

# Barchester Healthcare Homes Limited

## Meadowbeck

### Inspection report

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Date of inspection visit:  
20 June 2017  
21 June 2017

Date of publication:  
04 September 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 20 and 21 June 2017. Day one was unannounced and we made arrangements with the manager to return on day two. At our last inspection of the service on 16 and 17 May 2016, the registered had been in breach of regulations relating to the way in which people's medicines were managed and record keeping. These regulations have now been met and improvements made to those areas.

At this inspection we found some concerns around how people were treated which is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and Respect. You can see what action we told the provider to take at the back of the full version of this report.

Meadowbeck is registered as a care home with nursing for up to 60 people including adults over the age of 18, older people and people living with dementia. The service is purpose built; set in its own grounds and offers accommodation over two floors. The service is located approximately two miles east of York city centre and is close to public transport routes. There are a number of local shops close by.

There was a registered manager employed at this service. 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. They have been referred to as 'The manager' throughout the rest of the report.

People told us they felt safe living at the service. Staff knew how to keep people safe from harm but the way in which staff were deployed sometimes resulted in lack of support for people. The manager is reviewing this. Staff had been employed following appropriate recruitment and selection processes.

We found the level of cleanliness in the service was good, with clear infection prevention and control practices within the service.

Staff had completed essential training and staff received regular supervision.

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 in the service supported this practice.

People told us they could see a GP when they needed to and that they received care and treatment when necessary from external health care professionals.

People's nutritional needs were met. People were assessed for nutritional risk and were seen by the Speech and Language Therapy (SALT) team or a dietician when appropriate. People who spoke with us were satisfied with the quality of the meals and said they enjoyed the food.

People reported that the service delivered effective care. Overall people were very positive in their feedback about staff but others were more reserved and indicated that their care was satisfactory depending on who was on duty. The manager was aware of this and the quality of care was being improved through on-going staff training and development.

End of life care within the service was appropriately recorded, and we saw the care and support being delivered to people was in accordance with their wishes and needs.

People and their families, had been included in planning and agreeing to the care provided. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions. We found that people's care plans clearly described their needs but sometimes it was difficult to find information as it had not been linked in a logical way to each area of care.

People had access to newly refurbished external gardens and most participated in the activities provided in the service. We saw that staff encouraged people to join in with social activities. Families and friends were made welcome in the service and there were unrestricted visiting hours each day.

People knew how to make a complaint and those who spoke with us were happy to do so if necessary. People had access to complaints forms if needed and the manager had investigated and responded to the complaints received.

The manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the manager was making progress in improving the quality of the service but some areas still required improvement. The manager needed to reflect on the findings at this inspection in order to identify where their systems can be further improved. We have made a recommendation about the quality monitoring of the service.

## 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 consistently safe.

There were not always sufficient staff deployed in certain areas of the service to ensure people's needs were met in a timely manner.

Staff had policies and procedures in place for staff to follow if people needed safeguarded. Staff knew how to report concerns.

Medicines were managed safely.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the necessary skills and knowledge to meet people's needs. They were well trained and supported by senior staff through supervision.

The service had a unit that was dementia friendly. Further developments were in the process of being made to this unit in order to enhance the well-being of people living with dementia. The ground floor of the service had been refurbished.

The staff worked within the principles of the Mental Capacity Act.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Feedback about staff was good but when we observed the mealtime experience we saw that people's dignity was not always respected. We also found other examples where people's dignity was not promoted.

People receiving end of life care had an advanced care plan in place which highlighted their wishes. We saw that they were treated with care and compassion.

People's relatives and friends visited at any time reducing the impact of social isolation.

### Is the service responsive?

Good 

The service was good.

People had been involved in planning their care and reviews.

Care plans were detailed but needed to link information in a logical way so that the reader did not waste valuable time searching for details.

Activities took place within the service and trips were arranged into the community. The service had links with a local school.

### Is the service well-led?

Requires Improvement 

The service was not consistently well led.

There was a registered manager employed at the service who had notified CQC of events that affected the service and had displayed the rating.

Although there had been improvements since the last inspection improvements in some areas were necessary.

The quality monitoring tools had not always been effective in identifying areas for improvement which were identified during the inspection, although some of these were staff practice issues and so may not have occurred on the day of audit.

# Meadowbeck

## 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 registered 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 20 and 21 June 2017. Day one was unannounced and we made arrangements with the registered manager to return on day two. The inspection team consisted of one adult social care (ASC) inspector, one pharmacy inspector, a specialist advisor who was a registered general nurse and registered mental health nurse and an Expert-by-Experience on day one. 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 expert-by-experience who assisted with this inspection had knowledge and experience relating to older people and those living with dementia. The adult social care inspector returned alone on day two.

Prior to the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We asked the registered provider to submit a provider information return (PIR) prior to the inspection and this was returned within the given timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This information assisted us in planning the inspection.

At this inspection we spoke with the manager, the deputy manager, the regional manager, five care workers, the head housekeeper, the chef and the maintenance person and then spoke in private with three relatives and fifteen people who used the service. We observed the lunchtime in two dining rooms and people's rooms and observed the interactions between people, visitors and staff in the communal areas. We looked around the service including communal areas, the gardens and people's bedrooms with their permission.

We spent time reviewing the care records for eight people who used the service, the recruitment, induction, training and supervision records for five members of staff and other records relating to the management of the service such as maintenance and servicing documents and audits of different areas of the service.

# Is the service safe?

## Our findings

When we inspected in May 2016 we had found a breach of Regulation 12 relating to how people's medicines were managed. At this inspection we saw that there had been improvements and the service now met this regulations.. During this inspection, we checked to see what improvements had been made. We looked at 18 Medicines Administration Records (MARs) and spoke with one senior carer responsible for medicines and the clinical lead nurse. We found that improvements had been made to the medicine management systems.

Medicines were stored securely in a locked room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

Room temperature where medicines were store were recorded daily, and these were within recommended limits. Temperatures for one of the fridges where medicines were stored had been recorded outside of the recommended range on some occasions in April and May. The fridge had been identified as faulty and had been replaced.

MARs contained photographs of service users to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. Documentation was available to support staff to give people their medicines according to their preferences. Medicine administration records (MAR's) had been completed fully to show the treatment people had received.

We found guidance to enable staff to safely administer medicines prescribed to be given only as and when people required them, known as 'when required' or 'PRN'. There were some records where no PRN protocol was in place and we highlighted this to the manager who said they would rectify this. In addition MAR's for topical medicines did not always explain where the medicine should be applied. This meant that there was a risk that new or inexperienced staff may not have enough information to administer the treatment as intended by the prescriber.

One person was being given medicines covertly (disguised in food or drinks). We checked care records and found appropriate assessments had been undertaken and decisions made in accordance with the Mental Capacity Act 2005.

We saw the use of charts for people who were prescribed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application.

Improvements to medicines audits (checks) had been further developed since our last visit. These now included weekly and monthly checks by staff and managers. Issues that had been identified had been acted upon and improvements made. Staff had received medicines handling training and their competencies

were assessed regularly to make sure they had the necessary skills. We saw that agency nurses received an induction to the service before starting their first shift. The induction process for the trained staff included the medication system.

We asked people if they felt safe and people told us, "I never feel frightened" another said, "I feel very safe and comfortable here." Other comments included, "I feel safe here and I am happy." Relatives confirmed this view. People who lived at Meadowbeck seemed relaxed and comfortable in the company of staff.

There were safeguarding policies and procedures available for staff to guide them in the reporting of any incidents of concern. Staff were able to describe how they would escalate concerns should they identify possible abuse. One care worker told us, "I would tell the person in charge. I would blow the whistle." A whistle blower is a person who raises a concern about a wrongdoing in their workplace. We saw that the service provided a 'hotline' that people could telephone if they wished to whistle blow. Staff said they were confident the manager would take any allegation seriously and would investigate it. We saw that 32 out of 36 staff had completed training in safeguarding. Where staff required refresher training or updates the training officer for the service had booked them onto courses in 2017.

A dependency level tool was used by the manager to calculate the staffing levels required to meet the needs of people who used the service. This information was intended to help the care home manager to provide good quality care for people by supporting decisions on the overall staffing of the home. We were given a copy of the tool used to calculate staffing levels completed on 19 June 2017 for 57 people. This indicated that the service had higher staffing levels than were necessary but this contradicted feedback we had received suggesting there were not enough staff. There was one staff less on the dementia unit on the first day of the inspection but we saw they had been replaced by an agency worker. We observed over the two days that staff were busy but we did not hear call bells ringing for long periods.

We checked the rotas which showed that staffing was sufficient but when we looked at the way staff were deployed around the service it was clear that some areas required more support. Some staff worked between the ground and first floor. Areas were staffed according to need but the number of staff deployed in certain areas did not provide enough support for people. In the dining room on the ground floor one person was asked to assist a person and they said they did not have time. There was only one member of staff in the dining room throughout with other staff coming and going which made lunchtime feel disorganised.

People we spoke with gave varied responses when asked if they thought there were enough staff on duty. One person told us that they thought there was enough staff to deal with their needs. One person said, "I have no problems here; the staff are excellent." One relative said "On the whole there is enough staff." We received conflicting feedback about how long people had to wait for call bells to be answered. One person told us, "I don't have to wait long when I press the buzzer" but another said, "Yesterday I had to wait an hour for someone to answer my call bell." We spoke with staff who told us, "There are not enough staff" and "Sometimes if there are only two of us who have a full hoist (someone requires moving by two people using a hoist) we can't leave them (people who used the service) to answer call bells."

We discussed the dependency tool with the manager who told us they would check how staff were deciding on the dependency levels of people in light of comments received to ensure they were being completed correctly and staffing needs correctly assessed. They were also going to review the way in which staff were deployed.

We recommend the service seek advice based on current best practice, around how to use staff most effectively.



We looked at the recruitment files of five members of staff. Application forms were completed, references obtained and checks made with the Disclosure and Barring service (DBS). DBS checks provide criminal record checks and information about whether or not people are on any lists preventing them from working with adults or children. DBS checks help employers make safer decisions and prevent unsuitable people from working with people who may be vulnerable. The manager carried out regular checks with the Nursing and Midwifery Council to check nurses employed by the service had active registrations to practice.

We found the level of cleanliness in the service was good. There was a daily walk around the service by the manager and the clinical lead to identify any areas that were not cleaned to a high standard. Cleaning schedules were used by the domestic staff to ensure all areas of the service were cleaned and these were checked and signed by the manager each month. In addition the housekeeper audited one area of the service per month which checked whether or not they were cleaned to a high standard. Sufficient numbers of ancillary staff were on duty each day to ensure the service was kept clean and hygienic. The head housekeeper told us they followed the North Yorkshire and York infection control policy.

Care files had risk assessments in place for areas such as falls, choking, moving and handling and nutrition; not all of these had management plans in place for staff to follow. For example in one risk assessment for falls risk there was no guidance for staff in how to prevent further falls. In one case, a formal risk assessment had not been developed for MRSA although standard NHS protocols for MRSA were available in the person's record and staff had detailed knowledge of the person's needs. This was put in place immediately by the deputy manager. The impact of this was minimal because staff were able to describe people's risks and how they should be managed showing their knowledge of people.

Accidents and incidents within the service had been managed appropriately and were logged in detail.

We spoke with the maintenance person and looked at documents relating to the servicing of equipment used in the service. They kept clear and detailed records of all maintenance and servicing checks. These were all completed in the necessary timeframes.

There was a business continuity plan in place which dealt with what staff should do in emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. There was a fire risk assessment in place and the service had received a visit from North Yorkshire Fire service two days prior to our inspection when a fire safety audit was carried out. They had found the service to be safe and asked them to carry out two upgrades which had been completed. There was fire safety signage around the building and personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. Fire safety equipment was regularly checked and serviced. Fire drills were carried out monthly and the last one was recorded in May 2017. These measures ensured that the provider was doing all they could to protect people from the risks associated with a fire.

## Is the service effective?

### Our findings

The majority of people told us that the care provided by staff was effective because they knew what they were doing. One person told us, "They help me in any way I want" and another said, "The staff are very good." Other comments from people included, "Most are adept at what they do" and, "Some are better than others; two are excellent at anticipating my needs."

Staff had the necessary skills and knowledge to meet people's needs. When people started working at the service they had an induction period, during which they familiarised themselves with the service as well as carrying out training. During this time they started the Care certificate as a basis for their work at the service. The Care Certificate sets out learning outcomes, competences and standards of care that are expected from staff. Training was completed by staff in subjects such as fire safety, infection control, mental capacity and DoLS, safeguarding, moving and handling, dysphagia and choking and duty of candour. Nurses were trained to provide first aid as they covered every shift and had competency checks in administration of medicines. There were two care practitioners working at the service. They had completed additional training so that they could support the nursing staff and take charge of a unit.

Staff were supported through regular supervision. Supervision is a process, usually a one to one meeting with a senior member of staff to discuss work related matters, training and development. Supervisions were recorded and up to date. In addition staff had an annual appraisal. Staff told us, "I have had two supervisions this year" and we saw that everyone's supervisions were planned on a calendar in the staff office.

Care workers used the DICE (Describe, Investigate, Create, Evaluate) tool to help reduce the instances of anxious behaviour in people with dementia. This tool helps staff to manage behaviour for people living with dementia. The staff were also being supported through the 10.60.6 programme which was an initiative for all services providing dementia services run by Barchester which developed staff and the environment. The manager wanted to make a bigger and more dementia friendly unit where people could walk freely. Walking may appear aimless, but almost certainly has a purpose behind it; even if the person living with dementia cannot explain the reasons very clearly being able to walk freely allows people to respond to their feelings without restriction. The dementia unit in its current form was not ideal for purposeful walking because of its layout and there were plans to reposition doors giving access to a wider area.

In the meantime, the dementia unit had been decorated. Work had been undertaken by the maintenance person to, "brighten up" the unit and make it more, "dementia friendly." This had involved painting a seaside theme on one corridor wall, and a garden theme on the opposite corridor. Bedroom doors were identified with names and pictures and they were personalised with small mementos and photographs of family which helped people find their way to their bedrooms independently. A lounge which was situated just outside the unit but which would be incorporated into the new unit had been decorated in the style of a tearoom which people enjoyed using throughout the day. More improvements were planned but progress in making the service dementia friendly was underway.

The ground floor had benefited from the 'Wow' programme. This meant that all communal rooms and some bedrooms had been completely refurbished. There was an area on the ground floor where people could access coffee and tea making facilities and sit and chat. Corridors throughout the building were wide and mainly straight with no obstacles, making it easy for the residents to move around if they wished. They gave good lines of sight for the staff to identify if people needed assistance. There were signs on rooms such as the toilets and bathrooms.

When people had any healthcare needs advice and support had been sought from healthcare professionals. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken. One person told us, "Staff arrange for me to see my GP if I need them." We saw that other healthcare professionals such as speech and language therapists, dieticians and MacMillan nurses had supported people at the service.

Staff used the Malnutrition Universal Screening Tool (MUST) to monitor people for malnutrition. MUST is a tool used monitor whether or not people are at risk of malnutrition. In order to complete the tool people were weighed regularly and overall weights had been maintained or had increased demonstrating that people were receiving enough food. We saw this tool was used alongside choking and swallowing risk assessments to provide a comprehensive overview of each person's nutrition needs.

The dining room on the ground floor had table set with cutlery, condiments, napkins and glasses and a vase of flowers which made it look inviting. People chatted amongst themselves whilst waiting for their lunch. People were offered a choice of food but there was only one choice of drink offered. The lunch time was disorganised.

In the dementia unit tables were not laid in advance (other than a tablecloth) and cutlery and drinks arrived with the food. No condiments were provided. Familiar sounds of cooking, smells of the kitchen and familiar sights such as laid tables with tablecloths and flowers can help encourage people living with dementia to eat. Staff gave assistance to people where needed. This was done in an unhurried way.

Food and fluid charts were completed in a timely manner and were up to date. These were in place where people needed their food and fluids monitoring. Where one person received their food by Percutaneous Endoscopic gastrostomy tube (PEG) their fluids and food were recorded accurately. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. Their nutrition and hydration care plan recorded their feeding regime and was reviewed monthly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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 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.

Records showed that six people who used the service had a DoLS authorisation in place to restrict their

freedom of movement and applications had been sent for a further 25 people. Documentation was completed appropriately by the manager and deputy manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS. Emails had been sent from the local authority to confirm that they had received the applications and were processing them.

Staff had completed training on Mental Capacity awareness during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service. Staff had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions. There was a decision recorded in one person's file to say it was in their best interests to have bed safety rails to prevent falls from bed.

We observed staff asking people for their consent before carrying out care tasks and consulting them about their care. A visitor told us they had lasting power of attorney for their relative and had been involved in making decisions for this person. People with lasting power of attorney are appointed by the court or the office of the public guardian and they have a legal right to make decisions within the scope of their authority (health and welfare and / or finances) on behalf of a named person when they are unable to do so themselves due to a lack of capacity.

We spoke with the Chef who said all food was prepared on site. They got a list of likes / dislikes from the nurse when a person arrived, and they told us they held nutrition meetings monthly to look at people's dietary needs. They showed us a file that was kept in the kitchen with each person's dietary requirements recorded. The kitchen was open 24 hours a day, and food was always available. The chef advised us that there were two choices always at meal times, and then a supplementary menu if these were not liked, which included items such as omelettes and jacket potatoes.

People told us, "The food is quite nice, there is plenty of choice" and "The food is mostly okay, it changes regularly." A third person said, "The food is okay. You get a choice of a meat and a fish dish and two desserts. There is soup to start with and a drink."

## Is the service caring?

### Our findings

Overall residents expressed the view that staff were caring saying, "The staff are very good wonderful people" and "I am very happy here." A relative told us, "The staff are very good to [Name of relative]. A second relative told us when asked if staff care about people, "Yes, [Name] is well looked after; if they are happy then I am happy."

Some people were not so content and told us, "The staff are pretty good but sometimes they are busy" and, "With some of the staff you feel that you are not a priority."

Our observations showed that staff were polite and sensitive to resident's needs in most cases. Staff were talking and giving information to people including those who were unable to respond which showed respect for the person. Despite staff telling us they felt rushed during the inspection we saw them being attentive and respectful of people. They gave time to people and any interventions appeared unhurried.

Some members of staff did not always promote people's dignity because they were not thoughtful about the care they provided. We witnessed staff talking about one person's eating habits whilst the person was sat close by and could hear them. When a care worker assisted one person to eat and drink they did not communicate with them other than asking if they wanted a drink. Staff did not ask people where they wanted to sit in the dining room. A jug of juice was brought into the dining room by one member of staff and poured into 11 people's glasses and given to them without asking if they wanted it and no choice of drink given. One care worker was assisting a person to eat and drink. After two minutes another care worker came and took over with no explanation. We saw that staff preferences and routines took preference over people's choices during the meal time and did not encourage independence.

Staff maintained people's dignity to some degree by knocking on doors and calling out names before entering rooms and helping them to access different parts of the service as they required. However, some people told us this was not always the case and said at night one person had "burst in and put the light on." They said, "This is meant to be my home and I felt violated." This demonstrated that some staff did not respect people's right to privacy.

One person told us they had not had a bath for some weeks. We saw that planned baths on two occasions had been missed and a care worker told us, "We don't have time. We have to prioritise. I am the key worker for [name] and they would like to go out for a walk but I don't have time to take them. This person had not been taken outside by other staff. This did not support people's dignity and well-being. A person's appearance is integral to their self-respect and older people need to receive appropriate levels of support to maintain the standards they are used to. Been able to go outside is integral to a person's well-being.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and Respect.

One person who was receiving end of life care had an advanced care plan in place and was being supported

by MacMillan nurses. They had a syringe driver in place to receive medicines to relieve pain and other distressing symptoms. This is a pump which gives a small continuous dose of medicine under the skin. Nursing staff had been trained in the use of the syringe driver and we saw that it was checked regularly and these checks were recorded. The person told us, "I am happy here and have no complaints." The staff had a good rapport with the person whilst treating them professionally but with compassion. We heard the staff explaining everything they were doing whilst in the person's room.

People's personal information was stored securely in locked offices. People were supported to maintain relationships with friends and families and we saw people visiting the service throughout the day. One person had lunch with their relative each day which helped support their relationship.

## Is the service responsive?

### Our findings

Care plans contained relevant information and were regularly reviewed and updated. The care plans were linked to the risk assessments. We observed that care plans had not always been followed by staff but when they were actions for those people were carried out to a high standard.

We looked at one care file for a person receiving end of life care. They had previously had a medium risk of skin damage but following a review of their risk they were now at high risk. A specific tool had been used consistently to identify the level of risk. There was a skin inspection record which recorded any red or sore areas. We checked the equipment and treatment they received against the care plan and saw that this had all been followed carefully by staff. The mattress was on the correct setting. This demonstrated that staff were following this person's care plans.

We saw evidence that people and families had been involved in the monthly reviews of care. One person said, "Someone came to the hospital before I came here and asked what I needed." The information in the records indicated that the majority of people and relatives had input to discussions around care and support.

The home employed two activity co-ordinators to carry out daily sessions of activities and events. One of the activities coordinators worked in the dementia unit during the morning and engaged in a colouring book activity. She told us that the other activity coordinator was on holiday. Therefore her time had to be spread across the whole service. Care assistants told us that when they had enough staff they encouraged people where possible to go down to the ground floor when planned activities were taking place, or to sit in the garden area. They said they hoped that when the refurbishment took place that more activities could be undertaken in the larger lounge. We saw that the hairdresser was in the service so people used the coffee area as a waiting area and chatted to each other. In the afternoon some people joined a knit and natter group and the next day children from the local school visited.

There was an activities board in the entrance and we saw that weekly pamper sessions, coffee mornings and a gardening club took place each week. The garden club had been started after the gardens had been developed. People were growing flowers and in raised beds there were a variety of vegetables and salad. Relationships had been developed through this club. There was a trip planned to a local stately home which people were looking forward to.

We asked people if they enjoyed the activities in the home and what things they took part in. One person told us, "I am going to join the knitting group. I need to get going again" and a second person said, "The activities are good."

Everyone we spoke with said their family and friends were made welcome in the service. We saw some relatives sat with people having a drink and a biscuit. They told us they were waiting with them to have their hair done. They said, "[Name] has improved so much since they came here. This will be the first time they have wanted to come and have their hair done." Visitors told us there were no restrictions on the visiting

hours and that they were always made welcome by staff. This helped to maintain relationships and prevent social isolation.

People knew how to make a complaint and we saw they received information about this on admission to the service. Comments included, "If I had a problem my (relative) would sort it out" and, "I would speak to the manager or a member of staff."

We saw that people had access to complaints forms in the entrance hall if needed. Checks of the complaints folder showed there had been 30 complaints in the last year. They had been investigated and responded to by the manager in line with company policy. Since the complaints about food the chef had been much more involved in talking to people to gather their input into developing menus.



## Is the service well-led?

### Our findings

There was a manager registered with CQC to work at Meadowbeck. The manager had sent notifications to CQC appropriately and in a timely manner. The current rating following the last inspection was displayed in the service and on the website. These are requirements of the provider's registration.

At the last inspection we found that records were not kept up to date and this had resulted in a breach of Regulation 17 of the health and Social care act 2008 (Regulated Activities) 2014. The registered manager had worked at the service since 2016 and had made a lot of changes resulting in improvements. This was clear when we read the quality monitoring report issued by York City Council shared with us by the manager. They identified many improvements in May 2017. In addition the providers own quality monitoring by the regional manager identified improvements. There were still areas that needed work and these were part of an internal action plan which was updated weekly by the manager.

There were some areas of improvement that needed to be consolidated. Although the tool used by the manager to determine staffing levels at the service indicated there were staff additional to need this was not reflected in our observations and feedback from people. When we looked at this in more detail there appeared to be difficulties with meeting people's needs in some areas of the service due to staff not being deployed effectively. The manager agreed to review this.

In addition despite doing a dining room experience audit and care plan audits it had not been identified that some areas of practice did not support people's dignity which was a breach of regulation.

We recommend that the service further develops their quality monitoring systems.

Staff told us that manager was approachable saying, "Yes she is okay" and "I think the manager has had a hard job getting consistency (from staff) and improving. She is doing a good job. She knows all of our names and always says good morning." They went on to tell us, "She asked to speak to me and just wanted to catch up. That raises morale and shows she cares. She also asks if we need things."

Information was shared with people and they had an opportunity to have a voice and learn from each other. The manager held daily short meetings with every head of department to ensure all information was shared and cascaded to teams. There were regular staff meetings and a resident's forum had recently been reintroduced bi-monthly after a recent meeting which indicated people who used the service wished to develop these meetings.

The service had recently been accepted on to a Bradford university research program looking at how admissions to hospital could be reduced. They had been part of the Barchester care practitioner Unique Program pilot scheme which was to improve resident's experience of home life.

There was a reward scheme for staff to acknowledge good practice and attitude to work and an employee of the month was nominated by people, their relatives and staff for good work.

The service was a member of the Independent Care Group which is a provider support group in the independent sector where providers and managers shared good practice and networked. The service had recently been nominated by the Barchester dementia specialist to be included in their 10.60.6 programme. According to Barchester information, "This is a training and accreditation programme designed to enhance the dementia care environment and to improve interactions. It focuses on reducing distress, increasing well-being and improving quality of life."

Overall we could see that improvements at the service had been made. However, these improvements needed to be built upon for which we have made a recommendation to the provider.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect and staff did not always respect people's personal preferences, lifestyle and care choices.