Prime Life Limited

Meadow View

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?	Good

Summary of findings

Overall summary

The inspection took place on 15 March 2017 and it was unannounced.

Meadow View is a single storey purpose built residential home which provides care to older people including people who are living with dementia. Meadow View is registered to provide care for 42 people. At the time of our inspection there were 31 people living at the home. Meadow View also provides a personal care service to people living in six individual bungalows situated next to the home, registered separately by the same provider. At the time of our visit, these bungalows were unoccupied so no care provision was provided.

Meadow View was last inspected in May 2016 and was rated as 'requires improvement'. We returned to check if required improvements had been made in the reporting of safeguarding incidents and the overall governance and management of the home. At this inspection, we found improvements had been made.

There was no registered manager at the home, but a manager had been in post since December 2016. They were in the process of completing their registration with CQC. 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.

People and relatives were complimentary about the care and support they received. People received care that enabled them to live their lives as they wanted and people were supported to remain as independent as possible. People were encouraged to make their own decisions where possible and care was given in line with their expressed wishes. People were supported to maintain relationships and keep in touch with those people who were important to them.

Care plans were detailed and contained accurate and up to date relevant information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions as well as reviewing their care to ensure it continued to meet their needs.

Where people were assessed of being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities and had time to refer to people's records to ensure they continued to provide safe and effective care. Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships.

People's care and support was provided by a consistent, trained and caring staff team and there were enough available staff to be responsive to their needs. People told us they felt safe living at Meadow View and relatives were confident their family members received safe care and treatment. Staff knew how to keep people safe from the risk of abuse. Staff understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

The manager and care staff understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge and people's records ensured people received consistent support when they were involved in making more complex decisions, such as decisions around finances or where they wanted to live. Staff gained people's consent before they provided care and supported people to retain as much independence as possible.

Some people were supported to pursue various hobbies and leisure activities and people had enough activities to keep them stimulated. The manager had plans to improve the activities programme to make it more person focussed and to better support those people living with dementia.

People had meals and drinks that met their individual requirements and people who required it, received support from staff.

People told us they could raise concerns or complaints if they needed. Information in the home advised them how to raise complaints and expected timescales and action. People said the new manager was approachable and if concerns were raised, felt assured action would be taken.

People and relatives feedback was sought by completing provider surveys and regular attendance at meetings held in the home. The manager told us they protected time every week for people, relatives, or staff to come and see them to share any feedback or concerns.

After a period of managerial changes that affected the direct management of the home, people and staff spoke positively about the new home manager. The manager had effective processes to ensure staff felt listened to and heard and had plans to improve training, particularly in dementia care. The manager and regional support manager had plans to improve the governance and management of the home. They were continually evaluating and improving current systems and checks which improved the quality of service people received.

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 felt safe and protected living at the home. They were supported by enough staff who were available to provide their care and support when required. Staff understood their responsibilities to report any concerns about people's personal safety or if they believed people were at risk of abuse or harm. People were supported with their prescribed medicines from trained staff which ensured people received their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the relevant training and skills for their roles. The manager and staff understood and worked within the principles of the Mental Capacity Act (MCA) by making sure people's freedoms were not unnecessarily restricted. Staff respected people's decisions and sought people's consent before they provided any care or support. People were referred to other healthcare professionals when their health needs changed and that advice was followed to maintain people's health.

Is the service caring?

Good

The service was caring.

People were respected as individuals and staff were kind, considerate and caring in their approach, when they supported people. Staff were understanding, patient and attentive when people needed support and they provided emotional support for people who became anxious or upset. Staff had good knowledge of people's individual ways, such as, how they wanted their care delivered and how they wanted to spend their time. Staff understood the importance of promoting independence by supporting and encouraging people to do certain tasks they could do themselves.

Is the service responsive?

Good

The service was responsive.

Staff knew the needs of the people they supported and provided their care, in line with their agreed wishes. People and their family members were involved in care planning decisions and regular reviews in how their care was delivered. Staff supported and encouraged people to maintain their interests, to socialise and participate in activities that were meaningful to them. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

People, their families and staff told us the recent managerial changes had been positive. Recent changes gave people and staff confidence to raise concerns knowing action would be taken. The new management team worked well together and had a shared enthusiasm to drive through improvements within the home, The manager had plans to invest in the staff team and make positive changes within the home which people would benefit from.

Meadow View

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 15 March 2017, was unannounced and consisted of three inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We looked at the statutory notifications the previous registered manager and manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas and in their own rooms, with their permission. This was to see how people spent their time, how staff involved them, how staff provided their care and support and what they thought about the service.

During our inspection visit we spoke with seven people who lived at Meadow View to get their experiences of what it was like living there, as well as two visiting relatives. We spoke with the manager who took up their post in December 2016, a regional support manager, three care staff and a cook.

We looked at four people's care records and other records including quality assurance checks, training records, meeting records, observation records for people, medicines and incident and accident records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Meadow View and some people were able to tell us exactly why they felt safe. One person explained, "There are always people about." Relatives were confident their family members were well looked after by staff who had their relatives interests at heart. One relative told us, "They (staff) are very caring. It isn't the poshest of places but I know they care and [person] is looked after. …they are always on hand for anything." Another relative said, "At home I couldn't go out of the door without [person]. Here I know there is always somebody around and there is always somebody on call." Relatives told us they had never witnessed anything that had given them cause for concern. One relative said, "I haven't seen anything that is detrimental to people here."

People were safe because they were protected from the risks of abuse. We saw people were relaxed in staff's company and people's behaviour and response to staff's approach demonstrated they trusted staff. Staff understood their safeguarding responsibilities and the need to be aware of people's non-verbal signs that could indicate if they were unhappy. One staff member told us, "The best form of communication is from facial expressions and their reactions. I would go straight to my senior and manager (if they suspected something was not right). If I felt nothing was being done I would go further up the line and go to Head Office." When asked to tell us about how they would deal with poor practice, one staff member said, "I have put complaints in and they have been dealt with. I have shared concerns about members of staff and it has been dealt with very quickly, such as if I think somebody could do with refresher training, it has been done." The manager understood their role in reporting safeguarding concerns and they actions to take. They said, "I would tell my manager, report to safeguarding and if needed, we have a whistle blowing number, I would call that." At our last inspection not all safeguarding incidents had been reported, however at this visit, there had not been any safeguarding incidents that needed to be reported to us that we were not already aware of.

Prior to this inspection visit we received some concerns that people were sometimes going into other people's bedrooms, resulting in people's behaviours being threatening towards one another. One person told us about this, saying, "Sometimes, but if you ring the bell, they (staff) come and sort it out." Another said, "Occasionally you get it but it gets knocked on the head immediately." Other people told us they had never had people visiting them in their rooms who were uninvited. One staff member told us, "Because you have got (in excess of 30) personalities and people are at different levels of dementia, there is not quite the understanding."

Staff recorded accidents, incidents and falls in people's care records, so they could identify any patterns or trends. Records included the actions they had taken to reduce the risk of a reoccurrence. Staff told us, "People get tired and the increase in incident reports may be due to some more advanced dementia in some individuals. As it progresses, they are less patient with each other, more protective of their own space." We asked staff how they supported people at risk of falls – "We have alarm systems – standing alarm mats and alarms we can put under cushions." This staff member explained how they considered people's environment if they were at risk of falls – "One lady, we found just by moving her wardrobe let more light into her room so they could see better."

The provider used a variety of recognised risk assessment tools to identify where people were at risk. Risks to people's individual health and wellbeing were assessed and action taken to minimise the risks. People's care plans identified risks to their health and welfare, the control measures in place and the equipment and number of staff need to support them safely. For example, the manager assessed risks to people's mobility, nutrition, skin, sleep and well-being. Where risks were identified, there was a care plan to minimise the identified risks. Staff were knowledgeable about the actions they should take and how they needed to support each person to minimise the identified risks. Staff understood that the time of day and events of the day could increase or decrease the level of risk to people's safety and well-being.

We spoke with one person who was at risk of falls. They told us, "I don't walk alone because I tumble. Someone always walks with me." Another person told us that staff often prompted them to use their walking frame. During our visit we saw staff ensured people's walking frames were to hand and reminded people to use them when they walked around the home. At one point an alarm to an outside door went off. A staff member responded quickly and reassured themselves that it was only two people going out for a walk round the garden together.

There were enough staff on duty to support people safely. Relatives felt there were enough staff on duty. A staff member said, "There are enough if we are fully staffed." This staff member said they believed there should be more bank staff – "There are bank staff but they don't always pick up the shifts." They confirmed that the managers were recruiting to the roles.

One member of staff told us, "There are usually seven care staff on all day, plus cleaners, laundry assistants, seven days a week." Staff told us, "It has been down to five sometimes in the past couple of weeks. We manage and all personal care is done, but there is not so much time to talk. A ten minute conversation makes people smile" and "We need to spend more time with people. We need more support with the domestic chores." At tea time we saw that all the domestic staff had finished work for the day, so care staff had to prepare and clear away the tea time meal and organise their own breaks. This was the same time of day the manager had identified most accidents, incidents and falls occurred and was looking closely at how staff were deployed.

Medicines were stored safely and securely and at the correct temperatures to ensure they remained effective. Medicines with special administration instructions were given as prescribed, for example time specific medicines. Arrangements had been made for staff to record 'patch' medicines and to document the removal of an old patch and its replacement on a body map (Patch medicines are those that are applied directly to people's skin). This meant staff knew where to place the patch medicines to limit the chance of skin irritation. Each person had an individual medicines administration record (MAR) with their photo, to minimise the risk of errors. Records showed staff signed when people's medicines were administered and recorded when people had declined to take their medicines. However, we found that handwritten amendments to the MARs had not always been signed by the person making them or countersigned by a second member of staff to confirm they were accurate. The manager told us they would ensure this was done to ensure any amendments were correctly transcribed.

When people lacked capacity to understand the benefits of their prescribed medicine, they were referred to their GP. Records showed the GP had authorised staff to administer one person's medicines covertly in their best interests, that is, without their knowledge, if they declined to take them. Staff were crushing the person's medicines and placing it in their food. However, advice had not been sought from the pharmacist to confirm the medicine would remain effective if given in this way. The manager agreed to seek pharmacist advice, especially as they were changing to a new medicines supplier. Some people received pain relief medicines as required. There were protocols in place to guide staff as to when these should be given. One

person explained, "If you need tablets, they give you them and they are always asking if you are in pain."

We spoke with one member of staff who was a fire warden. The confirmed they had regular fire alarm tests and fire drills. The manager said everyone had a personal evacuation plan. These were available to staff and up to date so emergency services had important information about those living in the home to ensure people were evacuated or kept safe.

Good

Is the service effective?

Our findings

Relatives did not feel able to comment on the training staff had received but said they had observed occasions when staff had dealt calmly and effectively with situations - "I'm amazed how they did it." (referring to a specific example). Another relative said, "They seem to be coping from what I have seen. They stay very calm and there is always a second member of staff about if they need them. They are never reactive and just seem so calm."

Staff were trained to carry out their role effectively. One staff member said, "It is very good. When I first started it was awful. We have brought in a lot of train the trainers (own staff trained to support other staff) which has been useful across the board." The manager wanted staff to develop their dementia care knowledge and had arranged for staff to complete dementia awareness and social inclusion training in April 2017. Staff said this would help them. One staff member said, "I've had virtual dementia training when we have the shoes, the glasses and all the noises. It opened a lot of people's eyes about what it could be like and made people understand more about trips and falls." We asked how it had improved their practice – "It made me understand more about the noise we make around them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Detailed mental capacity assessments in each person's files were decision specific. The assessments detailed what information and support had been provided to the person to help them make decisions for themselves and how the person had been encouraged to participate in the decision making. For example, taking them away from noise and distraction and allowing time for decision to be made. If people struggled to make decisions they could normally make, staff were instructed to carry out health checks to ensure there were no physical reasons that could be affecting their capacity. Some people had lasting powers of attorney to allow other people to make decisions on their behalf. In one person's file we saw there was a copy of the documents issued by the courts so they could be confident that people's relatives and representatives had the legal right to make decisions on their behalf. Where restrictions on people's liberty had been identified, the manager had made DoLS applications to the relevant authorities so they could be legally authorised.

Staff understood their responsibilities under the Act and assumed people had capacity to make everyday decisions. Staff checked with people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support. Staff told us, "I had

DoLS training. I would like more. Staff here do understand about giving choices, for drinks, food and clothes say" and "We had training in the MCA and I understand it. If a person declines to wash, I try to persuade them or go back later, or another staff might try. It usually works."

During our inspection visit we saw staff seeking people's consent before they supported them. For example one said, "Can we just pop this on you to keep your clothes clean?" People told us they could make their own choices about how they spent their day. One person told us, "They come and see you are alright to get up and if you are ready they will help you." Another said they could choose where they wanted to eat. "If I wanted lunch here (in their bedroom), they would bring it to me."

People enjoyed the food, comments included, "It is very good. It is always nicely cooked", "I had beef Bolognese yesterday and it was gorgeous" and, "You get a choice, it is normal home cooking." One relative described the food as "brilliant" and went on to say, "They have a choice of two things." Another relative said, "I've had a few meals. It is lovely food. My Mum eats much better here than she did at home." At lunch time people were offered a choice and shown pictures to give them a visual prompt. One person could not make up their mind and the staff member said, "Do you want a bit of both." People who needed special diets such as pureed food were given them. Assistance and support was offered to people at lunch time if they needed it. For example, one staff member asked a person, "Would you like me to cut the meat up for you?"

We saw one person was reluctant to eat. A member of staff sat with them prompting and encouraging them. The staff member did not rush the person. One relative confirmed, "They (people) are never left not eating. Staff will go and coax them to eat a little bit more." Some people had plate guards to support them to eat independently. People told us staff encouraged them to drink to ensure they did not become dehydrated. "They are always going round with a big jug." A relative confirmed, "She has always got water in her room. They try and encourage her."

People's care plans included their dietary needs, cultural preferences and any allergies. They contained clear guidance for staff in how to support the person to obtain maximum nutritional benefit from their meals and how to monitor any changes in the person's weight and interest in food. People's dietary needs were assessed using a recognised nutritional assessment tool and people were regularly weighed to monitor for any changes. Care plans detailed any loss of weight of more than 5% should be referred to a dietician. For one person who was at risk of poor nutrition, staff had referred the person to a dietician who was prescribed a fortified diet. That is, their meals were enriched with high calorie ingredients such as butter, cream and cheese. Staff were instructed to offer the person a visual choice of meals, to encourage and assist them with eating and to offer high calorie snacks between meals. We saw staff followed the guidance for this person at lunch time and kept a record of how much the person ate.

People and their relatives told us people were supported to access health professionals when required. One relative told us, "They are on top of all his appointments." Records showed staff referred people to healthcare professionals when their health needs changed. Staff were observant to the impact to the person when they followed the health professionals' advice. For example, when a person suffered some side effects of a prescribed pain relief medicine, staff had asked the GP to change the format of the medicine. Records showed the manager recognised when one person's needs had changed gradually over time and sought advice from mental health professionals, to make sure Meadow View was still an appropriate place for the person to live.

Good

Is the service caring?

Our findings

People were pleased with the care and support they received. Typical comments included, "The people (staff) are very friendly and if you are not very well they are helpful" "The staff are really good. If you need anything extra or you are not sure, they are always there to help you. There isn't a nasty one amongst them" and "There are a lot of lovely people (staff) here." During our visit we saw one person commented about staff to another person, saying, "Look at that smile, it proper cheers you up to see it."

One relative whose family member had recently moved into Meadow View told us they were given a full introduction to the home – "We were taken into [person's] room and shown what was there. [Person] was pretty well introduced." This relative felt the support they had been given when their family member moved to the home had given them reassurance they would be cared for – "What this place has done for me, it has opened my eyes, and it has taken the fear away."

Relatives told us all of the staff were kind, sensitive and caring in their approach. One relative described staff as, "Absolutely fantastic, every member of staff. It is just the way they are with people, they make it a real family feeling. It is lovely to come in and have a smile from them." They explained that one thing they valued most was, "They (staff) give people time to make their own decisions. I like the way they have an understanding." Another relative told us, "Staff have always got time for you to have a chat."

People enjoyed their environment and were involved in the colours and choices of the décor. The manager told us they had made recent improvements to the décor in the communal dining room and lounges, with people's choices being respected. One person told us about the colour choices, "It is very nice, very eye catching but they don't dazzle." Another person told us their bedroom had recently been decorated – "Before they started, they came with a book and asked what sort of colour I wanted." The manager told us about their plans to make the home environment more dementia friendly, such as further improvements to lighting, colours and more tactile and sensory items to enhance people's experiences.

Relatives told us staff welcomed and encouraged them to visit the home when they wanted, without appointment. One relative told us, "I'm more alive here than I am at home. I feel very welcomed." This relative explained how staff were good at distracting their family member so they did not become distressed when it was time for them to leave – "They take that off you and give you a chance to leave." They said that having been their family member's carer for a long time they now felt able to allow care staff to take on that role. They told us how it made them feel, "What they have given me back here is, I am his wife again."

Staff told us about one person had been through a particularly emotional time. We saw a staff member sat with this person and was talking with them about different things. The person clearly valued that time and said to the staff member, "You have made it extremely different and that has been a breakthrough." We asked this person what special qualities made a caring staff member. They responded, "Someone who is prepared to give their time to someone who perhaps needs a bit more of their share."

It was clear talking and observing staff that they enjoyed caring for people. One staff member told us, "I love

it here. It is small enough and we have time to have the fun side and it is not just about care." On the day of our visit, one staff member had come in on their day off to show people their small dog. People clearly enjoyed this.

The manager was confident in staff's abilities and said staff at Meadow View had caring personalities who wanted to do their best for people. They said, "99% of people like the staff. The staff here have patience." They said, "You can see they care, it's their gestures, they look at things from the persons' perspective and they are empathetic." The manager walked around the home and on occasions helped support staff on the floor. They said this gave them opportunity to watch staff with people and observe staff practice.

People's care plans included a 'getting to know you' document, which helped staff to get to know them well. The document included details about their family relationships, significant life events, occupation, hobbies and their likes, dislikes and fears. Some people's names and photographs were displayed on the wall outside their rooms, which encouraged a sense of personal ownership.

People were supported to maintain their dignity and were treated with respect. Care plans included instructions to remind staff how to protect people's privacy when assisting with personal care. For example, one person's personal hygiene plan included the instruction, "Ensure only the part of the body you are supporting to wash is uncovered." One person's care plan reminded staff not to discuss the person and not to divulge any information on the phone, without first consulting the person's advocate. People's personal details and records were held filed in cabinets in the office, so only authorised staff were able to access personal and sensitive information. Records showed that staff were aware of their duty to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People told us the care they received was responsive to their needs and staff understood how they preferred to spend their time. For staff to be responsive, people had an assessment of their needs before they moved to the home. This was to ensure staff had the skills and knowledge to provide people with the care and support they needed.

People's care plans demonstrated how people and their relatives were involved in agreeing and reviewing their care plans. Relatives told us their family members likes, dislikes and preferences were discussed with them when they first started using the service. We asked if relatives were involved in care plan reviews. One relative responded, "Initially I had a chat and then, I don't think it has been gone through in that much detail, but if there have been any issues, I have gone through that with them."

People's care was regularly reviewed and information was updated when their needs changed. We saw there had been improvements in the level of detail in care plan reviews. Previously staff had recorded 'no changes' at the monthly review. At the most recent care plan review, staff had described the person's recent behaviour, level of engagement with others and staff, their response to care and support, and any actions that staff had recently agreed to support the person. Staff told us, 'Keyworkers' review and update care plans. Staff said, "We had care plan training in '60 second' learning sessions. We coach new staff in how to write and review care plans." All staff read the care plan when a new person moved into the home.

We saw staff understood people's individual needs for reassurance and knew how to maintain their sense of self and wellbeing. Staff told us they found out about changes in people's needs at the handover between shifts. One staff member said, "Staff are really good at communication and through their care plans…we always chat amongst ourselves."

Staff monitored and responded proactively to people's well-being as well as their physical health. For example, staff were requested to monitor when one person spoke about a family relationship, because they had been known to make contradictory statements about the relative. A healthcare professional needed to assess how accurate the person's memory was and whether any particular memory triggered a change in their behaviour. Staff were instructed to monitor the person for warning signs, such as anxiety, agitation, restlessness to first rule out physical ailments. Staff completed this in line with the professional's advice.

Staff told us, (since the changes in the layout and décor) "More people go in the lounge now. One lady usually stayed in their room, but spent time in the lounge after we made the changes." One staff member said, "The home has improved. It is more homely, nicer colours everywhere, good room layout. People spend more time in the communal areas now." Staff told us how they had noticed improvements in people's response to the new décor and colour – "People come out of their rooms more often." The manager said this was what they wanted to achieve, to get people more involved to limit social isolation.

People told us staff responded quickly if they needed support or assistance. One person told us, "You have got the emergency bell and if you ring it they are there in seconds more or less."

Some people were able to tell us that staff took time to know them as individuals. One person said. "You chat to staff and I do feel they are interested." A relative told us, "If Mum says anything about the past, they home in on it and encourage her to talk about it." One staff member explained how knowing about people supported them to provide person centred care, especially when people were anxious or distressed. They told us that by talking about things that people were familiar with – "It gives us the information we need to provide reassurance."

We spoke with one member of staff about a person whose care we tracked. They demonstrated a good understanding about the person's needs and about their family support. This person could sometimes become agitated which could result in occasional altercations with other people. The staff member told us, "We have to be aware and keep [person] occupied." This person used to work with their hands and the staff member explained, "We have brought in more 'fiddle boards' and we have made a nice 'feeler corner' for them. It is important to have these little quiet areas where they can go, but still be busy."

People were supported to maintain their interests and preferred pastimes and had opportunities for purposeful activity and socialising. People told us there was generally enough going on in the home to keep them busy. When asked if they ever got bored one person responded, "No, I just walk around and see what is going on." Another said, "Not really. If I get bored, I go for a walk and look at the little lambs in the field." Another said there was enough to do, "Because it is my choice." One relative told us, "They had exercises today. They had a singing afternoon and everybody was up, the people and staff. The joy that was in that room." Another said, "I always think there should be a bit more but it is probably more that they would be getting at home." During the morning of our inspection visit eight people chose to participate in an armchair exercise activity from an external person. Some people chose to sit and read newspapers or sit quietly looking out of the window.

There was a photo board and photo album displayed in the entrance hall, which showed people enjoyed trips out with staff and celebratory events at the home. Photos showed people had visited a conservation wildlife park, the local street market, had been out for a meal, and enjoyed music and dancing afternoons at the home. We saw artefacts in the lounge to promote reminiscence, for example, old metal teapots, binoculars, tambourine, xylophone, record player which resembled an old fashioned radio and a piano. Staff told us one person played it sometimes. We saw boards in the hallway and lounge with door furniture, such as a bell, knocker, bolts and handles for people to touch and feel. There were magazines on the coffee table in the lounge and 'fiddle muffs' on the table in the dining room. Staff told us, "We have the feelers, sensory objects. Some were donated by a relative and some are from head office. People do fiddle with them and walk around with them. It occupies their mind."

We asked people who they would talk to if they had any worries or concerns. People told us they would be confident to speak to members of care staff or the managers to share their concerns. No one we spoke with had raised a complaint and since the new manager had been in post. The provider's complaints policy was clearly displayed in the entrance hall with a poster that said, "Do you have any queries, comments, complaints or concerns" and explained how to share them with the management team.

Good

Is the service well-led?

Our findings

When we inspected the home in May 2016 we rated the service as required improvement. We found safeguarding incidents were not always reported and the systems for quality monitoring and governance of the home were not always actioned. At this inspection, we returned to see if the required actions had been taken. This was to ensure people received a service that was safe, from a provider that effectively managed the service and implemented improvements through their own checks and audits. We found improvements had been made.

Since the last inspection, the registered manager and other senior managers were no longer in post or directly involved with this service. A new manager had been appointed and had received a handover from the previous registered manager. The new manager was in the process of registering with us. They were supported by a regional support manager who was not new to the organisation, but new to managing this service. It was clear from our conversations with them both, they had recognised what improvements were needed. They told us they had built up a good working relationship that respected each other's strengths and said this would drive the improvements they wanted to make.

People said the recent changes in management had improved the service. One relative told us they would go to the manager if they had any questions – "I suppose I would go to [manager]. On Wednesdays she has a surgery but you could go to any of the girls." Another relative told us, "I think it has improved since [Manager] has taken over. They have made changes with the decorating and everybody seems to get on together." This relative particularly valued the fact that staff and managers were open when there were any issues around their family member's care. They explained when their family member first moved to the home there were some issues around getting their medicines right (Warfarin). They said, "I've been more than satisfied that when things haven't gone quite right with medication, they have come straight to me. I love the openness." The manager held weekly 'managers surgery' to give people and relatives opportunity to see them, although they said, "Anyone could approach me anytime, I have an open door." The manager created and set up a monthly newsletter sent to people and relatives that keeps them updated of planned changes, trips, staff and events, in case they cannot attend meetings.

All of the staff said the recent managerial changes had been positive and they felt able and confident to raise concerns, knowing action would be taken. Staff spoke positively about the new manager – "She is doing really well. A lot of the improvements that needed to be made are being done. The staff are backing her and the ones that aren't are leaving." We asked them what made the difference, they said, "You know where you stand more. The staff know she is fair and firm which is what we needed." One staff member said, "Now we have got new directors and managers down the line I think things have improved very quickly." "I wasn't as positive then because the training wasn't so good, the morale wasn't good and the management wasn't so good." This member of staff told us that the changes had improved the home – "It makes a big difference to the residents."

Staff said they had opportunity to provide feedback at one to one meetings with a senior staff member. One staff member said, "I attend one-to-one meetings with the manager. They are called AAA meetings and we

discuss attendance, absence and attitude. We are rated green, amber or red on all three counts. I was just rated green all round. Now if we have anything to say, we are listened to, and we are heard."

The manager told us on a number of occasions during our visit they wanted to improve social activities for people. They said, "I am passionate about dementia care. I want to push staff to get involved." The manager said they had a good staff team who were caring and passionate about supporting people. They told us they had arranged 'social inclusion' training which focussed on supporting people with dementia. The manager said they had been allocated some money from the provider to spend on activities and social events. The manager said they had arranged for communal areas to be painted in bright colours. We saw recent meetings where people living at the home, we asked about colours and what they wanted. One person said they wanted tablecloths and curtains to match in the dining room as this had happened. The manager told us about 'TLC' meaning themes, lighting and colours which was being considered by the provider to enhance the dementia care and environment for people living with dementia. Although we had raised this issue at previous inspections, the manager said she was determined to see this through and the provider was also committed.

The regional support manager had direct management responsibility for the manager. They told us since they started, they had provided weekly visits to support the new manager. They told us part of their responsibility was to mentor and monitor. They completed regular checks on the manager's performance in key areas, such as monitoring staff training, complaints, safeguarding and accident and incidents. They explained because the manager was new, they visited several times a week and the results of their checks, were scored that indicated the new manager was a higher risk, than an established manager. The regional support manager said, "This is normal, we expect this." They said over time if there were no concerns, the score drops which means they won't need such close supervision. They said regular visits would continue to happen regardless of the lower scores because their role was to monitor the quality of the service, through the managers and their audit processes.

The regional support manager said the regional director visited each service and completed a 'sit and see' check. We saw the feedback from a visit made in February 2017 which was positive. One recorded comment said, 'Great banter with clients.' Other comments were 'staff encouraged people to be independent 'and 'help staff celebrate success.' This check showed Meadow View scored 90% and the regional support manager said, "This was the highest score, across 23 homes in the region." The manager said they were proud of this because it showed they had a staff team dedicated to their work. The manager said the results showed, "It's natural for the staff group to do what they do" and "Staff go the extra mile." They also said of staff, "They are our eyes and eyes, that's why they are listened too." The manager told us their goal was for the home to achieve an 'outstanding rating'. The manager recognised this would take great effort from them and their team and said they felt confident with help and support from the provider, this could be achieved.

There was a programme of effective audits and checks such as fire safety, health and safety, infection control and medicines. These audits were completed and where improvements were identified, action had been taken. For example, the medicines audit showed double signatures were not being recorded and there were some gaps in MARs. The regional business manager said action had been taken to reduce this from happening again. They said their follow up visit would look into the action plans from each audit to check positive action had been taken. The manager showed us night and observation checks which they had improved so records were more clear and accurate, For example, checks that had printed times were now blank, so staff recorded the actual time of the check which for some important events, could be vital to support when something happened. The provider planned to change the way medicines were managed and administered within a few months after our inspection visit. The new method known as 'bio dose' meant all the medicines a person needed would be delivered in a single pot for each time of day. All staff were being

trained in administering medicines in the new format. This would ensure there was always more than one person on each shift who could administer medicines safely.

Accidents and incidents were recorded and analysed by the manager to check for patterns or trends. The manager said they did this because it identified how, where and how incidents took place. They told us their analysis had identified people fell in the communal hallway because they did not have a handrail on one side. A handrail was fitted and the number of falls had decreased. Further analysis completed in February showed 17 falls had occurred between 4.00pm and 8.00pm, in people's rooms. The manager said this was because people were on their own and not always supervised. They were looking at increasing activities over this time to limit the number of falls as people would be observed.