

# Yorkshire Parkcare Company Limited

## Meadow View

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on May 2015 in which a breach of the legal requirements was found. This was because people who used the service, and others, were not protected against the risks associated with inadequate infection, prevention and control measures.

After the last comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We carried out this comprehensive inspection to check that they had followed their plan and to confirm that they were meeting all of the legal requirements.

This inspection was carried out on 13 and 19 April 2016 and it was unannounced on the first day. This was the third rated inspection for this service, which had previously been rated inadequate, and at the last inspection in May 2015 had been rated requires improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'Meadow View' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Meadow View is a care home providing accommodation for older people who require personal care and nursing care. It also accommodates people who have a diagnosis of dementia. It can accommodate up to 48 people over two floors. The downstairs unit provided care and support for people living with dementia. The floors are accessed by a passenger lift. The service is situated in Kilnhurst near Rotherham. At the time of this inspection there were 38 people using the service.

The service did not have a registered manager in post. However, there was a new manager who had commenced employment at the service six weeks prior to this 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.

We found improvements had taken place to the cleanliness of the home so that people who used the service were protected against the risks associated with inadequate infection, prevention and control measures. The home was being decorated throughout at the time of this inspection. The hospitality manager told us that new chairs had also been ordered which would improve the furnishings in lounge areas.

There were robust recruitment procedures in place, staff had received formal supervision. Qualified nursing staff had also received a monthly clinical supervision. Annual appraisals had been carried out before the new manager had taken up her position. These ensured development and training to support staff to fulfil their roles and responsibilities was identified.

Staff told us they felt supported and they could raise any concerns with the manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if

they needed to use it

The manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being placed on them. We found some improvements were still required to ensure mental capacity assessments and best interest decision records were more detailed and decision specific.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms, so appropriate referrals to health professionals could be made. The home involved dietitians and tissue viability nurses to support people's health and wellbeing.

People were supported with their dietary requirements. We found a varied, nutritious diet was provided. However, on the first day of this inspection we found the meal time experience could still be improved for people who used the service. On the second day of this inspection we found the dining experience was much more relaxed and organised.

We found staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with told us that they were encouraged to make decisions about their care and how staff were to support them to meet their needs.

People were able to access a variety of activities, although some people told us that they preferred to spend time on their own. Signage around the home had improved to ensure people living well with dementia could orientate their way around the home. However, more improvements were needed to ensure contrasting colours distinguished bedrooms from bathrooms and toilets. Handrails were painted the same colour as the corridor walls which made them difficult to stand out for people who were visually impaired.

People were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, more detailed information needed to be sought to ensure medication administered covertly [hidden in food or drink] was suitable for crushing. Protocols were in place for administering 'as required' medication for pain, but we found one person's medication for low mood did not have a protocol for its administration.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the manager. The reports included any actions required and these were checked each month to determine progress.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service required improvements to make them safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the home's procedures in place to safeguard adults from abuse.

Individual risks had been assessed and identified as part of the support and care planning process. Medicines were stored and administered safely, however additional information was needed regarding administration of covert medication.

We found there were enough qualified, skilled and experienced staff to meet people's needs.

Systems had improved to manage infection, prevention and control.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People were kept safe at the home. We found that staff we spoke with had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. However further work was needed to ensure the mental capacity assessments were decision specific.

People's nutritional needs were met. The food we saw provided variety and choice and ensured a well-balanced diet for people living in the home. However the meal time experience could still be improved. The environment did not fully meet the needs of people who used the service living with dementia.

### Is the service caring?

**Good** ●

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the manager approachable and available to answer questions they may have had.

It was clear from our observations and from speaking with people who used the service, staff and relatives that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and people's needs were being met.

People were able to access activities both inside the home and in the community.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was displayed in the entrance hall for people who used the service and visitors to access.

### Is the service well-led?

Good ●

The service was well led;

Systems to improve the quality still needed to be fully embedded into practice to ensure improvements were sustained.

The manager listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, we saw these had been identified and were being addressed and followed up to ensure continuous improvement.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to. The provider also asked people who used the service, their relatives what they thought of the service.

# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 19 April 2016 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in care of older people in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority, commissioners, safeguarding vulnerable adults authority and Rotherham Clinical Commissioning Group. The local authority was continuing to monitor the service and conduct visits to ensure the action plan in place was being followed.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care, including care plans, risk assessments and daily records. We looked at seven people's support plans. We spoke with 13 people living at the home and ten relatives.

During our inspection we also spoke with eight members of staff, which included nurses, care workers, deputy manager, hospitality manager, the manager and a registered manager from another service who was supporting the new manager through her induction. We also looked at records relating to medicines management and how the home monitored the quality of services.

# Is the service safe?

## Our findings

At our previous inspection May 2015 we found people who used the service and others were not protected against the risks associated with inadequate infection, prevention and control measures. This was a breach of Regulation 12 (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan of what improvements they planned to make and by when, to ensure they met the legal requirements. At this comprehensive inspection we looked at the systems in place for the prevention and control of infection and found improvements had been made to meet the required standard. We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. The hospitality manager showed us a completed infection control audit and said that he was responsible to ensure standards of cleanliness were met. The manager told us that she would have responsibility to oversee the audits and to do this she carried out daily walk arounds of the building looking at standards within the home.

Relatives we spoke with commented that they thought the home was clean and fresh. The home was being decorated throughout during this inspection which also helped to ensure surfaces were thoroughly cleaned ready for decoration.

At this inspection we found some improvements were required to ensure that people's medicines were safely managed. We found one person was administered their medication covertly [hidden in food or drink]. However, there was not sufficient information to confirm the medication was suitable for crushing. When we returned for the second day of this inspection the deputy manager had arranged for the person's GP to visit to discuss if alternative medication could be prescribed in a different form, for example in a liquid. The deputy manager had also consulted with the supplying pharmacist to obtain information about crushing of certain tablets. We found protocols were in place for administering 'as required' medication for pain, but we found one person's medication for low mood did not have a protocol for its administration. This had been put in place when we returned for the second day of the inspection.

We found medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security.

The deputy manager told us that Rotherham Clinical Commissioning Group [which is responsible for planning local healthcare services] had been undertaking some work with GP practices and care home to enhance medical services for people who used the service. This meant people were given the option to move to one local GP practice. The home currently uses seven GP practices which meant people's medication was requested at different times of the month. This had led to inconsistencies when obtaining repeat prescriptions. For example, the deputy manager was having difficulty in obtaining nebulisers [to help with breathing] for one person who used a GP practice in a nearby village. This resulted in essential medication not being received before the previous supply had run out. An emergency prescription was obtained over the weekend while the issue was resolved.

Staff only administered medication after they had received proper training and been assessed as competent. Their competency was re-assessed annually, in order to make sure they adhered to good practice. Members of the management team undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence that timely action was taken to address any issues identified for improvement.

Medication was securely stored. Drug refrigerator temperatures were checked and recorded to ensure that medicines were being stored at the required temperatures. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We found the records were clear and up to date.

The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records. Risks in relation to the building were well managed and the manager told us that a maintenance person was available to deal with minor repairs. We saw hoists and equipment used to keep people safe were regularly maintained so they were safe to use.

Staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents and incidents, and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The manager told us that training was used to ensure staff had the necessary skills and competencies through a thorough induction to the ethos of the home. The manager told us that they retained staff and this was confirmed when we spoke with staff. They told us they had worked at the home for some time and had no intention of leaving. They said the new manager valued their work and this encouraged positive team work. The manager told us they were looking to recruit new staff in the near future which included care and nursing staff.

We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Relatives we spoke with indicated that they or their family members liked living at Meadow View. One relative said, "This place is brilliant, you could see my family member was glad to get out of hospital and back here, you could see the change in them." Another relative said, "I have never seen anybody being treated in a way that made me feel uncomfortable."

We spoke with staff about their understanding of protecting people from abuse. They told us they had



undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the nurse or the manager. We looked at the safeguarding records and notifications sent to us from the home and found appropriate measures were put in place to protect people who used the service from abuse.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. The manager told us they used a dependency tool to determine numbers of staff required. We found the required staff were on duty to meet people's needs. We also saw that the manager was dealing appropriately with the sickness, to ensure staff followed procedures to enable cover to be provided.

Staff we spoke with confirmed they thought there were sufficient staff on duty to meet the needs of people who used the service. Staff said this had improved since a new manager had taken over. They told us they felt able to discuss the needs of people to ensure sufficient staff were working.

The general impression from the people we spoke with was that the staffing levels were adequate, but there were a couple of comments about problems when there were staff absences. One relative said, "Sometimes they need more staff, four is OK but if one is off three aren't enough and they need more at mealtimes."

The manager told us that some agency nurses were still being used until the new nurses had been cleared to commence employment. We saw an agency nurse was working on the second day of this inspection. She confirmed to us that she had worked at the home several times so knew the people who used the service quite well.

None of the relatives we spoke with raised any concerns about the staffing levels. One relative said, "We can always find one of the nurses to ask any questions about my family members care." We observed people were given assistance when required and call bells were answered without delay.

## Is the service effective?

### Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and relatives we spoke with told us they thought the care staff were competent and well trained to meet their or their family member's individual needs.

From our observations and from speaking with staff it was clear that staff knew people very well. Most staff had worked at the home for a number of years.

We looked at the training plan and saw most staff had completed all of the mandatory training required by the organisation. Staff we spoke with confirmed that they felt the training they had received enabled them to meet the needs of people who used the service. One staff member told us that they had completed all of the on-line training available to them and had obtained a nationally recognised qualification in care at levels two and three. The manager told us that some training was accessed on-line while others were classroom based through the local council and internally through the organisation. The dementia coach who worked for the organisation told us she was delivering 'Creative Minds' training to staff. The training was accredited by the University of Brighton and was split into five modules. The programme was designed to help staff support people living with dementia to live their lives to their fullest capacity.

The manager told us that they were in the process of agreeing a training programme with the Rotherham Hospice which will cover end of life care and will be suitable for all staff. Nursing staff had also accessed catheter care and Percutaneous Endoscopic Gastrostomy (PEG) training which helped them maintain their skills and competencies as a qualified nurse. PEGs are most commonly used to provide a means of feeding people when oral intake is not adequate.

The manager told us that new staff would be given an induction which included shadow shifts (working alongside an experienced colleague) and a programme of training. Best practice suggests that new staff should be inducted in accordance with the principles of the Care Certificate (CC). The CC requires staff to complete a programme of training, be observed by a senior colleague, and be assessed as competent within 12 weeks of starting.

People who use the service and the relatives we spoke with responded positively in regard to the training of the staff. One relative said, "As far as I'm concerned the staff are on the game and they know about their needs and likes and dislikes." One person said, "Staff know everything about me, what I like and don't like."

We found that staff received supervision (one to one meetings with the manager or a nurse) and they told us they felt supported by the manager, the nursing team, and also by their peers. The manager told us that all staff had received an annual appraisal of their performance prior to the previous manager leavings. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and also attended staff meetings to discuss work practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the DoLS. One person currently living at the home was subject to a DoLS authorisation and the manager was aware of the guidance and was reviewing people who used the service to ensure this was being followed. We were informed that several DoLS applications had been sent to the local authority for their consideration. We saw the documentation that supported this. However these were still being considered by the local supervisory body. The manager told us that staff had received training in the subject. The staff we spoke with had a good understanding of the principles of the MCA that ensured they would be able to put them into practice if needed.

On the first day of the inspection we looked at a number of care records in relation to people's mental health and found mental capacity assessments (MCA) were not decision specific. For example, they stated that the person did not have to capacity to care for themselves but were not specific about which aspects of their care they needed support with. We also found one person was receiving their medication covertly [hidden in food or drink] but there was no MCA or best interest documentation to state who made the decision and if it was the least restrictive way of ensuring the person received the medication.

We discussed this with the manager who confirmed further work needed to be undertaken to ensure the MCA's were decision specific. When we returned on the second day of the inspection the manager told us that a best interest decision meeting had been arranged with relevant people invited to formalise the decision to administer medication covertly. The manager also told us that staff had revisited the completed MCA records and made them more decision specific. We checked four of the records and gave feedback to the manager about our findings. The manager told us that all care plans would be reviewed within the next three months.

We looked at the care records belonging to seven people who used the service and there was some evidence that people had consented to their care and treatment. However, we also found blank records which had not been completed by the person or their relative. We discussed this with the manager who agreed to complete an audit to identify where records were not fully completed.

The manager told us they had identified champions. For example, staff had been identified to take on the roles of champions in dementia care, dignity, and infection control. Nursing staff had received additional training in safeguarding so they could lead staff and submit referrals in the absence of the manager. This helped to ensure staff worked to best practice guidelines in all aspects of care.

We used SOFI to observe people who were being supported to eat lunch. On the first day of our inspection we found depending on where people ate their meal the quality of the experience varied. On the upstairs unit where we undertook the SOFI lunch was served at 12.40pm. People told us there was no set time so it could come anytime between 12.30pm and 13.30pm. Menus were displayed on the tables; tables were laid nicely with clothes and condiments. The menus displayed only gave one choice and no one knew what was for diner before they sat down. No one was able to tell us how they chose what they wanted to eat. One person said, "I didn't choose what I wanted for dinner."

The food was well presented, one table was served at time so people ate together. People told us they enjoyed the food but found it very repetitive. One person, when they were told what was for pudding, said,

"Again, we have that every week sometimes twice a week." We discussed the lack of variety with the manager who told us they were in the process of devising new menus with the involvement of the people who used the service. They had identified there was a lack of choice and variety. They told us the new menus were hoping to be introduced in the next two weeks. Most people ate with no assistance and were seen to be enjoying their meals.

We observed one person was eating with a knife only and kept dropping food down their front. No staff came to give assistance or offer support. There was a fork and spoon on the table on the left hand side of the person, the person was eating with their right hand and could not reach the cutlery.

On the downstairs unit on the first day of the inspection we found the meal time was not as organised, with some people not having a very good experience. People were shouting at each other and some people were seen to leave the table a few times before the meal arrived. One staff member tried to defuse heated conversations while others did not appear to be aware of the noise levels within the area. We observed one person sat throughout lunch without being offered any food. The person could see from her position people eating which may have caused them distress. We raised this with the manager who confirmed the person required additional support with eating and drinking, but should not have been left throughout without being served their meal.

On the second day of the inspection we observed the meal in the downstairs dining area and there were significant improvements. The hospitality manager told us that all staff were to engage with people who used the service during mealtimes. This included all ancillary staff. This had helped to create a much calmer atmosphere during the meal.

We found the home was being decorated during this inspection and people had been involved in choosing some of the wallpaper. Some improvements had been made in relation to signage. The organisation had provided large signs to signpost people to different areas. They assured us they were looking at best practice guidance and would provide an environment that meets the needs of people living with dementia. However, the environment did not fully lend itself to people who used the service living with a dementia. Corridors and doors were all similar colours, which meant people would find it difficult to locate a bathroom or toilet. Handrails in some areas were the same colour as the walls making them hard to see for people who were visually impaired. The manager told us that she had been in consultation with the dementia coach who worked for the organisation and they had stopped any further decoration of the corridors so that they could introduce different colours to certain doors, handrails and door frames to make them more dementia friendly. The manager told us that they planned to introduce sensory displays, reminiscence areas, rummage boxes, posters, pictures, photo boards and resources that would make the environment more appropriate, accessible and enjoyable for people living with dementia.

# Is the service caring?

## Our findings

Everyone we spoke with were happy with the quality of the care given by the staff. One relative said, "The staff are lovely, alright with everyone. They treat mum well even when I'm not here." Relatives felt that the staff knew people as individuals and made sure that their individual needs were catered for. Another person using the service commented, "They make sure that you get what you want and need. Like do you want your hair done today?" One of the relatives said, "I would recommend this place to anyone, in fact when it's time I want to live here."

People felt the staff were kind and caring. One person said, "It's OK here the staff are very kind." Another person said, "I like living here I have my own bedroom and I like to sit and have some peace and quiet." A relative said, "The staff work hard it's a difficult job but they do it well."

We observed staff treating people kindly and compassionately. Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs. We observed good and positive engagement between staff and people throughout the inspection. Staff appeared busy at times, but we did observe staff taking time to sit and talk with people, showing a genuine interest in what they had to say. For example, one staff member engaged with a person who had a keen interest in football. They had a joke about their team not doing very well. Another person talked about their husband's love of trains and the home was very close to a busy train line. They described how their husband would know which direction the train was moving, either to Sheffield or Doncaster. They could do this just by the sound of the engine.

We observed a care worker handle a confrontation between two people who used the service. The care worker dealt with the situation in a calm professional manner. They spoke calmly and reassuringly. They distracted one person discreetly and quietly persuaded her to move away with another care worker who came to assist.

During the morning we saw the activity co-ordinator sitting in the lounge chatting to people about their interest. Appropriate music was being played in the background which prompted a sing-a-long. A newsletter provided topics for conversations and the author had included two short quiz's and people were happy to join in together to provide some of the answers

We looked at seven individuals' care files to see if they gave some background information about the person. We saw a personal history document which had sections about how the person liked their care delivered. It also identified people that were important to them, their life history and likes and dislikes. We spoke with staff about how they delivered care to the people. Two members of staff told us they had worked at the home for over ten years. It was clear that staff knew the people very well. They also knew relatives that visited very well and we saw that staff spoke to people using their preferred names.

We observed staff using mobility equipment such as a hoist in the lounge areas. The staff spoke to people during the process and managed to assist them in a very discreet manner. Other people carried on with what they were doing and did not appear to have their attention drawn to the process.

The service had a strong commitment to supporting people and their relatives, before and after bereavement. The manager told us that they had engaged with Rotherham hospice for some specific training which all staff could attend.

People were supported to be as independent as they wanted to be. Records included reference to the assessed level of each person's ability to undertake everyday tasks, such as carrying out elements of the own personal care.

We saw staff treated people with respect. Whenever staff entered a room or walked by a person they said hello and asked them how they were. This resulted in warm and friendly interactions between staff and the people they cared for. It was clear that people liked the staff and interacted well with them.

The manager told us dignity champions were in place. Dignity champions have a designated additional role to ensure that people receive compassionate, person centred and dignified care.

The manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed relatives visiting people throughout the day.

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

# Is the service responsive?

## Our findings

People who used the service and the relatives we spoke with said staff were responsive to their needs. One person said, "They treat me A1. I've been in other homes and they didn't help me with my problems but here they have put me on a plan and it's working out well." The person also felt that both they and their relatives were actively involved in making changes to their care plan they said, "I am involved in my family members care; they can't talk now so I discuss any changes."

Most people spoke positively about the activities they took part in and how they were supported by staff to do things that were important to them. We spoke with the activity co-ordinator while she was sat chatting to people who used the service. She said to one person, "Can you remember what we were dressed like when we went to the Grand National day." The person replied by describing their outfits and having a bet on the Grand National. They laughed because they said their horses didn't win. We observed further chatting about articles in magazines and about plans to celebrate the Queens 90th birthday.

In the afternoon on the first day of the inspection we observed a group of people joining in an activity with a large parachute, which everyone held and passed a ball around on the top of it. We heard people laughing and having friendly banter throughout the session. In the afternoon of the second day people were entertained by a singer. One person described the entertainer as "Dishy."

The activity co-ordinator told us about other events that had taken place which included pub lunches and trips to a local museum which had a reminiscence kitchen and people could join in making pastry for tarts.

We saw that when people were at risk, health care professional advice was obtained and followed. The manager also told us that staff identified problems promptly because they knew the people well. Relatives and people who used the service also confirmed this.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of five people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. The manager told us that they intended to review all care plans in the next three months. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day.

We observed staff throughout the two days of this inspection and it was clear that people's views were sought before any assistance was given. However, when we observed staff serving morning drinks at 11.45am everyone was given tea and no other hot choices were offered. When we asked people what their

choice would be they said they preferred tea as they didn't like coffee. The care worker offered people biscuits but said to one person, "You can't have these." The person was a choke risk so biscuits were not given as these could cause the person to choke, but no other alternative was offered.

We viewed the complaints log and saw the manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner. We saw that copies of the complaints policy were displayed in the entrance and throughout the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. People told us they had raised concerns with the manager and they had always been dealt with. One person said, "The management and staff are approachable and do listen." One relative said, "I had some issues, minor things really but they were sorted out. There are some other things like the armchairs are a bit scruffy but we know this is being addressed."

Staff could explain what they would do if someone wanted to make a complaint. A member of staff told us they would report any concerns or complaints to the person in charge of the shift. They also told us they would reassure the person that they would address the concerns.



## Is the service well-led?

### Our findings

The service was well led by a new manager who has been in post for six weeks. She told us that she had applied to be registered with the Care Quality Commission. It was clear from speaking to her that she had a clear vision of what she needs to improve to make the home a safe, welcoming place to live.

Meetings had been held to introduce the new manager into the home, however one relative we spoke with told us they had not been informed of the change in management. They said there had been a substantial change, a new manager, deputy, nurses and support staff. The relative felt they should have been kept informed. We discussed this with the manager who agreed to ensure all relatives were informed and to arrange further residents and relatives meeting to introduce the new team.

It was clear from the feedback from staff and the people who used the service that everyone felt standards of service had greatly improved, and they were confident that the improvements were sustainable. Staff told us that they felt very supported by the manager and the new management team. They told us they felt able to make suggestions and changes to improve the service and they said they felt listened to. All of the staff we spoke with said the atmosphere within the home had improved greatly since the new managers had taken over.

We found the provider communicated with people who used the service and their relatives by questionnaires. The manager told us recent surveys had been sent to relative and they had started to be returned. Early indications showed relatives felt informed and satisfied with the care provided at Meadow View.

We saw the provider used a detailed brochure which sets out the standards of care people could expect when they moved into the home. This was available for visitors to pick up and read.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and appropriately recorded.