Coseley Systems Limited

Meadow Lodge Care Home

Inspection report

445-447 Hagley Road
Edgbaston
Birmingham
West Midlands
B17 8BL

Tel: 01214202004
Website: www.meadowlodgecarehome.co.uk

Date of inspection visit:
19 October 2018

Date of publication:
13 November 2018

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

Our comprehensive inspection of Meadow Lodge took place on 19 October 2018 and was unannounced. We last visited Meadow Lodge on the 23 and 24 August 2018 and following this inspection we rated the service as 'requires improvement'. This demonstrated the provider had improved the service but due to our inspections prior to the previous one in August 2018 rating the service as 'inadequate' we completed this current inspection to check recent improvements were being sustained.

There were no breaches of legal requirements at the last inspection in August 2018. There were four conditions that had been imposed on the provider following an inspection in March 2018. This included, the provider to sending us an action plan each month of how they were meeting the regulations, the need for a deep clean of the premises, no admissions without CQC's prior approval, to ensure that sufficient amounts of suitable and nutritious food should always be provided to meet the needs and preferences of people living at the home, and to take immediate action to obtain healthcare support for people with pressure sores or people losing weight. At this inspection we found the provider was meeting these conditions.

Meadow Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Meadow Lodge is registered to provide care and accommodation to a maximum of 22 older people, younger adults and people with a diagnosis of dementia.

At the time of the inspection, there were 13 people living at the home. Two people who usually resided at the home were in hospital at the time of our inspection visit.

There was a manager in post who had applied for registration with CQC at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was present at the time of our inspection.

The provider understood their legal responsibilities, but had not formally notified us of some allegations of abuse, which were not raised by the provider, manager or staff, but other professionals. although, upon our request, had backdated these and forwarded them to us following our inspection. Systems for the governance of the service were more robust and the action plan we received from the provider following our previous inspection had been addressed. We did though identify some further areas where there was scope for improvement or resolution of issues that we made the provider/manager aware of following our inspection. With little exception, people had confidence in the manager, and were satisfied with the standard of care they received. People and staff could approach the management and express their views and these were acted upon. Staff felt supported by the provider and thought the service was improving.

People felt safe and we saw risks to people were assessed, understood and implemented by staff. There was sufficient staff to respond to people's needs and keep them safe. Staff knew what constituted abuse and knew how to respond/report to allegations of abuse. People's medicines were managed safely and given as prescribed. There have been improvements to the environment and these were continuing or being maintained in respect of their safety and cleanliness. New staff were checked to ensure they were safe to work with people.

People's choice of, and the quality of the meals available had improvement, and we saw people could have more food at meals times if wished. People's right to consent was sought by staff and any restrictions on their liberty were agreed with the local authority. Staff were appropriately trained and the provider reviewed staff training frequently. People could access healthcare services as and when needed, and the provider monitored people's health to ensure this access was promoted as needed.

People were supported by staff that were kind and caring. Staff were seen to treat people with dignity and respect. People's independence was promoted by staff and they were encouraged to express their views and make choices about their daily living. People's contact with relatives and friends was promoted.

People's care plans reflected their needs, wishes and preferences, with people and their representatives involved in their individual care planning. Staff understood and people's needs, preferences and wishes and would try to ensure these were followed. People had access to leisure opportunities and staff encouraged their involvement with them. People could raise complaints and these were responded to by the 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 told us they felt safe and we saw risks to people were assessed, and these were understood and followed by staff.

People had support from sufficient staff to respond to their needs and keep them safe.

Staff were aware of how to respond to allegations of abuse.

People's medicines were managed safely.

Improvements had, and were still being made to improve the environment regarding its safety and cleanliness.

The provider carried out appropriate checks on staff to ensure they were safe to work with people.

Is the service effective?

Good

The service was effective

People had a choice of meals of suitable quality and in reasonable quantities. People were given support with their dietary and fluid intake to promote their health.

People's right to consent was sought by staff and any restrictions on their liberty were agreed with the local authority.

People were supported by staff that were trained, with the provider supporting staff to gain further training.

People accessed community healthcare as needed to promote their health.

Is the service caring?

Good

The service was caring

People were supported kind and caring staff. People were treated with dignity and respect.

People's independence was promoted.

People were supported to express their views and make choices regarding their daily living.

People were supported to maintain friendships and contact with families.

Is the service responsive?

Good

The service was responsive

People's care plans reflected their needs, wishes and preferences, and people, and their representatives were involved in their care planning.

People's needs likes, dislikes and personal preferences were understood and known to staff.

People had access to leisure opportunities they if wished and staff would encourage their involvement with these.

People could raise complaints and these were responded to by the provider.

Is the service well-led?

Requires Improvement

The was evidence of improvement in how well led the service was.

The provider while understanding their legal responsibilities, had not formally notified us of some allegations of abuse, although, upon our request, had done so.

The provider had improved systems in place for governance of the service so they could better identify where improvements could be made, with evidence these had been addressed, although we did identify further issues that required resolution.

People expressed confidence in the manager, and overall satisfaction in the standard of care they received.

People could approach the management and their views were sought, and acted upon. Staff felt well supported by the manager and provider.

Meadow Lodge Care 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 inspection took place on 19 October 2018 and was unannounced. The inspection was carried out by two 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.

This comprehensive inspection was carried out to check the provider had maintained and continued the improvements we found had taken place at our previous inspection in August 2018.

Before our inspection we looked to see if we had received any concerns or compliments about the home since our previous inspection. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We looked at information we had received from other agencies, including commissioners of services. Commissioners are professionals who may place people at the home, and fund people's care. We considered this information when planning our inspection of the home. We had asked the manager and the provider, to supply us with information that showed how they managed the service and the improvements they had and planned to make. We considered this information along with action plans they had submitted to us following previous inspections. The provider had not been asked to complete an update to their Provider Information Return for this inspection. This is information we may request from providers from time to time so we can check key information about the service, what the service does well and improvements they plan to make. We took the information we had about the service into account when we planned this inspection.

Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex care needs. We therefore used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the

We observed staff providing care and support to people in the communal areas of the home. We spoke with six people who lived at the home, and two visitors (people's friends/relatives) to gain their views on Meadow Lodge. We also spoke with the manager, the provider, and two care staff and the cook. We looked at four people's care records to see how their care needs were identified and how people's care was planned. We looked at other records related to people's care such as medicine records, daily logs and risk assessments. We also looked at a range of documents produced by the manager/provider which were used to audit and monitor the quality of the service.

Good

Is the service safe?

Our findings

Our last inspection report for Meadow Lodge was published on 19 October 2018 at which point we rated this key question as 'requires improvement'. This was due to systems needing to be embedded and sustained to ensure that people were always cared for consistently and safely. At this latest inspection we found improvements in these areas had been made and this key question is now rated 'good'.

There were conditions that we had imposed on the provider to ensure they promoted people's safety regarding aspects of their care. The first condition required the provider to take immediate action to obtain healthcare support for any person that was identified as losing weight and/or having pressure areas. At the time of the inspection there were no persons who lived at the home that had pressure sores. We did see that where there was an identified risk to people of developing pressure sores there were risk assessments in place that we found staff were following. We also found that the provider was monitoring people's weight loss or gain and where there were any concerns about a person's weight they had promptly referred this to the person's GP, and followed any advice given.

The second condition required the provider to deep clean of the premises, ensure all fixtures and fittings were clean and if required repaired to ensure they were safe for people to use. We looked around the premises and found that the provider had improved the cleanliness of the premises and developed systems to ensure this was maintained. This included the use of dedicated cleaning staff and recording to monitor and plan cleaning schedules. The provider had taken steps to ensure that cleaning was completed seven days in the week. We found the premises were visibly clean and communal areas smelt fresh, with furniture and equipment seen to be clean and in a safe condition. There was one bedroom that had a urine like odour present. We asked the manager about this and they told us they had taken steps to prevent this odour, including changing the flooring from carpet to a more easily cleansable surface but found there were still occasions where it persisted. The manager told, as the person stayed in their room a lot by choice and liked to attend to their own personal care there were some difficulties but was monitoring the situation and possible solutions. At the previous inspection we had noted there was a cigarette like odour in the one dining room, as this was adjacent to the smoking room, which at the time did not have adequate ventilation. We found this has been resolved and there was no odour present when we went in the dining area, with the extractor fan in the smoking room seen to activate as soon as the door was opened. One person told us, "I think staff wear aprons and gloves when doing personal care". We saw staff wore protective clothing, gloves and aprons as needed throughout our inspection.

There were concerns at our previous inspection that there was some environmental risk that could endanger people. We had found people could possibly access cleaning materials with the risk these could be ingested. We saw at this latest inspection the cleaner carried cleaning materials around with them, and them were locked up when not in use. At the previous inspection there were building materials present in one of the lounges, which were removed at the time. At this inspection we found this room had been tidied and refurnished so that it was a pleasant sitting area. The provider's planned refurbishment had continued since our previous inspection, for example an uneven area of flooring in the hallway had been levelled and was now safe to walk over.

We spoke with people and asked them if they felt safe at Meadow Lodge and they told us they did. One person told us, "I feel safe due to the way staff are" a second that, "Feel really safe due to staff and environment". A third person said, "Safe, got someone I can speak to who will listen". Staff had received training in how recognise and safeguard people from abuse and knew what action to take if they were concerned if they thought a person was at risk of harm.

We saw any concerns raised about people's safety, or allegations, had been reported to the local authority safeguarding team and the manager had liaised with them as to any outcomes. The manager had not however sent in notifications to us as required when safeguarding alerts had been raised by other professionals. These professionals had raised the alerts with the local authority themselves and the manager assumed the local authority had informed us. Appropriate action to keep people safe had been taken by the manager for all these allegations however.

People told us there was sufficient staff to meet their needs and keep them safe. One person told us, "Staff about if need them" and a second person said, "Staff around, don't wait unless they are really busy with emergency". A visitor told us, "I know staff and staff are always about if you need to ask them anything". One visitor did tell us they had visited on one occasion and all the staff were in a meeting with the provider. We discussed this with the manager and provider and they said they would ensure there was staff cover in future should meetings be held. We saw throughout the inspection that there were staff available, and they responded to people's needs in a timely manner. We saw the provider had a staffing tool, which showed they had sufficient staff available. The provider said that if they admitted more people into the home they would review staffing levels, and we saw the provider's staffing tool based the number of staff needed on people's current dependency levels.

We saw people were protected by the provider's use of risk assessments. We found people's risk assessments were up to date with the review of risk assessments now more frequent. We saw all risks that the manager and staff had identified through assessment were explored. For example, we saw a person was readmitted to the home from hospital on the day of the inspection, and we found that the manager had updated their risk assessments during the inspection. We saw there were regular audits of risks to people, such as their weight, any accidents/falls and changes in health so that any necessary change to a person's care was identified quickly and implemented.

We found people received their medicines as prescribed. One person told us, "Staff give medication and if any changes tell me, stay while taking it and given a drink, if I ask given some paracetamol, don't have to wait". We saw medicines were stored safely and securely in locked cupboards in each person's room, and people were satisfied with the support staff gave them with their medicines. A member of staff told us, since the provider had, "Changed pharmacy, it is better, we get things on time, there are never any missed medicines". We saw medicine administration records (MAR) we reviewed were completed correctly. We saw staff that administered medicines had completed medicines training as reflected in the provider's training plan. We saw some people were on 'as required' medicines, for example pain relief, and we found there were protocols in place for administration of these medicines and staff we spoke with understood these. We saw there was regular checks of medicines in stock and we saw any discrepancies identified had been explored and resolved.

The manager and provider understood what they need to do to ensure recruitment practices were safe. At the time of the previous inspection in August 2018 we had checked and fund the provider's recruitment practices to be safe. There had been limited recruitment activity since out last inspection.

Good

Is the service effective?

Our findings

Our last inspection report for Meadow Lodge was published on 19 October 2018 at which point we rated this key question as 'requires improvement'. This was due to the quality of the food offered not providing for people's choices and meeting their expectations. We found improvements in the way people received a satisfactory level of healthcare had continued since the previous inspection. At this latest inspection we found improvements in these areas had been made and this key question is now rated 'good'.

There were conditions that we had imposed on the provider to ensure they promoted people's safety regarding aspects of their care. Firstly, to ensure that sufficient amounts of suitable and nutritious food should always be provided to meet the needs and preferences of people living at the home, and to take immediate action to obtain healthcare support for people with pressure sores or people losing weight. We found the provider was meeting these conditions.

We found there was more choice of foods, there was an improvement in the quality and the planned menu now also included vegetarian options. People had mixed views about the meals although satisfaction levels were better than those found at our previous inspection. One person said, "Meals all very good, have as much as you like and choose, no problem" and a second person told us, "Meals not too bad, Sunday fresh veg with roast, frozen veg rest of week" and "Tea time sandwiches, I tend to have a boiled egg sandwich, cheese on toast or chicken roll". A third person said, "Food alright, someone comes same day with menu, not always enough to eat, once in a blue moon I ask for extra although given if ask". A visitor told us, "I try and visit at lunch time to assist [relatives] to eat, [person] ate dinner and pudding today, weight been maintained", Another visitor said, "Amount and quality of food I can't go along with" and, "Recently [person] not been eating, I check sheet, lost weight". We did check the person's records and their weight loss had been identified by staff and they had seen their GP regarding this recently.

We saw two mealtimes during our inspection including the breakfast and dinner. When we arrived three people were having breakfast, with a fourth joining them soon after. We saw people had a variety of foods, including porridge, toast, eggs and bacon and seemed to be enjoying this. We observed the lunch time meal in two dining rooms and saw most people enjoyed their meal. We saw people had a choice of either fish, chips and mushy peas or vegetarian burger, chips and baked beans and some people also had bread and butter. We saw staff offered people drinks and extra food, some people accepting this offer. Staff helped people where needed, for example with cutting up their food and a relative was seen to be assisting one person with their meal. We asked people in one dining room if they had enjoyed their meal and one smiled the other two saying it was alright. We heard one person say to staff the meal was "Very nice". Another person said when asked by the manager, "My meal was very nice today ". We saw condiments were available on tables. People were offered rice pudding after they were asked by staff if they were finished with their meals before they cleared the plates.

We asked people if they could have a drink when they wanted and they confirmed they could. One person told us, "Can have a drink anytime and can have what you like". A second person said, "Drinks at designated times but can always ask for drink". We saw this person ask for a drink on two occasions which staff brought

very quickly. A third person said they, "Always got a drink". One person did say, "I go down at 6 to 6:30 and kitchen locked so unable to get a cup of tea, kitchen only recently been locked and no one explained why". We discussed this with the manager who told us the kitchen door was kept locked as there would be a risk to other people living at the home. We did discuss with the manager and provider whether the availability of a drink station/machine outside the kitchen or in the person's bedroom would be an option and they said they would consider this. We did see snacks were advertised although some people told us they would like to see more available. We saw staff consider people's needs when giving them drinks as some had mugs, other cups and one used a plastic beaker which was easier for them to use.

We spoke with the chef who told us what food choices were available on the day of the inspection and said, "People can change their minds, but we have been around and asked people what they would like" as we saw happened. There was sufficient food in storage, some of this basic supermarket brands although we saw other foods in stock were the more expensive brands. There was still use of pre- prepared food, but we saw the meals prepared looked appetising. The chef was aware of people's preferences in respect of their food choices, this reflecting the information we saw recorded in their care records, for example they told us about people who had weight loss and they said they would fortify their foods with a supplement. We saw some fruit was available and a member of staff told us, "There is fresh fruit available, we do offer it, we can cut it up and put if our but people are still not interested. We've tried fresh fruit, but we keep trying. At the time of the world cup, we tried to introduce watermelon".

We saw people's weights were monitored and any identified weight loss/gain was identified and acted upon if this indicated any risk to the person. We saw there had been prompt referrals to the GP where there was any concern. People told us that had access to healthcare input where required. One person said, "Get to see GP, visits on a Monday" and a second that, "Doctor comes every Monday afternoon or [staff] will ring doctor, chiropodist visits and dentist, optician checks my eye health". A visitor told us their relative, "Sees doctor most weeks". One person said they wanted to access the optician and the manager immediately made an appointment for them to have a home visit. Records evidenced people were supported to access healthcare services where required to maintain their health. This included referrals to the local nurse practitioner and doctor. The manager confirmed the doctor visited the home each week to conduct a surgery, but also visited the home if they were needed at other times. We found there was no one with a pressure sore at the time of our inspection. Appropriate intervention was in place where people were assessed as having fragile skin however.

We found assessments of people's needs were in place. These records identified information about people's needs, choices and any reasonable adjustments that may be needed due to any personal characteristics protected by law, for example age, gender, race, sexuality and disability.

The provider had continued to provide staff with relevant training since our last inspection. We saw the manager monitored this so they could identify when staff needed updates in any subject. Staff told us they were well supported with training. One member of staff told us, "If I feel I need any training I will let the manager know, I've done may NVQ 2 and now doing my NVQ 3 (in care)". Another member of staff said they were encouraged to do training by the manager. We found the provider had an induction for when staff started work which included shadowing more experienced staff. The induction was based on the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.

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. Staff understood the need to seek consent from people prior to supporting them, and we saw they put this into practice. We found the provider was acting in accordance with the MCA. Records we saw confirmed where they may need assistance to make decisions, and who should be involved in this decision-making process so the person's 'best interests' were considered. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity and there were any restrictions we saw a DoLS was in place or applied for with the local authority. Staff were aware of who had a DoLS and how this impacted on the support they gave people.

We saw the decoration of the home was to a satisfactory standard and redecoration had continued since our previous inspection. There was clear signage around the home which would help people living with dementia orientate themselves around the home, for example signs to indicate where lounge and dining areas were and where people could access toilets and bathrooms.

Good

Is the service caring?

Our findings

Our last inspection report for Meadow Lodge was published on 19 October 2018 at which point we rated this key question as 'requires improvement'. This was due to because the provider not always ensuring people were always treated in a caring way that respected their choices. At this latest inspection we found improvements in these areas had been made and this key question is now rated 'good'.

People told us that staff were consistently kind, caring and respectful. One person told us, "Very good living here, staff very nice, helpful, very clean, would recommend it to anyone". Another person said, "Staff really caring and attentive". A third person told us, "My key worker and got a good relationship, she gets things done, nothing gets past her". Victors were also felt staff were caring. One told us, "Care very good, staff really caring" and "Very helpful and extremely friendly". A second visitor said, "Girls here very good, do their best, no complaints". We saw this reflected what we saw during our inspection with staff interactions with people seen to be kind, patient and sensitive. We saw staff gave people choices and looked for their agreement before carrying out any support or personal care. One person told us, "When I receive letters I choose if I want staff to open them". We saw when encouragement was given to people their facial expressions and responses indicated they were at ease with staff and they had a laugh with them. We saw numerous occasions were staff and the manager interacted with people and their response was laughs and smiles.

We saw staff treated people with dignity and respect. One person told us staff, "Absolutely treat me with dignity and respect" and "Staff don't rush me in a morning I'm like a tortoise". We saw people had their own style regarding dress including accessories and hair styles. One person told us, "Have hair done on a Monday". Another person told us, "I choose my clothes". People presented as clean and well-dressed. We saw some people's rooms and these we were personalised with personal items, photographs, pictures and ornaments that were important to people and made it personal to them. We saw one occasion where a person was rude and abrupt to a member of staff who was apologising to them at the time for having given them a cup of tea with sugar in. The member of staff responded calmly however and did not show any signs of offense.

We saw staff respected people's privacy, by knocking on people's doors and asking their permission before entering their room. Some people had locks on their doors, which they operated themselves. This restricted people from entering their room without their permission. We saw when people wanted privacy this was respected by staff, and we saw a few people chose to spend time in their rooms. There were some shared rooms at the home, and we saw there were privacy curtains between beds so people could have privacy. We asked the manager about whether people were happy sharing a bedroom and they told us for those currently sharing this was a positive choice, for example two people liked to have the reassurance that there was someone else in the room with them, and this reduced their anxiety.

People told us they could be independent where able. One person told us, "I get up early and wash from top to toe every day, do that myself". Another person said staff, "Supervise me washing and then assist me to dress, do parts I can myself, all for independence here but there if you need them". Two people also told us they went out independently when they wished. They did mention to us that they had asked about getting

their free bus passes, although one person did say they were not eligible till their birthday. The manager was aware of this and said they would get these people their bus passes.

We heard from people and visitors that the staff supported them to maintain their relationship with their loved ones. One person said, "Family can visit from 09:30 until 21:30". We saw there was a notice in the front hallway explaining this, with a statement that visiting could take place after 21.30 but only by prior arrangement. One visitor told us, "No restrictions on visiting, I'm offered a drink, had two today" and second visitor telling us, "No restrictions on visiting, most times offered a drink", as we saw happened. We saw visitors could met in private with people where wished, for example in a person's bedroom and a visitor was able to be involved in their loved one's care, by assisting them with their lunchtime meal. The provider also offered a SKYPE facility for people to contact their relatives with WIFI calling available at the home. The manager told us that where people need support, for example with making complex decisions they had been allocated an advocate, although no – one at the home currently required one. They said they would request one if needed though. An Advocate is a person that would represent the views of the person on their behalf to others.

Good

Is the service responsive?

Our findings

Our last inspection report for Meadow Lodge was published on 19 October 2018 at which point we rated this key question as 'requires improvement'. This was due to the provider needing to continue improvement in how they responded to people's preferences to ensure they delivered person centred care. At this latest inspection we found improvements in these areas had been made and this key question is now rated 'good'.

The manager and staff demonstrated compliance with the Accessible Information Standards (AIS) and how this should be implemented. The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw for example we saw that a whiteboard, kept with a person was used to promote communication through written messages as they found it easier to communicate in this way, as we saw when the manager was talking with them. We saw the cook use pictorial aids to communicate the choices that were available to them for meals as well during our inspection. We also saw for a person with a visual impairment that staff, when assisting them to mobilise, would talk to them and guide them with a hand on their walking frame.

While some people could not always recall whether their involvement in the planning or review of their care, we saw there was confirmation of their involvement, or that of their relatives in their care records. The manager understood that agreement with a relative could only take place when they had the legal right to make these decisions, such as lasting power of attorney. Where this was in place the manager had recorded this information. Where people were able they had signed to consent to their care plans, and records showed assessments had taken place with people regarding their needs and preferences. A visitor told us," Staff went to previous care home and did an assessment prior to admission and this has been reviewed, if family give advice staff listen". Another visitor told us they were kept informed of their loved one's progress and said staff, "Phone straight away if not very well or had a fall, they walk about a lot, staff try to keep an eye on her". We saw information in people's care records was personalised and reflected the individual, for example food likes/dislikes, routines, and preferred pastimes. One person told us they could follow their chosen routine and said, "I don't get up until about ten and go to bed between midnight and one ". From observation of staff, talking to people and visitors we found that the information we saw documented reflected people's needs, wishes and preferences. Staff when we talked to them were knowledgeable about people's needs and preferences.

One person was very positive about their keyworker who they said they had a positive relationship with and said, "Staff take me when I want to go and I buzz them when ready to come back" and "My [key worker] has done lots of things for me like filling in forms". We saw staff attended handover meetings and observed one of these. We saw that this allow time for staff to share important information about people, and changes to their health and care needs. This information was also recorded in handover records so that information about people was retained.

We saw the manager and staff had identified in people's records what their preferred pastimes were. People told us about activities they participated in with only one person telling us they would like more to do. One

person said, "I read, watch TV or have a chat, I don't want to go on any trips". Another person told us, "Listen to TV or radio. Activation guy comes every two weeks and does exercises and quizzes, go out with family once a month shopping and they visits when they can so quite happy". They also said, "I spoke with the woman from the church on Sunday and they are going to arrange to pick me up to go to church which will be nice". Two people told us they went out independently, and both said they would like a bus pass which the manager said they would organise. A visitor told us, "Staff encourage [the person] to join in [with activities], family visit about four days a week".

We saw the manager carried out audits to check on what activities people were participating in and what their views were about these. We saw recent activities that had been assessed included for example, coffee outings, use of tablet computers, various games, walks in the park and a seasonal leaf painting session, these organised by the activities co-ordinator. This member of staff was not on duty on the day of the inspection but we did see staff spent time engaging and conversing with people throughout the inspection. We saw, for example staff were talked with a person about what DVD to put on and they were laughing and joking about this. The person did say that staff did sometimes change the channel on the TV without their agreement, but we saw that some of the DVDs they chose to watch could be offensive to other people. We discussed this with the manager and suggested a DVD player in their room would help them enjoy their DVDs without interruption. The manager said they would discuss this with the person. Staff told us they would get games out but only a couple of people were usually interested. We saw staff playing Jenga with one person during the inspection. Staff told us one person liked to talk about football and music, another liked to play cards and dominoes, a third liked to reminisce about the army. They told us that, "We don't document these types of activities to say we've done them, we need to get better about filling in the activities records for people who have one to one staff support ". We mentioned this to the manager who told us they were looking to employ another activities co-ordinator so they could be present when the other was on a day off.

There was information about how to make a complaint or provide feedback about the service available in the reception area of the home. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person told us, "Care absolutely wonderful, if a problem I go to any of them, can sit and have a talk". A visitor said "I know owner and he told us if any problems just let him know but not been any. Another visitor said they would raise, "Any concerns raise with [the manager]". One person did tell us they had written to the provider about a request they had made and they were unhappy with the response. The manager told us they were trying to comply with the person's request but this matter was not resolved, and they were in discussion with a social worker in respect of this matter. We saw any complaints and feedback from people or relatives were recorded and investigated to allow an appropriate response, and inform development of the service. We also saw asking people if they had any concerns was a standard agenda item on resident's meetings.

Whilst there was no one living at the home who was receiving end of life care we found that some advance end of life care arrangements was in place. For example, decisions about whether people should be resuscitated following a cardiac arrest (DNARCPR) were in place where this was what or person wanted or in their best interests. Where people wanted to engage in discussions about end of life arrangements, the manager would discuss this with people although due to the potential sensitivity of this subject, people could choose whether or not to share their wishes with the manager or staff.

Requires Improvement

Is the service well-led?

Our findings

Our last inspection report for Meadow Lodge was published on 19 October 2018 at which point we rated this key question as 'requires improvement'. This was because there were continued shortfalls in the governance systems in place, and where improvements had been made these needed to be sustained and embedded into practice. At this latest inspection we found improvements in these areas had continued, although there were still some areas where improvement needed to be further embedded. This key question therefore remained rated as 'requires Improvement'.

The manager and provider were aware of their legal responsibilities, for example submitting notifications in respect of any incidents to CQC, although we found there had been three recent safeguarding alerts that whilst reported to us by the manager in their monthly reports to us, had not led to formal notifications as were legally required. We discussed this with the manager who said they had not notified us as the safeguarding were not raised by the provider, but other external professionals. We saw that these external professionals had reported the alleged abuse to the local authority and appropriate actions had been taken by the local authority and provider to protect people. The manager said as the local authority had been informed, it was their assumption that they would have informed us of the allegations which had not been the case. The manager has since the inspection notified us of these allegations formally and said they understood the need to notify us of all allegations of abuse they were aware of. We had seen that any allegations of abuse the manager had identified and reported had been promptly notified to us.

Despite the noted improvement in the management of the home we were made aware of some issues that needed to be addressed or considered further from talking to people and staff. We heard from some people that there was some dissatisfaction with laundry service. One person told us, "Get other people's clothes and they get mine" and a visitor said their loved one, "Last week wearing stained tee shirt that wasn't theirs". We did see that the manager had addressed another person's concerns about their laundry that was raised with them. The person told us, "I made a complaint in the last six months regarding night staff not getting my own clothes back to me, spoke to [manager] and problem has been resolved". There were some issues we found where there was scope for improvement, although the manager and provider could tell us how they were addressing these and working to further embed changes that would allow them to monitor people's satisfaction with the service. For example, we saw care staff were wearing rings with raised tops that could have caught on people during personal care. Staff were aware they should not wear these rings and one said the manager had mentioned this to them. The manager said they would ensure this was addressed.

There was a manager in post who had applied for registration with CQC at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a condition we had imposed on the provider following our inspection in March 2018 that they

sent us monthly reports in respect of quality audits they carried out at the service. The provider had complied with this condition. We saw there were numerous quality audits in place, these completed by the manager or provider. These audits covered a range of areas for example, the environment, medicines, activities, people's views, staffing and the monitoring of data in respect of people's well-being. Any outcomes we saw were documented and if actions were needed these were monitored and the responsible members of staff identified. We looked at the provider's action plan that they sent us following our last inspection in August 2018 and found they had addressed the actions identified, for example, continuing to improve the quality of meals, continuing the refurbishment of the premises, progressing a more person-centred focus in the way care was provided, and improving quality monitoring. The manager showed us that they completed a range of monthly audits that included monitoring and analysis of activities, complaints, dependency levels, accidents/incidents, safeguarding, and care plans. We also saw there was an overview of indicators of changes in people's health such as their weight and diet which informed the manager and provider if action was needed. These audits we saw led to a clear documented action plan that the manager followed, with copies of the overview of these actions sent to us monthly. The provider employed the services of a care consultancy that the manager told us provided policies/procedures that reflected current legal requirements and assisted with audits. The manager also told us they were available for any advice whenever needed.

People we spoke with and visitors knew who the manager and provider was. One person said, "Manager [name] very nice". Another person said, "I know manager, they are about, can speak with them", with a third person saying, "I know who manager is". A visitor told us, "Manager approachable". We saw and the manager told us they gained people's views through reviews of care, annual surveys and residents meetings (the next seen to be advertised on the notice board for 25 October). People we spoke with were aware of these meetings and one person told us, "Usually attend residents meeting, items raised [manager] will deal with if she can". A visitor also told us, "Aware of resident's meetings, [other family member] attends as I'm at work". People were also able to feedback to staff through a complaints and feedback form, which was displayed in the reception area of the home.

Staff we spoke with were positive about the changes that were happening at the home. One member of staff said, "The food changed, I went through menus and the food with [provider], he has upgraded things, quality is a lot better, now two choices on menu. [Provider] has asked the staff if they have any ideas, and said to please go to him, and, are the residents asking for anything else? He can just get it if they do". Another member of staff told us, "Any queries, you just tell her [manager], she will sort it straight away. She keeps staff informed, it does get done. [Providers] are ok, approachable. Residents come first, our values are the same, it feels like it's a family home, we enjoy the job". Staff told us they felt well supported and the manager and provider both operated an 'Open Door' policy, so they could raise queries when wished, or even call them at home. The manager worked alongside staff up to five days per week, and conducted regular walk rounds of the home, so was visible and accessible to people who lived at the home and their relatives.

Staff told us they had regular team meetings and supervision with their manager to discuss the service. One member of staff told us they had, "Regular supervisions, every two months, if I need anything I will ask, its fine". Staff also told us the reviewed people's care plans with the manager once a month so they could share their knowledge of the person to ensure their care plan was accurate. The staff we spoke with said they felt able to raise any issues with the manager or seniors and were aware of how to 'whistle-blow'. A 'whistle-blower' is a person who informs on a person or organization who may be regarded as engaging in an unlawful or immoral activity. The manager also told us they felt well supported by the provider and had a good working relationship with them.

The manager told us they looked to work with other agencies, this included for example, social workers, and agencies to build strong partnership working that would promote the needs of people living at the home.

The manager and provider were also able to explain what their responsibilities were in respect of their duty of candour. The manager told us it was better to be honest about any shortfalls so they could work towards a quicker resolution with people, relatives and other stakeholders. The law requires the provider to display the rating for the service as detailed in CQC reports and we saw the rating on clear display in the home. The provider did not have a current website but was aware if they developed one they would need to display their rating on this.