Mr D & Mrs AC Fitton

Meavy View Retirement Home

Inspection report

146 Milkstone Road
Milkstone Road
Rochdale
Lancashire
OL11 1NX

Tel: 01706861876

Date of inspection visit:
25 May 2016
26 May 2016

Date of publication:
16 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Meavy View is a care home providing personal care and accommodation for up to 32 people older people. The three-storey building is purpose built and a passenger lift is provided to all floors. Twenty-eight single and two double bedrooms are provided. One single and one double room have en-suite facilities. There were 24 People currently residing at the home.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Not all of the people accommodated at the home who lacked the mental capacity to agree to their care and treatment had been assessed as it being in their best interests to be placed in the home.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

People who used the service told us the food was good. We observed one mealtime which was a social occasion with people who used the service and staff interacting in a pleasant manner.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us

staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record kept of any complaints and we saw the manager took action to investigate any concerns, incidents or accidents to reach satisfactory outcomes. There had not been any complaints since the last inspection.

Staff, people who used the service and family members all told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The environment was maintained at a good level and homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

People who used the service and their relatives were asked about their views of the service and action was taken to make any improvements suggested.

There were sufficient activities to provide people with stimulation if they wished to join in.

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. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Requires Improvement

The service was not always effective. Staff did not fully understand their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Not all the people who used the service had a DoLS in place which meant their rights may not be protected.

People were given a nutritious diet and said the food provided at the service was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings or by completing satisfaction surveys.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Meavy View Retirement 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 was an unannounced inspection and was conducted by one inspector on the 25 and 26 May 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We did not request a Provider Information Return (PIR) because the provider would not have had sufficient time to complete it. The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we talked with four people who used the service, two visitors, two care staff members, the cook and the registered manager.

There were 24 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for eleven people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I feel very safe here", "We feel safe here. Nobody troubles you" and "I feel safe here without any shadow of a doubt. Without this place I would be in a mess." Two relatives said, "I have never seen any poor care here. The opposite actually. I am happy because my mother is safe" and "He is safe here. They respect his wishes that he prefers to be on his own."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative. The procedure was displayed in a prominent place in the building. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allowed staff to report genuine concerns with no recriminations. Two staff members said, "I am aware of the whistle blowing policy. I would be prepared to use it if I saw poor practice" and "I am aware of the whistle blowing policy. I would be prepared to report bad practice. If it was the manager I would go to the owner, CQC or safeguarding." Any safeguarding incidents had been reported to us in a timely manner and been dealt with effectively.

Two people who used the service told us, "The home is very clean" and "They keep it very clean and tidy. The laundry staff do a good job." A visitor also said, "It always looks clean and tidy and there are no bad smells." During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry with suitable equipment to keep clothes clean. One machine had a sluicing facility to help protect staff from handling contaminated material. The laundry was sited away from any food preparation areas. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. We saw staff used the equipment when they needed to. The service had also achieved recognition for their staff safe hand washing training. The service had recently been inspected by the local authority infection control team and had achieved good results. The registered manager said any recommendations had been complied with.

A staff member said, "There are enough staff to do the job. We all cover for each other for sickness or holidays." On the day of the inspection we noted that there was the registered manager, two senior care assistants, two junior care assistants, two cleaners/laundry staff and the cook on duty. There was also an administrator and a member of staff trained in chiropody. We looked at the off duty and saw this to be the

norm for day staff and there were three care assistants who worked nights. There was also a person available to undertake maintenance tasks. We observed that staff answered the calls bells promptly.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that electrical and gas equipment was serviced. This included the electrical installation, portable appliance testing, the fire system, emergency lighting, hoists and call bell system.

The temperature of hot water outlets were checked to prevent scalding and adjusted when required and radiators were covered or a type that did not pose a threat of burns.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician. There was also an environmental audit to ensure all parts of the service were safe. This covered topics like tripping hazards, checking for faults and ensuring fire exits were unobstructed.

A person who used the service said, "We get our medicines on time." We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects on medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. We looked at eleven medicines records and found they had been completed accurately. There were no unexplained gaps which meant the medicines had been given at the times stated in the records.

Medicines were stored safely in a locked room. There was safe storage for controlled drugs. There was a separate controlled drugs register for each person. We checked the medicines stored and controlled drug book and saw the records were accurate.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines and sharp objects, for example, hypodermic needles.

Staff had access to the British National Formulary to refer to for possible side effects or contra-indications. Staff who administered medicines had their competency checked to ensure they followed safe practice. The pharmacist who supplied the care service was available for staff to contact for advice.

The documentation for medicines to be given when required clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This followed safe practice guidelines. There was also a homely remedies policy which gave staff advice on which medicines

could be given without a prescription for common ailments for a short term solution.

We noted on the tour of the building all rooms that contained chemicals or cleaning materials were locked and did not pose a risk to people's health and welfare.

Requires Improvement

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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 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 the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). However, there were only two people who had been assessed as needing a DoLS application. We noted during the inspection that several people had dementia. The registered manager said that until lately she had been told only the people who appeared to want to leave the building needed a DoLS. A visiting professional had told her this was not the case and we saw from the plans of care that the manager was conducting mental capacity assessments prior to making a DoLS application for care and treatment for each person who required one. This meant that people were living in the home who had not had an independent mental capacity assessment to say it was in their best interests and this may be an infringement of their rights. The registered manager said she would apply to the local DoLS authority for all the people who needed an independent assessment as soon as she could.

These matters were a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

People who used the service told us, "The food is not bad at all." and "We get good choice of food, it is different every day." Relatives said, "The food looks very nice" and "[My relative] stays in his room which he prefers. His meals are the highlight of his day. He likes the food."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We sat in the dining room for part of the inspection and observed mealtimes. Mealtimes were unhurried and a social occasion with people chatting to each other. Tables were set with tablecloths and serviettes. There were condiments available on each table for people to flavour their food.

There was a four weekly cycle of menu which was changed seasonally. The cook told us staff let her know who had eaten their meal. At breakfast time people could have their choice of meal. Staff let the cook know what people wanted. We saw that people were served promptly.

We observed one lunch time. Staff communicated with people who used the service and offered verbal encouragement if it was required. All the people we spoke with said they enjoyed their meal and the food served at the home.

The cook said she had been trained to cook meals such as for people who have diabetes and used sweeteners in desserts so they had a wider choice. We saw the kitchen was clean and tidy. The service had for several years been inspected by the environmental health department and gained the five star, very good rating which meant kitchen staff followed safe practices. We saw the cook recorded what people ate, to see what people liked but also to provide an audit trail if necessary.

We saw there were plentiful supplies of fresh, frozen, dried and canned foods. People had access to fresh fruit and had strawberries and cream for a dessert.

We looked at three care plans during the inspection. There was a nutritional assessment for each person and a record of people's weights. If a person was assessed as having a nutritional risk the relevant professional, such as a dietician was contacted for their advice. We saw some people had a supplement prescribed if they needed to gain weight.

New staff were given an induction when they commenced working at the service. Staff were shown around the service, introduced to the staff team, had to familiarise themselves with key policies and procedures and informed about the arrangements in case of a fire. Staff were then enrolled on the care certificate which is considered best practice for people new to the care industry. We saw one staff member had care certificate documentation in her file and had completed the course.

One person who used the service said, "They seem to be competent in how they help us." A relative also said, "The staff seem to know what they are doing." We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, moving and handling, infection control, health and safety, safeguarding, medicines administration and fire awareness. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care and from looking at the training matrix we saw that most staff had completed a course at various levels. Some staff were enrolled on end of life care training. The two staff we spoke with told us they could approach the registered manager with their training needs. One staff member told us she had just come back from maternity leave and had been enrolled on refresher courses and the other said she had completed a level 2 diploma and had talked to the registered manager about a level three course. Staff also commented, "I feel confident that the training I have done makes me competent in my role" and "I feel confident that the training I have done makes me competent in my role."

Two staff members said, "I have had a 1 - 1 session since I came back from my maternity leave. We talked about my shifts, childcare and any training I thought I needed" and "I feel very supported. You can go to the manager anytime and discuss your training needs." We saw from the records that supervision was ongoing and the registered manager was making arrangements for all senior staff to be involved in supervision and supporting less experienced staff.

People who used the service told us, "My room is very comfortable", "My room is very nice and I have a lot of my own belongings in it" and "I have a nice room. I have never wanted to move from it. I have made my room personal to me." We toured the building during the inspection. Visited all communal areas and a selection of seven bedrooms. We saw that bedrooms had been personalised to people's tastes and comfortably equipped.

There were a variety of seating areas although people could remain in their rooms if they wished. We saw people sat talking to each other, watching television or taking part in activities.

There were suitable aids and adaptations in bathrooms and toilets to provide ease of use for people with mobility problems. There was a shower if people preferred it. There was a lift for people to access all floors. There were grab rails in corridors to help people move around safely.
There was an outdoor space with seating for people to use in good weather and we saw one person went outside regularly.

The plans of care we looked at showed people who used the service had signed their agreement (or staff had discussed their care and signed on their behalf) to care and treatment and to be photographed. We also observed staff asking people for their consent before undertaking any tasks. This gave people choice and ensured they got the support they wanted.

Good

Is the service caring?

Our findings

Two visitors told us, "The staff are all great. They are very caring. Her personal care is very good. I am very happy with the care of [my relative]" and "The staff are very good. He seems to like them all. He definitely gets well cared for." People who used the service said, "I like it here sometimes but it will never be like living in my own home. The staff are very nice and they are careful to keep my care private", "We are well looked after, good bed, well fed, staff look after us. The staff are very kind. You only have to ask and it is done. They really look after you. The staff could not be better" and "The staff are really good. If there is a complaint it will be about me – I can be difficult sometimes. They handle me kindly and soon have me laughing again." The people we spoke with and visitors thought staff were caring.

A person who used the service told us, "My family member comes here three or four times a week. She can come when she wants." A visitor said, "I come on different days and times and the care is always the same – very good. I can come when I want. The staff are welcoming and they offer me a drink." Visiting was unrestricted and encouraged people who used the service with their family and friends.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better and deliver personalised care. We observed that people had choice in the time they got up, where they ate and how they spent their day.

We observed staff during the day. We did not see any breaches of a person's privacy and staff delivered care in a professional and polite manner. There was also some appropriate light hearted banter amongst staff and people who used the service. We observed staff were able to sit and talk with people who used the service. A staff member said, "I like to see the care I give benefits the residents and how it makes them happy. I like having a laugh and joke with them." We observed that staff were able to sit and talk to people during the day.

Some staff had been enrolled on an end of life course to help provide better care for people who used the service and support for their relatives if required. There were basic details in the plans of care around what a person wanted at the end of their life. The registered manager had new documentation which she wanted to adapt for end of life details. This would provide staff with more details and it would be good practice to complete this for all the people who used the service.

Good

Is the service responsive?

Our findings

Relatives said, "They get in touch with me if mum is not very well. They talk to me about her care needs but she is not changing much now. I have looked at her care plan and it was accurate" and "The staff let me know what is going on and any changes that occur." Family members we spoke with felt they were kept up to date with any changes to care or treatment.

Relatives also told us, "I have no complaints" and "You can talk to anybody if you have a concern." People who used the service said, "I can complain to the manager or my daughter if I need to. I am happy enough", "No complaints from us. We are well looked after but you could tell any of the staff if you had a complaint and they would do something about it", "I have no complaints here. I am very happy. You could talk to the staff if you have a complaint. They listen to me" and "I have no worries or complaints." There was a suitable complaints procedure located in the hallway that informed people on how to raise any concerns. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. We saw the registered manager had a system for analysing complaints which would enable her to provide a satisfactory outcome. People and their relatives we spoke with thought staff would listen to them if they raised a concern.

Two people who had completed an activity together said, "We have just done some arts and crafts. The staff are lovely and help you." A relative said, "There is always something going on and I get involved in the activities if I can." We observed an outside entertainer completing exercises with people who used the service and people taking part in group or solo activities such as arts and crafts. Some people told us they did not like to attend activities but preferred to 'do their own thing'.

Activities provided by the service included exercise to music, exercise with balls, pamper sessions, arts and crafts, 1 – 1 sessions talking with staff, 1-1 sessions in a conversation in a person's own language (Russian and Urdu), Birthday parties, jigsaws and games, tea parties when the weather was good, clothes parties and watching television. One person who had poor eyesight had the use of talking books. One person went out shopping independently and to a pub and another person goes out every day and spends time with his family.

A church service was held once a month and people took part in a prayer session and could take holy communion if they wished to practice their faith in this way.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This

process helped to ensure that people's individual needs could be met at the home.

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or sleep, showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. We looked at the daily records staff wrote. The records told us what care and treatment a person had received each day and any changes to their care or condition.

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

We saw there was a system for providing information to other organisations in an emergency.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives said, "I wrote to the local paper about care homes and told them how good this home was because I am fed up with all the negative press. I have recommended the home to others. The manager is very approachable as are all the staff" and "This home is well led. You can talk to the manager any time." People who used the service told us, "I can talk to the manager any time I want to. She is very nice"; "You can talk to the manager and tell her your troubles. It's like living in a big family" and "The manager is exceptional – she is really good. I chat with her regularly. I am very happy here. I think it is a good home – no question." Staff said, "The manager is very supportive. I always go to the manager with any concerns or for advice. I like working here. It is a good staff team and we all get on very well" and "The manager is very professional and you can go to her when you need to. I like and enjoy working here. There is a good staff team." All the people we spoke with thought the home was well led and the registered manager was available to talk to. All the people we spoke with thought the manager was supportive and available to talk to.

There was a recognised management system staff were aware of and knew who they could approach for advice and support.

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed.

We looked at policies and procedures. These included medicines administration, infection control, the prevention of pressure ulcers, health and safety, confidentiality, privacy and complaints. The policies were updated regularly and available for staff to follow good practice.

The registered manager and other staff conducted audits to check on the quality of service provision. We looked at audits for medicines administration, bathing and showers, people's weights, the environment, health and safety, hand washing, staff training, care records, wheelchairs, infection control and cleanliness and people's bedrooms. The audits helped the manager to ensure staff were completing their work to the desired standard.

We saw that the manager also audited any falls, incidents or other accidents and looked at ways of minimising any risks. We saw an example where a person had been moved to the ground floor for better observation and minimise the risk of falling.

There were regular meetings for staff. We looked at the records. The agenda was made available for staff to add any items they thought valid. At the last staff meeting of April 2016 topics on the agenda included health and safety with and hazards highlighted, infection control, updating of documents and care plans, keeping

the home tidy, staff issues, DBS checks and personal hygiene products. Staff were able to contribute their ideas to help run the home.

Although the service held infrequent recorded meetings with the registered manager all the people we spoke with thought they could approach her when they wanted to. They were also asked for their views in a questionnaire. The registered manager said it was a small home and she spoke to people daily and they could and did bring up aspects of the home. She said she met most families regularly and both the visitors we spoke with confirmed this.

At the last meeting of January 2016 topics discussed with the 13 people who attended included entertainment, food, staff and general ideas. We saw that action had been taken from the meeting. More fish and steak had been added to the menu and one person had been given a new television.

In January 2016 the manager had sent out questionnaires to people who used the service, relatives, staff and professionals who visited the service. We looked at the results which were mainly positive.

In the survey we saw that people who used the service thought their food was good, their needs were met; they were well cared for, felt safe, were satisfied with the activities and thought their visitors were made welcome.

Relatives thought care was good, there was good communication with them, staff listened to them and the environment was clean and homely. They would all recommend the home to others. Asked about improvements we saw the service had responded to a request for strawberries and cream.

Staff thought management was supportive, felt involved in care decisions, had enough training and felt valued. Some staff asked for an activities co-ordinator which the manager said she would look at when all the beds were filled.

Professionals thought the home was clean and tidy, service users were happy and comfortable, staff were approachable and friendly, the manager was friendly and they could discuss service user's needs with her and they were satisfied with people's private space. One professional commented, "The home currently seems well led with friendly and efficient staff and the level of care is exemplary."

We looked at cards and comments people had made, which included, "We appreciated all the care our relative received when resident in Meavy View", "Thanks for all the love and care staff gave. This is the best care home" and "All the staff do their work with a happy smile and nothing is too much trouble for them."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were deprived of their liberty for the purpose of receiving care or treatment without lawful authority.