Four Seasons (No 7) Limited

Meyrick Rise

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

This unannounced comprehensive inspection took place on 7 and 8 January 2016. At the last comprehensive inspection completed in January 2015 we found the provider had breached three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches regarded a repeated breach of people's care records not being accurate, insufficient levels of staff and ineffective quality assuarance systems. At that inspection we served a warning notice on the provider for the repeated breach regarding people's care records. We requested an action plan from the provider stating what they would do to meet the legal requirements in relation to each breach.

We undertook an unnannounced focussed inspection in June 2015 to check the provider had followed their action plan and to confirm that they now met legal requirements. At that inspection we found the provider had taken appropriate action and were compliant with the legal requirements.

At this unannounced comprehensive inspection we found the provider was compliant with the regulations.

Meyrick Rise is a care home comprising three floors providing accommodation, care and support for up to 74 older people. At the time of the inspection there were 29 people living at the home.

Summary of findings

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

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. However, some minor shortfalls were found in the records relating to medicines.

During our inspection visit the home had a calm and friendly atmosphere with a selection of activities for people to join in with if they wished. There was a selection of quieter areas available for people to sit in which meant people had the opportunity to relax in a calm and homely area.

The premises had recently received a complete re-furbishment which provided a very good standard of decoration, equipment and soft furnishings throughout the home. The premises had clear signage displayed to help people navigate around the premises.

People and their relatives spoke very positively about the recent changes in both the décor and the management team. People told us they were very satisfied with the level of care and support they received and told us they fully enjoyed all aspects of living at Meyrick Rise. People told us they felt safe at the home. One person said, "I'm so happy living here, I have never been happier".

Staff had a good understanding of how to keep people safe and free from harm. They spoke knowledgeably about how to prevent, identify and report abuse and the provider had systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

People's needs were assessed including areas of risk, and reviewed regularly to ensure people were kept safe. People were cared for with respect and dignity and their privacy was protected.

People told us there were enough staff available to help them when they needed support and they were supported promptly by staff who were friendly and caring. Relatives told us they were always made to feel welcome when visiting the home and said their relatives were safe, well cared for and comfortable.

There was a robust recruitment and selection procedure in place to ensure people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Staff spoke positively regarding the induction and training they received and commented they had felt well supported throughout their induction period. Staff told us they now really enjoyed working at Meyrick Rise and found the support given by the new management team to be, "Excellent".

Staff spoke knowledgeably about their roles and responsibilities and demonstrated interest in giving people the best possible care and support to meet their needs. Staff demonstrated a good understanding of how people liked to have their care needs met.

Supervisions and appraisals were regularly completed with staff. Records showed these gave staff the opportunity to comment on their performance and request further training and development opportunities if they wished. The provider had recently introduced some staff incentive schemes to reward and encourage staff to attain their full potential.

Equipment such as hoists, mobility aids, pressure relieving mattresses and cushions were readily available, clean and well maintained.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

People were supported and provided with a choice of healthy food and drink ensuring their nutritional needs were met. Menus took into account people's dietary needs and people told us they really enjoyed the food and could ask for different choices if they did not like what was on the menu. We observed meal times were a pleasant and social experience for people and the dining area was attractively laid out with place settings, table decorations and staff available to ensure people received the assistance they needed.

Summary of findings

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. There was a clear system in place for people to raise concerns and complaints.

There was a schedule of daily activities for people to participate in if they wished. The provider ran a mini bus three times a week to places of interest that people had asked to visit, such as Poole Pottery, garden centres and local parks.

People told us they felt the service was now very well led, with a clear management structure in place with a visible, approachable management team that listened to them and the staff. People told us the management team were, “Fantastic”

There were systems in place to monitor and drive continuous improvement in the quality of the service provided.

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?

Good

The service was safe. Risks to people were assessed and reviewed and staff understood the procedures in place to safeguard people from abuse.

Medicines were stored securely and disposed of safely. There were some minor shortfalls identified in the recording systems for medicines.

Staff were recruited safely and the provider had robust recruitment procedures in place to ensure pre-employment checks had been conducted prior to staff starting employment.

Is the service effective?

Good

The service was effective. Staff received ongoing support from senior staff who had the appropriate knowledge and skills.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered and enjoyed a varied choice of nutritious food and drink.

Is the service caring?

Good

The service was caring. Person centered care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and their relatives and there was a calm, friendly atmosphere throughout the home. People valued their relationships with staff and actively sought staff out to have a chat with.

Wherever possible, people and their relatives were involved in making decisions about their care and staff took account of their individual needs and preferences.

People reaching the end of their life received good, person centred care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in partnership with them and delivered to meet their needs. People's care plans and records were kept up to date and accurately reflected people's preferences and histories.

Staff were very attentive and responded quickly and appropriately to people's individual needs.

There was a varied schedule of activities for people which they enjoyed and promoted their independence.

There was a clear complaints procedure. People knew how to raise a concern and felt confident that these would be addressed promptly.

Summary of findings

Is the service well-led?

Good

The service was well led.

The management team demonstrated an open and honest culture and provided a supportive environment for people and staff.

Staff felt well supported in all areas and felt involved, listened to and appreciated.

There was a clear management structure which staff and people understood.

There were systems in place for assessing and monitoring the quality of the service provided.

Meyrick Rise

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 comprehensive inspection took place on 7 & 8 January 2016 and was unannounced. The inspection team consisted of two CQC Inspector's, a CQC bank inspector and a Specialist Nurse Advisor on 7 January and a CQC Inspector, a CQC bank inspector and a Specialist Nurse Advisor on 8 January 2016.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commissions the service for their views on the care and service given by the home.

During the two day inspection we met and spoke with most of the people living at Meyrick Rise. We also spoke with the operations manager, the registered manager, the deputy manager, the cook, and ten care staff including nursing staff and senior care staff. We spoke with the activities co-ordinator, three domestic members of staff and three visiting relatives. Prior to the inspection we spoke with the GP who regularly visits the service and obtained their views on the service. We observed staff supporting people in communal areas and to eat meals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked in depth at four people's care, treatment and support records, a selection of other care records and reviewed a selection of medication administration records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, activity schedules, premises maintenance records, a selection of the providers audits and policies, compliments and complaint records, completed quality assurance forms and staff and relative meeting minutes.

Good

Is the service safe?

Our findings

All the people we spoke with felt safe living at Meyrick Rise. One person told us, "I can't tell you how happy I am to live here, I am so happy, I love it". Another person said, "I have everything I need, I'm always safe and secure".

Medicines were kept securely. We reviewed all of the medicine administration records (MARs). We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people. Records showed people's allergy information was clearly recorded to ensure staff had clear guidance to follow.

We reviewed the amounts of medicines stored with the amounts recorded in the medicine book. For one medicine the amount did not tally. We checked the persons MARs for this medicine and saw the night time entry had not been recorded. We discussed this shortfall with the manager who immediately investigated and confirmed the person had received their medicine during the night as prescribed but the MARs had not been completed. The manager confirmed they were in the process of implementing a revised system for this particular medicine to prevent this shortfall re-occurring.

The provider had an effective system for ensuring medicines were disposed of safely. The medicine fridge had an alarm system to register if the temperature went above or below the recommended levels. Daily temperatures of the medicine fridge were recorded to ensure the fridge remained within safe temperature ranges. There was a system in place to monitor the room temperature and an air conditioning was available if the room became too warm.

Two people were receiving their medicines covertly. We reviewed their records and found advice and authority had been obtained from the person's GP and the pharmacist. Where required these people had best interest and Deprivation of Liberty Safeguards documents completed for them.

There was a good 'PRN' (as required) protocol in place which included an administration record and balance sheet to ensure all medicines administered to people were accounted for. An independent pain scale tool was used for people who were living with dementia to assess their pain levels in order to administer their PRN medicines.

Staff that had responsibility for administering medication had received medication training to ensure they could administer medicines to people safely. We saw certificates that confirmed staff had completed training in medicine management and had their medicine competency regularly assessed.

We spoke with staff about their understanding of protecting vulnerable adults. Staff demonstrated a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they needed to report any form of abuse. One member of staff said, " Someone's manner might change. They may be quiet, aggressive or crying". There was useful information available for staff to support them in understanding how and when to make a safeguarding referral. Records showed the manager had taken the appropriate preventative action when incidents had occurred in order to protect people and minimise the risk of further incidents. The service had a whistleblowing policy and staff felt confident that concerns they raised would be taken seriously.

The provider had a system in place to record, investigate and recognise trends or patterns in accidents or incidents. Clinical governance meetings were held weekly, examples of areas discussed included, safeguarding, medicines, manual handling, falls and nutrition and hydration. Records showed items discussed had been minuted and actions to be taken had been recorded and designated staff had been assigned to ensure appropriate action would be taken. However, records did not show target dates had been set for actions to completed. This meant it was not clear if issues raised had been actioned. We discussed these findings with the manager who confirmed they would ensure target dates were recorded in future.

There was a system in place to ensure risks to people were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of four people. This was so we could evaluate how people's care needs were assessed and care planned and delivered. We found people had their health needs assessed for areas of risk such as falls, moving and handling, nutrition and pressure area care. Records showed a good understanding of risk assessment for people to go out into the community. One mobility risk assessment stated, '(the person) understands that if they wish to go out they must be with a member of staff and use the wheelchair, as they are now unable to walk long

Good

Is the service safe?

distances.' Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

There were arrangements in place to deal with emergencies. There was a system in place for people to follow in the event of an unforeseen emergency , such as a fire and the evacuation processes that staff would follow if required.

The provider had a system in place to ensure the premises were maintained safely. Records showed regular checks were completed and up to date for the whole range of premises safety checks which included; fire safety equipment, lighting systems, electrical testing, water management including legionella and gas safety. Legionella is a water borne bacteria that can cause harm to people's health.

We were given a tour of the kitchen and met with the kitchen staff. The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating which was the highest grade. The cook told us all the kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and its equipment.

The manager told us there were enough staff employed to meet people's needs but they were currently recruiting staff to replace two members of staff who were leaving in the near future. We reviewed the staff rotas for the period 28 December 2015 to 24 January 2016 which confirmed staffing was being managed effectively, with an RGN employed to cover each floor and up to five care staff per floor. The provider ran a 'daily allocation list' system with the daily list given to each staff team. This ensured an appropriate skills mix of staff could be allocated to each floor. The allocation list included information such as; who is on duty, resident of the day, menus, tea trolley duties, availability of hostess staff, people's preferred getting up times and any appointments people may have that day.

We asked staff if they felt there was enough staff on each shift. Staff replies included, "Yes, people do get the care they need, we make sure they do. I would say we have enough time to spend with people. We don't have to rush", and "Some days are better than others, but then it's the same everywhere isn't it". One staff member said, "There's not always enough staff at the weekends". Relatives told us generally there was enough of appropriately trained staff available, one relative said, "Sometimes they could do with one more person on at weekends, but generally there are plenty of staff around". People living at Meyrick Rise said they felt there were plenty of staff available and they did not have to wait lengthy periods for assistance.

We reviewed the provider's recruitment policy and five staff recruitment records and spoke with five members of staff about their recruitment. They told us they had felt very well supported throughout their induction period and had "shadowed" more experienced staff for up to five days. New staff then worked with experienced members of staff as a 'double up' for three weeks before caring for people independently. Staff told us they had had background checks completed on them before they started working at Meyrick Rise. Records showed recruitment practices were safe and robust. Relevant employment checks, such as proof of identity, criminal records checks, health and fitness checks, full employment histories and appropriate references had been completed before staff began working at Meyrick Rise.

We spoke with the head housekeeper who had completed a range of training which included, induction for the laundry and domestic cleaning, infection control, first aid at work and a caring leader course in 2015. There was an effective cleaning schedule, spot checks were done by the manager and the regional manager on a weekly basis which helped ensure that cleaning standards were kept constant. If changes to cleaning schedules were required, for example as residents' conditions develop, the changes were talked about at the daily 'flash' meetings, which the head housekeeper attended each day at 10am. This information was then cascaded to the housekeeping staff.

The laundry comprised of two large rooms which were well ordered with a clear 'dirty laundry in' and 'clean laundry out' section. The 'dirty laundry in' section contained two industrial washing machines, colour coded skips, a clean sluice area with sink and soap and paper towels. In the 'clean laundry out' section there were two industrial driers, a sheet press and an ironing area. People's clothes were individually named and placed in their own named boxes. The clean clothes were taken out of a separate doorway, labelled 'clean door'. This would ensure that in the event of the norovirus, cross contamination would be minimised.

We completed a full tour of all areas of the premises and noted all areas appeared clean and well maintained. There

Good

Is the service safe?

was personal protective equipment such as aprons and gloves clearly available throughout the home and there were numerous alcohol gel dispensers on walls at regular intervals throughout the premises.

Good

Is the service effective?

Our findings

People and relatives we spoke with commented positively about the care and support they received at Meyrick Rise. People said, “The staff here are all very friendly, I cannot fault them. If I need anything at all I only have to ask”. Staff told us, “We do e-learning (training) all the time. If I want to do more I would ask, we can do whatever training we want, we just have to ask”. Another member of staff said, “We are always being offered training. The training is excellent here”.

Staff demonstrated they had a good understanding of their role and told us they found the training they received to be thorough and effective. Staff said the induction process was, "Very thorough". We reviewed the training schedule that was in place for all staff.

Records showed staff received training in all the core subjects such as; manual handling, infection control, health and safety, food hygiene, dementia awareness, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and practical first aid.

Records showed all new staff were trained in line with the requirements of the 'Care Certificate' and were assigned a mentor for as long as necessary. Staff completed a comprehensive induction programme which took five days to complete. The 'Care Certificate' is a course available for all care workers, health care assistants and social care support workers and sets out specific learning outcomes, competencies and standards to ensure a caring and compassionate quality of care.

The manager told us the provider had employed a regional trainer in December 2015 to oversee training requirements for homes within the group. The deputy manager showed us a new training matrix system which had been recently implemented by the new regional trainer. The system used a ‘Traffic light’ system which clearly highlighted when staff needed to update training courses and recorded additional training they had undertaken. This meant all staff training could be regularly tracked and kept up to date.

Records showed the provider had conducted an analysis of recent staff training, this information was then used to highlight staff training needs and enabled necessary training events to be arranged.

We reviewed the training schedule for January to March 2016 which showed what training had been organised and training events booked. Subjects scheduled included; care plan workshops, fire safety training, handling telephone calls and enquiries, oral health and challenging behaviour.

There was an eight weekly programme of staff supervisions which staff said they found useful and helpful. Records showed there was a forward plan of staff supervisions scheduled throughout 2016. Appraisals were conducted on an annual basis. Staff told us they felt well supported by the management team who were approachable and supportive. They said, “The management team are very helpful, they often help us like, if we are busy and it’s coffee time, they will serve the coffees. they are good like that. You often see them talking with people too”. Another member of staff said,” The manager is very nice, very helpful. She will come and help us if we are short”.

Records showed staff meetings were held at regular intervals. Nursing staff and heads of department received weekly meetings and cascaded information to their staff teams. This meant staff were kept informed and up to date with relevant information. Staff told us communication in the home was good. They said, “We have regular meetings twice a day at 10.00am and 3pm and we do shift handovers. Communication is good here. Everyone is kept informed and we all know what is going on”.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. The service had a MCA lead to offer advice and guidance

Good

Is the service effective?

and staff had received training to ensure they understood people's rights to make decisions and how to make decisions in people's best interests where this was required.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that where people had capacity they made their own decisions and staff adhered to their wishes. For example, records showed people had provided verbal or written consent to the contents of their care plan. Care plans also described to staff how to communicate with, and support the individual to enable them to make decisions. Where the provider felt someone might lack mental capacity assessments had been undertaken and best interests decisions were in place. For example, one person who lacked capacity required specific prescribed medicines. A best interest's decision was in place and this showed that the decision was the least restrictive option for the individual.

Where people were subject to restraint such as through the use of bed rails, mental capacity assessments were in place and these had been agreed in the individual's best interests. The provider understood the criteria for DoLS and had made applications appropriately.

We observed two main meals during our inspection visit. The dining room had a pleasant ambience and music was playing gently in the background. Drinks were freely available to people and we saw there was a choice of water or fruit juices. On the first day of our inspection one person had fallen asleep at the table half way through their meal. Other people at the table were enjoying a cup of coffee. This meant the food left on the person's plate would have been cold. The one member of staff on duty was busy attending to other people's needs and did not have time to assist the person who had fallen asleep. We discussed this with the manager who confirmed they had unexpectedly been one member of staff short on that meal time, and generally they always had a hostess available to assist people.

We saw there was a menu board on display outside of the dining room for people to see. On the day of our inspection the menu choice was, soup of the day or Florida cocktail, meatballs in onion gravy or smoked haddock and jam sponge pudding with custard for dessert. Eleven people were seated in the dining room, there was one member of staff on duty. Assistive crockery and cutlery was available for people to use.

Staff spoke knowledgably about providing person centered care. For example, we asked staff how people were supported to eat and drink. One staff member said, "We respect what they like and offer that. If there is a problem with swallowing we give a soft diet or puree their food and spend much more time with them. Everything is documented on a food and fluid chart if we are concerned".

We asked people if they enjoyed the food. People said, " Oh yes, it's good" and " Yes, there's plenty of it…they know what I like". One person told us the food was "Alright" and another person said, "We always have them long green beans, with every meal, they're not the easiest thing to eat". We asked if the food was always served hot enough for people to enjoy. All but one person said the food was hot when they received it. One person said, "Funny you should ask that, no, it is very often cold. In fact it's cold most of the time. My soup was served to me cold today so I asked for it to be re-heated, they are doing it now".

The cook told us staff discuss daily menu choices with people. If people did not like anything on the menu they could choose alternatives the cook said, "They only have to ask". For example, one person had changed their mind about the lasagne they had ordered the previous day so the cook made them an omelette which they enjoyed. The cook told us people's dietary requirements were discussed during the daily flash meetings at 10am, so kitchen staff were always kept informed if there were changes to people's dietary needs. Records showed people's individual dietary requirements were recorded on the menu sheets and included whether people required specialist diets such as fortified, diabetic, pureed or allergen free foods.

There was a notice board on display in the kitchen which also recorded people's individual dietary needs. The cook told us he passed all dietary information on to kitchen staff each day in the form of a 'mini-meeting' all of their own. "This way I can be sure all kitchen staff know what is happening and if there are any changes".

Staff told us relatives were welcome to have meals with people living at the home. Fresh fruit was available in the dining room. However, there were no snack stations of fruit bowls placed at strategic locations throughout the home.

Good

Is the service effective?

This meant people did not have access to fresh fruit and snacks if they wanted them. We saw a jug of fruit juice had been placed on a table outside of the lift on the first floor, but there were no drinking glasses placed nearby. This meant people could not help themselves to a drink if they wanted one. We discussed this with the manager who ensured drinking glasses were readily available at drinking stations. The cook and staff told us people could have whatever they wanted, they only had to ask.

Staff were observed wearing protective overalls each time they entered the kitchen areas. The overalls were hung on coat hooks just outside of the kitchen door. This meant staff had easy access to protective clothing as needed when entering the kitchen and demonstrated best practice procedures regarding infection control were being followed. The cook told us, "When I came, they only had one slab of cake offered to them in the afternoon. I thought to myself, if that was me I would want a choice, so now I give them a choice of cakes every afternoon".

People had access to a range of healthcare services and were supported to receive ongoing healthcare support. We reviewed four people's care and support records in depth and a number of additional supporting care records for people which included food and fluid, weight recordings and re-postioning records. The records showed people were weighed monthly or more frequently if they had been assessed as at risk of weight related health concerns. People who had been assessed as being at risk of dehydration had clear fluid targets recorded in their care plans and daily notes. This meant staff could easily see how much fluid people needed on a daily basis to maintain a safe level of hydration and could take action if people needed additional fluid.

One person was being fed through a percutaneous endoscopic gastronomy (PEG) feeding tube. People are fed using a PEG tube when they cannot maintain adequate nutrition through normal eating patterns, for example, if they were unable to swallow. This person had been referred to a dietitian due to a pattern of weight loss. The records gave clear, concise instruction for staff on the procedure and cleaning of the PEG and showed staff had followed the guidance when supporting the person with their PEG procedures. People who are fed through a PEG feeding tube, may be at risk of getting dry and uncomfortable mouths. For people who were being fed through PEG feeding tubes we saw there were a good supply of glycerine mouthcare swabs to maintain people's comfort.

If people's skin integrity was assessed as being at high risk of breaking down, records showed they were placed on a re-positioning schedule. Re-positioning records were clearly completed for people which showed what time they were re-positioned, how often re-positioning was to take place and what position they were placed in. Re-positioning charts we checked for people showed people had been re-positioned in accordance with the guidance in their care plans.

Records showed people were referred to a range of professional healthcare specialists when required, such as, opticians, dietitians, GP's, occupational therapists, speech and language therapists and chiropodists. People's records were updated when visits by healthcare professionals had been made and records showed staff followed advise given by the healthcare professionals, such as ensuring people were given a 'soft' diet or pureed food to maintain their health care needs.

Good

Is the service caring?

Our findings

People told us staff were kind, caring and friendly. One person said, "Oh, the staff are lovely, really kind". Another person told us, "They treat me very well, always friendly and often have a laugh and joke with me, they are very good". Staff told us, "It was not good here, but now it's very nice. Everything is wonderful and everyone is happy, staff and residents".

Throughout our inspection visit we observed staff treating people with kindness and compassion. We observed staff spent time with people, explaining their actions and asking people's opinions on their daily routines . Staff interacted with people well, engaging them in conversations that were interesting to them. Staff responded quickly to people and offered care and support in a friendly, unhurried way.

We asked staff how well they knew the people they cared for. One member of staff replied, "We have all the information in their care plan but we talk to people, we talk to their families and we talk about it in the flash meetings". We asked staff how they supported people with their privacy and dignity. One member of staff replied, "We explain exactly what we would like to do, what they might want to wear, what type of wash they would like. People must have a choice. We always knock on the door before entering and close the door when providing care".

During our inspection visit there was a family visiting their relative. They were seated in the lounge area in comfortable chairs and the home had provided an afternoon tea with a selection of cakes for them to enjoy and make them feel welcome.

Staff told us they always made sure people had their dignity respected when they were being assisted to move around the home. We saw screens in use during our inspection visit and also observed people being hoisted safely with dignity and patience. Staff explained what they were going to do and where they were going before using the hoist and people were calm and relaxed during its use.

One member of staff described how they had discovered a person liked to listen to music, they told us, "One person cannot communicate well at all. They tried to talk but it is difficult to understand. I tried to communicate and hit upon the idea of singing. Some songs you could see made her very happy…now I have told the nurse to make sure the music is on in her room".

Staff gave good examples of how they interacted with people, showing they had an interest in people and their wellbeing. Staff said, "The other day I was chatting with (person) and they told me how they had had to look after their family from the age of ten and never got to achieve their own goals and ambitions. I thought that was sad really, but they said they didn't mind".

We saw people's interests and choices had been accurately reflected in their care plans which showed the staff had a good understanding of individualised care. Staff spoke knowledgeably about people's likes and dislikes, how they liked to spend their day, what they preferred to do after lunch and what routines people liked to have.

We observed many good interactions between staff and people during our inspection visit. Staff interacted with people with care and compassion and anticipated their needs in a friendly and supportive way. Staff supported people patiently and kindly and did not appear rushed.

People's care records were kept securely and no personal information was on display. Records showed people and their relatives were involved in decisions about their care, care plans were reviewed every month and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

Good

Is the service responsive?

Our findings

One person said, “The staff here are very friendly, I cannot fault them. If I need anything at all I only have to ask”. Staff said, “I was so surprised when I came here, they have everything you could possibly want for the people and for the staff”.

People’s needs had been assessed before they moved into Meyrick Rise. The assessment was then used to complete an individualised care plan for the person which enabled people to be cared for in a person centred way. Care plans and support records identified people’s strengths and abilities and the support they would need to maintain their independence. The assessments showed people and their relatives had been included and involved in the process wherever possible.

The provider had recently implemented a revised model of care plans and was in the process of implementing the new version for every person at Meyrick Rise. Care plans were reviewed monthly, or more frequently if the person experienced health changes and gave clear guidance for staff to follow.

Care plans and supporting health care records were up to date, complete and easy to navigate. They included recognised risk assessments tools to assess the risk of skin integrity, malnutrition, mobility, self-medication administration and falls monitoring to ensure people’s health was maintained.

We observed staff were attentive to people’s needs, anticipating and responding to people throughout their day.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. Where people required mobility aids these were available for them and placed within easy reach.

Where people were at risk of dehydration or malnutrition, there was a clear system in place for staff to monitor and record what people ate and drank. The system gave staff clear guidance on the target amounts of fluid people should be taking and ensured daily totals were recorded so that staff could effectively monitor people’s food and fluid intake.

We saw the system that was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity. The system provided a clear record that staff said they found effective and easy to follow.

People’s weight was recorded monthly and records showed they were referred to health professionals such as the dietician, speech and language team or their GP when required. There were body maps in place to record any bruising or injuries sustained by a person. People’s care and support records were clear, detailed and accurately completed with signatures and dates recorded where required. We observed staff updated people’s support records continually throughout the day as the updates occurred; this helped ensure records were maintained effectively and accurately.

There was a schedule of daily activities available for people to participate in if they wished, these included; interactive musical activity, exercise, arts and crafts, baking, gardening and garden parties and visits to places of interest such as garden centres and towns. We spoke with the activities co-ordinator who told us in the warmer months people were supported to enjoy outings which included trips to the beach, shopping in the town and out for coffee and cake. The provider had the use of a mini bus for two weeks each month which enabled outings and visits to be planned well in advance. Staff told us, Owls, a magician and petting dogs regularly visited the home which people enjoyed.

The service was responsive to suggestions made by people. There was a ‘photo book’ for people which contained sections titled , ‘You said’ and ‘ We did’. For example, people had asked for more colour in the garden. As part of an activity, people were then taken to a garden centre to choose what flowers and plants they would like to see growing in their garden. They then brought the plants and flowers back to the home and helped plant them. Another example in the ‘You said’ ‘We did’ section stated one person had asked to be taken to a popular burger chain restaurant for a burger. A trip was arranged and a group of people attended and enjoyed their burger restaurant trip.

Staff said one person had found the cups of tea too small and the handles too hot for them to hold. A shopping trip was arranged for them so they could choose their own mug which they found comfortable to use. This demonstrated people were listened to and appropriate actions taken.

Good

Is the service responsive?

We asked staff , "How do people get access to activities that interest them?". One member of staff said, "I am trying to access music they like. I have brought in music from the 50's, 60's and musicals. One resident started to sing along to the musicals, another resident has asked for classical music. I am recording some on a disc for them, although we do have some here…I want to get involved in the activities…I want to make sure that each resident has an activity that they would like to do. It might only be chatting or nail painting, it might be something very different. I want to make sure with the time they have left it is the very best it can be and they do not feel lonely".

The activities co-ordinator told us they visited people and spent time talking with them in their room if they were being cared for in bed. We asked how often this happened and they replied, "When I can". Following the inspection we discussed this with the manager who told us they were in the process of recruiting an additional activities co-ordinator and ran a schedule of activities for people who were cared for in bed. These one to one activities for people included , reading to people, hand massages and reminiscence.

The provider had a complaints policy. Where complaints had been made we could see these had been investigated and responded to. People told us they knew how to make a complaint or raise a concern and were confident any concerns would be acted upon.

There was a system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured information accompanied the person which meant they would receive consistent, planned care and support if they had to move to a different service.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt the service was well led. Staff told us, "The management are very supportive. They are very approachable, they are really nice people and I feel I can go and see them at any time and tell them my feelings". When asked what the culture of the home was, staff said, "It's extremely welcoming. It's an open culture here. There doesn't seem to be any problems… I love working here the residents are my life really, I enjoy every minute". Another member of staff said," We have very good handover meetings. The management are extremely good."

We reviewed a sample of completed quality assurance questionnaires that had been returned by people and their relatives during April 2015. Comments were positive and showed in particular a large improvement in the choices of social activities available for people. The manager had implemented a new system for people to feedback their views on the service. The system enabled people to record their views on line and paper copies of the format of the survey were available in the reception area of the home. Records we reviewed included a recently completed customer satisfaction survey from January 2016 and included the comments, 'The building and ambience is 5 star. I have been treated with intense respect and care by every member of staff…if the bell is rung it has been answered promptly'.

There was a programme of regular audits in place to monitor the quality of the care provided to ensure people's care needs were met. We reviewed a sample of audits that had been recently completed, these included, medicines, care documents, premises maintenance records and bed rail checks. We noted that when issues were raised from an audit, these were investigated and the outcome recorded to help prevent people's quality of care being compromised and to drive forward continuous service improvement.

The regional manager completed a monthly report which covered all areas of the home including, care plan audits, medicines, general environment, pressure area, people's weights, infection control and falls analysis. Each area of the audit was discussed with staff and findings and action plans completed.

Records showed a residents meeting was held in November 2015. People we spoke to said they knew about the resident meetings and would attend if they wanted to. Comments from the resident meeting minutes from November 2015 included, 'All the staff are lovely and so kind' and 'I like it here, we have a good laugh'. The minutes from this meeting had recorded that people had all agreed that they liked to see that the home had a gardener and they had been watching him tidy up the patio area.

Minutes for all meetings were recorded and placed on file for people to view if they wished. We were shown the plan for all meetings scheduled in the home during 2016. These included weekly staff meetings for heads of departments and nursing staff. Monthly resident and relative meetings and monthly meetings for care staff and health and safety issues. Staff meetings were minuted and areas of discussion noted. Staff said they felt the meetings were useful and ensured communication in the home was effective. Some records showed actions needed to be taken, however, not all of these had a target date for these actions to be completed by. This meant it was unclear if and when actions had been completed. We discussed these findings with the manager who confirmed they would ensure target dates were recorded in future.

The manager and staff told us how the provider had extended links with the local community. For example over the Christmas period local people who lived on their own were invited to join the people who lived at Meyrick Rise for a Christmas Lunch. Those people who were not able to attend were sent food hampers. We saw thank you letters sent in by people who had attended the lunch that stated how much they had enjoyed the Christmas lunch experience and the food hampers which had been highly appreciated. This demonstrated the provider was actively involved in reaching out to the local community and engaged in sharing the facilities of the home.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths and had made appropriate notifications as required.