

Nifinara Limited

# Meads House Residential Care Home

## 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 

### Overall summary

Meads House is registered to provide permanent and respite care for up to 16 older people. There were 13 people living at the home at the time of the inspection. People required a range of help and support in relation to living with dementia and personal care needs.

The home is based over three floors, with a chair lift in place to allow people access to upstairs rooms.

This was an unannounced inspection which took place on 12 and 13 October 2015.

Meads House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was in day to day charge of the home. People and staff spoke highly of the manager and told us that they felt supported by them and knew that there was always someone available to support them when needed. Staff told us that the manager had a good overview of the home and knew everyone well.

We received only positive feedback from people, staff and relatives. Everyone told us that the manager was passionate about ensuring people received the best care possible. This was supported by clear up to date care documentation which was personalised and regularly reviewed.

Medicine administration, documentation and policies were in place. These followed best practice guidelines to ensure people received their medicines safely.

There were robust systems in place to assess the quality of the service. Maintenance for example water, electric and gas had taken place and all equipment and services to the building had been checked and maintained regularly.

There a programme of supervision and appraisals for staff. The manager also received regular support and supervision from the provider.

Staffing levels were reviewed regularly. Staff received training which they felt was effective and supported them in providing safe care for people. Robust recruitment checks were completed before staff began work. Staff and people living at the service were involved in decisions before new staff were recruited.

Care plans and risk assessments had been completed to ensure people received appropriate care. Care plans

identified all health care needs and had been reviewed regularly to ensure information was up to date and relevant. People's mental health and capacity were assessed and reviewed with pertinent information in care files to inform staff of people's individual needs.

Staff demonstrated a clear understanding on how to recognise and report abuse. Staff treated people with respect and dignity and involved people in decisions about how they spent their time.

People were encouraged to remain as independent as possible and supported to participate in daily activities.

People, relatives or significant people involved in care decisions were asked for their consent before care was provided and had their privacy and dignity respected. People and relatives were invited to attend care reviews to ensure people were involved in decisions.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. Menus were reviewed and changes made when requested.

Referrals were made appropriately to outside agencies when required. For example GP appointment, community nurses and speech and language therapists (SALT).

Fire evacuation plans and personal evacuation procedure information was in place in event of an emergency evacuation.

Feedback was gained from people this included questionnaires and regular meetings with minutes available for people to access. The manager had used innovative ways to gain people's feedback when formal meetings had not been successful due to people's memory loss and dementia.

Notifications had been completed to inform CQC and other outside organisations when events occurred.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had a good understanding about how to recognise and report safeguarding concerns.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Staffing levels were regularly reviewed and maintained. People living at Meads House felt that staffing levels were good.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Good



### Is the service effective?

The service was effective.

All staff had received effective training to ensure they had the knowledge and skills to meet the needs of people living at the service.

Staff had regular supervision and appraisals.

Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS)

People were supported to eat and drink. Meal choices were provided and people were encouraged to maintain a balanced diet. People's weights were monitored.

Referrals were made to external health and social care professionals if required.

Good



### Is the service caring?

The service was caring.

Staff knew people well and displayed kindness and compassion when providing care.

Staff treated people with patience and dignity.

People were involved in day to day decisions and given support when needed.

Good



### Is the service responsive?

The service was responsive.

Documentation was personalised, up to date and included specific information about people's needs.

Clear information was in place for staff. Care plans had been written for people's identified care needs and care plans were regularly reviewed and updated.

People's choices and the involvement of relatives and significant others was clearly included in care files.

Daily activities were provided for people to allow them to spend time doing things they enjoyed.

Good



# Summary of findings

People were encouraged to share their views. A complaints procedure was in place and displayed in the main entrance area for people to access if needed.

## Is the service well-led?

Meads House was well led.

There was a registered manager at Meads House who had worked at the home for many years.

Staff and people living at Meads House spoke highly about the manager and the way they ran the home.

The registered manager had an open, inclusive culture which included involving people and staff in any changes, for example the recruitment of new staff and the décor of the home.

A complaints procedure was in place.

There was a robust system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

**Good**



# Meads House Residential Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection which took place on 12 and 13 October 2015 and was unannounced.

The last inspection took place on 8 January 2014 where no concerns were identified.

The inspection was undertaken by one inspector.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications and any other information that has been shared with us.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR 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. We used the PIR to help us focus on specific areas of practice during the inspection.

Not everyone living at Meads House was able to tell us about their experiences of living at the home. We carried out observations in communal areas, looked at care documentation for three people and daily records, risk assessments and associated daily records and charts. Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff, resident and relatives meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for two staff and records of staff training, supervision and appraisals for all staff.

We spoke with six people using the service and five staff. This included the registered manager, care staff, cook and other staff members involved in the day to day running of the service.

There were no relatives or personal visitors to the home during our inspection. However, we received feedback from relatives and a community nurse after the inspection to gain feedback from a visiting professional.

# Is the service safe?

## Our findings

People living at Meads House told us they felt safe living at the home. We were told, “It is lovely, I am looked after.” And, “They are always here to help me, I feel very secure here.” One person told us how they had their own key to their room. They said, “I go up to my room and let myself in. All my things are in there, it is my room, I keep it shut when I am not in there.”

We found people at the home were safe. Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received regular safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the registered manager at any time if they had concerns.

Meads House provided care for people with dementia and memory loss. People’s care needs varied. Some people required assistance with personal care whilst others were supported by staff in the form of prompting and encouragement. Risks to individuals were identified and well managed. There were individual risk assessments in place which supported people to stay safe, whilst encouraging them to be independent. For example, people who were able to have their own key to their rooms had been assessed and the home had looked at ways to help people keep their key somewhere they would remember. Other risk assessments included falls, moving and handling, nutrition, weight, pressure area risk and any other individual risks identified during the initial assessment or subsequent regular reviews of care.

There were robust systems in place to ensure the safety and maintenance of equipment and services to the building. All maintenance and equipment checks had taken place with certificates available to confirm this. Redecoration was in progress and areas completed had been done to a high standard.

Personal emergency evacuation plans (PEEPS) were in place. This information was kept alongside plans of the building and fire safety and evacuation information. This meant people’s care and health needs had been

considered in relation to their safe evacuation in the event of an emergency. Fire alarm and emergency lighting checks had taken place regularly to ensure people’s continued safety.

There were enough staff working at the home. People told us that they felt there were always plenty of staff. We were told, “There is always someone here with us, someone’s always there if you need them.” Staff told us that the staffing levels were very good. They felt that this allowed them the time to sit with people to support them. We saw that staff spent time with people in the lounge and did not appear rushed or hurried when assisting people in their bedrooms. When people asked for assistance this was provided promptly. We saw that staffing levels were reviewed regularly and were flexible. We spoke to the registered manager who told us they felt it was essential that staff had the time to spend with people and that care should not just be about tasks, if someone became unwell and needed more assistance then staffing levels would be reassessed to ensure people’s needs could be met. We looked at staffing rotas and saw that staffing levels were always maintained. When care staff were on holiday these hours were covered by other care staff who were happy to work extra hours. There had not been any occasions when agency staff had been required. Staff told us they all happily covered for each other and the system worked very well.

Staff turnover was very low with a number of staff having worked at the home for many years. The registered manager told us that they were not currently recruiting as they had a full compliment of staff at that time.

The registered manager had a robust recruitment system in place. We looked at staff recruitment files these included details of relevant checks which had been completed before staff began work. For example disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references had been sought before staff were able to commence employment.

Staff had access to relevant and up to date information and policies, including whistleblowing. Policies were reviewed and updated when changes took place. This included the addition of new policies to incorporate recent changes to

## Is the service safe?

regulation. Staff told us they knew where policies were stored and that they were asked to read them by the registered manager when changes occurred to ensure they were aware of correct working procedures.

People had access to call bells in their bedrooms, bathrooms and toilets. In the communal lounge a member of staff was present at all times. People told us that if they wanted anything they would just speak out as, "Someone was always within earshot." People said that staff responded quickly when they needed them, including at night time.

Incidents and accidents were reported and the registered manager conducted a thorough investigation of each incident. A monthly review of all accidents and incidents was completed and these were analysed to look for any trends. The registered manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if someone had a fall, then this would trigger a falls prevention plan being implemented.

People received their medicines appropriately. Policies and procedures were in place to support the safe

administration and management of medicines. Medicines were regularly audited to ensure that all areas of medicine administration were maintained to a high standard. We observed medicines being administered and saw that this was done following best practice procedures.

Protocols for administration of medicines were in place. This included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. Staff were appropriately trained to administer medicines. Medicines were stored and disposed of appropriately. Medicines were labelled, dated on opening and stored tidily within the trolley. Medicine fridge and medicine trolley temperatures were monitored daily to ensure they remained within appropriate levels. Medicines were administered from medicine trolleys which were locked when left unattended. Medicines and topical creams were stored appropriately in line with legal requirements. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.



# Is the service effective?

## Our findings

People told us that staff, “Understood how to look after them.” And “They know what I need, they are all very good.” Staff felt that they received effective training to support them to meet people’s care needs. They told us that the training received was, “Very good,” and, “There is always training happening with updates if something changes.” Staff felt there were further opportunities for professional development. The manager told us that if they found a training that they thought would be relevant for staff or help in care provision they would see if any staff would like to attend. Staff told us these opportunities made them feel valued as an employee.

People received care from staff who had knowledge and skills to look after them. Training included all essential training for staff and further training including medicines for staff who administered medicines. Competency checks took place to ensure staff training had been appropriate before staff were able to administer medicines. Staff told us the training they received enabled them to understand people, for example dementia training had helped them provide appropriate care for people with dementia. Staff displayed a good working knowledge of dementia and when people became anxious or upset support was provided appropriately.

New staff had a period of induction and were supported throughout this time by management and other care staff. There had not been any recent newly employed staff as staff turnover was very low. However, the manager told us that they had been researching the new Care Certificate Standards induction, which they would use in any future new starters. The Care Certificate sets out the learning outcomes, competences and standards of care that are expected from care workers to ensure they are caring, compassionate and provide quality care.

Good communication was evident on all levels including management and staff. Staff felt involved in changes and empowered to be involved in decisions. Staff received regular supervision and appraisals, staff told us that they felt, “Very supported and listened to,” by the manager. Supervisions were documented and signed by the individual. Ad-hoc supervisions also took place when there were areas that needed to be discussed or to support staff when needed. Staff told us that regular supervisions gave them the opportunity to talk to the manager about any

further training they required or any issues personal or professional they wanted to discuss. All staff told us that they felt able to speak to the manager at any time as they were, “Always available for a chat if you needed them.”

The manager had an excellent understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. Staff also demonstrated a good understanding of MCA and its aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they get the care and treatment they need but there may be a need to restrict their movements in some way in order to be able to do this. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person’s rights and freedoms. Providers must make an application to the local authority when it is in a person’s best interests to deprive them of their liberty in order to keep them safe from harm. The manager understood the principles of DoLS, how to keep people safe from being restricted unlawfully and how to make an application for consideration to deprive a person of their liberty. At the time of the inspection a number of DoLS applications had been made. The manager had followed correct processes and made referrals appropriately. Staff understood why people may require DoLS to be in place and that this may place specific restrictions on them.

People were involved in decisions about their care. People said staff always asked for consent before providing any care. Staff described how they would ask for people’s permission before giving support, and what they would do if someone declined the support offered. We observed and heard staff involving people in decisions and speaking to people to ensure they were involved in how they received care and spent their day. For example, when a member of care staff was talking to someone in their room we heard them asking the person what they would like to do that morning. A conversation then took place which concluded in the person deciding to have a short nap as they felt tired. The staff member then assisted this person to lie on their



## Is the service effective?

bed, ensuring they had their call bell to alert staff as soon as they wished to get up. In the communal lounge we saw that staff ensured people were orientated and involved in all day to day decisions about how they spent their day.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, community nurses, dentists and chiropodist. The manager contacted outside professionals, for example when someone needed to see community nurse.

People were supported to maintain a balanced and nutritious diet. Without exception everyone told us they enjoyed the meals provided. We spoke to the cook who explained how they asked people what they would like to eat each day. There was a rolling menu with choices and alternatives available for people. Staff and the cook knew people well and told us who had special dietary requirements. This included soft, diabetic and fortified diets. People's preferences, likes and dislikes were well recorded. The rolling menu was changed every six months. This included a meeting with people to see if anyone had any ideas or wanted something specific to be on the menu.

The cook then introduced new menu suggestions as part of a four week trial and used this opportunity to see what people enjoyed and what had not been so popular. Decisions would then be made with people to devise a new menu. People spoke very highly about the standard of the food. And the meals looked very appetising and well presented.

People chose where they sat at meal times. We saw that one person chose to remain in the lounge and have their meal, others sat at the dining tables. People were offered a choice of drinks; tables were nicely set, with table mats and condiments available for people. People who required support had this provided. We saw staff sit with people and provide assistance. This was unhurried and staff sat with one person and remained there until the person had finished their meal.

People's nutrition and weights were regular monitored and we saw that referrals had been made to Speech and Language Specialists (SALT) in the past if people's nutritional intake was reduced or staff had any concerns around people's eating and drinking.

# Is the service caring?

## Our findings

People told us they liked the staff. Relatives told us, “Staff treat my mum with the upmost kindness and compassion and this truly helps us as a family to know mum is in such good hands. I have spoken to other residents at the home and they echo our thoughts, how very blessed we are to have our loved ones in the care of Meads House.”

Staff interacted positively with each other and people living at Meads House. It was clear that people felt safe and supported by staff and there was an obvious affection between staff and people. Staff knew people very well and this was apparent as they responded to people in ways that they knew they liked. For example, staff sat with one person regularly and spoke quietly with them, another liked staff to hold their hand. Staff engaged people in conversations which did not relate to care and assisted people to read the newspaper prompting conversation amongst people in the lounge.

We saw that care staff spent time with people. Most people spent their time in the large lounge/dining area. There was always at least one or two staff member in the lounge with people at all times. People responded very warmly when greeted by any of the staff. It was clear that people recognised staff and felt secure and comfortable in their company. Staff showed great patience, for example, one person liked staff to take them for a walk around the building regularly throughout the day. Staff responded warmly to this request on each occasion despite the fact that this person may have only just returned to their seat. Two people were seen to walk to their bedroom and around the building together whilst chatting between themselves. Staff told us they were great friends and enjoyed each other’s company. It was clear that this interaction was rewarding for both people, and staff kept a discrete distance so they were able to ensure they were safe but allowed the freedom to walk safely and independently where they wished. The same caring and compassionate attitude was shown when assisting people with food and drinks.

One person chose to return to their room, we saw that they used their own key to gain access and spent some time in

their room before returning to the communal lounge. People were clearly encouraged to spend time how and where they chose. People were actively encouraged to make choices, the emphasis of the home was to safely promote and encourage independence. There was lively conversation, and music playing in the lounge. The overall atmosphere was relaxed and homely.

People had access to call bells when needed. People told us they did not need their bell in the day as they just called out to staff. At night people who used their bell, told us that staff responded quickly.

Staff knew the people they were caring for and were able to tell us about their likes and dislikes.

People were offered choices and involved in all day to day decisions. Meads House had a small core number of staff. The manager told us they did not have a specific dignity champion as this was an area of care that all staff were involved in on a daily basis. Dignity was covered in training and staff were aware that this needed to be considered throughout care provision. Staff told us, “Treating people with dignity goes without saying, it’s the most important thing. “Staff knocked on people’s doors before entering their room and spoke to people discretely when talking about their care needs. People were dressed in the way they liked. One person’s care plan informed staff they liked to dress casually and preferred trousers to a skirt we saw that this person was dressed in trousers and a matching top. Another told us they liked to have their hair done and to wear hair accessories. People had handbags and personal belongings with them in the lounge if they wished.

The manager told us how people were involved in the recruitment process. Before a new staff member began work at the home they were asked to spend a day talking to people in the communal lounge. The manager would then speak to people to gain feedback about the person before they were formally offered a position. The manager felt it was important that people living at Meads House were involved in decisions about new people coming to work at the home as it impacted on them and it was paramount to the manager that people were happy with any decisions made.

# Is the service responsive?

## Our findings

People and relatives told us the manager and staff were responsive. Relatives felt they were kept well informed about any changes and asked to provide information about people's background and significant past events. People told us, "They tell me what is going on, they remind me if something is happening that day."

There was a clear system in place to assess, plan and document care provided. People's care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care. This meant that documentation was very individualised.

All care plans and risk assessments had been reviewed monthly by the manager or more frequently if changes occurred. Staff told us that the documentation supported them to ensure that care provided was appropriate and up to date to meet people's needs. Other documentation completed by the manager and staff included daily records for all care provided example bathing, showers, falls, visitors to the home, appointments attended and other significant events. Information was shared during handover at the beginning of each shift. Staff told us that the manager attended handover so all staff were aware of any changes and accidents, incidents or falls if they had occurred.

Accident and incident forms were completed when appropriate. The manager had a clear oversight of any significant events when they had occurred.

Care plans were in place for all identified care needs. This included information for specific health related conditions including, dementia and diabetes. These were clear and up to date. Diabetes information provided support to staff on how to recognise and respond if the person became unwell due to their diabetes.

Background information about people was very detailed including past significant events, family members, past pets and personality. The manager told us this information was pertinent as it helped them determine whether people's personality had changed as their dementia progressed. For example if people had become withdrawn when they were previously out going.

Care files contained detailed information regarding people's mental health. This included specific information with regards to aims, goals and actions regarding how staff should respond to people. For example 'validation therapy' this could be described as 'playing along' if someone demonstrates a belief that they are in a different time or place. Documentation reminded staff that this is always dependant on whether the belief is positive or negative for that person at that time. If it is negative and causing distress then staff will need to bring the person back to the reality of the situation. If positive then staff may go along with the person's belief at that time. Other therapies included reminiscence therapy if this was appropriate for the individual and activity therapy, for example, how the person now spends their time. In one care file this included how the person preferred to 'potter around' and do their own thing. All therapies were reviewed monthly.

For people who may present behaviours that may challenge or become anxious had clear information included in their care files. This meant that staff knew how to respond to people. For example, one person's care file stated that if they became aggressive this would be for one of two reasons. Either because they had a urine infection or because they do not understand what was happening. Staff should give them time and space and then re-approach the task but with simpler instructions and break information down giving extra time between each part. Staff told us they knew when to contact outside professionals swiftly if people presented with anxiety which did not pass quickly.

There was a programme of activity available for people. This included an activity table which was set out daily and people could access these items whenever they chose. Staff sat with people and read newspapers and chatted. People told us they had something to do throughout the day. We saw that this included memory games, quizzes, listening to music and watching films. People were also seen reading newspapers, magazines and books either alone or with staff.

Activity files included 'Information about me' this included information about previous interests and the things people participated and enjoyed whilst living at Meads House. The manager told us staff used this information to tailor activities to incorporate people's hobbies and interests.

Where people may not be able to fully participate in care planning decisions we saw when possible their relatives or representatives had been involved. This included consent

## Is the service responsive?

forms when appropriate. Visitors were welcomed at the home and encouraged to participate and be involved with their loved ones care when possible. When people moved into the home relatives and next of kin (NoK) had been asked how involved they would like to be in the care planning process. Relatives and NoK were asked if they wished to attend reviews. We saw that letters were sent and people either attended or replied to say they were unable to attend. One relative had responded by letter stating, 'they would not be attending as they trusted the manager to make appropriate decisions'.

People had the opportunity to share their views and give feedback during resident and relatives meetings. We saw minutes from meetings detailed discussions and actions taken. Minutes were available for people to access if they wished and included feedback from people regarding activities and menus.

A complaints policy and procedure was in place and displayed in the entrance area. Copies were also given to people as part of the information given on admission. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the inspection. The manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. The manager had taken steps, including the recent implementation of a 'grumbles box' to ensure that people felt able to raise even minor concerns to ensure these could be addressed promptly. Everyone we spoke with told us the manager had an 'open door' policy and people confirmed they would be happy to raise any concerns with the manager if they needed to.

# Is the service well-led?

## Our findings

People, relatives and staff spoke very highly of the registered manager. We were told. "They are lovely and always here checking I am comfortable and feel ok." And, "She is wonderful."

A relative told us, "The homes manager is the core of Meads House. Her passion and dedication to the residents and her team are truly inspirational. Nothing is too small to go to her with, anything at all she will always make time for us. Her love for the home is felt throughout the home."

Staff told us they felt supported and valued. They told us that the registered manager had an 'open door' policy and you could speak to them at any time. They felt included in decisions telling us. "If something is changing we are involved, if something is going well then we are praised, that is important too." We saw that positive feedback had been shared with staff including compliment cards and letters from people and relatives. Staff told us they felt that they were, "Part of the home."

Everyone we spoke to at the home shared the same ethos which was to provide high quality care to people. It was important to the manager and staff that this was done whilst maintaining a relaxed homely atmosphere for people living at Meads House.

The registered manager had worked at the service for many years and demonstrated a clear understanding of their role and responsibilities. Care was person centred, with a real emphasis on always putting the person first and foremost. This was seen during observations between staff and people and further supported in the way peoples care records were written. The registered manager worked at the home most days and had a good knowledge and understanding of people, their needs and choices. They promoted an open inclusive culture and told us the focus of the service was to ensure people received person centred care which supported them to maintain independence and dignity at all times. They strove to ensure the service was open and transparent and welcomed comments and suggestions from people and staff to take the service forward and make continued improvements.

There were plans to continually improve the service. This took the form of a number of innovative ideas to sustain best practice and support and empower staff. For example.

Staff were asked for feedback as part of the recruitment process, involved in discussions about changes and felt that their ideas were listened to and respected. When staff left the service they were asked to complete a leaver's questionnaire and write their thoughts and feelings about the service and manager. The manager told us they felt this was an important way to achieve honest feedback from someone who had worked with them and that they sought to gain constructive feedback to continually improve the working environment. Staff told us they felt valued and involved in changes to continually improve the service and their aim was to ensure people living at Meads House received the highest quality of care.

The registered manager continually strove to ensure excellence by sourcing research and through consultation with other health professional; for example, they had close links to the local hospice and had attended training to support staff when they provided end of life care. The registered manager also kept up to date with developments in health care by sourcing information online and reading and reflecting on changes to practice. This included changes in the CQC inspection process. The manager completed the Provider Information Return (PIR) and had provided us with detailed information about how they continually assessed the service to ensure high standards of care were provided and best practice was maintained.

Regular surveys had taken place to ensure that people had the opportunity to share their views of Meads House This included staff, resident and relatives. A 'grumbles' box had recently been introduced. The registered manager told us they hoped this would further encourage people to share their views so that even small issues could be identified and addressed. The manager had recognised that although questionnaires were helpful they did not always present the best way to gain feedback from people. To ensure that people's views could be sought and meaningful feedback gained, the registered manager had devised a number of alternative innovative ways to involve people in day to day decisions. We saw that this ranged from involving people in choices when recruiting new staff members, to finding ways to involve people in choosing soft furnishing and decoration for the home. The registered manager told us they had put a number of wallpaper samples onto the wall and left them there over a period of days. Staff then

## Is the service well-led?

observed which pattern people appeared to be most drawn to and discussed the choices with people. When a favourite was identified this was then purchased and the area redecorated.

For people who may not be able to go out shopping for clothes, a computer and iPad was used to show people items to assist them in making choices. The registered manager told us, "If the person can't make it to the shop then the shop comes to the person."

Meetings took place to involve people in menu choices, this included menu ideas. This led to a trial period when new recipes were tried and tested and people's preferences noted. Things that people enjoyed went onto the new menu and the things that were not popular were discounted.

The registered manager attended staff meetings to ensure they had a good working relationship with all staff and to ensure staff were aware of their responsibilities whilst working at the home. By completing daily 'walk arounds' and audits, they were fully aware of the people, staff, redecoration and improvements required to the building and had a monthly maintenance schedule. We saw that a number of areas had been redecorated and this had been completed to a high standard. People's bedrooms had co-ordinated curtains and bedding if they wished, with attention to detail to ensure light fittings matched the overall décor of the room.

Care was assessed and reviewed by the registered manager and staff told us that the manager was open, honest and approachable. We were told, "The manager is here every day for handover, then they do the medicines in the

morning, this means they know exactly what is happening and whether there is anything that needs to be sorted that day. They know the people and it's such a nice atmosphere to work in."

There was a robust system in place to assess and monitor the quality of the service. Including weekly, monthly and quarterly audits and reviews. Annual health and safety checks and annual policy reviews. This meant that their response was proactive. Any areas which needed to be addressed were noted promptly and actions taken to rectify or improve. The provider carried out regular visits to Meads House. They completed a provider audit, which included a review of the quality assurance and checks around the home to ensure standards were high and that these were being maintained.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. A new policy written by the registered manager gave information to staff to guide practice in relation to the duty of candour. Staff were aware of the importance of being open and transparent and involving people when things happened.

Staff were aware of the policies and were aware that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings to ensure everyone was aware if changes occurred.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us and other outside agencies when required.