

Anchor Trust

Meadowside

Inspection report

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Ratings

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

Summary of findings

Overall summary

Meadowside is a care home that provides care and accommodation for up to 51 people, some who may be living with dementia. The home is divided into seven units each with their own lounge and dining area. On the day of our inspection there were 47 people living in the home.

This was an unannounced inspection that took place on 18 July 2017.

The home did not have 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There had not been a registered manager at Meadowside for over a year. There was a new manager in post but they had not yet started their application to register as they were currently at Meadowside on a three-month secondment. Following our inspection we were told the new manager had been successful in securing the position as manager and had commenced with their application to register with CQC.

We carried out an inspection to this home in May 2016 where we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These relate to staff acting on risks to people, failure to follow procedures in relation to the Mental Capacity Act, a lack of person centred care and a failure for the registered manager to submit statutory notifications to CQC when required. Following that inspection the registered provider sent us an action plan telling us how they planned to address our concerns. We undertook this fully comprehensive inspection to check that the registered provider had completed actions in line with what they told us. We found improvements had been made.

Care records relating to people were not always fully comprehensive. Some useful guidance for staff was missing and records relating to medicines management were not completed in full. We have made recommendations that these areas be reviewed and improved.

Staff demonstrated a kind, caring attitude towards people and people were attended to promptly by staff when they needed support. However, we did notice during the afternoon that deployment of staff could have been better organised as some areas of the home were not as well staffed as others. We have made a recommendation for this to be improved. Staff knew people well and had good relationships with people.

The provider had appropriate recruitment processes in place and staff were knowledgeable on their role in relation to helping to ensure people did not suffer from poor care or abuse. People told us they felt safe living within the home and where risks had been identified for people staff had taken appropriate action to help reduce the possibility of reoccurrence.

People received the medicines they required and we found medicines were stored appropriately. Staff working with other health professionals to help ensure people received the most appropriate care. In the

event of an emergency people's care would continue with the least disruption possible.

Staff followed the legal requirements in relation to consent to ensure people's views had been considered and they made their own decisions where they could. The staff was very knowledgeable on people's individual dietary requirements. People were offered a choice of meals and could always ask for an alternative.

People were cared for by staff who were supported by management. They had been given access to relevant training to allow them to carry out their roles competently and they had regular opportunities to meet with their line manager to discuss their performance.

A range of activities took place within the home and people were encouraged to participate. Where people preferred some quiet time to undertake their own interests we saw staff respected this. People were seen to be independent and enabled to move around their individual units and the home unsupported. If people were unhappy about any aspect of their care they told us they felt confident they could speak to staff. We saw a complaints policy in place and complaints received had been responded to.

The new manager had made a positive impact on the home in the time they had been there. They knew the people who lived there and they demonstrated their support of staff as we received positive feedback from staff about them. People, relatives and staff were involved in the running of the home and feedback and suggestions were listened to. Quality assurance processes were in place to monitor the quality of care provided and actions identified were acted upon. We found notifications had been submitted to CQC when required.

During our inspection we made some recommendations to the registered provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People's medicines were managed safely.

There was an appropriate number of staff deployed in the home, although the way staff were deployed in the afternoon could have been better organised. Staff underwent robust recruitment processes before they started to work at Meadowside and staff were knowledgeable about what they should do if they suspected abuse was taking place.

When people had accidents or incidents, action was taken to prevent reoccurrence and risks to people had been identified.

In the event of an emergency people's care would continue with the least disruption possible as there was a contingency plan in place.

Is the service effective?

Good 

The service was effective.

Staff followed the legal requirements of the Mental Capacity Act (2005).

Staff received support and training in order that they could carry out their role in a competent and safe way.

People were provided with a range of foods, which were appropriate to their dietary requirements and preferences.

People were supported to see a healthcare professional when the need arose.

Is the service caring?

Good 

The service was caring.

People were treated with respect by staff. Staff showed people a kind, caring attitude and made them to feel as though they mattered.

People were supported to be independent and enabled to have privacy when they wished it.

People were supported and encouraged to maintain relationships with those who were close to them as visitors were welcomed into the home.

Is the service responsive?

Good ●

The service was responsive.

People had access to a range of activities and could choose whether or not they participated.

Care plans were written in a person-centred way and contained up to date information for staff.

There was a complaints policy in place. Everyone told us they would be comfortable raising any complaints or concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led as there had not been a registered manager in post for over a year.

There was an improvement in record keeping but some further work was required.

The new manager had made a positive impact on the home in the time they had been there.

People, relatives and staff were all involved in the running of the home.

Quality assurance processes were in place to monitor the quality of service provided.

Staff felt supported by the manager and felt there was good team work in the home.

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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 checked 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 unannounced inspection took place on 18 July 2017. The inspection team consisted of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We received feedback from one health and social care professional prior to our inspection.

On this occasion we did not request a Provider Information Return (PIR). This is a form that asks. This was because the PIR had been submitted at our last inspection.

During the inspection we spoke with 13 people, the manager, 10 staff, two relatives and one health care professional. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included five people's care plans, five staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

Is the service safe?

Our findings

People told us they felt safe living at Meadowside. One person said, "I definitely feel safe at the home." They told us staff were available when they needed them. Another said, "For now I feel safe in the building, the people living and working in it make me feel good and safe." A relative told us, "The environment seems safe and secure. It is the best surroundings my mum needs."

At our inspection in May 2016 we found that some risks identified for people did not contain sufficient information for staff to help ensure these risks were reduced. We also found that the records in relation to the administration of people's medicines were incomplete as we found gaps in people's Medicine Administration Records (MARs). This meant it was unclear whether or not people had been provided with their medicines. We found improvements had been made in both of these areas at this inspection.

People were safe because risks to their health and wellbeing were managed. We found risk assessments were undertaken for people and risks identified with information for staff on how to keep people safe. Where people were at risk of falls they had assessments in place which included the type of equipment they needed in order to help keep them safe. One person's care plan stated, 'Ensure that she has her walking stick with her,' and we saw that they did. One person told us, "I can walk around safely. Usually staff keep an eye on me when I'm walking." Risks were monitored and where people's needs changed or their health deteriorated the risk assessment had been updated. One person had an infection and staff were aware of what they needed to do to minimise the risk of cross infection. Another person was on a particular medicine and there was clear instruction for staff which stated, 'report any rapid change in weight. Dial 999 if (name) cuts themselves'. Where people were at risk of pressure sores they were provided with appropriate equipment to help reduce that risk. A relative told us, "Never have I ever thought my mum is in danger or she has not been looked after properly."

People received the medicines they required. We saw each person had a MAR. This recorded whether or not the person had any allergies, the medicines they were on, the dosage they required and how often they should have them. We did not find any gaps in people's MAR charts. Medicines were stored in trollies which were arranged in a neat and organised way and staff made a record of the temperature of each trolley to check that medicines were stored safely. Where (pain relief) patches were being applied staff had ensured the site of each patch administered was recorded on a body map. We saw the staff member administering medicines wore a tabard while doing so to ensure they were not interrupted. One person told us, "They do that (medicines) all right. They (staff) don't make mistakes."

There were a sufficient number of staff to help ensure people received care and support in a prompt and safe way. People told us they always saw staff around. We saw when people needed help and support they received this quickly and staff were constantly checking people were okay. One person told us they liked the staff and they were always available when they needed them. Another said, "I have been here for some months. I think there are enough staff, staff are always here when you need them and I can always find someone." A third person told us, "Staff are always around if I need support."

Staff told us two staff on each unit was enough to meet people's needs and that senior staff and managers were available and checked that staff were managing. One told us, "(Seniors) do walk around regularly." A second staff member said team leaders responded if staff on the unit needed support. Another told us staffing levels had improved and that, "These days it's much better." Further staff told us, "I feel we get time to spend with people that is why I know we have enough staff" and, "I feel there are enough staff. It's a lot better now we have two carers."

However, during the afternoon we found that deployment of staff could have been better organised. For example, we found two staff in one unit where only one person was present as the other's had gone to the lounge for an activity. Yet, other unit's had only one staff for several people because their colleague was on a break. Staff told us they were being moved around to other units but they were not sure why and it seemed chaotic. Although we had been told the team leader's acted as 'floating' staff, available to cover for breaks or lend an additional hand, we did not find them as hands on as they could have been in order to support the care staff. We did not find this had a negative impact on people in terms of safety but raised this with the manager at the end of our inspection for them to review.

We recommend the registered provider ensures deployment of staff is organised appropriately to help ensure people have sufficient staff caring for them at all times.

People were helped to remain safe as staff were aware of their responsibilities in relation to reporting a suspicion of abuse or actual abuse. We found a safeguarding policy available for staff as well as a whistleblowing policy. One staff member told us, "I would report any concerns to the manager and team leader or use the whistleblowing policy. I've never had any concerns, all the carers are really good and agency staff are aware of people's needs."

Accidents and incidents relating to people were monitored and action taken to prevent reoccurrence. We noted that were people had suffered falls they had been provided with crash mats or walking aids to support them to reduce the risk of further falls or injury. The manager carried out monthly audits of accidents and incidents to look for trends and take appropriate action where necessary.

In the event of an emergency staff would try to ensure people's care would continue in the least disrupted way possible. There was a business continuity plan in place which detailed guidance for staff in the event of a fire, flood or the home having to close. Each person had their own individual personal evacuation record which recorded what support they may require should they need to leave the building quickly.

People were cared for by staff who had been through an appropriate recruitment process. Staff had to complete an application form and undertake a Disclosure and Barring Services check (DBS) before they took on a permanent role. Their legal right to work in the UK was checked as well as the status of their health to ensure they were fit enough to undertake the role. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Is the service effective?

Our findings

At our inspection in May 2016 we found staff were not following the legal requirements of the Mental Capacity Act (2005) (MCA). This was because staff had not carried out decision specific mental capacity assessments for people. At this inspection we found the registered provider had addressed our concerns.

People were protected as staff followed the legal requirements in relation to the 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had other's acting on their behalf staff had involved them in making decisions and we found mental capacity assessments in place for all aspects of care and living in an environment that had locked doors. Where people had capacity we found they had signed their own consent to care. Staff understood the need to gain people's consent before carrying out care or following the process if the person was unable to make a decision for themselves.

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). Where people had restrictions in place, the registered provider had made appropriate DoLS applications. One person's care plan recorded they did not wish to be at the home. There was a mental capacity assessment regarding this decision, which identified that the person did not have capacity to make an informed decision. An appropriate process had been followed to ensure the decision was made in the person's best interests. The local authority had arranged and recorded a best interests meeting, involving healthcare professionals and the person's family. This was done to ensure the views of all relevant parties were considered. A DoLS authorisation had been applied for and staff were supporting this person in line with the application.

People were cared for by staff who had undergone an induction and training programme. A staff member who was on induction told us they had been spending time shadowing a colleague to understand how people needed their care provided. They told us, "I've been reading through the care plans, making sure everyone had got a drink, started my e-learning and my face to face training." One staff member told us that staff had access to all the training they needed. They said all staff who had worked in care for less than one year were expected to complete the Care Certificate (a nationally recognised set of training modules for those working in care). This was confirmed by a new member of staff who told us the manager had taken an interest in how they were doing and asked to meet them briefly each day to hear how they were progressing. They told us, "She's been great." A second staff member confirmed they had access to all the training they needed and confirmed they had done training in safeguarding, dementia, moving and handling and other subjects. Another told us, "We have access to a lot of e-learning. It's good." A relative said, "The service is very good and the support is good."

Staff received support from their line managers and had the opportunity to meet with them on a regular

basis. A staff member told us they had one-to-one supervision with a team leader and that they could seek advice outside of supervision if needed. They told us, "We can always ask to talk with them." Another told us they had had supervision with the manager since they had started, which they had found useful. A third said, "I do feel supported. I have regular supervisions and I find them useful."

People's comments about the food provided at Meadowside was generally good and we noted in the last resident's meeting minutes that people had reported the food had improved. One person told us, "I always have a clean plate. I've got a good appetite." Another person said, "(The food) is very good. There is plenty of choice." A third person told us, "The food is very good. There are choices available, you can choose from two or three items any day of the week." A relative commented, "The food had been very good because I eat here too. It is very tasty and nutritious."

During lunch time staff told us where people were unable to make a choice, staff through their knowledge of the person, provided them with the meal they felt they would enjoy the most. We observed people who ate in their rooms were provided with their meals promptly and if they required support to eat staff provided this in a caring way. Staff positioned themselves appropriately, seated by the person and supported the person at their own pace. Staff interacted positively with people, encouraging them to eat and drink. We saw one person had a particular food prior to their meal which they specifically liked. Another person was heard changing their mind three times on the meal they wished and staff met their preference and a third had a pint of beer following their lunch. We saw staff were attentive to people and made sure they were happy with their choice of meals, offering people seconds when they had finished.

Staff and the chef in particular were aware of people's dietary requirements, likes and dislikes as well as any nutritional risks people may have. One person had an allergy and the chef was able to tell us about this without checking their records. Where people were at risk of choking they were provided with appropriate food and we saw this was served in a way that made it look appetising. We saw a staff member avoid giving one person strawberries when fruit was being handed out as they knew this person was allergic to them. Each unit had a 'comment' book in which people could give feedback on the meals that had been provided to them. We saw a range of comments and the manager told us the chef used these to help shape their menu. The chef told us they had some flexibility to adapt the menu and that they trialled dishes with people to see if they liked them before including them on the new menu. They told us there was always food available to enable people to have alternatives to the menu, such as sandwiches, salads, soups or omelettes.

People were supported to access the services of healthcare professionals should they have a need to. Appointments with healthcare professionals and their outcomes were recorded on people's care plans. Records demonstrated that people saw healthcare professionals regularly, such as the doctor, optician, dietician or district nurse. We saw one person's care plan noted, 'if refuses medicines on three or more occasions contact the GP'. We noted from this person's medicines records they had refused on three occasions and read that staff had made a referral to the GP because of this. One person told us they could always see a doctor if they needed to. A health care professional told us they felt people were well cared for and that they had never had any concerns about people's safety or welfare. They said staff always appeared knowledgeable about the needs of people and that, "Staff are fab." A relative told us, "My mum's health needs have been met for which our family is very grateful."

Is the service caring?

Our findings

We asked people for their views on the staff at Meadowside. One person told us, "The staff are good, they are really helpful." Another person described staff as, "Very good" and, "Very friendly." A third person commented, "Staff provide good care and comfort to me." A relative told us, "My overall opinion about this home is generally positive. Staff are very kind, caring, compassionate and work on a higher standard. They are very respectful to both residents and families." A professional told us, "I saw nothing to indicate that the staff were not treating residents with care, dignity and respect."

People were cared for by staff who knew them. Staff described people's individual characteristics and likes and dislikes. A staff member told us how one person liked to look through magazines, particularly fashion magazines and we saw this happen. Another staff member described two people's hobbies and again we saw people spending time doing these things. One person's care plan stated they, 'love dancing' and we saw staff dancing with them in the lounge area during the afternoon. One person told us they receive care from consistent staff and said, "I know all their (staff) names."

People were treated by staff who cared for them and showed them respect. We saw one person come into the lounge with a staff member. The person had just had a bath and they said, "I feel very superior now because I feel lovely after my bath and all nice and clean." We could see they were smartly dressed with neat hair. Another person's care plan noted they, 'like to look nice and like their jewellery' and we saw after receiving personal care they were neatly dressed with bracelets on. A staff member combed and smoothed down the person's hair before accompanying them into the lounge area saying, "You look lovely (name)."

We saw people enjoy friendly conversations with staff. One person told us, "The staff definitely treat me with respect." A second person told us, "Staff are alright as far as I'm concerned. We have a bit of fun between us. They never tell me when I've got to get up or when I have to go to bed."

People's rooms were personalised and they were able to furnish them with items that meant something to them. We could see rooms looked different from each other and were cosy and individualised. Some doors had people's names on them and other's pictures so people could identify their own room. One person told us, "I have a lovely bedroom."

Staff constantly checked people were okay. They were always cheery and pleasant and we could see people responded to this. One person thought a staff member had put sugar in their tea as it tasted sweet and the staff member immediately made them another cup. Another person was asked if they were in any pain and were immediately offered some medicines when they told the staff member they were. We heard one person say to a staff member, "You are so friendly." We watched how a staff member and a person sat chatting to each other. The member of staff waited patiently for the person to finish their question before responding. Another staff member was offering people a cup of tea and they stooped in front of people who were dozing gently rubbing their arms to wake them.

People's privacy was respected by staff. We saw people returned to their rooms when they wished or sit in different communal areas of the home. One person had had a bad night's sleep and staff were careful not to

disturb them too much and respected their need for rest by taking their lunch to their room rather than asking them to come to the dining area. A relative told us, "I can tell you staff are good when dealing with residents to give them the respect, dignity and privacy they deserve."

Staff were attentive to people's needs. One person wished to use the telephone and we saw a staff member helped them to do this. They chatted with the person about who they were trying to call and reassured them they would find them if the call was returned. Two people had wished a lie in and then had a bath so did not arrive for their breakfast until mid-morning. Staff immediately offered them a cup of tea and asked what they would like for breakfast and this was prepared for them. At lunch time we saw one person remain in their chair in the lounge area to eat their lunch. The person was leaning to one side and a staff member fetched a cushion to put between them and the side of the chair to prop them up so they could eat in a more comfortable position. Another person was getting distracted at one table and asked to move to another. Staff transferred their cutlery and meal and supported them to join people on the other table, telling people that this person was coming to join them. One person was asleep for a while and asked staff for some food when they woke up (this was outside of normal meal times) and we saw staff offer the person a range of options when they were awake including a cup of tea, porridge or fruit. One person told us, "I look forward to coming here. You get well looked after. I come here for a rest." Another said, "My needs are met. I am very happy with my carer and they tell me what they are going to do."

People were allowed their independence. During the morning one person sat playing the piano in the main lounge area. Afterwards a staff member told them how much they had enjoyed listening to the tunes they had played. Another person was seen taking slices of bread outside to feed the birds. They then went for a stroll around the garden. Some people went to different units to spend time with friends they had made. We saw some people sitting reading their newspaper before lunch. A staff member told us, "People can choose to get up when they want to. One lady has chosen to have breakfast in her bed today." We saw the person come into the lounge later on and they told us they had had breakfast in bed.

People were supported to maintain relationships with those close to them. Visiting was unrestricted and visitors were made welcome in the home. We saw visitors were familiar with the home and made their family member's drinks or fetched snacks for them. One person said, "Family member visits me often and is involved in my care." A relative told us, "We feel as part of the community whenever we visit, especially my father and the rest of the family."

Is the service responsive?

Our findings

At our inspection in May 2016 we found people were at risk of not receiving responsive care because there was insufficient information about people's care needs. This related in particular to people who were staying at Meadowside on respite (temporary stay). During this inspection we found care records for people were much more comprehensive and on the whole contained sufficient information to enable staff to know how to look after people.

People had a pre-assessment drawn up for them prior to moving into the home to help ensure that Meadowside could meet their needs. These assessments were used as the basis of the person's care plan. The pre-assessment covered areas such as a person's health needs, communication, risks and nutritional requirements.

Where people were living in Meadowside for respite we saw staff had developed a care plan around their needs which contained essential information to help ensure they received appropriate care. One person who was staying on respite told they regarded the home as a place, "Where I can relax and recuperate." They said, "The atmosphere is bright and cheerful. It lifts me up."

Care plans were written in a person-centred way. We found one-page profile's in people's care plans. This gave staff a 'snapshot' of a person in relation to the care they required. It also provided staff with some background history on the person to help staff to get to know someone. People's preferences were recorded. One person's care plan stated they liked to have two baths a week and according to their bath and shower record this is what they got. Other information was personalised to people, such as one person whose care plan stated, 'feels the cold' and we saw staff check the person was warm enough. Another person liked time on their own and their care plan noted, 'allow her time to complete her activities'. We saw this person sitting quietly undertaking their preferred hobby and although staff checked they were okay every so often they left them alone in peace.

Staff who worked at the home on an ad-hoc basis told us that despite being a member of agency staff they worked in Meadowside regularly. They said they always had updates about people's needs at handover at the beginning of their shift.

People were being supported appropriately by staff and staff had a good knowledge of the care people required. However we discussed with the manager at the end of our inspection some suggested improvements to the information contained in people's care plans. Such as in the case of one person who had Parkinson's. Although there was a generic information sheet about the effects of Parkinson's it would have benefitted staff to have some individualised information on what this may mean for this person and how their illness may affect them. Another person regularly experienced incidents of distressed behaviour. We noted a positive behavioural support management plan in place which staff used to record incidents, however there was a lack of information relating to events that may trigger this person's behaviours which may have helped staff avoid such triggers. Two people's care plans lacked detail on their background or history and where one person had specific oral health needs staff could not demonstrate this was followed.

We recommend the registered provider ensures that care records held for people are completed in a contemporaneous way.

We asked people if there was enough going on for them at Meadowside. One person said, "There's quite a lot of social activities. I did exercise yesterday morning." Another person told us they enjoyed the activities and took part in them regularly. They said, "There is a list on a board downstairs and staff come round and try to get us to join in." Another person told us there were activities people could take part in if they wished. They told us they chose not to and staff respected this. Other comments included, "Yes, I am always encouraged to join activities, especially the sing-alongs," "I am encouraged to maintain my hobbies because I meet other residents and have fun which gives me happiness and memories. It also helps me to move my body when it is sing-along" and, "There is enough to keep me occupied. My favourite thing is to sit and watch what's going on." They told us there was always games and puzzles that people could do in the units. A staff member told us, "They (people) have many interesting activities. They love the people coming in and singing songs."

During the morning we observed staff encouraging people to join in on the group activity taking part in the main lounge, we also saw several people in the lounge in the afternoon participating in a music session. Those who remained in their individual units sat chatting to staff, watching the television or engaged in their own preferred activity, such as looking through magazines, colouring or reading the paper. Where people chose to stay in their room the activities lead carried out one to one interaction with them and where possible they would use technology to support people with their interests, such as accessing greyhound racing or using Google Earth to enable people to see how the neighbourhoods they had lived in looked like now.

The activities lead explained the range of activities available to people which was varied and responsive to people's likes and interests. They told us, "I know what each and every resident likes. We aim to respond to residents' needs. We have more men than ever at the moment so we are looking at organising a men's group." We saw activities such as tea parties, themed meals, quizzes and bingo were held as well as events which were extended to families. External activities included visits to parks and gardens as well as shopping trips and pub lunches and volunteers, including local businesses had helped raise funds for activities. Where people chose to stay in their rooms or were being care for in bed they received one to one interaction. We noted from the minutes of the most recent residents meeting that people had commented they were 'happy with the activities provided and choices offered'.

There was a complaints policy available for people. A staff member told us the manager had made sure people knew how to complain or raise concerns if they were dissatisfied with anything. They said the manager had asked staff to make sure the complaints procedure was displayed in each unit and that people knew any complaints would be taken seriously. A person told us, "My family raise any problem to the management that we as a family can't handle in regard to my care." A relative said, "The new manager is so good at explaining herself to our family. We can express any concern and our opinion is taken into consideration." We noted complaints had been received since our last inspection and saw they had been responded to, such as in the case of one person who had raised concerns about night staff. We read that a night spot check had been undertaken which had resulted in some training for staff. There was a response to the complainant regarding the outcome and stating, 'we will continue to do regular (night) checks'. A person told us, "(The home) is very good. I have no complaints."

Is the service well-led?

Our findings

At our inspection in May 2016 we found the registered provider had failed to ensure statutory notifications had been submitted to us in line with the requirements of their registration. We found at this inspection that we had received notifications in relation to accidents and incidents concerning people.

There was not a registered manager in post. Although the registered provider had recruited managers to the post since our last inspection, none of them had become registered with CQC. This is a requirement of registration and as such is a limiter on the rating we can award to the Well Led question. The new manager was on a three month secondment to Meadowside. We were told by the district manager that following a successful interview they would be applying to become registered manager. Following our inspection the district manager confirmed that the new manager had commenced with their application to register with CQC.

Records in relation to medicines were not always completed fully. Individual protocols were written up for each person who were on 'as required' (PRN) medicines. However, we found on some units that staff were not always writing on a person's MAR when they had administered PRN medicines to people. We did not have concerns that people did not receive their PRN medicines and spoke with the manager about this record keeping at the end of our inspection.

We recommend the registered provider ensures medicine administration records held for people are completed in a way that follows best practice.

Quality assurance processes were in place to help ensure the quality of the service provided. We saw infection control, medicines and pressure sores audits were carried out. Where actions were identified these had been addressed. A medicines workshop had been held following the recent medicines audit and each staffs medicines competencies were being reassessed. A tissue viability workshop was scheduled for staff to cover pressures sores and equipment. Monthly audits included moving and handling and kitchen checks. The manager was supported by provider visits and we read from recent visits a lack of compliance in infection control related to the kitchen. We found actions in relation to the kitchen had been completed.

The manager told us they had plans to increase accountability within the staff team, particularly for the team leaders. This was confirmed by senior staff. One told us they would be taking on responsibility for specific areas of work and two team leaders had recently attended 'train the trainer' training so they could be more involved in delivering training within the home. They added, "I am in charge of fire training which we do every three months." The manager told us they aimed to improve the support staff had received as the team had lacked, "Structure and consistency" as a result of a sustained period without a home manager. They planned to hold staff meetings regularly to improve communication amongst the team and the consistency with which they worked.

Staff felt supported. Staff told us the morale had been low with the constant change of management in the home over the past year. One staff member said it had been difficult for the staff team as each new manager

had wanted things done differently but then left. They told us however that the new manager had brought about a lot of improvement in the time they had been in post and that they were committed to improving the standards of care. They told us how the manager spent time observing staff and suggesting how they could improve the care they provided. They said, "She looks at the little things. She comes to the unit as well. It is very nice because the last manager didn't." Another staff member told us it had been a challenge maintaining staff morale through the frequent changes of management but that they were confident that people had received the care they needed. They told us, "It's been difficult for staff seeing manager's come and go. It's dispiriting for them. Each manager had their own ideas and then left." A third staff member told us, "She (the manager) is approachable. I feel comfortable with her. I feel free to go into the office and talk with her." Another told us, "The manager we have now is very approachable. She is very professional. She will joke with you but when it comes to the job, she is excellent. The staff are happier and they have positive things to say about her."

Staff told us the manager had ideas for improving the service provided. One told us, "She has ideas" and described how the manager had suggested introducing different fruits to the usual that were available as snacks. This had happened and they told us, "The residents really like it." Another staff member said the current manager had improved the support staff received and this had been beneficial for staff and the people they supported. They told us, "She is very approachable and she does listen. She encourages staff to speak up which increases their confidence." A third staff member told us, "Things have improved a lot. The manager has improved the environment with plants and flowers and it looks better."

Staff had the opportunity meet together as a team. These meetings took place across all disciplines, from care staff to heads of department. The manager told us she worked late some nights in order to hold a night staff team meeting. We noted there was good attendance at meetings.

People and their relatives were involved in the running of the home and any suggestions they made were listened to such as a request to have iceberg lettuce, rather than mixed leaf salads. The chef confirmed this had been introduced. A residents' committee had been established which enabled people to give feedback about the care they received and the way the home was run. A person said, "Things have really improved for the better. The new manager has changed things around." Another told us, "Within the last three months there has been a different approach of the management. The decoration in the building, particularly on the walls of the lounge, is good. I have nothing negative to say about the home and its staff."

In addition the manager had met with relatives and staff at all levels as well as the local authority quality assurance team and healthcare professionals who had involvement in the home. A relative told us, "There have been a great improvement on almost everything and the running of the home."