

Healthcare Homes Group Limited

# Meadow House Nursing Home

## Inspection report







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## Ratings

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

# Summary of findings

## Overall summary

About the service:

Meadow House Nursing Home is a service that provides accommodation and nursing care for up to 38 people who are living with neurological condition such as multiple sclerosis, cerebral palsy or acquired brain injury. At the time of our inspection there were 37 people living in the home.

People's experience of using this service:

- Staff continued to be extremely kind, caring and compassionate. They knew people extraordinarily well and frequently spoke of them as being an 'extended family'.
- Staff often went above and beyond what was expected of them to ensure people were comfortable, well cared for and content.
- Staff and management worked well together to ensure that people received care that was totally focused on them as individuals based on their own needs, goals and aspirations. This had resulted in some people experiencing extremely positive outcomes in terms of their independence.
- People had a voice that was listened to and respected. Where people had communication needs or lacked capacity to make their own decisions, staff were knowledgeable about how best to communicate with them and always acted in their best interests.
- Staff advocated for people where necessary to ensure that their views were heard. People's opinions mattered and they were actively involved in the running of the home which gave them a sense of empowerment and pride.
- Staff had the appropriate knowledge and skills to provide people with effective care.
- People were given total choice and control over their care where this was possible. They had been fully involved in developing and planning their care.
- There was good leadership at the service that promoted an open and inclusive culture.
- The management had a clear focus that people should be put first, treated as individuals and receive support that enabled them to live fulfilling lives.
- Staff demonstrated great pride at working in Meadow House. They worked well as a team and felt valued and supported.
- There were robust systems in place to monitor the quality of care people received and to ensure the values, aims and objectives of the service were met.
- The registered manager and staff were keen to continuously improve the quality of care people received.
- People and relatives were extremely satisfied with the care and support provided.
- There were clear systems and processes in place to protect people from the risk of abuse and avoidable harm.
- The home, people's rooms and communal areas were clean.
- People received their medicines when they needed them.
- When things went wrong, lessons had been learnt to try to reduce incidents or accidents from happening again.
- There were enough staff working in Meadow House to keep people safe and to provide them with care that met their needs. This included having time to spend with people to enhance their wellbeing.

Rating at last inspection:  
Outstanding (Published July 2016).

Why we inspected:

This was a planned inspection based on the period since the last report was published by CQC.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Meadow House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of an inspector, an expert by experience and a specialist advisor. 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 specialist advisor was a registered nurse who specialised in providing care to people with neurological conditions.

#### Service and service type:

Meadow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 38 people over one floor.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information we held about the service and the provider. This

included notifications the provider had to send us by law and information we had received from members of the public about the quality of care being provided. We also reviewed the information the provider had sent to us in their Provider Information Return (PIR) in June 2018. Providers are required to send us key information about their service, what they do well and improvements they plan to make. All this intelligence helped us plan our inspection.

We spoke with six people and four relatives during our inspection visit along with five staff which included care, nursing and kitchen staff. We also spoke with the registered and deputy manager and the regional manager and clinical lead who represented the provider. We observed how staff interacted and provided support to people and viewed the premises for safety and accessibility. After the inspection visit, we obtained feedback from five healthcare professionals for their views about the quality of care provided to people.

We looked at various records relating to the care that people received which included four people's care records and medicine records. We also looked at a range of records regarding how the registered manager and provider monitored the quality of care people received.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People continued to be safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to feel safe living at Meadow House. The relatives we spoke with agreed with this. One person told us, "I feel extremely safe here. There is good security on the front door." A relative said, "They [staff] make sure [family member] is safe at all times."
- The staff demonstrated they understood what abuse was and how to report any concerns they may have. This included outside of the provider if necessary. Staff had received training in this area.
- The registered manager had fully investigated any concerns raised with them regarding possible abuse and reported them to the appropriate authorities.

Assessing risk, safety monitoring and management

- Risks to people's individual safety continued to be fully assessed and actions taken to mitigate these risks where necessary. For example, where people were at risk of choking they received a specific diet and had thickened drinks.
- These risks had been regularly reviewed to ensure staff had the most up to date information on how to reduce risks to people's safety. The staff we spoke with were knowledgeable about risk management.
- Risks in relation to the premises and equipment people used had been managed well. For example, fire exits were clear and well sign-posted. The lifting equipment that was used to support people to move had been maintained in line with the relevant legislation. The home had recently retained its five-star rating in relation to food hygiene and safety.

Staffing and recruitment

- People told us there continued to be enough staff available to support them when they required this. One person told us, "If I need anything I press this button and they're here, straight away." Another person said, "I need two carers to help me, it's never a problem. When I need something, they help."
- The staff told us there were consistently enough staff on each shift to meet people's needs. One staff member told us, "Supporting with washing and dressing is not rushed."
- Staff told us they had been subject to the required recruitment checks before they started working in Meadow House to ensure they were of good character and safe to work there.

Using medicines safely

- People told us they continued to receive their medicines when they needed them. One person told us, "I take a lot of pills. They bring them to me when I need them and make sure I take them. It's never been a problem and I don't think I can ever remember them forgetting."
- The medicine records we looked at confirmed people received their medicines correctly.
- Medicines were stored safely and securely for the benefit of people living at Meadow House.
- We observed staff giving people their medicines safely and in line with good practice. For example, staying

with the person until they had taken their medicines.

- There was sufficient information to guide staff on how to give people their medicines safely. For example, body maps for recording the use of pain patches and protocols for PRN (medicines to be administered as and when required).
- The staff who gave people their medicines had received appropriate training and their competency to do this safely had been assessed.

#### Preventing and controlling infection

- People told us the home was always clean. The relatives we spoke with agreed with this. One relative told us, "[Family member's] room is kept spotlessly clean." One person said, "They clean every day and not just a quick flick round with a duster, I think they're quite thorough."
- The staff we spoke with demonstrated a good understanding of how to protect people from the risk of infection and in the main, we observed staff using good practice in this area.
- The home and equipment people used was seen to be clean.

#### Learning lessons when things go wrong

- Staff understood the need to report any incidents or accidents that occurred.
- Records showed that the registered manager had fully investigated any incidents or accidents that had occurred.
- Lessons had been learnt where required. For example, following a recent incident a new system had been put in place to enable staff to recognise if they needed to check someone in their room on a frequent basis to ensure they were safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback continued to confirm this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us their needs had been holistically assessed prior to moving into Meadow House to ensure the staff could provide them with the care they wished to receive.
- The registered manager demonstrated a good awareness of relevant best practice guidance to help the staff support people to have excellent outcomes. They described the sorts of guidance that had been used to shape staff practice. These included The National Institute for Health and Care Excellence (NICE) guidance in areas such as pressure ulcer treatment and activity provision for people. We observed the implementation of this guidance and NICE standards had resulted in a positive impact on some people's wellbeing.

Staff support: induction, training, skills and experience

- People told us they felt the staff had the knowledge and skills to provide them with effective care. One person told us, "Yes they are well trained, they know what they're doing. I need help transferring from my chair to bed and so on, they're very careful and considerate."
- The staff we spoke with told us the training they had received had been good. They said it covered many different subjects to enable them to provide people with effective care.
- The care staff told us they had fantastic support from a knowledgeable nursing team who continually mentored them and provided them with guidance and training.
- All staff said the registered manager and provider continually encouraged them to learn and develop within the home. One care staff member told us how they were being supported by the provider to complete a nursing qualification at the local university.
- Staff new to the service had a thorough induction which included shadowing and being mentored by more experienced staff. They also completed the Care Certificate. This is an industry recognised qualification that provides staff with the necessary skills to provide people with effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- Everyone we spoke with told us they enjoyed the food and that their preferences and diverse needs in relation to food was respected. One person said, "They're very good. I'm a vegetarian, it's not a problem. I had the pasta bake today, it was very nice. The chef made me a separate meal which had tuna inside it rather than ham."
- The kitchen staff were knowledgeable about people's food likes and dislikes. They were meticulous at ensuring people received meals they would enjoy and that met people's individual cultural and diverse needs.
- Feedback from people had been regularly obtained about the quality of food and the menu adjusted in response to people's feedback. For example, wine had now been included with some meals and a cooked

breakfast introduced.

- We observed the lunchtime meal which was a very pleasant and social occasion for people. Staff had taken the time to dress the tables with table cloths and flowers.
- People who required assistance to eat and drink received this in a timely manner.
- Risks in relation to people not eating or drinking enough were managed well with input from appropriate healthcare professionals when required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- People told us they received very good support from the staff to maintain and in some cases, improve their health.
- Relatives agreed that the staff at Meadow House had a good approach to improving people's health and wellbeing. One relative told us of a long-standing health condition their family member had which had improved dramatically since they moved into Meadow House. They told us, "[Family member] is now so much happier and their health has improved dramatically. They were also under-weight when they arrived but staff have helped them with this. They can now do more for themselves."
- Staff worked closely with other healthcare professionals such as specialist nurses, occupational therapists and neurological specialists to provide people with good outcomes.
- Healthcare professionals told us staff were quick to report any concerns to them. They said that in their professional opinion, people experienced good outcomes in terms of their healthcare needs.

Adapting service, design, decoration to meet people's needs

- People told us they could move freely around the home as and when they wanted to. We saw this was the case. Corridors were wide enough to accommodate wheelchairs and the flooring was level.
- A separate building was located on the same site as the home. This building was used by people to do their exercising and to participate in group activities. This was totally accessible to people living in the home.
- Accommodation was built around a secure, central garden area which had level paths and grassed areas. People could freely access the fresh air and pleasant gardens which overlooked open fields whenever they wished to.
- There was a sensory room where people could spend time receiving sensory stimulation from lights and sounds. We observed some people enjoying this area during our visit.
- Some areas of the corridors looked worn with scuffed and chipped paintwork. The registered manager told us they were aware of this and that there was an on-going refurbishment programme in place to smarten up these areas.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us that staff always asked for their consent before performing a task. The staff had a good knowledge regarding consent and the MCA. They said they always offered people choice and acted in their best interests where needed.

- We observed staff always asking people permission with anything they did for example, when clearing a table after lunch or entering a person's room.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- Without exception, all the people and visiting relatives we spoke with told us that staff were extremely kind, caring and compassionate. One person told us, "I have to say I think all of the staff are fantastic." A relative told us, "There is lots of love and warmth from the staff, they are gentle and thoughtful with people." Another relative said, "They [staff] always make us feel welcome, they make us drinks and I cannot praise the staff highly enough, they are so good."
- One common quote we received from people and relatives when asked about staff was that, "Nothing is too much trouble."
- Healthcare professionals told us they felt that staff were very kind and caring.
- Staff demonstrated they knew people exceptionally well and cared for them immensely. They had taken the time to build up trusting and caring relationships with people.
- Staff regularly referred to people as 'an extended family' and one staff member told us, "The residents here are everything."
- Staff had often gone above and beyond what was expected of them when providing care to people. For example, one relative told us how a member of staff had gone to be with their family member in the hospital, even though they were not working in the home that day. This the relative said, was because the staff member knew the person would be upset and anxious on their own in that environment. This had brought the relative comfort. On another occasion, staff had recognised that Mother's Day was very important to a person. They therefore ensured the person received flowers and a card which they purchased for them from their own funds.
- The home had received many compliments in relation to staffs' approach to people. One relative had written to the home thanking them for the outstanding level of care that had been shown to their family member, stating that they had been treated with respect and kindness which had given them great peace of mind.
- Staff were observed to be consistently caring and polite during our inspection visit. They always spoke to people in a friendly, respectful and kind way. They got down to people's eye level and spoke to people in a sensitive manner.
- People were observed to be extremely comfortable in staff's presence. We saw lots of smiles from people when they engaged with staff and heard lots of laughter.

Respecting and promoting people's privacy, dignity and independence

- The people we spoke with told us their independence was always encouraged and strongly promoted. One person told us the staff had helped them lose weight which had resulted in an increase in their independence. They said, "When I first came here I was very overweight. I had been trying to lose weight and

with their [staff] help I have done really well. I am much more independent now which is brilliant and am now able to get around the home on my own."

- Some people had gained sufficient independence that they were now planning to go and live within the community. One person told us, "I will be able to go home soon, I'm excited about that. Without the staffs help from here, it might not have been possible and [staff member] has shown me I can do it, [staff member] believes in me." These people had been fully dependent on staff for all of their care needs when they had moved into the home which had been planned as a permanent arrangement.
- Another person and their family had been carefully supported by the staff to go to their own home for a few days over Christmas to enhance their independence. To ensure this could happen, the staff had provided the person's relatives with training on how to meet some of their essential needs and had been on 24-hour standby should they be required.
- Staff used innovative ways to involve people in the home to give them a sense of purpose and independence. One person said, "They know I like to get involved and help where I can. I like crafts such as making cards. When there's a special occasion like a birthday, [registered manager] will ask me to do a card for the person." Another person told us how they were involved in recruiting staff to the home.
- Other people had been given 'jobs' to do within the home which staff told us had a positive impact on the person's wellbeing. For example, one person had been given the job of delivering the post to people each day. Having this job had helped them get into a routine and sleep much better at night. Another person regularly helped the maintenance person to do painting around the home.
- The staff told us they encouraged people's independence at every opportunity from doing their own personal care to being involved in preparing their own meals.
- Some people had been provided with electronic tags which automatically opened the doors so they could exit the home as and when they wished to, with total freedom.
- At lunchtime, we noted that some people who were sat in specialist chairs to meet their health needs had bespoke tables in front of them. This meant these people could manage their meal themselves rather than staff having to assist them.
- We observed that staff always upheld people's dignity and privacy. Doors were closed during personal care and staff knocked on people's doors before entering their rooms.
- Staff spoke to people discreetly when required to protect their dignity.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could freely express their views and felt involved in making decisions about their care. One person told us, "This is my home. We work together. Just recently they introduced a new thing where I was asked to sit in when they interview for new staff. It made me feel good to be doing something constructive."
- People could express their views in many ways. This included via a suggestion box, during annual surveys, at reviews of their care or at regular meetings.
- Where people were unable to express their views or they had no family available, staff had ensured that people had access to an appropriate advocate to support the person to have a voice.
- Staff were observed to always involve people in decisions about their care. For example, during lunchtime a staff member who supported a person described everything on their plate to them. This helped the person to decide what food they wanted to eat first.
- People were consistently asked where they wanted to spend their time or if they wanted to participate in any activities.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People consistently told us they received exceptional personalised care that had a positive impact on their wellbeing and helped them to live fulfilling lives. Relatives we spoke with agreed with this.
- One relative told us how their family member had been introverted and isolated when they moved into Meadow House. Now with staff tailoring the care to this person's individual needs they said their family member was much more outgoing, happy and enjoyed socialising.
- We received feedback from another relative who told us how staff always ensured their family member was well-presented which had been extremely important to them. They said, "[Family member] is always well dressed and presented which from [their] past life was a very important part of [family member]. In particular [family member's] hair was especially important and now when I visit [they] always looks like the [spouse] I married."
- Staff told us how the home had purchased a rabbit for people living in the home to provide them with some animal therapy. They said they had recognised this was particularly important for one person who they knew had a great likeness for animals. They therefore ensured this person had regular contact with the rabbit and said they had seen a great improvement in this person's wellbeing.
- People told us they had access to a variety of activities to provide them with stimulation and that their diverse needs in respect of culture or religion were respected. One person told us, "I absolutely love the karaoke, that's what we're doing after lunch, it's my favourite." Another person said, "I keep myself busy. I read a lot, I watch television and listen to music and I go out sometimes."
- A relative told us, "The local vicar comes in once a month with her husband, they work very hard." Other activities included cheese and wine evenings, crafts and various clubs.
- Staff used innovative ways to enrich people's lives through social events and activities. These were tailored to people's individual needs to aide their wellbeing and there was a clear focus on social inclusion and interaction. For example, in the summer a ball had been held at the home. The staff ensured that people who may have found it difficult to participate were included in this event, especially where they knew this was important to them. Some staff in their own time along with volunteers, had spent time with people helping them to choose a ball gown or tuxedo. Champagne had been available and staff had worked with the community and relatives to ensure people had a special time.
- The registered manager and staff told us they had recently put on a 'full cinema' experience for people. This was because they understood that many people wanted to attend the cinema but would not be able to for various reasons. Staff had made this extra special by taking the time to make a billboard advertising the movie that was showing and sourcing a full-sized cinema screen. Some staff had dressed up as ushers and usherettes to provide people with ice cream and popcorn. We saw photographs of this event showing that people had really enjoyed themselves.
- On another occasion, when new photographs had recently been required for people's medicines and care

records, the registered manager told us that the activities centre had been transformed into a photographic studio. People had been supported to dress up and staff helped them do their hair and makeup, particularly where this was important to them, to make it a special occasion.

- The registered manager told us that in their own time, staff had taken some people who enjoyed singing to the local pub to do karaoke. This had been particularly important to one person who had been a keen singer before moving into Meadow House and had re-gained their ability to sing again. Family and friends had also been invited to this occasion.
- Staff were aware of people who were at risk of social isolation and ensured they were visited each day and encouraged to participate in activities where they were able.
- The home had a minibus that could be used for trips out. One person told us this was not only used for trips outside of the home, but also to facilitate that people could spend time with their relatives who may not have been able to get to the home. They said, "We go out and meet my [relatives]. We meet up and go off together then they bring me back to the minibus in time to come home."
- People's rooms were highly personalised and decorated to meet their individual wishes and they had choice and control over how their room looked.
- Effort had been made by the staff to ensure that items of special meaning were available to people who spent most of their time in their rooms. This included items to look at or touch to enhance their senses.
- People's individual communication needs had been assessed in line with the Accessible Information Standard. This standard was introduced in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- Staff had an excellent awareness of people's individual communication needs. We observed this in practice. At lunchtime, one person used hand gestures and the staff member immediately recognised this meant the person required a drink which they helped them with. During an activity session in the afternoon, one person put their hand in the air. When we asked a staff member why this was, they told us this signalled that the person no longer wanted to participate in the activity. Therefore, staff assisted them out of the room.
- Other systems for communication were also in place such as picture boards and interpreters and staff made sure these were in place to support people when needed.
- There was an extensive use of technology to help people keep in touch with loved ones and friends. This included having access to telephones, mobile phones, laptops and tablets.
- People told us they could contact relatives by systems such as Skype or Facetime as there was internet access available throughout the home.
- People had contributed to the assessment and planning of their care. Care records had been developed from this assessment which had clear and up to date information for staff on how people wanted to receive their care.
- Handover meetings were held each day so staff were kept informed of people's current needs.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make any formal complaints. They said that where they had raised a concern of any kind it had been dealt with swiftly and to their satisfaction.
- The registered manager had recorded all complaints made. These had been fully investigated and action taken to resolve any concerns raised.

End of life care and support

- People's wishes at the end of their life had been discussed with them and recorded. Relevant healthcare professionals had been involved in these discussions and/or relatives as necessary to ensure people would have a comfortable and pain free death.
- The staff told us they always made themselves available to support people and relatives at this time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support

- The people and relatives we spoke with consistently described the care they or their family member received as exceptional. They were all extremely happy and used words such as, "Amazing," and, "Brilliant," to convey their thoughts about the home and the staff. One person told us, "This is the best place in the world," and another said, "The care is second to none." A relative said, "[Family member] is treated as family. It is not just a job to them."
- People and relatives were very complimentary about the registered manager and the staff team. One person told us, "[Registered Manager] is for the residents, she will do anything you need." Another person said, "[Registered manager] is hands on and first class. I cannot fault her or her team."
- Happiness, health and wellbeing was at heart of the service. There was a culture where people came first which was demonstrated by the staff team during our inspection.
- This person-centred ethos had been recognised at the Norfolk Care Awards in both 2017 and 2019. In 2017 the staff won the award and in 2019, they were highly commended for their approach to person-centred care.
- Staff had also won and been nominated for a number of other awards since our last inspection of the service. For example, in June 2017 the home won 'Best for nursing care' at The Care Home Awards in London. Also in 2017, a staff member won the Norfolk and Waveney Eastern Daily Press 'Star of the year' award and 'Carer' of the year award.
- The staff told us they were proud to work for the service. They felt valued and their work recognised and celebrated.
- Leaders within the service took time to develop both their own and staff skills.
- The staff we spoke with had only positive things to say about the management and leadership style within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had a strong influence on the way the home was run. People said this made them feel empowered and consulted. One person told us, "They have meetings with us and minute them. We all get a copy, residents and relatives. At the next meeting the first item is to go through the last minutes and find out what's been done as a result. It's done properly." Another person said, "It's useful, there was a request to smarten up the toilets, it's been done."
- Records of these meetings showed that they were well attended and people's suggestions for improving the home were sought and acted upon. Action taken had been clearly communicated to people so they understood what had been completed in response to their views.



- One person told us how they were involved in organising open days and fetes at the home. The staff said other people living at Meadow House, relatives and the staff were also involved. For example, one person was given the role of selling raffle tickets for each event.
- The registered manager told us that people had chosen the entertainment at the fete in 2018 and the money raised was used to fund further activities and entertainment for people.
- Staff told us of the numerous links they had made with various community organisations to source donations and support for the home.
- The local community was invited to many events for the benefit of people living in the home.
- People were also supported to visit local events such as the Christmas Tree Festival in the local area.
- Some people had been involved in attending awards ceremonies with staff for example, the Norfolk Care Awards in 2019 so they could feel included and part of this event.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

How the provider understands and acts on duty of candour responsibility

- The registered manager, all the staff we spoke and the provider's representative were passionate and committed to providing care to people that was person-centred, promoted their independence and rights and was fully inclusive.
- All staff fully understood their roles and responsibilities.
- The registered manager demonstrated a strong desire to continuously learn and develop the service further. For example, plans were in place to source new physiotherapy equipment for the benefit of people living in the home.
- When things had gone wrong, the registered manager and staff had learnt from this to improve the quality of care people received.
- Robust systems were in place to monitor and maintain a high standard of care for people. This included the registered manager walking around the home regularly checking on people and the quality of care being provided.
- All staff were observed to work well together during our inspection visit to provide people with an excellent level of care. For example, at lunchtime all staff including domestic, kitchen, care, nursing and management staff helped and spent time with people during this time. This was to ensure people were comfortable, received their meals in a timely way and received adequate assistance when required.
- The registered manager had a full understanding of the duty of candour and had apologised and consulted people fully when things had gone wrong.

Working in partnership with others

- Strong links had been developed with various healthcare professionals. The ones we spoke with were positive about this working relationship although some told us there had been occasional communication issues in the past between them and the staff. They confirmed this had not had any detrimental impact on people living in the home. They said they had raised this issue with the registered manager who had listened to their feedback and worked with them to improve communication. They were satisfied that the registered manager and staff worked well with them for the benefit of people living in the home.