

Hicare Limited

# Meadow's Court

## 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

Meadow's Court provides residential care for up to 60 people many of whom are living with dementia. At the time of our inspection there were 46 people in residence. Meadow's Court has a number of communal areas for people to sit, relax and watch television. In addition the service has a dining room and activities room. There is a garden which is accessible and provides areas of interest, which includes an aviary and seating area.

This inspection took place on 20 January 2016 and was unannounced.

Meadow's Court did not have a registered manager in place. A manager has been appointed and they have submitted an application to the Care Quality Commission to become registered. We will monitor this situation to ensure that a registered manager is in post to ensure the service is managed well.

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 who used the service told us they felt safe. Relatives of someone using the service told they believed their relative was safe and well cared for. People were supported by staff in a timely and sensitive manner, which meant people's needs were met and that there were sufficient staff on duty.

People's medicines were in the main managed well. Staff had received training and had their competency to manage and administer medicines regularly assessed. However we found there were no written protocols in place for staff to follow with regards to the administration of medicine, which is taken as and when required. The provider agreed to take action in consultation with health care professionals.

Staff were able to tell us what action they would take should they believe somebody was being abused and were aware of the provider's policies and procedures, which included whistleblowing. Records showed staff had received training to support them in recognising potential abuse and this provided them with guidance as to their role in promoting people's welfare.

People were supported by staff that had access to training which enabled them to meet people's needs. All staff within the service were aware of their role in ensuring people received good quality care and their individual role in promoting this.

Potential risks to people were assessed and measures put into place to reduce risk, which included the use of equipment and the provision of personal care which were reflected within people's plans of care.

People were protected under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA 2005 DoLS). We found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions themselves about receiving personal care and leaving the service without support.

People we spoke with were complimentary about the meals provided at the service. The dining experience for people was relaxed and calm with people receiving support with their meals where required.

People we spoke with told us they had good access to healthcare and visiting relatives told us that the service contacted health care professionals on behalf of their relative when required. Records showed people were referred to the appropriate health care professionals when necessary and that their advice was acted upon. This meant people were supported to maintain good health.

There were positive relationships between people who use the service, their relatives who visited and staff. This created a friendly, calm and welcoming environment for people to live in and visit. People were supported by staff who sought to provide companionship and social interaction in a caring manner. Where people became distressed or anxious staff offered reassurance.

Staff had a good understanding as to the needs of people and told us how they supported people in making day to day decisions about their lives. We observed staff supporting people in a way that respected their privacy and dignity.

People we spoke with were positive about recent improvements to the environment which had been put into place to support people living with dementia. The environment was interactive and enabled and encouraged people to take part in activities. The garden was accessible and provided areas of stimulation, which included hens, quail and an aviary.

People spoke positively about the activities provided and told us they were encouraged to take part. Activities were organised both within the service and externally and information about these were made available in the service and via the provider's website. The service had a dedicated activities organiser and room.

The manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices, and the provision of a stimulating lifestyle. Staff were complimentary about the support they received from the management team and commented that they provided positive feedback.

The manager and other members of the management team undertook effective audits to check the quality and safety of the service, which included assessing staff competency to provide care and support to people.

People, relatives and staff had the opportunity to influence the service by attending meetings and sharing their views through one to one discussions and through the completion of feedback forms and questionnaires, this enabled the provider to review and develop the service. The provider used its website to share information about the service, which included people's views.

Information we received from commissioners, who contract with the service to provide care to people, were complimentary about the service provided.

## 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 were protected from abuse because staff had received training and had a good understanding of what abuse was and their responsibility to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

People's needs were met as there were sufficient staff on duty that were able to meet their needs. The provider advised us they would evaluate the designation of staff on duty during the night to see if changes would further promote people's welfare.

People's medicine was managed safely, however there was potential for people not to receive medicine that was prescribed to be taken 'as and required' as there was no written guidance for staff to follow.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which ensured people's human rights, were respected.

People's dietary requirements with regards to their preferences, needs and risks were met.

People were referred to the relevant health care professionals in a timely manner, which promoted their health and well-being.

The environment had been decorated and adapted with consideration to the needs of people living with dementia.

### Is the service caring?

Good ●

The service was caring.

People we spoke with were happy with the care and support they received and said that staff had a kind and caring approach.

People and their relatives were involved in the development and reviewing of plans of care.

People's wishes were listened to and respected by the staff who promoted people's privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff knew how to support people and took account of people's individual preferences in the delivery of care. People were encouraged to maintain contact with family and friends.

The manager had a range of measures for seeking people's views. People we spoke with told us that should they have any concerns they would speak with a member of staff or the manager.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service did not have a registered manager. A manager was in post who had submitted an application to the Care Quality Commission to be registered.

Staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices and providing support to people living with dementia.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the services' development.

The management team undertook effective audits to check the quality and safety of the service.

# Meadow's Court

## 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 20 January 2016 and was unannounced.

The inspection was carried out by two inspectors.

We contacted commissioners for social care, responsible for funding people that live at the service and asked them for their views about the service. We reviewed the information along with other information we held about the service which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned.

We spoke with seven people who used the service and a visiting relative. We spoke with the provider, the manager, assistant manager, operations manager, a visiting health care professional and six members of staff with a range of roles, which included care, housekeeping and catering.

We looked at the records of four people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

# Is the service safe?

## Our findings

One person living at the service told us, "Oh yes, I feel very safe here, I'm very well looked after". A relative told us, "I'm happy as I know mum is safe and well cared for in the home".

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Staff we spoke with understood their responsibilities with regard to safeguarding. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required, which helps to support and protect people.

We spoke with staff and found them to be knowledgeable about their role and responsibilities in responding to any concerns, which included raising concerns with the management team. Staff comments included, "I'd be one of the first to report any concerns I had, we're here to make sure people are safe and looked after well." And, "I would not hesitate to go to the manager if I witnessed anything untoward; it's our duty to do so." We found that staff with a wide range of roles within the service were aware of their responsibilities in ensuring people were safe.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff commenced work at Meadow's Court to determine their suitability to work with people.

People's care records included risk assessments. These were regularly reviewed and covered areas of activities related to people's health, safety, care and welfare. Risk assessments identified the potential risks and the action staff were to take to minimise these so that people's safety and welfare were promoted.

People, where appropriate, had been assessed as being at risk of falling when walking around, or moving from place to place. Risk assessments had been completed and information provided within the person's plan of care detailed how people's health, safety and welfare was to be promoted. For instance, the use of equipment to manage risks, and through staff monitoring and observing people. Our observations during the day showed that staff supported people well when assisting them to move with the use of equipment.

Systems were in place to record and review accidents and incidents within the service to enable the service to respond appropriately and reduce the likelihood of reoccurrence. Information within records included the details of the incident, injuries sustained and an action plan. We saw evidence that appropriate action had been taken when accidents and incidents had occurred. For example, a person living at the service had been found on the floor next to their bed. We saw that medical attention had been sought immediately and the person had been taken to hospital. A body chart to record the person's injuries was completed and family were informed. Once the person had returned from hospital we saw that hourly checks were completed. A sensor mat was identified as a measure that could be used to reduce the likelihood of future incidents as the sensor mat would alert staff if the person got out of bed, which would enable them to go to the person's room to provide assistance.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this, which meant people were accommodated in a well maintained building with equipment that was checked for its safety.

We found there were sufficient staff to meet the needs of the people using the service. Staffing levels were determined by a 'rota analysis template' which took into account the level of support people using the service required. The manager and operations manager told us that should there be a shortage of staff, then staff from another service, which was part of the same provider group, would be used to maintain staffing levels. The manager informed us that they did not use agency staff as they believed this impacted on the consistency of care people received.

There were sufficient staff to meet people's needs during the night as there were three members of care staff on duty. We asked the provider and members of the management team how staff would provide safe and effective care should an emergency arise or someone required medicine. The provider told us that a senior carer was on call to provide advice. The provider told us they would review the current situation and implement any changes they identified.

We found people's medicine was being stored safely and administered to people as prescribed, which promoted their safety and wellbeing. Senior care staff were responsible for the administration of medicines and had received training on the management of medicines. Senior staff told us that their competency to administer medicines was regularly assessed by the manager, to ensure they were following the provider's policy and procedure for the safe management of medicines. Records of the medicines given were kept and those we saw had been completed accurately and consistently.

People in some instances had been prescribed PRN medicine (medicine that is taken as and when needed). Staff we spoke with were knowledgeable as to when this medicine should be administered, however we found there were no written PRN protocols in place. This meant there was potential for people not to receive their medicine in a consistent manner as there was no written guidance for staff to follow. We spoke with the manager who advised they would liaise with health care professionals where appropriate and would put into place written PRN protocols.



# Is the service effective?

## Our findings

People we spoke with shared with us their views about the quality of care and support they received from staff. They told us, "The staff are alright, I can't find any fault with them." "If we need help they're there, they do their job." And "I think they [staff] support well and they listen to us." A person who was staying at Meadow's Court for a respite break said, "It's been lovely, I have been happy and comfortable and felt safe."

Staff were encouraged to watch DVDs and documentaries about topics that were relevant to the service to improve their knowledge. One member of staff told us, "Yes I got a good induction and I found it really useful." Staff induction takes place over five days. The provider had recently introduced The Care Certificate. The Care Certificate is a set of standards for care workers that upon completion provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff spoken with who were employed to carry out a range of roles within the service told us that the training they received was of a good quality and was regularly updated. Staff told us they undertook training relevant to their role, with all staff having training in topics which directly impacted on people's welfare and safety, such as training in safeguarding. Staff told us they had their competency to perform tasks assessed by a member of the management team, which included the administration of medicine, the delivery of personal care, moving and handling of people using equipment, and their ability to communicate with people effectively, with consideration to their privacy and dignity.

Staff we spoke with told us that they discussed with the manager targets for achievement to develop their learning and role within the service. One person told us that they had identified their wished to have greater involvement in the ordering of medicines, which they were currently working towards. They told us that previous areas for development had included their involvement in monitoring people's weight and their awareness of the Mental Capacity Act 2005, which they had achieved competency in. One member of staff told us they had recently completed a qualification in care and that this had boosted their confidence and encouraged them to consider further training.

Staff said that opportunities were available for them to develop their skills; one member of staff told us that in addition to providing care their role included administration, they told us they had found the additional knowledge gained from this role had provided them with a greater awareness as to how the service was run on a day to day basis.

A member of staff told us how the training they had undertaken in dementia had helped them to understand the needs of people. They told us that they were aware of the different types of dementia and how these impacted on people's health. The member of staff told us how they supported people when they became confused. They gave an example of where a person behaved in a way that reflected their professional role from their earlier life, and how they as a member of staff interacted with them to support them.

We looked at the records of staff and found that they were regularly supervised and had their work

appraised. These took place to ensure that the care staff met the needs of the people and met the expectations of the provider. Staff records showed that staff were supported to continually develop and learn by the setting and reviewing of objectives, which included their personal development through training. For example, we saw that in one person's supervision that they felt they had settled well into their team but their goals were to develop their knowledge of dementia.

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. We found a number of people had a DoLS authorisation in place whilst some people had an application which was currently being considered. We found where conditions had been set these had been met by the service. A visiting relative told us that they had been involved in decisions about the DoLS authorisation and they told us staff had explained why applications had to be made.

People's capacity to make informed decisions about their care and support were regularly reviewed. Staff we spoke with were knowledgeable about gaining people's consent about their care and support and were able to tell us how they supported people to make decisions about their day to day lives.

People we spoke with were positive about the meals provided. People's comments included, "The food is lovely and they make such a good cup of tea." "The food is lovely we can't grumble at all, I enjoy my puddings." "The food is very good and a good variety. Whatever there is is lovely, but if we want something different then we can have it." One person when we asked for their views about the food told us, "Put it this way we never leave anything on our plate." A visiting relative told us, "My mum really enjoys the food and yet she's never been a big eater."

The dining room was well lit and was decorated with a dining theme, with pictures on the walls of advertisements of food products as they were portrayed in previous decades. Music played quietly in the background and the dining room was warm and inviting. Tables were set out with crockery, napkins and condiments. People were supported through to the dining room at lunchtime and we noted that everyone was seated before the meal was served. Staff served people their meals in a timely manner and provided assistance where it was needed. There was a choice of meals offered which were consistent with the menu for the day which was displayed in both words and pictorial format to assist people in understanding the information.

We saw that meetings were held with people living at the service where they would sample food that the chef had made for their opinions on whether or not it should be included in the menus. For example, we saw at one meeting various flavours of smoothies were tried and everyone agreed that these should be included on the menus. At another meeting various flavours of mousse were tried and they agreed that all but one of the flavours should be included on the menus.

The head cook told us that the manager kept them informed about people's dietary needs and that they had a record of people's specialist diets along with their likes and dislikes. They told us that they had regularly deliveries of fresh meat, fruit and vegetables and that they made a majority of the meals on site. We asked the cook whether they sought the views of people with regards to the meals, they told us that changes had been made regarding people's comments, for example an increase in the number of vegetarian meals being made available.

We spoke with a visiting healthcare professional who informed us that staff always followed the advice that was given. They told us, "Anything I suggest always gets done, if I have any concerns I will speak to one of the seniors or the manager and they always act on it straight away. If I ring, for example if I want a resident bathing before I arrive, then I know it will happen. It is such a good service. The amount of pressure sores has gone down to none. What is also good is that the staff will ring me about any concerns they may have and therefore we are able to prevent health issues from worsening".

People's records showed they were supported by a range of health care professionals, which included GP's, district nurses, speech and language therapists and opticians. Records showed people were supported to access services related to their dementia, which included 'memory clinics' to monitor their on-going health.

The PIR stated that the provider had been involved in the local Dementia Strategy with the service being refurbished to improve the environment for people living with dementia. This had been achieved through changes to lighting, wall colours, textures, introduction of aromas, music and art work. In addition the garden had been improved with greater areas of interest created to include an aviary, chickens and quails, and a sensory garden. One person we spoke with told us, "You should see the garden in the summer, it is so colourful and they maintain it so well. I love sitting outside and looking at the birds. It's beautiful."

People we spoke with told us they had been consulted about changes to the environment and the minutes of meetings had recorded that someone had suggested re-arranging the furniture in one of the lounges so that the view to the garden was improved. We saw this had been actioned.

People's views and that of their relatives had been sought as part of the services quality assurance system and written comments about the environment included, 'what a great place, very friendly, fresh and open, the pictures are lovely and the rooms inviting'. 'Fantastic residential home, totally geared up for dementia' and, 'It's a lovely homely environment, the residents feel happy and safe'.

The corridors of Meadow's Court were decorated with themes that included sport, nature and the local area. Walls of corridors had items which people could touch and interact with, which included a game of noughts and crosses.

# Is the service caring?

## Our findings

People's plans of care contained information about their lives, which included information on their work and family life. This enabled staff to talk to people about things that were important to them. Staff we spoke with had a good understanding of people's lives, telling us that the lifestyles of some of the people at Meadow's Court they found to be very interesting.

People's comments about the care provided and the staff were positive. A visiting relative told us, "The staff are brilliant, they love my mum and they know her well." And a visiting health care professional told us, "The staff here are so good, they genuinely care about the people they look after".

Positive comments were also included within quality assurance questionnaires completed by people who use the service and their relatives. One family member had written, 'The genuine level of care for the residents is most impressive, my mum could not be anywhere better'. Whilst someone using the service had recorded, 'It is friendly, caring, cosy, clean and calm'.

We saw that during the group activities one lady became anxious as she thought she was alone. We saw staff immediately stop what they had been doing and sit with her holding her hand and offering words of comfort and reassurance.

We found people's views about their care were listened to and acted upon. A person's plan of care recorded that they did not like the pureed diet suggested by the speech and language therapist (SALT). Staff had requested that the person be re-assessed, and the reassessment had identified that a mashable diet would be suitable. We spoke with the person who told us they didn't mind the new diet and were glad it had changed.

People's records in some instances showed they had made an advanced decision about their care with regards to emergency treatment and resuscitation. Decisions about people's emergency health care were recorded within plans of care which had been developed with the involvement of health care professionals. Visiting relatives told us that they had been consulted and involved in the decision with regards to the advanced decision. This showed that people's choices and decisions were supported and acted upon.

Staff we spoke with told us that a key part of their role was to support people in making decisions. We saw that people's storage facilities within their bedroom had been designed to assist them in making choices and promoting their independence by supporting them in understanding where their clothes were stored. These included wardrobe doors that were transparent, and draws designed so that the contents could be seen.

We asked people about the attitude and approach of staff and whether they felt their privacy and dignity was respected, one person told us, "Oh yes, most definitely. I only have to express an opinion about something and it's listened to."

Staff told us how they promoted the privacy and dignity of people by seeking their views about their care and support. A member of staff told us that if people didn't want to get up then staff returned later to offer support, whilst a second member of staff told us that if people didn't want to eat at mealtimes then they were offered the opportunity to eat later in the day. One member of staff commented, "It's important that we provide care as they would wish, for example one person likes to have their clothes taken to the laundry with the buttons fastened, whilst another person likes their dress belts to be hung up in their wardrobe.

Meadow's Court had a light and airy feel and people were able to walk around freely through the variety of different rooms and sitting areas. People who preferred to be on their own sat in alcoves located in the corridors, whilst others sat in sitting areas with little interruption. Staff took time to speak to people and it was noticeable from the recognition on people's faces and their comments that many had a good rapport with staff.

## Is the service responsive?

### Our findings

One person we spoke with told us that they enjoyed taking part in activities and particularly enjoyed watching a film. Two people spoke to us about their memory boxes that were on the wall by their bedroom door, telling us they had put these together with the help of staff. One person saying theirs had photographs of entertainers, whilst the other person told us theirs held items about knitting and crocheting as these were of significant importance to them.

A visitor to the service told us, "Whenever I come the staff are always doing things with the residents, even if it's just taking them out to the garden or painting their nails". A family member had written on a feedback form, 'There are activities and options for continuous engagement and encouragement to remain as active as possible'. A relative told us, "In the time that my mum has been here we've already been to a band on a Saturday night, a magician, and the Christmas party. The entertainment is great".

People received care and support consistent with information detailed within their plans of care. People we spoke with told us that they had some knowledge and awareness of their plans detailing their care. The manager showed us records which detailed people's involvement or that of their relatives in the reviewing of plans of care. This enabled the service to respond to people's views and changing needs.

We saw that activities were evident to meet the individual's needs. The activities co-ordinator informed us that they did a plan for activities which was visible for people living at the service to view, but that they were flexible and would also respond to how people were feeling on that day. They also told us that they had discussions with the people living at the service about what they would like on the activities plan, and we saw that during one of the discussions one person had suggested pictures on the plan as well as writing so that the people who had difficulties reading were able to know what was happening on that day, we saw this had been actioned.

We saw that events were held for special occasions including Diwali, Halloween, Valentine's Day, St Patrick's Day and Christmas. The feedback from events included comments such as, 'I loved this lovely Christmas event', 'The staff work hard to make Christmas beautiful for all the residents', and 'We had a lovely day, I loved the music, it was just brilliant'.

The activities co-ordinator had also arranged for a suggestion box where people could write down any new ideas they had.

The service had a mini bus and trips were planned to the pub, zoo and to the park. One to one activities were planned into the day for people who did not enjoy group activities, these included playing games such as dominoes or snakes and ladders or just sitting and having a chat. We saw group activities during the inspection; these included watching DVDs, word searches, reading books and group discussions.

The PIR asked the provider to provide information as to how they keep up to date and influence change. They recorded that they were a member of a local care association and they had achieved the investors in

people award, which requires the provider meet a set of standards set by an independent organisation.

People we spoke with and visiting relatives told us that they had not made any complaints, but whenever they had something of concern they spoke with staff and issues were quickly resolved.

A visiting health professional told us, "I would not hesitate to make a complaint if I felt it was necessary". A relative told us, "I got given a book on who to speak to if I wanted to make a complaint. I would go to the manager, or else the local authority".

There was a complaints policy and procedure in the service which gave details of how to make a complaint, including within the service and also which external agencies could be contacted. There were complaints forms which gave details of the actual complaint, action taken, the conclusion and also the complainants view.

There was a complaints file and we saw that appropriate action was taken when a complaint was made. For example, we saw that a relative had complained that their father had some-one else's clothes on. We saw that this was discussed with the laundry staff, as was the importance of labelling clothing. Care staff were then asked to monitor the situation and the outcome was discussed with the relatives who were happy with how the complaint had been dealt with.

## Is the service well-led?

### Our findings

Staff we spoke with told us they were happy in their work. One member of staff told us, "I love it here; it's brilliant, so much fun". Another member of staff said, "I love this home, I've been here for years".

We sat speaking with two people who sat in a recess of one of the corridors and asked them for their views about the changes to the environment. They told us they particularly liked sitting on the sofa in the corridor as they enjoyed looking at the picture on the wall. They went on to tell us about their 'memory box', which was on the wall by their bedroom door, telling us what was in their memory box and why it was important to them. People's memory boxes, themed corridors and aromas within the service were in place to support people living with dementia in finding their way around the service and to their bedroom.

A member of the housekeeping team told us that the manager had an open door policy and that they felt part of a staff team, whose role was to ensure people living at Meadow's Court received good quality care. They told us that whilst their role was not to provide care, they were encouraged to share any information they thought relevant. They gave an example of where they had brought to the attention of the manager a change in someone's behaviour, which they had noticed when they had entered their room. The member of staff told us that the manager had taken action and an underlying health condition had been identified, which had caused the change in the person's behaviour, which was then treated.

There was a monthly staff bulletin which was given to each member of staff which gave updates as well as reporting which staff had done well that month. The service also had an 'employee of the month award' where staff were given a voucher if they had worked hard, received good feedback, and done that little bit extra in their role.

The provider via its website makes information available to the public, which includes events taking place within the service, information of events already taken place, plans for development and improvement of the service and an overview as to people's views.

Meadow's Court did not have a registered manager at the time of the inspection. The manager who has been appointed has worked at Meadow's Court prior to their current appointment as the assistant manager. They have submitted an application to the Care Quality Commission (CQC) to be registered.

Staff and visitors told us that they found the manager very approachable and were confident that they would address any concerns that were raised. Staff told us that the manager of the service through staff meetings provided positive feedback about the service and the care of people; staff told us the positive approach reinforced their efforts to provide good quality care.

Staff meetings were held every three months and topics for discussion included confidentiality, infection control, social networking and any feedback from the residents meetings. We saw that appropriate action was taken as a result of the meetings. For example it was suggested that posters were displayed for upcoming events. This had been arranged. It had also been requested that a training session for DoLS be



arranged. This too had been actioned.

The PIR stated that the service had been part of the Prime Minister's Challenge sponsored by the Department of Health which focused on improving the environment for people with dementia. The purpose of the project being to improve the independence, dignity and quality of life of people living with dementia. It was stated they had been involved in a local Dementia Strategy and the independent Sector Consultative Forum and within these capacities had been involved in the city council fee review, the core agreement, Quality Assurance Framework and Health and Safety. This evidenced how the provider consults with the wider community and has links with external organisations to influence the service they provide to people.

The provider had undertaken an audit to assess the impact on people following the changes made to the environment. Their audit found that the changes had made a positive difference to people living with dementia, along with their visiting families. The impact on people was a reduced number of falls, improvements to people's well-being with people being calmer and more relaxed, due to greater stimulation and a change in the type of artificial lighting.

We saw that feedback was sought from people living at the service in the form of questionnaires and meetings. We saw that in the meetings topics for discussion included upcoming events, participation in the recruitment of staff, menus, and décor. We saw evidence that action was taken as a result of suggestions, for example some people living at the service had requested that they be able to give staff gifts if they so wished. We saw that in response to this a policy had been written stating that staff could receive gifts up to the value of £5.00. Each person living at the service had been given a copy of this policy.

Feedback forms given to people living at the service included comments such as, 'It's friendly, caring and supportive, I feel protected and cared for', also, 'It's a very good home, I am happy and I don't want anything to change'. We saw that there were testimonial forms and service quality questionnaires completed by relatives. Comments included 'from the moment my mother entered Meadow's Court we knew it was the ideal home for her, all the staff went out their way to make my mum feel at home', also 'The helpfulness, hospitality, food and entertainment is excellent'. One relative informed us that on the day they came to look round the service another relative approached them and said 'If there's a bed available then you should take it'.

We saw that action was taken as a result of the feedback, for example one person had suggested that they have a visiting shoe company come to the service again. We saw that staff had made the phone call immediately and arranged a day for this to happen. The operations manager informed us that they were in the process of developing their website to include useful links to information on matter such as living with dementia, MCA, and DoLS for members of the public to access.

The manager informed us that people living at the service were given the opportunity to be involved in the recruitment of new staff. We saw written evidence that one person had sat in for the interview and then asked several questions of their own. They were then asked their opinion of the person and were given the opportunity to offer the person the job.

Quality monitoring audits were completed on a regular basis, these included environment, medication, housekeeping, infection control and daily walkabouts. We saw that action was taken as a result of the audits. For example we saw that the audit had identified that a bedroom door stopper was not working properly. We saw that the plan was to contact the maintenance staff and the conclusion being it being fixed the same day.

The manager conducted a daily walkabout of the service which was documented. We saw one comment was "All areas clean, spoke with the housekeeper and thanked them for their hard work".

We saw that the daily walkabout had identified that cushions in the lounge were missing. We saw that a member of staff was asked to check where they were and they were therefore located in the laundry, having been washed.

The operations manager conducted a monthly walk around which they then discussed appropriate actions with the manager. They would then return after several days to check that the work had been completed. Examples of this included a worn carpet had been identified, and therefore a new one had been measured for and was on order. A bathroom cabinet was missing, this too had been ordered.

Commissioners of the service advised us prior to our inspection that the outcome of their quality assurance assessment of the service had been positive.