

Borough Care Ltd

# Meadway Court

## Inspection report

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Date of inspection visit:  
30 January 2018  
06 February 2018

Date of publication:  
09 April 2018

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out over two days on the 30 January and 6 February 2018. Our visit on the 30 January was unannounced. At the last inspection on 24 and 27 November 2014, we rated the service as requires improvement overall. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to medicines administration.

This inspection was to check satisfactory improvements had been made and to review the ratings. The provider sent us an action plan that detailed how they would make improvements to become compliant with the regulations. At this inspection we found improvements to the service. People received their medicines safely and as prescribed by their doctor.

Meadway Court is a care home standing in its own grounds. Accommodation is provided over two floors with a passenger lift as well as stairs between the floors. The home is situated in the village of Bramhall and is close to the local shops and other community facilities. Mead way Court is registered to provide care and accommodation for up to 42 older people some of whom may also have a diagnosis of dementia. All bedrooms are single and 25 have en-suite facilities. The service offers nine recovery beds to assist people transferred from hospital to continue receiving support. At the time of this inspection the service supported 41 people. Meadway Court is one of eleven care homes owned by Borough Care Limited, a not-for profit registered charity.

At the time of this inspection the manager was in the process of applying for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission 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.

We saw the food looked and smelt appetising and was attractively presented with good size portions. People told us they enjoyed the food.

From our observations of staff interactions and conversations with people living at the service, we saw staff had good relationships with the people they were caring for. The atmosphere was relaxed and people told us they felt comfortable. We observed staff being kind, patient and caring to people. We saw that people's

privacy and dignity was respected.

We saw that meaningful activities were provided by the Activities and Lifestyle Facilitator (ALF) a full time activity co coordinator who based a lot of planning on people's personal preferences. The service utilised the supply of games, visiting entertainers and activities to help provide access to regular events throughout the week.

Staff understood the need to obtain verbal consent from people using the service before a care task was undertaken and staff were seen to obtain consent prior to providing care or support.

Procedures were in place to minimise the risk of harm to people using the service. Staff understood how to recognise and report abuse. This helped make sure people were protected by well trained and informed staff. People living at the service and staff spoken with said they thought safe care was provided.

People were supported by sufficient numbers of staff to support them to participate in their daily activities within their home. Staffing levels had been recently revised by the registered provider to provide senior staff and deputies on duty each day. This initiative provided access for everyone to senior leadership and consistent management of the service over a seven day period. We recommended the registered provider reviews published guidance to help them to demonstrate how staffing levels are calculated to meet people's needs.

Staff were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people.

The building was clean and well maintained. We saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection for example disposal gloves and aprons

Risk screening tools had been developed to reflect any identified risks and these were recorded in people's support plans. The risk screening tools gave staff instructions about what action to take in order to minimise risks for e.g. for falls.

People had access to healthcare services including from the district nurse, physiotherapy, optician and chiropodist. People were supported to attend hospital appointments as required.

Staff were receiving regular supervision sessions and appraisal. This meant that staff were being appropriately guided and supported to fulfil their job role effectively. Staff received regular training and support to ensure they had the necessary skills and updates to meet people's needs.

We saw there was a concerns and complaint policy accessible to each person on admission to the home. Complaints, comments and compliments were encouraged by the manager and registered provider. People living at Meadway Court and visiting relatives we spoke with told us they had no concerns or complaints.

The manager and registered provider had systems in place to monitor the quality, including service user and relative surveys, to ascertain their views and opinions about their satisfaction of the service provided. Support plans were still being updated and developed and needed further monitoring to ensure records were appropriately reviewed.

Borough Care organised an annual company awards ceremony. This is an award designed to recognise staff achievements based on specific results and behaviours. Three staff at Meadway had won awards in 2017.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and staff knew how to keep people safe.

Improvements had been made to the systems in place for the management and administration of medicines.

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective

People's needs were met by a suitably skilled and trained staff team who knew them well and were able to support them to have a good quality of life.

Staff accessed appropriate professional healthcare support and guidance when required.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

### Is the service caring?

Good ●

Is the service caring?

The service was caring.

We observed people being supported in a dignified manner and their privacy was respected.

We observed positive interactions between staff and people who used the service. The atmosphere in the home was calm and relaxed.

People living at Meadway Court told us the staff were kind and they felt well looked after.

### Is the service responsive?

Good ●

The service was responsive.

People were encouraged to participate in developing and reviewing their support plans where possible. New care planning documentation was in the process of being implemented.

People were offered meaningful activities suited to their individual interests and preferences. A dedicated activities facilitator helped people to continue with hobbies and encouraged people to choose what they would like to do each day.

Staff knew people well and reported any concerns or complaints raised with them to the manager.

### Is the service well-led?

Good ●

The service was well led.

Healthcare professionals, staff and visitors we spoke with told us the management team were very approachable and supportive.

Systems in place in order to monitor the quality of the service were being fully utilised. Support plans were still being updated and developed. Some records needed signing and dating to show when they had been reviewed.

The service worked in partnership with local organisations to support the delivery of good quality dementia care.

# Meadway Court

## **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 was carried out over two days on the 30 January and 6 February 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector 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 we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications. The provider also 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.

Since the last inspection we had been liaising with the local authority and we considered this information as part of the planning process for this inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in communal areas, bathrooms, the kitchen, the laundry, store room, medication rooms and a sample of all other rooms such as bedrooms.

During the two days of inspection, we reviewed a variety of documents such as, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included four people's individual care records, a sample of medicine administration records and five staff personnel files to check for information to demonstrate safe recruitment practices were taking place. We also looked at supervision and appraisal records, training records and records relating to the management of the home such as safety checks and quality assurance systems.

We spoke with 12 people living at Meadway Court and three visitors, the manager, support manager, head of service manager, the deputy, four support staff, two housekeepers, Activities and Lifestyle Facilitator (ALF), the cook and the GP.



## Our findings

People we spoke with told us they felt safe at Meadway Court and they liked their surroundings and felt it was always kept clean and well maintained. Relatives told us, they had not seen or heard anything of concern. One person told us, "I definitely feel safer." One person showed us their room which they said had been refurbished when they moved in. They told us, "It's a very nice room with an en-suite bathroom" and another person told us "The place is kept very clean and I'm quite happy here." One person told us they were able to make themselves a drink in the kitchen area every night.

During the last inspection, we found the service in breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014, Safe care and treatment. During this inspection we found improvements had been made in the way medicines were being managed and the regulation had been met. A medicines policy was in place to help ensure the safe storage and administration of medicines. We found that medicines were safely managed and had gone through a change and was managed through a computerised system.

We looked at a sample of recent medication audits carried out by the registered provider and senior staff at the service. These checks made sure that people received their medication safely and as prescribed by their GP. We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people to ensure they received the correct medication as prescribed by their GP.

Staff we spoke with told us they were well trained to safely support people with medicines. The training records we looked at supported this.

We found that appropriate checks had been carried out to show that staff were recruited as per the homes recruitment policy and assessed as suitable for their posts. Meadway Court had a written procedure for the safe recruitment of staff. This included seeking references and obtaining Disclosure and Barring Service (DBS). The DBS carried out checks and identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people. Staff personnel files were stored at the registered providers offices. The manager arranged for these records to be made accessible during this inspection. The staff files had been appropriately maintained to show all required recruitment checks in place.

During this inspection, we looked around the kitchen and the food storage area. We saw the kitchen was clean and there were large varied supplies of food. We found that safety checks had been regularly undertaken, including the recording temperatures of food, fridges, freezers and maintaining cleaning



schedules.

We saw that health and safety checks had been regularly reviewed by the registered provider. These checks helped to make sure people were cared for in a safe environment. We saw evidence of up to date maintenance checks for all facilities and equipment within the service. We looked at a sample of checks such as the, gas safety certificate, servicing of the passenger lift and hoists, portable appliance testing (PAT) which had been carried out on all electrical equipment, fire alarm testing had been carried out weekly and they had an up to date electrical installation safety certificate in place. We noted that some records such as the legionella checks had action plans in place that staff told us had been updated. The manager reviewed this with designated staff and provided updates during the inspection to show appropriate management of actions taken to improve health and safety systems.

The registered provider had developed a monthly audit encompassing all areas of the building including environmental risk assessments. A detailed fire risk assessment had been undertaken and a fire evacuation plan was in place. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. During the inspection staff arranged to update the review date of each assessment as some records had not been transferred with their review date. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation. These checks helped to make sure that any environmental risks to people were minimised and the environment was well managed to ensure it was safe for everyone.

The registered provider had employed the services of an external health and safety consultant. They had carried out an inspection of the premises and had supported the provider in reviewing their management of health and safety. In addition to the manager and registered providers audits we saw the maintenance person undertook regular checks within the service, such as, weekly checks of the fire alarm system and emergency lighting.

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy and procedure which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to support workers on identifying and responding to the signs and allegations of abuse. We looked at records which showed the provider had suitable procedures to help make sure any concerns about people's safety were appropriately reported. The manager advised they would review the audit trail of any investigations they carried out. Some records did not have a full list of information to show the steps taken to produce the outcome and why the judgements were considered.

Staff we spoke with told us they knew how to keep people safe. Training records showed that training had been provided in how to recognise types of abuse and how to keep people safe from the risks associated with abuse. Staff were able to describe the action they would take to make sure people were kept safe and the process they would follow to report any concerns. We saw there was a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

An accident and incident policy was in place. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary.

Care records we examined contained an individual support plan which identified any known risks that might compromise the person's safety. People's care records had been regularly reviewed. Risk screening tools

had been developed and included areas such as keeping people safe, safe moving and handling, supporting people with behaviours that may be challenging and falls risk assessments. Dietary risk screening tools were also in place for people with specific dietary requirements such as softened or pureed meals. The risk screening tools we examined were able to identify the actions for staff to minimise risks to ensure and maintain people's safety within the service.

The manager carried out assessments of the dependency needs of each person living at the service. They did not have any information to show how staffing levels were reviewed in relation to people's dependency needs. Staff were unsure how the staffing levels were calculated and reviewed. We noted the registered provider did not use a staffing calculator to show how the staffing hours were calculated to meet the assessed dependencies of people living at the service. We recommend the registered provider researches best practice regarding staffing levels. This will help them to demonstrate how staffing levels were assessed and reviewed to meet people's changing dependencies. The registered provider had recently developed the staffing levels and rotas so that staff worked 12 hour shifts. They also provided deputies and senior staff on each shift so that every day of the week the service provided access to senior staff members. We looked at a sample of recent staffing rotas and saw that the staffing levels were consistent with what we had been told. Support staff spoken with told us they felt people's needs could be safely met by the number of staff on duty. During our inspection we did not observe anybody having to wait long periods of time for assistance.

Staff told us they always had access to personal protective equipment (PPE) such as disposable aprons and gloves to use to help reduce the risk of cross infection when delivering care to people. We noted there was no facility for paper towels in the clinic room and laundry. The manager took actions during the inspection to ensure staff had this facility. This helped to protect them and people using the service from the risk of cross infection whilst delivering care. The last infection control audit carried out by the local infection control team was very positive and recorded 100% scores for some areas of the environment.

We looked around the service and a sample of rooms and communal areas within the building such as the, toilets, bathrooms, the kitchen, lounges, dining areas and a sample of bedrooms on each floor of the home. During the inspection we saw evidence of on-going maintenance and refurbishment work to ensure the continuing high standards and upkeep of the home for the people living there. The service was clean, tidy and well maintained. Staff completed cleaning schedules to show records of when each area had been cleaned.



## Our findings

When we spoke with people who lived at the service they were complementary about the staff and their ability to provide them with care and support. They told us, "All staff are very friendly", "Staff are excellent", "Staff are very good." One person told us that after they had been in hospital staff; "Got the doctor to look at me." Two people told us they could choose when to receive personal care and commented, "You have a choice when you get up and go to bed" and "You can choose between having a bath or a shower." One relative told us, "I'm satisfied (my relative) is being looked after."

During this inspection, we observed staff obtaining verbal consent from people. We observed staff asking if people would like a drink, or help with assistance to go to their room, or the dining areas. People were assisted to choose where they wanted to sit and when they wanted their meals. We noted that some people could display behaviour that challenged and staff knew these people well. We observed staff engaging positively with people to manage those behaviours sensitively. Staff used distraction techniques to reduce the impact of these behaviours on themselves and other people. Staff demonstrated they were well trained in dementia care, which meant they were able to meet the needs of people living at Meadway Court.

We met the cook who had a good understanding of people's personal preferences, including their dietary likes and dislikes and any special diets such as diabetic and soft and pureed diets. Family visitors were offered drinks when they were visiting. People were positive about their meals and dining services. They told us, "Breakfast was quite nice. There's a choice of food", "Meals are excellent. Lovely. There's a choice of two meals" and "Food's good." We looked at the three dining rooms in the service and we noticed that some people had chosen to have their meals in their rooms. Two visitors told us they liked to bring some of their meals from home in for their relative because they enjoyed their food. They said they did this once a week. We noticed where some people hadn't eaten some of their meal, the staff supported them in getting a replacement and offered further choices for their meal.

Lunchtime was a sociable and relaxed occasion with staff engaging well with people and offering support if required. The food looked and smelt appetising. Everybody looked like they were enjoying their meal. Some people told us there was plenty of food and drink available.

Care records included information about each person's nutritional needs. This meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met. Staff were aware of the need to follow the speech and language therapist (SALT) instructions. For example making sure that people at risk of choking received a soft, pureed or thickened diet. SALT provides treatment, support and care for people

who have difficulties with communication or with eating, drinking and swallowing.

When we walked around the home we saw the design and layout of the home was suitable to accommodate the number of people living at the service. There was sufficient suitable equipment in place to promote people's mobility such as, wheelchairs and handrails. Toilets, bathrooms and communal lounge areas had appropriate seating were sufficient in numbers, were well maintained and in good condition. Corridors were clutter free and wide enough for trolleys, wheelchairs and other mobility aids to manoeuvre safely.

Staff felt they were receiving appropriate support, training and guidance to enable them to fulfil their role effectively. We were shown a staff supervision and appraisal schedule/planner for 2017/2018 which included the names of each staff member. Staff told us they felt they received good support and had received supervision where they could discuss anything with senior staff. All staff had received supervision and appraisals following the last inspection. We noted just one of the appraisals had not been dated and signed but the manager advised this would be reviewed. The planner helped them to monitor the effectiveness of their supervision and appraisals to all staff.

A system was in place to monitor staff training to ensure necessary training was completed each year. The staff we spoke with told us they were happy with the training on offer. Staff were well qualified with the skills and experience to meet the needs of people living at the service. An e-learning programme was in place supported by face to face training which was monitored by the manager and the registered provider. We saw an overall staff training matrix (record) that detailed all of the training available. Training covered lots of topics for staff including, dementia care, diversity and equality, fire training, DoLS, food hygiene, health and safety, induction, medications and safeguarding vulnerable adults. An induction protocol and check list were in place which identified the essential knowledge and skills needed for new employees. Staff were also supported with supernumerary hours to allow them to shadow experienced staff to learn practical skills.

We looked at a sample of support files in which we saw evidence of the use of consent forms to records people's wishes. We noted just one form had not been dated and signed but the manager advised this would be reviewed and updated. Consent was obtained and records were stored in the care file to recognise each person's views and rights.

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. People can only be deprived of their liberty to 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). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

We checked whether Meadway Court was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had made applications to the local authority to deprive people of their liberty with explanations why this was needed for each person's best interest. The Care Quality Commission (CQC) had been formally notified where four authorisations had been granted. The manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.

Care records we looked at showed that the service involved other healthcare professionals to meet the needs of people who used the service such as visiting physiotherapy, district nurses, the GP and the practice

nurse. The service also supported people to attend hospital and doctor's appointments. The service operated nine 'active recovery beds' to assist people from transfer from hospital to help with their condition. The GP was very positive in regard the staff and the support they provided to people living at the service. They explained that they carried out weekly visits to the service as well as call outs when requested during the week. He explained that the quick turnaround for people within the recovery beds could be very challenging but he felt the staff worked very well with the GP practice to provide the best outcomes for people being supported. They felt they had a good rapport with the staff team. That staff worked well in supporting people with a wide range of needs and they had a good communication system that benefited the people living at Meadway.

Care records we reviewed recorded people's weight and reflected the care and support being provided to people. This information helped to show how people's needs were assessed. The staff explained that the care records were temporarily being transferred to a new format called a 'Magnolia plan.' Some records had been transferred and some were still in the process of being updated. Although the records were not always complete the registered provider had already acknowledged the need to improve and develop their care plan format and was taking appropriate actions. They explained that in April 2018 their records would be further developed to include a new computerised format. The registered provider felt the new format being installed would help staff to produce improved and accurate records that incorporated all elements needed for a support plan that met the needs of everyone living at the service.



## Our findings

People living at the service told us they were happy and felt well cared for. One person said, "Staff are lovely." Other comments included, "Staff are very nice", "It's really quite nice. I've got company" and "I enjoy it."

Staff told us there were four churches represented. A catholic communion took place each week. They also had a Sunday, Wednesday and Friday services and two people attended a local Methodist church. Staff tried to accommodate everyone's faith who wished to continue to keep in contact with their local facility.

We carried out a short observational framework inspection (SOFI). During our SOFI we saw that people sat in the communal lounge/dining area were relaxed, with staff engaging and interacting well with people. People living at the service, told us the staff were very caring. We observed staff welcoming visitors and offering drinks during their visit. Two visitors told us they were always made to feel welcome, whenever they visited. They were positive about the care being delivered.

We observed staff interactions with people and we saw staff were good at respecting people's privacy and dignity and the visiting relatives we spoke with confirmed this. For example we saw that if personal care was needed, staff protected people's privacy by closing doors when providing support. We observed staff patiently walking with people who needed reassurance and orientating to their room, they spoke quietly and sensitively to the people they were supporting with great respect. We observed people chatting to staff and it was apparent from their smiles they were comfortable and happy with the staff supporting them. We saw that people were all well-groomed and appropriately dressed. We observed staff offering prompt assistance when required and supported people discreetly when they needed assistance.

We had spoken with a mixture of staff, both from the care team and housekeeping team who showed great insight and caring values towards the needs of the people they supported. They offered positive comments such as, "One resident is so lovely and grateful for all we do", "I love the job and the residents, I love it here", "I see them all as an extension of my family" and "I get to spend more time in sitting and talking to the residents."

Staff told us they supported each person with as much choice as possible, such as what time they wanted to go to bed and what they did in the home. Discussions with staff showed they had a good understanding of the individual needs of each person living at Meadway Court. They were able to demonstrate how they supported and cared for people in a dignified way, respected their dignity and their privacy when providing

and supporting them with personal care tasks.

Records and documents were kept securely in locked rooms accessible only by staff, no personal information was on display. This ensured that confidentiality of information was maintained. Records showed people and their relatives were involved in decisions about their care, support plans were regularly reviewed. These records showed that appropriate people had been involved in the decision making process and were involved in their care planning process.

Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual.

The staff told us they were always looking for ways to consider caring values. The ALF had developed a tree in reception and offered blank cards for people to write on to offer their feedback and comments. The tree had been recently installed and already included various positive comments about the care and the service from a mixture of visitors and relatives.

Since our last inspection three staff had been awarded various awards for, 'Most inspiring team leader', 'Aspire award' and a 'Respect award.' The registered provider organised an annual event and award ceremony designed to recognise employee achievements based on specific results and behaviours that had positive effects to their service.



## Our findings

The visitors and people we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff to discuss anything. People told us, "It's quite nice. I have no complaints."

During the inspection we reviewed the policy in relation to complaints, which was included in the 'resident information pack' and was displayed in the main reception area including a comments and feedback leaflet. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the manager. The policy in place allowed for a full investigation and all complaints were taken seriously. The policy allowed complaints to be escalated to the local government ombudsman if the complainant remained dissatisfied with the outcome. We reviewed a selection of complaints the service had received in the last year and noted the staff had followed their complaints process.

We saw that people were assisted to engage in a variety of meaningful activities of their choosing. During the inspection we saw people enjoying flower arranging, some people watched a movie in the lounge and some people chose to take a walk around the service chatting to staff along the way.

There was a hairdressing salon completely fitted and one person told us they go and get their hair done there each week. Another person told us they had attended a flower arranging class and there were exercise classes they could go to. They told us, "There are lots of things to entertain" and one person was very positive about the ALF and told us, "He is very good." One person told us about the choices they had and that they liked to listen to music and have the radio on in their room. They also liked to read books and had their own bookcase with a large variety of books.

The home employed the services of a full time (ALF) activity coordinator. Who had recently commenced employment at the service. He was progressive in his ideas and inclusive in trying to learn about everyone's needs and requests socially. People were supported to take part in hobbies and interests and this information was recorded in their care records and their individual activity file. Records such as what particular activities the person liked to do before they moved into Meadway Court, their lifestyle, past employment, and appearance were recorded.

The ALF had developed a pictorial programme of activities which was displayed in the corridors. Activities displayed included: Monday – hairdresser visit and reading, Tuesday – poster making and skittles, Wednesday – aromatherapy and hairdresser, Thursday – DVD and film, Friday – arts and crafts, table tennis/pool, Saturday – daily living and board games and Sunday – afternoon tea. This visual schedule



helped people to be orientated to what activities were planned and helped some people to better understand what the activity was with the use of a picture.

Information was recorded about people's individual likes and dislikes. The document gave information on people's lives such as what their hobbies and interest were, their adult life and work life. This personalised information helped staff to provide care and support to people based on their personal preferences. This helped staff to engage with people in meaningful conversations.

Following training and developments on dementia the staff explained they had adapted a lot of areas within the service to meet people's dementia needs. They had purchased a variety of games and activities such as interactive cushions, use of coloured pictorial signage for bathrooms, toilets and communal areas to help people be orientated to different rooms. Individual bedroom doors had been fitted with bright coloured vinyl door coverings to replicate external front doors and they had named each corridor of the home, to help people orientate around their home and identify their own room. Along the streets (corridors) visual prompts were in place such as reminiscence items and pictures from the past such as posters with historical content including the Royal family, film stars and food. They had also displayed some framed watercolour paintings that a former resident had done. These visual prompts helped people to identify with the past and helped to initiate discussions. The manager advised they were continually looking at further developments including developments within the environment for long term plans. These interventions supported people living with dementia and helped to promote their independence.

Support plans included relevant information to identify the person's care and support needs and equipment needed to meet people's needs safely, mitigating any associated risks. For example, identifying when specialist equipment such as pressure relieving mattresses and pressure relieving cushions was needed. This helped to make sure people's health and wellbeing was appropriately responded to and maintained.

We looked at a sample of support records of people who lived at the service. During our discussions with the manager and staff we found they were aware of people's individual needs and preferences around their daily lives and the importance of this. They described the care and support provided. They knew the needs of the people they supported very well and showed great insight into the needs of people with dementia that they supported. People's needs had been assessed before they decided to move into the service.

Assessments showed people and their relatives had been included and involved in the assessment process wherever possible. One relative told us they were always kept informed about their relatives care and updates especially when they received visits from the memory nurse from the Meadows. They were kept updated when the clinicians changed their medication and were updated whenever the GP was called. They felt they had been given a good explanation of what they were doing to try and help reduce the amount of falls they had been at risk of. Another relative told us about the input and clinical review their relative had been supported with via the GP and physiotherapy. This had resulted in them improving their mobility.

We saw a 'Resident information pack & Statement of Purpose' was available for people to access. This pack included lots of useful information about the service including for example, key names and contact numbers, information regarding the facilities available including the complaints procedure. This meant that relevant information about the service was available for people to access and helpful for people to make informed choices.



## Our findings

A registered manager was not in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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 manager had been in post approximately four months and had submitted their application to register as a manager with the Care Quality Commission.

The people who we spoke with knew who the manager was and told us they thought she was very good, she was popular amongst a lot of people that lived at the service. One person shared with us, "The manager is absolutely brilliant." Visiting relatives told us that staff shared information with them and they were impressed with this. Relatives and people living at the home were aware of developments that had taken place and were kept up to date.

There was a clear management structure in place. The manager was supported by deputy's, team leaders, a stable work force, a registered provider offering supporting roles such as a compliance manager, a learning development manager and a new role created by the organisation, area leads. The area leads were previous home managers and their role has been brought in to support managers, to drive continuous improvement and championing innovation and sharing best practice amongst the services they are supporting. The manager and staff understood their role and responsibility to the people who used the service and demonstrated their commitment to the service by having clear visions and values about the home.

The manager and staff told us there was a friendly, open culture within the service and they felt very much part of a team. They told us they felt valued, well supported and knew who to go to with any concerns. They felt any concerns raised would be dealt with appropriately. Staff shared lots of positive comments about the manager such as, "She is lovely we can go and talk to her about anything" and "She is very good." We observed throughout the inspection that the manager was visible and well known within the home.

Regular staff meetings took place to share information, look at what was working well and where any improvements needed to be made. We looked at a sample of minutes for 2017/2018. The agendas were varied and covered lots of informative such as, resident updates, staffing, training and activities. All of the staff we spoke with told us that they felt very well supported by the management team. They attended regular meetings and got feedback. They felt they could raise anything with the manager and registered

provider and their voices would be heard.

The registered provider continued to develop their auditing systems and had ensured they had brought in the necessary expertise to help them in appropriately managing the service. They had commissioned the services of an external health and safety provider/auditor to further enhance their management of safety within the service. The manager fully engaged with anything necessary during the inspection to make the home safer and well managed. They advised they would review how they managed action plans from any audit carried out at the service to ensure there was evidence to show it had been dealt with in a timely manner. We noted some records had not been signed and dated as listed within this report regarding action plans, support plan, appraisal and policies. However they were not systemic issues and involved just odd documents. The manager agreed to review all areas of record keeping to make sure they were always accurate and up to date. The registered provider was confident that the new computerised system for recording support files would enhance the accuracy of their record keeping.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. Before this inspection we checked our records to see if appropriate action had been taken by management to ensure people were kept safe. We saw that the registered manager had made appropriate notifications as required.

We saw staff had access to policies and procedures however some were over due their review. The registered provider advised they were in the process of purchasing a comprehensive list of policies so that staff would always have access to the most up to date good practice and guidance.

The manager and the registered provider were aware of the importance of seeking the feedback of people using the service and their families. We noted a range of ways they gathered peoples views, via their suggestions box, comment cards, surveys, their own website, thank you cards and more recently via a tree set up in reception where anyone could write a comment on tags left for people to use and tie to the tree. We noted a lot of positive comments had been put forward by relatives and visitors to the service. The manager had displayed some of the feedback they had summarised for 2018 and published their responses to some of the questions they had raised. Such as feedback in regard, what they would like for activities. People asked for more trips out and some would like to do flower arranging which the ALF had already progressed and taken action with.

We saw the CQC quality rating certificate was displayed in the main reception area of the home, where people visiting the service could easily see it. It was also accessible via the registered providers website.