

Windmill Care (2015) Limited

The Meadows

Inspection report

Cranleigh Court Road
Yate
Bristol
Avon
BS37 5DW

Tel: 01454336930
Website: www.windmillcare.com

Date of inspection visit:
10 January 2019
11 January 2019

Date of publication:
13 May 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 10 and 11 January 2019 and was unannounced. The Meadows is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to accommodate up to 54 people and at the time of the inspection there were 54 people residing in the home. The registered manager has opened a waiting list of people who have enquired about a placement at The Meadows. The home is purpose built, and designed around the needs of older, infirm people some of who may have a degree of dementia. The home is run as 'four separate houses', three for 15 people and the fourth being for nine people. The four houses are on the ground and first floor with lifts and staircases available. An additional 30 beds on the second floor are block-contracted to Sirona Healthcare (a community health service provider) and do not come within the remit of the homes registration. Each of the house have their own lounge and dining room, and assisted bathroom. Each of the bedrooms are for single occupancy and have en-suite shower facilities.

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

This is the first inspection of the service since it was registered by the Care Quality Commission in January 2018.

Why have we rated the service as Good?

People received a safe service. Staff received safeguarding vulnerable adults training and would know what to do if there were concerns raised regarding a person's health and welfare. Staff also received moving and handling training and therefore assisted people safely. Any other risks to people's health were assessed and management plans were in place to mitigate those risks. The premises were well maintained and safe for people to live in.

People were provided with an effective service. Feedback received from people who live in The Meadows, their relatives and health and social care professionals, was overwhelmingly positive. The staff team were well supported and trained to deliver exceptional care. The premises and facilities at The Meadows were spacious and designed to the promote well-being of people. The service was specifically designed for people living with dementia.

People received a service that was caring and supportive, not only to people who lived there but also to their

family. The registered manager ensured each staff member delivered care which was exceptionally compassionate and kind, in a homely 'family' environment. Feedback we received included, "A very innovative and caring provider, who has put together a staff team of such high calibre. People are really well looked after".

The Meadows provided a responsive service which took account of each person's individual care and support needs. People were provided with 'holistic' person centred care which included their recreational needs. The care team spent time finding out what people had done in the past and accommodated this in the activities they helped them follow. The service participated in inter-generational activities and toddlers from a local nursery, and children from the primary school visited The Meadows.

The service was consistently managed and well-led. The management team, led by the registered manager (registered provider), had created a culture to ensure people were provided with high quality, person centred care. Feedback received from people who live in The Meadows, their relatives and health and social care professionals was positive. The service had clear and effective governance arrangements in place to monitor the quality and safety of the service.

We will continue to monitor intelligence we receive about the service until the next inspection. If any concerning information is received we may inspect sooner.

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 safe because staff received safeguarding training and were aware of what to do if concerns were raised. Recruitment procedures were robust and ensured only suitable staff were employed.

Risks to people's health and welfare were assessed and well managed to reduce or eliminate the risk. The premises were well maintained and safe.

There were sufficient staff on duty at all times to ensure people's needs were met and they were safe.

People's medicines were managed safely. The staff were trained to administer medicines safely and followed safe work practices.

Is the service effective?

Good 

The service was effective.

People's care and support needs were comprehensively assessed to ensure they were provided with a person-centred service. Staff worked within the principles of the Mental Capacity Act 2005 but encouraged people to make their own decisions where possible.

The staff team was well trained and well supported which meant they had the necessary skills, competencies and attitudes to provide effective care.

People were looked after within an exceptional environment and provided with food and fluids which met their specific requirements.

People were supported to access any health care services they needed.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People were always treated in a kind, loving and dignified manner. The staff team were fully committed to providing each person with the best possible care and ensuring they reached their full potential.

Is the service responsive?

Good ●

The service is responsive.

People's care records accurately reflected their care and support needs. The care team responded well to changes in people's needs and also supported people to regain life skills and reach their full potential

There was a meaningful programme of activity arranged for people. The care team and external entertainers participated in meeting people's social and recreational needs. People's views and experiences of the service were valued.

Is the service well-led?

Good ●

The service is well led.

There was a good leadership and management in place. People benefitted from living in a service where their needs were at the heart of everything.

The programme of quality checks and audits ensured the quality and safety of the service was maintained and identified if any improvements were required.

The Meadows

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 was 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.

The inspection took place on 10 January 2019, was unannounced and undertaken by one adult social care inspector.

Prior to the inspection we looked at the information we had received about the service since the home was opened in January 2018. This information included notifications submitted by the service. Notifications are information about specific important events the service is legally required to report to us. This is the first inspection of the service since registration.

During our inspection we spoke with seven people who lived at The Meadows and six relatives. We spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

We spoke with the registered manager, the deputy and 13 other members of staff from the care team, housekeeping and catering, maintenance and administration.

We looked at seven people's electronic care records and other records relating to their care. We looked at six staff employment records, their supervision and training records. We also looked at key policies and procedures, checks and audits that had been completed to assess the quality and safety of the service and minutes of staff meetings.

During the inspection we spoke with three healthcare professionals who were visiting the service. We also spoke to one social care professional by telephone who was very involved with six people who lived at the service. All their comments have been included in the main body of the report.

Is the service safe?

Our findings

People received a safe service. We received positive feedback from people and relatives. Comments included, "My sister is safe here. We can walk away from this place and not worry that she is not being well looked after", "I feel safe because there is always some around who can help me", "The night staff check-up on me which is reassuring" and "I never have to worry when I am not here. I am really happy with mum's care". Health and social care professionals also commented that people were safe.

All staff had completed safeguarding vulnerable adults training and knew what to do if abuse was suspected, alleged or witnessed. Staff said they would report any concerns to the registered manager or the deputy, but they knew they could report directly to the local authority, the Police or the Care Quality Commission. Since the service was registered in January 2018, three safeguarding concerns had been appropriately raised by the registered manager and measures put in place to safeguard the relevant person.

A range of different risk assessments were completed for each person as part of assessment and care planning processes. These included risk assessments in respect of eating and drinking, mobility, falls, continence, the likelihood of pressure damage to skin and behaviours. Individual risk assessments were completed for people where other risks were identified. These measures either reduced or eliminated the risk and protected people from avoidable harm. Where a person needed assistance to move about a mobility plan was written. These stated the equipment required to assist a person in to the bath or move from one place to another. The mobility plans also included the level of assistance the person would need if, in an emergency, they needed to leave the building (personal emergency evacuation plan).

Staff received safe moving and handling training from an external trainer on a yearly basis and arrangements were already in place for staff who had worked at the service for a year to have refresher training. The registered manager told us it was their aim to have two moving and handling ambassadors in each of the four houses to monitor and support the care teams.

A programme of health and safety checks of the premises and equipment was in place. This included fire safety equipment and hot and cold-water temperatures. The temperature of all hot water outlets was controlled by temperature valve regulators and whilst the maintenance team was randomly checking temperatures were not above 43 degrees centigrade, the checks were not recorded. We would recommend these checks be recorded. The premises were in the final stages of snagging by the builder and any improvements to the fabric of the building were being addressed. A fire risk assessment was due to be repeated now the building was 'being handed over' to the provider for ongoing maintenance. Catering staff completed daily, weekly and monthly tasks, including fridge and freezer temperatures, hot food temperatures and food storage arrangements. The catering team and housekeeping staff had cleaning schedules for daily weekly and monthly tasks. These measures ensured people lived in a safe environment.

Staffing numbers per shift were calculated based upon the care and support needs of each person to ensure they were each well looked after. Staffing numbers were adjusted as and when necessary. On both days of inspection, the registered manager and the deputy were on duty plus there were four teams of care staff,

one for each of the houses. People were also supported with daily living tasks by the catering and housekeeping staff. We looked at the duty rotas for the previous four weeks. These showed the care team at night consisted of six care staff, during the morning between 14-17 care staff and 13 in the afternoon and evening. People and relatives, we spoke with felt the staff levels were "appropriate", staff were "always visible" and "available to assist".

Safe recruitment procedures were safe and ensured unsuitable staff were not employed. Pre-employment checks were undertaken and included a face to face interview and assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. The registered manager said they followed a values-based interview process to ensure all new recruits were able to work to the high standards that would be expected of them.

All aspects of the management of medicines were safe. The processes for ordering, receiving, storing and disposing of medicines were well managed and in accordance with safe practice. People were assisted with taking their daily medicines by the care staff who had received safe administration of medicines training. Their competence in safe practice was regularly reviewed and reassessed. One person had been assessed as capable of administering their own medicines but all other people were administered their medicines by the care staff. Where people had previously declined to take their medicines, which were vital to maintain health, best interest's decisions had been made to administer these 'covertly'. This means medicines were disguised in food or drink. Health professionals and family were involved in making these decisions and a record of the decision made.

Medicines were administered from the packets or the bottles in which they had been dispensed by the pharmacist. The registered manager explained they had chosen not to use 'blister-packs' because they wanted staff to check the medicine administration records (MARs) against the packet/bottle on every occasion. The registered manager believed this mitigated the risk of medicine errors being made as the staff always had to check carefully. Each person had their own box of medicines within the medicines trolley.

All areas of The Meadows were exceptionally clean, tidy and fresh smelling. Housekeeping staff had cleaning schedules to follow to maintain the cleanliness of the home. Care staff received infection control training and had access to personal protective equipment (gloves, aprons and hand sanitising gels). Hand gel was placed in the main hallway and also at the entrances to each of the four houses.

Is the service effective?

Our findings

People were provided with an effective service. They told us, "I get all the help I need", "You cannot fault this place, everything is perfect for me" and "My family could not have chosen a better place for me. I was not safe to live alone anymore and knew I needed residential care but I did not think it would be as pleasant as it is here". Relatives were also overwhelmingly positive about The Meadows. They said, "I visited 14 other homes and I knew when I arrived here this was the place for mum", "(named person) is really well looked after. Could not ask for more", "The home is all geared up for people with dementia and the care mum receives is exceptional" and "The home is lovely and spacious, (named person) likes to wander and she can do this safely. The home is so well designed for people who like to walk".

Health and social care professionals were also complimentary about the service. One said, "The Meadows takes the crown! The staff have a can-do attitude and work really hard to make things work, even when challenged by people's behaviours or family dynamics". Another visiting healthcare professional said their patients were well looked after and "received the best possible care". It was evident where people had complex or continuing health care needs, the staff sought to improve their care and support by identifying and implementing best practice. Examples of this included one person whose mental health had improved because of greater social stimulation and another whose physical health was better because they were eating and drinking more. The service had never had to terminate a person's placement because "things were difficult" and always explored solutions to make things work.

Before people were offered a place in The Meadows, their care and support needs were assessed. This ensured the service was the appropriate place for the person and the staff had the necessary skills and experience to meet their needs. The pre-admission assessments were comprehensive and covered all aspects of daily living, the person's dementia or mental health needs, mobility and overall health care needs. These assessments were kept under review to ensure the care people received remained effective.

The care team were well supported and had the appropriate skills and competencies to meet people's needs effectively. There was a programme of staff supervision in place undertaken by the registered manager, deputy or senior care staff. During these supervision sessions any training and development needs were identified. Care staff were encouraged to undertake health and social care qualifications. The registered manager followed a values-based interview process, to ensure recruits had the required 'caring attitudes and skills' to be able to deliver effective and loving care. They felt this was more important than experience and qualifications as each new staff member would be fully trained by the service.

Staff training was tailored to the individual needs and learning styles of staff and took account of people's individual care and support needs. The registered manager talked about how the service supported care staff with different learning styles, to enable them to reach their full potential. One member of staff told us how they were supported by their learning assessor and this made them feel "a valued member of the team. I have never felt like this before in other care jobs".

Prior to the service taking in their first person, a new staff team was established and a full programme of

mandatory training was completed by them all. The registered manager explained care staff who had previously worked with other care providers completed all training. This was to ensure they all worked to the same expected high standards. The registered manager was proud that there was a cohesive staff team, all working together for the benefit of the people who lived there and their relatives. Since the service has been open coming up a year, annual refresher training was due to be completed. Records showed that a small number of staff were due to repeat their safeguarding, moving and handling and fire training but this was already planned. The provider's training programme included moving and handling, food hygiene, fire safety and infection control, safeguarding adults (including the principles of the Mental Capacity Act 2005 (MCA), medicine competency checks and dementia awareness. This ensured care staff were well trained and had the necessary skills to meet people's needs.

New care staff had a six-day induction training programme to complete. This programme was in line with the Care Certificate. The Care Certificate was introduced in April 2015 and covers a set of standards that social care and health workers must work to. New staff then completed a number of shadow shifts at the start of their employment, where they worked alongside an experienced member of staff.

People were provided with food and drink which met their individual needs and took account of preferences and any dietary requirements. As part of the assessment of people's care needs they were asked what they liked to eat and drink. Any dislikes and food allergies were recorded and the kitchen staff were informed. Any other specific requirements, for example the need for soft foods or a diabetic diet were catered for. People and relatives said, "I really look forward to my meals. The food here is good", "We get a choice of what we would like to eat so there is always something I like", "I pay for the meal but it is very nice that I can have my lunch with (named person) when I am visiting" and "Mum is eating much better now and looks a lot healthier. She was very underweight when she came here".

Where people were at risk of poor diet and fluid intake care plans were put in place to mitigate the risk. Body weights were checked on a weekly basis where weight loss was identified but for those not at risk monthly checks were made. We found that appropriate action was taken where people were losing weight. Referrals were made to the relevant health care professionals and fortified foods and drinks were provided.

We spent a period of time observing the lunch time meal experience on day one of the inspection. Meals were either served in the dining rooms however people had the option of eating their meals in their own bedroom. Of the 15 people who were looked after in the ground floor of Primrose House, 12 of them had their lunch time meal in the dining room. The tables were laid up with cutlery, glasses, condiments and menu choices. People were offered a choice of flavoured squashes. The meals were served out by care staff and we noted that care was taken with individual people's portion sizes. We heard people being asked whether they wanted the tuna pasta bake or the pork meal. Where people required assistance with their meals, care staff sat down next to the person and supported them sensitively and at their own pace. People were served tea and coffee, or cold drinks, with biscuits and homemade cakes throughout the day. We observed one interaction where a person was encouraged to make their own choice regarding how many biscuits they had and what sort. People's birthdays were celebrated with a cake at afternoon tea time. In the reception, there was a café area where visitors and people were able to help themselves to refreshments and sit together.

In May 2018 the registered manager had completed a food and meal time audit. This had looked at people's preferred time to eat, their likes and dislikes and preferences for snack foods, the presentation of meals, portion sizes and quality of the meals. As a result of the audit and action plan was put in place where improvements could be made. One person had made a comment about lumpy porridge, whilst another had suggested that plates be warmed before food is served. These had both been actioned and also the

chef had done a teaching session on meal presentation on the plate. Ongoing monitoring was undertaken by the chef and the registered manager to ensure these improvements were maintained.

People were supported to access any health care services they required. This included the care home liaison team, mental health services, physiotherapists, occupational therapists and foot care specialists. District nurses visited those people who had nursing care needs such as wound care management, insulin injections, to support end of life care and other monitoring tasks.

The service and the staff team were committed to working collaboratively with health and social care professionals. One district nurses told us, "The manager and deputy work very well with us. In actual fact all the staff are brilliant". Another healthcare professional commented, "The people here get the best possible care and support. The staff are very committed to getting things right and have the right skills to provide people with person centred care. They all know what person-centred care really is". At the time of this inspection people were registered with four GP surgeries, with the two main surgeries making weekly visits to the service. One of the GPs told us, "We are asked to see people appropriately and any instructions we leave for the staff are followed. The manager and deputy are very good at pre-empting things".

People were supported to make decisions about their day to day life and encouraged to make decisions regarding how they wanted to be looked after, even though some people were living with dementia. In the complex care house (Cloverfield), we heard people being supported to make decisions regarding daily living tasks. For example, whether they wanted tea or coffee, what activities they wanted to do and where they wanted to walk. Mental capacity assessments were recorded in the person's care file. Staff were aware of the need to ask for people's consent.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. At the time of this inspection there were a number of DoLS authorisations in place and others were awaiting legal authorisation by the local authority. The management team and the care team were aware of which people were subject to these DoLS conditions. A coloured 'discreet' sticker had been placed on the bedroom doors of those people who were subject to DoLS restrictions as a reminder for staff. We found that the service was working within the principles of the MCA, applying for DoLS appropriately.

Many comments were received from relatives and health care professionals regarding the premises and the facilities at The Meadows. One relative described the facilities as "outstanding". A healthcare professional stated the environment was the best possible place for people living with dementia. They said, "It is spacious, there are no ends-of corridors to confuse and baffle people, the décor, furniture and fittings are all very calming".

The Meadows is specifically designed around people's needs and wishes and enables them to be as

independent as possible. Although the building is large, the service is split in to four separate houses all accessed via a main reception area. Once inside the individual houses, these are self-contained and have their own lounge and dining area and assisted bathroom. Small lounges were sited at the end of corridors. All bedrooms were for single occupancy and had ensuite facilities of a wet room, toilet and wash hand basin. Grab rails and toilet seats were dark coloured to act as visual aids for people living with dementia and those with impaired vision. Three of the units were for 15 people whilst the complex care unit (Cloverfield) accommodated nine people.

The living accommodation and facilities were specifically designed around people's needs and enabled them to be as independent as possible. For example, those people who liked to wander were able to do so safely. Within each of the houses there was a circular route which led back to the communal area. Bedroom doors were of different colours and memory boxes were on the walls where familiar objects or mementos could be displayed. These helped people locate their bedrooms independently because familiar items were on show and helped them identify their room. People had access to outdoor space. The outside area, accessible from the ground floor Cloverfield was secure and surrounded by fencing. In the courtyard to the rear of the building there were two summerhouses and sitting areas for people. Some of the bedrooms had access out to the courtyard from their bedrooms. All bedrooms were fitted with movement and door sensors which could be disabled if not required. Additional facilities include a café, hair salon and a cinema room.

Is the service caring?

Our findings

People received a service that was caring and supportive, not only to people who lived there but also to their family. The registered manager ensured each staff member delivered care which was exceptionally compassionate and kind, in a homely 'family' environment. This was evident in our observations throughout the inspection. People and their relatives said, "I am very happy here. I consider myself to be a private person and the staff respect this", "I am very well looked after", "This beautiful environment and the smashing staff benefit (named person) well-being. She is so well looked after and it is a joy to visit", "The staff are amazing, the nicest bunch of people you could ever want to look after your relative" and "It is excellent here, my sister has been in many other rehabilitation places and this far exceeds them all".

Feedback we received from health care professionals supported those comments we received from people and relatives. Their comments included, "This should be the standard of all care homes" and "A very innovative and caring provider, who has put together a staff team of such high calibre. People are really well looked after".

People were always treated with dignity, respect and kindness and generally called by their first name, if this was their preference. Interactions between the staff and the people they were looking after were friendly, kind and respectful. The care team were vigilant at all times and attended to their needs promptly when needed. The presence of care staff in communal areas was constant. It was evident the registered manager, deputy and care team all knew people well and knew how they liked to be looked after. People were assisted with personal care discreetly within their bedroom, bathroom or toilet and the doors were closed. Care staff knocked on doors before entering people's bedrooms. People were encouraged to make their bedrooms their own personal space and could bring in small items of furniture, pictures and personal memento's.

People looked well cared for and there was a strong visible person-centred culture. The care team had developed open and honest relationships with the people they looked after and also their relatives and other visitors. Relatives told us their family members were always clean and well-dressed. One relative said it was important for their mother to always be dressed in the style she preferred and that the care staff always matched her clothes up and included her in the decision on what to wear. Another relative said, "You can feel the love in The Meadows the minute you step inside the door". During the inspection we heard members of staff complimenting one lady who had been to the hairdresser, "I like your hair, it looks wonderful". This made the person smile. One gentleman told us he had let his beard grow over Christmas (so he could look like Father Christmas) but was having it trimmed that day.

Staff demonstrated a caring attitude towards people who were living with dementia and could at times present with challenging behaviour. A 'managing distressing behaviours' guideline document had been prepared. These detailed how the person could present when they were starting to feel distressed and how the care staff could act to reduce the person's heightened agitation. We looked at two such plans and these detailed specific instructions for the staff to follow and were person centred. A healthcare professional said that because care staff worked consistently with people at times of agitation, they were supported to

become calm a lot quicker.

The registered manager and deputy told us about one person who on admission, had been very reclusive and apprehensive about interacting with the staff and other people. The staff had used translator and interpreter services to aid communication and help build up trust with the person. This person had expressed, through their family, their wish to return home once their health had improved. Initially the person had only accepted help from one member of staff and that member of staff attended seven days a week for a three-week period. This measure ensured the person received the personal and nutritional care they needed. As their health improved they had felt comfortable with others. During the inspection we observed this person actively interacting with others during an exercise session and it was obvious they were getting a great deal of enjoyment from the event. A healthcare professional told us, "If it wasn't for the staff team, (named person) would never have been able to consider going home. The staff are so caring and have gone above and beyond. This is not the only time though, there are other examples".

The relative of one person who was resident in the service had difficulty in accepting the changes in their spouse's illness and had previously caused other care home placements to break down. The care team had worked hard to support the relative through the DoLS and court of protection processes. They also ensured both the person and the relative had separate advocates. The registered manager had also engaged other agencies to support the relative evidencing that care at the home does not stop with the person.

The service was supporting one person living with complex dementia who had high levels of anxiety regarding their spouse. The staff team had worked in close liaison with the family and social care professionals to enable the person to have a short stay at home over the Christmas period. Leading up to this, the registered manager had planned carefully to ensure specific 'what if' situations were complied with acceptable risk management strategies. The visit had been a success and the person returned 'happily' to The Meadows. Other overnight stays had also been successful and meant the person could see other family members who were unable to visit them at The Meadows.

People, including those living with dementia, were encouraged to have a say how they wanted to be looked after. They were supported to make safe decisions to have some control over their day to day life. People were asked about things that were important to them and this was included in their care plans. One person said, "They are always asking me if everything is okay. And of course, it is".

Where appropriate, arrangements were made for people to be supported by an advocate. They would ensure any decisions made on behalf of the person was done in their best interests. One advocate told us they had worked with six people so far and, "If it had not been for The Meadows and the excellent staff team, (named person) would have been hospitalised. The staff have gone above and beyond and the person's mental health has significantly improved".

Is the service responsive?

Our findings

The Meadows provided a responsive service which took account of each person's individual care and support needs. People said, "I could not be better looked after. You do not want for anything here", "If I was unhappy about anything, I would talk to the staff about it" and "The staff know how I like things done. I can go out whenever I like with my family". Relatives feedback included, "Mum had been here for about a year. I give The Meadows 10 stars, it is just amazing here", "Mum settled very quickly here and it was a good transition when she moved here from another care home" and "I cannot fault a thing, I have no concerns at all".

A care plan was prepared for each person and copies of these were prepared using an electronic care planning system. The sample of plans we looked at were comprehensive and had been completed in great detail. The instructions for the care staff were clear and evidenced a person-centred approach to care. The care staff were able to access the care plans via hand-held computers and also used these to make records regarding the care and support they had provided and any changes noted. The registered manager or the deputy received an alert when care staff were reporting concerns and could then follow this up. We found that people's care records were a true reflection of the care and support they needed. On speaking with the registered manager, deputy and the care staff, it was evident people always received the care and support they needed, the care team responded to any changes in their needs and the care plans were updated as and when necessary. Care plans were always reviewed monthly. These measures ensured people received the care and support they needed.

It was evident that people were involved and/or their relatives, in the care planning process and their views and preferences were taken in to account. For one person their eating and drinking plan made reference to the preferred portion size of meals and why this was important. In another person's communication plan there was specific information regarding the communication methods to be used – body language, visual aid books, hand signs and google translator.

Staff coming on duty received a handover report from the previous staff team and information was shared about each person. This included what each person had done during the shift, any changes or specific behaviours and how much people had eaten and drunk.

Whilst the registered manager organised a programme of social activities, all care staff were expected to support people on a daily basis with their social and recreational needs. The service did not employ an activities organiser, the registered manager explained the care team looked after people holistically and this included their recreational needs. Care staff told us about one person whose previous job had meant, being encouraged to be actively involved in the Carol Service at Christmas, was a "return to their former self". Relatives had commented on this in correspondence with the registered manager.

During the inspection we observed very positive interactions between the care staff and the people they were looking after. For example, the care staff were with people playing board games, making cards and sharing photographs together and talking about memories. One of the care team told us they were

arranging a bingo session later that day. During the whole time of the inspection, all four houses were calm and people were content and occupied. Those people who liked to walk were walking with purpose in each of the four houses, with some being supported to access outdoors space. On day one a planned musical entertainer visited the service and we spent some time watching people and their meaningful interactions. The discussions and sing-a-long session was Scottish themed and watching people who were living with dementia sing every word of 'The Bonnie Banks O' Loch Lomond' was truly amazing. It was extremely evident this activity impacted positively on the mental and emotional wellbeing of those people and staff members who participated. One member of the care team told us they, along with five other colleagues had attended a six-week coaching programme with a renowned charity whose aim was to enrich the lives of older people in care.

As well as activities and external entertainers who visited The Meadows, people were supported to access the local community. The service had already developed a number of links with community resources and were actively building further links. This enabled people to live as full a life as possible. The services was already engaging with a local primary school and children's nursery and groups of people were supported to attend functions away from the home. Other people had been assisted to attend 'music and memories' events in two nearby community centres. Outings from the home had been arranged to a local garden centre and also a canal boat trip. The dementia garden outside of the Cloverfield unit was in the process of being developed by staff and people, giving them access to pleasant outdoor space.

Care staff were able to respond and 'go the extra mile' to address people's needs in relation to their preferred activities because they spent time finding out what people had done in the past and accommodated this in the activities they helped them follow. The service participated in inter-generational activities and toddlers from a local nursery, and children from the primary school visited The Meadows. One person told us about one particular toddler who when they visited, always wanted to sit on her lap. This person had previously been a school teacher and "looked forward immensely" to these visits.

A relative had written to the registered manager just prior to our inspection. They had commented about the improvements in their family members physical and mental health since being at The Meadows. They also commented about him engaging with other people and the staff team and participating in the Carol Service at Christmas. They said, "I can see he has come out from under that dark cloud. Last time I saw him he was upbeat, engaged and making his old amusing jokes and stories".

People said if they were unhappy about anything they would feel able to talk to the care staff, the deputy or the registered manager. People said the staff team listened to them and encouraged them to have a say about their day, the activities they did and how they wanted to be looked after. Relatives also commented the same saying, "I would ask to speak with the manager if need be, but to be honest everything is excellent here" and "I have brought a few things to the attention of the manager, as a suggestion, and I have been listened to". A copy of the complaints procedure was posted in the main reception area and the registered manager's office was centrally located, making her very visible. People and relatives were also encouraged to have a say about what it was like living in The Meadows in care plan review meetings and 'resident/relative' meetings.

At the time of this inspection the service was not looking after anyone with end of life care needs but had in the past looked after people whose health had deteriorated. They then provided palliative and end of life care. The care team had worked in collaboration with the person's GP, district nurses and other health and social care professionals as appropriate. The service ensured that where appropriate do not resuscitate decisions were communicated and recorded on the correct documentation and the GP had arranged for end of life medicines to be obtained via prescription. The registered manager had received positive

feedback from three families after they had looked after three people who had passed away. The registered manager said a representative from The Meadows would always attend the funerals of the people they had looked after, to pay their respects.

Is the service well-led?

Our findings

The service was consistently well managed and well-led. The management team, led by the registered manager, had created a culture to ensure people were provided with high quality, person centred care. We asked people and relatives whether they felt the service was well led and received overwhelmingly positive feedback. They said, "Everything runs smoothly here", "The manager and the deputy are always about and they come and ask if I am OK. I like that" and "My sister has been in several other care services and this is by far the best. More like a first-class hotel". Health and social care professionals who provided feedback, told us the leadership and management of the service was excellent and the people who lived in The Meadows were at the heart of everything. The vision and values of the service were clear and ensured that people were always at the heart of the service.

The registered manager and deputy were both available during the inspection. The registered manager was a qualified nurse and had many years' experience in the social care sector. The Meadows is the third registered care home run by Windmill Care. The registered manager had previously completed the registered managers award. The deputy had worked in the social care sector for 13 years and had been in post since the service opened. The deputy had completed a level five qualification in health and social care.

It was evident both the registered manager and the deputy had high standards and expectations of the staff team. Both were very visible and approachable. Both were fully knowledgeable about the people they looked after, their physical and mental health, how their behaviours exhibited and how they liked to be looked after.

The service recognised the importance of having a high-quality staff team and rewarded those who daily had gone above and beyond the normal expectations. In 2019 seven staff had been nominated for a Care and Support West award in respect of front line care, palliative care, activities coordination and ancillary support. The service will find out in June 2019 regarding the nominations. In addition, there were staff incentives in place. These included quarterly and annual attendance bonuses, a summer staff event and a Christmas event. These measures put in place by the provider ensured there was a strong commitment from the staff team who were motivated and proud of the service they worked for.

Since the service commenced it had recognised the need for a new job role – a floor lead. Those staff who were in this role said the 'promotion' had recognised their 21 years in care and enabled them to support junior and new-to-care staff. The registered manager reported this had improved staff confidence in reporting and responding to developing care needs.

The service had clear and effective governance arrangements in place. The registered manager used several different means to monitor the quality and safety of the service. This included full auditing processes of aspects of the service, gathering feedback from people and their families, staff meetings and analysis of any events that had happened. Audits were completed in respect of medicines, care records, recruitment records, Infection control, the environment and equipment. The registered manager was about to send out

the first annual survey forms to people, their families and health and social care professionals involved with the service.

The registered manager and deputy were aware when notifications needed to be made to the Care Quality Commission. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

The service had received nine complaints since opening in January 2018. The provider's complaints procedure stated that all complaints would be fully investigated and the complainant responded to. Each of the complaints had been handled appropriately and the outcome recorded. The registered manager looked for trends within the complaints to identify where improvements could be made. The Care Quality Commission had not received any concerns regarding the service.

A monthly accident and incident audit was completed and the details regarding the event analysed to identify any further actions needed. The registered manager looked at the time of the day, the location and the type of event to identify a trend. These measures enabled the care team to reduce or eliminate the chances of the same happening again.

Staff meetings were held by the registered manager. These included specific meetings with the night staff, all staff meetings and also the senior management team. Notes of all meetings were kept and shared with those unable to attend. Findings from the provider's two other care homes were shared with the service to ensure best practice was followed at all times.

The provider and the registered manager worked with other organisations to also make sure they were following current best practice. The managing director and operations director were voluntary directors of Care and Support West, an independent provider organisation. This ensured the service kept up to date with all initiatives in the care industry. The managing director also chaired meetings with senior directors of all local authorities on a bi-monthly basis. In addition, the operations director jointly chaired the quarterly residential care providers forum with health and social care professionals. Outcomes from these meetings included significant improvements in getting people 'back home' after a hospital admission or improving care to prevent admission to hospital in the first place. Information was cascaded to the service via regular manager's meetings.

The registered manager was a member of the local authority care partnership board. The aim of this board was to ensure a coordinated approach to care provision. Examples achieved so far included 'red grab bags' and developing the new on-line brokerage service. The bags were used to transport relevant documents and critical information for hospital staff plus toiletries for the person's comfort following admission to hospital.