultural or religious needs. Church services were held regularly at the home and the activities coordinator had helped a person to access one-to-one religious support when they requested it. One person at the home did not celebrate Christian festivals. The nominated individual explained how they had purchased all people using the service a gift at Christmas but had wrapped this person's gift with plain paper, and asked them if they were happy to receive the gift. The nominated individual said they did not want the person to feel left out and that the person had been happy to receive the gift.

Minutes showed sexuality had been discussed at a residents' and relatives' meeting since the last inspection in February 2017, and specifically the rights of gay people. The activities coordinator told us this had sparked an interesting debate which had widened to encompass issues around race and ethnicity. This meant the registered provider tried to promote an open and inclusive culture at the home.

People's care files contained person-centred end of life care plans which included any wishes they had shared about the care they wanted as they were supported at the end of life, and after they had died. One person's care plan stated their preference to die at Meadow Court; it also stated that after their death they did not want a funeral, but a celebration of their life where people would not wear black.

The registered manager told us the activities coordinator has been instrumental in helping people develop their end of life care plans. Minutes of a residents' and relatives' meeting showed the activities coordinator had explained they would be speaking with people individually and in private about their wishes. They had asked people to think not just about funeral arrangements, but about the care they received as they died, for example, if they wanted visitors or music playing. Meeting minutes also showed people had decided how they wanted to be informed when another person living at the home had died.

Care workers could describe what was important in terms of support for people approaching the end of their lives; for example, one care worker told us, "We sit with people to make sure they're not alone. We talk to them and hold their hands. Not everyone has a family." Another care worker became upset as they talked about a person who had died shortly before this inspection. During the inspection we saw the nominated individual and another director for the registered provider attended the person's funeral in order to pay their respects. The registered manager told us, "[Name] had a lovely death", and described how members of staff, including herself and directors for the registered provider, had taken turns sitting with the person so they were not alone. This meant Meadow Court was committed to providing good end of life care to people and tried to ensure they followed people's wishes.

Good

Is the service responsive?

Our findings

People at Meadow Court told us they thought staff were responsive to their needs. One person told us, "They know my routine. They come looking for me if I am late for a meal", and a second person said, "They get to know you eventually. I tell them what I like."

At the last inspection in February 2017 we found not all people's care plans were person-centred, and some contained inaccuracies or were inconsistent. At this inspection we reviewed four people's care plans in detail and found they contained sufficient detail for a new staff member to support each person. People had care plans according to their assessed needs. All people had care plans for aspects such as mobility, eating and drinking, and continence. Other people had specific care plans, for example, one person had a care plan for chest infections and another person had one for urine infections, as these were infections to which they were prone. All people had detailed care plans to guide staff as to how to support people to bathe and/or shower safely. This meant people's care plans had much improved since the last inspection.

At the last inspection the registered manager was both writing and auditing care plans, which is not good practice. At this inspection the registered manager explained the key to improving the content of care plans had been involving other members of the care team. She had asked a senior team leader to review all care plans with her, and had allocated two or three people's care plans to each senior care worker for them to review, as they were involved in providing hands-on care to people every day. One senior care worker told us, "It's to check I agree with any changes or if anything needs adding." The registered manager told us, "They (senior care workers) are asking about them (the care plans allocated to them), so they're definitely doing it." This meant the registered manager had involved the staff team to ensure people's care plans reflected the support people needed.

Care plans were recorded on an electronic system. At the last inspection not all care workers we spoke with could show us how to access people's care plans, which suggested they did not read them. At this inspection all the care workers we asked could show us how to use the computer system to access people's care plans. Care workers told us they were kept up to date with changes in people's needs and care plans by an electronic messaging system. The registered manager used the system to send out emails summarising changes and asking care workers to read people's updated care plans. One care worker told us, "It's very handy if you've been off for a few days."

Records showed people's care plans had been evaluated on a monthly basis by the registered manager. They were also evaluated by care staff on a daily basis in their daily records. Most daily records were computer-based, although some, such as repositioning charts, were paper-based and kept in people's rooms. We checked the daily records for those people whose care plans we inspected and found they evidenced people were receiving care in accordance with their care plans.

As part of this inspection we asked care staff what was important when supporting people who were living with dementia. One care worker said, "Don't overwhelm them, try and talk to them one-to-one. Don't tell them they're wrong", and a second care worker told us, "Just because they have dementia doesn't mean

they can't make choices – we don't want to take their independence. We promote independence by encouragement." Our observations showed staff were skilled and patient when supporting people living with dementia. They listened to people and provided reassurance or distraction when people became upset or worried.

For example, on the first day of inspection one person asked twice to go outside for a walk; each time a member of staff ensured the person had warm clothes on and then accompanied the person out for a walk. The registered manager explained the person had walked miles each day prior to coming to the home and it was the most effective way of comforting the person when they became distressed. As the person had a current Deprivation of Liberty Safeguards authorisation in place, it meant they must always be accompanied by a member of staff or relative. On the second day of inspection the person became distressed and refused offers of a walk from various members of staff. In response, the registered manager asked the person if they would pop to the shops with a staff member for some items for the home, to which the person readily agreed. We saw the person was much happier when they returned and they told us they were happy to help the registered manager. This meant care workers at the home used people's personal histories to provide person-centred support.

People told us they had enough to do at Meadow Court. Comments included, "They (activities) are there if you want, you can decline", "I join in with what I can", "I go on outings sometimes", and, "There are enough (activities). There is a quiz this afternoon." Relatives were also happy with the provision of activities. One relative said, "[My relative] used to join in with everything – dominoes and singing", and a second told us, "They are brilliant. [My relative] can only do the sitting down ones, [they] like hand ball."

Records showed, and we observed, people at the home had access to a wide range of activities about which they were regularly consulted. The home had an activities coordinator who worked 9am until 5pm Mondays to Thursdays. On Fridays the activities coordinator arranged for entertainment, movie screenings or other activities when they were not at the home. Activities were provided by care workers at weekends.

During the inspection we observed people taking part in arts and crafts, quizzes, drawing and games of dominoes. Minutes of residents' and relatives' meetings evidenced people were asked on a monthly basis for feedback about activities they had taken part in, and for ideas and suggestions for new activities. We observed the activities coordinator tried hard to encourage people to take part in activities and was very passionate about their role. One idea discussed at a residents' meeting and implemented six weeks prior to this inspection was a Wednesday evening bingo night, where nibbles and alcoholic drinks were served; minutes stated, 'It would be a good way of getting families and friends involved in our social calendar.' The activities coordinator showed us photos of people playing bingo, and told us bingo nights had been a big success so far, particularly because people living with dementia and others who did not normally take part in activities had engaged really well. During the inspection a quiz question had sparked debate about the film 'The Full Monty', and various people had asked to see it. The activities coordinator told us they had explained to people it contained some swearing and nudity, but people still wanted to see it. The film was sourced and due to be screened at the home's regular Friday movie afternoon the week of this inspection.

Some people living at Meadow Court preferred to stay in their rooms. The activities coordinator could describe the needs and preferences of each person, and told us they would spend time chatting with them, and offer games, puzzles or crafts. Minutes of residents' meetings were also supplied to people who preferred to stay in their rooms. These detailed all the options available when there were no organised activities, such as jigsaws, puzzles, word-searches, magazines and audiobooks. At the September 2017 residents' meeting the activities coordinator had asked if people who did not leave the home regularly with friends or relatives would like to use the local access bus to go shopping in the nearby village. The home

also held other events on a regular basis to which people's relatives and friends were invited, such as a summer fayre, a Hallowe'en party, bonfire night and themed food days. This meant people at Meadow Court had access to a range of activities and were regularly asked for their feedback about them.

No complaints had been received by the home since our last inspection in February 2017. None of the people or relatives we spoke with had ever made a formal complaint, but all said they felt able to raise concerns if they needed to. One person said, "No, I haven't wanted to (complain), not in all the time I have been here", and a relative commented, "Haven't had any need to (complain). I would just go to the office." We saw the home's complaints policy was prominently displayed within the home and had been discussed at a residents' and relatives' meeting since the last inspection. This meant the home encouraged feedback from people and their relatives.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us Meadow Court was well-managed. One person said, "I think they do a good job", and a relative commented, "It's like a family, so yes (it is well-managed)." People and their relatives were also complimentary about the management team at the home, which consisted of four directors for the registered provider and included the registered manager and nominated individual. All four members of the management team were related to one another. One person said, "There are a number classed as that (a manager). They are all approachable and easy to talk to", and a relative told us, "They are friendly and approachable, all of them."

Care workers described the registered manager and other directors for the registered provider as supportive and approachable, and always available if they needed help or advice. One care worker said of the registered manager, "I like [name], she's a good manager. Even though you work for her and she's friendly she doesn't favour people (staff). She's fair." A second care worker said of the management team, "There's always someone in the office, even at weekends." Throughout this inspection we noted the management team were visible about the home; they interacted with people and it was clear they knew people at the home well as individuals. A visiting healthcare professional told us, "The manager seems to know the residents well."

We placed Meadow Court in Special Measures after the last inspection in February 2017 because the service was rated as inadequate in the key question of Safe for two continuous inspections. We also identified breaches of the regulations relating to consent, safe care and treatment, and good governance. In response we served two requirement notices and one warning notice. At this inspection we found the service was now compliant in these regulations, however, we did identify one new breach of the regulation relating to fit and proper persons, as records could not evidence a robust recruitment process. This meant much improvement had been made since the last inspection but some concerns relating to oversight by the registered provider and registered manager at the home remained.

The registered manager and other members of the management team had a collaborative approach to running the home. People, relatives and staff told us they were involved and included in making decisions which affected them. For example, at the time of this inspection the care staff were being consulted about their working hours in order to improve staff retention. Care workers all told us they were pleased they had been asked to input their opinions about the proposed changes. Minutes of residents' and relatives' meetings evidenced people were regularly consulted about meals and activities at the home, and provided with information, such as the complaints policy and about fire safety. The activities coordinator told us they saw themselves as a voice for people and that they had an important role in advocating for people in terms of getting the things they wanted. We noted food was a very popular topic for discussion at monthly resident's and relatives' meeting; for this reason it had been arranged for a member of kitchen staff to attend these meetings going forward, so they could answer any questions and take back ideas and suggestions for meals and snacks. This meant people, relative and staff were engaged in decision-making at the home.

A range of audits were in place which monitored the safety and quality of the service. The registered

manager analysed information on falls and other accidents and incidents for trends and patterns on a monthly basis. Medicines were audited weekly and monthly. Other audits in place included nutritional risk, infection control, and checks on rooms after they had been cleaned to ensure standards were maintained. Since the last inspection the home had requested an external company come in to audit all the mattresses at the home; records showed this led to five mattresses and two mattress covers being replaced.

Minutes evidenced the outcome of audits was discussed at monthly management meetings, along with any safeguarding incidents, staffing levels and maintenance issues. Each meeting started with a review of the previous month's action plan, and concluded with a follow-up action plan for the next four weeks. Senior care workers also met with managers monthly to discuss accidents and incidents, any changes in people's health, and any referrals which had been made. General staff meetings were held quarterly; care staff told us these meetings involved a two-way discussion, where they were asked for ideas and suggestions to improve the service. This meant audit and staff engagement were used to monitor and improve the service.

The management team at Meadow Court also used good practice and worked in partnership with other organisations to drive improvement at the service. At the time of this inspection the registered manager was enrolled on a course for newly registered managers run by the local authority; it involved completing a project and delivering a presentation. The registered manager told us she intended to focus on medicines management in order to ensure procedures at the home were as good as they could be. A senior team leader and member of kitchen staff worked together to ensure advice from dieticians and speech and language therapists was implemented fully at the home. The registered manager told us the home worked closely with the local community partnership organisation which delivered NHS services in the area, as well as local GPs. She told us, "We get an awful lot of help and support from them."

Other good practice was used to ensure safety and drive improvement at the home. For example, the management team attended good practice events run by the local authority for care providers in the area. They had used guidance provided at such an event around bath and shower safety when redesigning bath and shower rooms at the home, and in the content of people's care plans for baths and showers. Records showed other nationally available good practice guidance was used to ensure people's safety at the home, including 'Essential Steps' guidance on infection control and Health and Safety Executive guidance on bedrail safety. This meant the service used good practice and advice from partner organisations to improve safety and quality.

Registered providers have a legal duty to display the ratings of Care Quality Commission (CQC) inspections prominently in both their care homes and on their websites. The home did not have its own website. During this inspection we saw the ratings from the previous inspection were prominently displayed at the home. Under the regulations registered providers are also required to report specific incidents to CQC. Notifiable incidents include safeguarding concerns, police call-outs and serious injuries. We checked the records for these types of incidents and found they had all been reported appropriately.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Records could not evidence a robust recruitment procedure was in place. Regulation 19 (2)