MTCARE Property Limited

Meavy View Retirement Home

Inspection report

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Rochdale
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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?	Good

Summary of findings

Overall summary

Meavy View is a care home providing personal care and accommodation for up to 32 people older people. The three-storey building is purpose built and a passenger lift is provided to all floors. Twenty-eight single and two double bedrooms are provided. One single and one double room have en-suite facilities. The home is located approximately one mile from Rochdale town centre, close to a small shopping precinct and Post Office. It is near to local public transport routes. There were 28 people accommodated at the home during the inspection.

This is the first rated inspection for this service since the home changed providers. Prior to the inspection we received a concern from a whistle blower which we investigated during the inspection.

A manager was in post and was given the news that they had been successful with their registration with the Care Quality Commission during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been in post since September 2017.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. However, we have made a recommendation that the provider looks at best practice information around more personalised care plans and recording people's end of life wishes.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

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

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

The home was clean, tidy and homely in character. The environment was maintained at a good level and homely in character.

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

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of therr responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

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

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

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that people were able to attend activities of their choice and families and friends were able to visit when they wanted.

Audits, surveys and key worker sessions helped the service maintain and improve their standards of support.

People thought the registered manager was approachable and supportive.

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.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

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

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

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

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

We observed staff had a kind and caring approach to people who used the service.

People were encouraged and supported to keep in touch with their family and friends.

We saw that people were offered choice in many aspects of their lives and encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns.

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

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care. However, these would benefit from being more person centred.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

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

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Meavy View Retirement Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by one adult social care inspector and an expert by experience on the 03 April 2017. An expert by experience is a person who has experience of caring for older people. We concluded the inspection on 04 April 2018. The inspection visit was concluded on 4 April 2018 and this was carried out by the same adult social care inspector and an adult social care inspection manager.

We requested and received a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also contacted the Healthwatch Rochdale and Rochdale Metropolitan Borough Council for any information they held about the service. We were told the local authority had some concerns and were monitoring the progress of the service.

We spoke with eight people who used the service, two relatives/visitors, the registered manager, deputy manager and four care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at three care records and medicines administration records for ten people who used the service. We also

looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe and their relative/friends also said they thought the home was safe. Comments included, "I enjoy it here I feel safe" and "I feel safer here than at home."

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. The staff we spoke with were aware of safeguarding issues and said they would use the whistle blowing policy if they had to.

We looked at the safeguarding and accident records which were mainly around falls in the home. We saw the registered manager investigated the incidents and looked for any patterns or trends, possible contributory medical conditions, how to reduce the risks if possible, if the incident was reported to professionals such as the local authority falls advice team and who the information was shared with. This meant that people who were at risk had access to professionals for advice to help keep them safe.

People who used the service told us, "Carers are always nearby"; "There is always someone there if I need them"; "If I use my buzzer they come quickly. There is always someone around to help me" and "Within three minutes of pressing my buzzer in my room, one or two members of staff will be there day or night."

On the days of the inspection the registered manager, deputy manager, one senior and three care staff members were on duty to provide care. They were supported by a cook and two domestic staff one of whom also laundered clothes. We looked at the duty roster and saw that this was the usual practice . Part of a complaint from a whistle blower was that there were insufficient staff on night duty. We saw another staff member had been recruited and there were now three waking night staff.

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

We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example, gas safety, the lift and fire alarm system. The portable appliance test was overdue but completed during the inspection. Managers and staff also checked windows had restricted openings to prevent falls. There had been a

problem with several of the hot water outlets (mainly running cold), which was being rectified by a plumber and the provider. We were given documentary evidence that when the remaining parts were delivered the remaining outlets would be satisfactory, meaning everyone had access to hot running water. We were sent a list of the temperature records after the inspection which showed an improvement to the system.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any particular needs a person may have in the event of a fire. For example, limited mobility. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a gas or power failure. A qualified person was updating the fire risk assessment to ensure the service were meeting safety requirements.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

All the people we spoke with told us the home was kept clean and comments included, "The home is always clean" and "My room is comfortable, clean and tidy." Two relatives said, "I like the layout of the home it's spacious" and "It's always clean."

During the tour of the building we saw the home was clean, tidy and there were no offensive odours. There were policies and procedures for the control and prevention of infection. The training records showed most staff had undertaken training in the control and prevention of infection. Staff we spoke with confirmed they had undertaken infection control training. The service used the National Institute for Clinical Excellence guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from any food preparation areas. The laundry contained sufficient equipment to help keep people's clothes clean and presentable. One machine had a sluicing facility for soiled laundry. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment (PPE) such as gloves and aprons and we saw that there were plenty of supplies.

We looked at three plans of care during the inspection. We saw there were risk assessments for moving and handling, falls, tissue viability (this is to prevent pressure sores) and nutrition. The risk assessments had been reviewed and provided staff with up to date information to help protect the health and welfare of people who used the service. We saw that where necessary professionals we called in to provide information and guidance, for example speech and language therapists. We saw the risk assessments helped people keep safe and did not restrict their lifestyles.

A person who used the service told us, "They make sure I get my medication, they are very patient." We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so and had their competency checked to ensure they continued to safely administer medicines.

We looked at ten medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had. There was a photograph on each MAR to help staff identify the correct person.

Medicines were stored in a locked cupboard and only staff who needed to had access to the keys. The temperature of the medicines cupboard and dedicated fridge was checked daily to ensure medicines were stored to manufacturer's guidelines.

We checked the controlled drugs cupboard and register. Controlled drugs are stronger medicines which need more stringent checks. We saw that two staff had signed for the administration of controlled drugs which is the correct procedure. We checked the numbers of controlled drugs against the number recorded in the register and found they tallied.

Any medicines that had a use by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date and there was a safe system for disposal. Any hand written prescriptions were signed by two staff which is the recommended safe method.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the National Institute for Clinical Excellence guidelines 2017 for administering medicines in care homes. This is considered to be best practice guidance for the administration of medicines.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines.

The medicines system was generally audited weekly by manager's spot checks with a monthly audit. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.u

Good

Is the service effective?

Our findings

People who used the service said, "I can get a drink anytime I want"; Staff know me and my character. Dinner is the best meal because it varies and there's a good choice", "The staff never complain even when I make a mess. I can choose my food which is usually good"; "The food is all right and service is good I can always get a drink" and "The food is how I want it I can always get a drink or toast when I want. I feel looked after I have a choice if I want to eat with others or not." A relative told us, "They did a lovely birthday party for my relative."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The plans of care contained details of any special needs a person had. Specialist help and advice sought where needed. We observed a meal and saw that it was unhurried and people and staff talked to each other socially. The food looked hot, nutritious and plentiful. Tables were nicely set with tablecloths, place mats, a small flower arrangement and condiments for people to flavour their food to taste.

People could sit where they wanted and occupied different rooms and some people took their meal in their bedroom. Although staff were a little stretched because people were in different rooms we saw that people were given their food in a timely manner.

The service catered for specialist diets, soft, diabetic and Halal. We asked the registered manager how they were aware of diets for people's differing ethnicity and she said they spoke to the people who used the service, their families and a staff member to ensure they met their requirements.

We saw the kitchen was clean and tidy. The service had recently been inspected by the environmental food agency and given a five star very good rating which meant the ordering, storage and serving of food was safe. This also showed the cleaning schedules were maintained in the kitchen.

People had what they wanted from the normal range of breakfast foods, the main meal at lunch time and a lighter tea. A supper was also available for those who wanted it. Drinks were served at mealtimes and when people asked for one. We saw people had a drink of their choice often during the day.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw that people had their mental capacity assessed and 12 people had a standard DoLS notification for residing at Meavy View. We saw that the service had used the correct process to apply for the DoLS and people had access to advocates or independent mental capacity advisors (IMCA). Advocates and IMCA's are external professionals who act on a person's behalf to ensure their rights are protected and any decisions made are the least restrictive.

We toured the building during the inspection and visited all communal areas, many bedrooms and the bathrooms/toilets. Communal areas were suitable for the people accommodated at the home and contained sufficient homely style furniture for their comfort. People sat where they wanted and there were quieter areas if people wished. There was a secure garden area for people to use in good weather. There was a small car park to the front of the property and further off road parking.

New staff received an induction which covered key policies and procedures, familiarisation with the building, including fire exits, plans of care and other necessary care documents. Staff were supported until they felt comfortable to work with people accommodated at the home. The registered manager said the service were looking to enrol staff new to the care industry onto the care certificate which is considered to be best practice.

We saw from looking at the training records, staff files and when talking to staff that training was ongoing. Training included the MCA, DoLS, first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding, the care of people with behaviours that may challenge others, the care of people with diabetes and fire awareness. Most staff had completed a recognised course in health and social care and end of life care.

Staff told us they felt supported and supervised by the registered manager and deputy manager. They felt managers were responsive to their training needs. Two staff members said, "The manager and deputy involve us with discussions and decisions about the home" and "I have a 1-2-1 every three months. She is a good manager and can be approached with anything." The lack of regular formal supervision had been highlighted by the registered manager and dates had been set for all staff to receive their supervision.

We saw the service liaised well with other organisations and professionals. Each person had their own GP and had access to professionals such as specialist nurses, hospital consultants and speech and language therapists. People were also supported to attend routine appointments with opticians, dentists and podiatrists. This helped ensure people's health care needs were met.

Good

Is the service caring?

Our findings

People who used the service told us, "I'm treated with dignity when they help me shower and they look after me. When I have a shower I'm treated with dignity I appreciate their discretion." We did not observe any breaches in privacy during the inspection. A staff member told us. "We always make sure people are safe when hoisting. We cover people up when undressed and whisper when offering personal care support." People thought their personal care was provided in private and they were treated with dignity.

People also told us, "The staff are brilliant they get me anything I need", "They make sure I get my medicines ,they are very patient"; "I can go in the garden for a smoke whenever I want; I feel looked after"; "I'm settled here ,I like living here we get on together"; "The other home I was in was not as nice as here" and "Everyone is nice and caring "" I like having the hairdresser come in." A relative said "She is quite happy here nothing is worrying her." People were happy with staff and the care they received.

Staff we spoke with were motivated and committed to providing quality care. Comments included, "We give good care here. 10/10. I like to see people smile; we all get on with our jobs. I would have one of my relatives living here, no problem"; "I think about my work when I go home, I love my job and want to meet everyone's needs"; "This is like home to me, the atmosphere the staff and the residents. We have our ups and downs, if someone dies or falls we are all affected. But we support one another. We genuinely care here for the residents and each other" and "I get attached to some of them, some of them have no family. We are their family. I get upset when they die. These people could be my grandmother, mother, father and I treat them as if they are because that is how it should be. They are people, not a Mr or Mrs Blog's or someone we have no connection with."

We saw that plans of care informed staff of the abilities of each person and were directed to prompt people to do what they could for themselves. Where possible people were encouraged to be independent.

People had choice, for example, in what they ate, where they sat or clothes they wore. We saw that people could move freely around the home. We saw and heard one person practicing their faith in the home and were told another person went with family to pray. Clergy visited the home and any person who wanted to practice their faith could do so. One person wanted male only care staff and this was recorded as their choice. Other staff we spoke with were aware of this person's needs. A staff member told us, "This is their home, we ask them what they want and we give them everything we can. Two ladies have their own hairdresser coming in, one lady has it done regularly, and if she wants it doing she has it done."

Staff were trained in equality and diversity topics to ensure the gender, age, religious needs, sexual preference and cultural needs of people who used the service were taken into account to ensure their individual needs were met.

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

We saw that staff knew people well. People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. This helped ensured that people received the care they wanted.
Visiting was unrestricted. A person who used the service told us, "My relatives are always welcome, and it's how I want it." A relative said they were always made welcome. We saw the registered manager and other staff welcomes visitors into the home. We saw visitors came and went as they liked. Family and visitors were encouraged to ensure people maintained contact with their family and friends.

We looked at several compliment cards. Comments included, "All the staff at Meavy View are wonderful"; "Thank you for all the care you gave to our relative"; "Thank you for your hard work and patience" and "Thank you for the care you gave our relative. I do realise how hard you worked."

Good

Is the service responsive?

Our findings

A person who used the service told us, "I've never had to complain." A relative said, "I would complain if I had any concerns."

There was a suitable complaints procedure accessible to people who used the service and their relatives. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We saw that the manager responded to concerns and complaints in a positive manner to find a possible suitable resolution to them.

Activities were provided although on the week of the inspection the person who normally provided activities was off and it would be good practice to nominate another member of staff during this time. People who used the service told us, "I have my newspaper to read"; "I have made some good friends" and "I can go to my own room and watch TV if I want which is ideal."

Activities included reminiscence pamper sessions, games, arts and crafts, themed events, shopping, clothes parties and outside entertainers. We saw photographs of people taking part in activities. The registered manager said they had tried various games which did not go down well and they were trying other things (we saw the latest game which had been purchased) but people did enjoy celebrating days such as Easter or St Valentine's day. There was a secure garden people could use in the summer.

A person who used the service said, "They [staff member] came to my house first to access my needs, I moved in and now it feels like my family here." We looked at three plans of care during the inspection. We saw arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

A relative said, "The staff liaise well with the family." The new registered manager and deputy manager were updating the plans of care. Plans of care showed us what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. Staff we spoke with could describe people's care and support. The quality of care plans was regularly audited by management who were aware that there was a lack of detail around personalisation and end of life wishes. We saw that forms had been put in place for staff to complete them. Key workers were being designated to complete the forms, which were highlighted with stickers. These parts of the plans of care should be completed as soon as possible.

We recommended that the provider and registered manager look at best practice guidance for obtaining people's backgrounds and interests and particularly a person's end of life wishes. Two people had differing needs due to their ethnicity. The staff we spoke with had knowledge and examples where the level of care given had been complimented by relatives. This knowledge should be shared with other staff so that the positive experiences noted could continue.

Daily records showed what a person had done during the day or how they had been and helped form the basis for staff handovers. A handover was held at the start of each shift and was used to pass information to staff to ensure there was continuity of care.

Good

Is the service well-led?

Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been in post since September 2017 and was registered in April 2018.

We asked people who used the service if they thought the service was well-led. All responses were positive and one person said, "The boss is my friend." Relatives told us, "The home seems well managed and things like the décor of rooms is improving" and "The manager is lovely and friendly."

Staff said, "The manager is good. Very approachable. The deputy is really good. She works with us and knows the residents"; "[Name] is a good manager. You can approach her with anything. A good listener and good at taking action. This home is in safe hands. The deputy works with us, but the manager is on the floor too" and "The deputy is lovely, works well with us all. The manager is approachable. I knew the [name of deputy] before but the manager is new since coming back from maternity leave. Seems OK though." People we spoke with thought managers were approachable and available.

We looked at some policies and procedures which included key topics, for example, infection control, health and safety, complaints, confidentiality, the duty of candour, health and safety, medicines administration, safeguarding, whistle blowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

The manager conducted regular audits. We looked at the audits which included the environment. Infection control, including dust checks on cupboards, the environment, fire exits, mattresses, Legionella, weekly care plan checks to complete them to add further detail to them and medicines. Medicines audits also included staff competency checks.

We saw that quality assurance satisfaction surveys had been sent to staff, relatives and any visiting professionals who would complete them. We saw that the results from staff were positive. From the survey one person had requested to complete first aid training and staff who did not feel valued by previous managers now did so. The staff member was enrolled on the first aid course and the registered manager made herself available to all staff discuss any work issues. This showed the registered manager responded to the surveys.

Both of the two professionals who responded were positive about the service and one said the home was always well staffed.

Seven relatives responded positively to questions such as are you happy with care, communication, are your views are listened to, the overall impressions of staff, and how the home was run. Comments made included, "My relative is very happy and settled"; "They answer all the questions I ask about my relative";

"The staff are conscientious and loving and the home is well run"; "The home is clean, comfortable and the staff are friendly"; "The staff are really good, my relative has become more sociable since moving here" and "The staff are all very nice and helpful."

The registered manager held meetings with staff twice yearly and said she spoke to staff regularly and had an open door policy. Items at the last staff meeting of 14/03/2018 included completing documentation accurately, the MCA and DoLS, infection control and champions. The service were looking for champions for dementia care, infection control, oral care, fire safety and first aid. Champions are staff members who do more training and support other staff in their areas of expertise. Also discussed were sharing tasks and how to handle complaints. Staff were given an opportunity to have a say in how the service was run at the end of the meeting.

There was a new employee of the month incentive which would recognise outstanding staff contribution when finalised.

A statement of purpose was available which told professionals and interested parties what facilities and services were available at Meavy View. This included our required details of the provider and manager and other key documents such as the complaints procedure.

There was a recognised management system staff were aware of and we saw from the recording of incidents/accidents and other documents that management was open and transparent.