Barchester Healthcare Homes Limited

Meadow Park

Inspection report

Choppington Road
Bedlington
Northumberland
NE22 6LA

Tel: 01670829800
Website: www.barchester.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 26 April 2016 and was unannounced. This meant that the provider and staff did not know that we would be visiting.

We last carried out an inspection in September 2014, where we found the provider was meeting all the regulations we inspected.

Meadow Park provides care to a maximum of 61 older people, including those who have a dementia related condition who live in a dedicated unit within the home called Memory Lane. There were 54 people living at the home at the time of the inspection.

There was a manager in post, however, she was on long term leave of absence. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. An interim manager was overseeing the management of the home. He was the registered manager from one of the provider's nearby care homes and visited Meadow Park twice a week. A deputy manager was also in post. Staff informed us that morale at the service had improved since the interim manager had started to oversee the management of the home.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. The interim manager told us that there were two ongoing safeguarding issues which had not been concluded at the time of the inspection. We spoke with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

We spent time looking around the premises and saw that all areas of the building were clean and well maintained. There were no offensive odours in any of the bedrooms or communal areas we checked. Attention had been paid to the "dementia friendly" design in Memory Lane.

Safe recruitment procedures were followed. We received mixed comments about whether there were sufficient staff on duty. Some people and staff said that more staff would be appreciated. There were two or three senior care staff on duty through the day. Staff explained that when there were two senior care workers on duty, one senior care worker covered Memory Lane and the other oversaw the ground and first floors which meant they had to administer medicines to 37 people, complete care records and monitor their health, safety and wellbeing. We have made a recommendation that staffing levels are reassessed to ensure that suitable numbers of skilled and experienced staff are deployed at all times.

We checked medicines management and noted that there were some gaps in the recording of medicines administration. In addition, there were shortfalls in the management of topical medicines such as creams and ointments. We have made a recommendation that medicines management follows national best

practice guidelines.

The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who lived there including dementia care training.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals." Seven DoLS applications had been authorised by the local authority and the deputy manager was submitting further DoLS applications to the local authority to authorise in line with legal requirements.

We observed that staff supported people with their dietary requirements. Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff. People were supported with kindness and care.

Detailed care plans were in place which gave staff specific information about how the people's needs were to be met. There was an activities coordinator employed to help meet the social needs of people. Most people told us that there was enough going on to occupy their attention.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings and surveys were carried out.

The service had been through a period of change. Although the interim and deputy managers told us that improvements had been made in many areas of the service, we still found certain areas where further action was required; such as medicines management, the maintenance of records, staffing levels and communication. The interim and deputy managers were already aware of the issues we had highlighted and were taking action to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

There were issues with some aspects of medicines management.

Some people and staff told us that more staff would be appreciated. The interim manager told us that an extra senior care worker was going to be allocated to each shift.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. The home was clean and well maintained. Checks were carried out on all aspects of the environment to ensure it was safe.

Is the service effective?

Good

The service was effective.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived.

We saw that staff sought people's consent before providing care. Staff followed the principles of the MCA.

The chef and staff were knowledgeable about people's dietary needs.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

People and relatives told us, and our own observations confirmed that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors and spoke with people in a respectful manner.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which detailed the individual care and support to be provided to people.

An activities coordinator was employed to help meet people's social needs.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings were held and surveys carried out.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

An interim manager was overseeing the management of the home because the registered manager was on long term leave.

Staff informed us that morale had improved since the interim manager had taken over.

We found certain concerns regarding medicines management, the maintenance of records, staffing levels and communication. The interim manager was aware of these issues and was in the process of addressing them.

Meadow Park

Detailed findings

Background to this inspection

The inspection took place on 26 April 2016 and was unannounced. This meant that the provider and staff did not know we would be visiting.

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.

The inspection team consisted of an inspector and a specialist advisor in dementia care.

We spoke with 12 people, one visitor and two relatives. We conferred with a reviewing officer and nurse practitioner from the local NHS Trust; a challenging behaviour lead practitioner from the local mental health trust, a local authority safeguarding officer and a local authority contracts officer.

We spoke with the regional director, interim manager, deputy manager, three senior care workers, five care workers, the chef, maintenance man and two domestic staff. Following our inspection, we contacted two night staff to obtain their opinions. We read four people's care records and five staff files, to check details of their recruitment and training. We looked at a variety of records which related to the management of the service, such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The provider completed a provider information return (PIR) prior to our inspection. A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

We checked the management of medicines and found certain issues with the recording of medicines. There were seven missing signatures on the 54 people's medicines administration records we viewed and some gaps on the topical medicines charts we looked at. Medicines records should clearly document medicines administration and any reasons why medicines have not been recorded. In addition, it was not possible to carry out a full audit of one person's medicines because the amount of medicines carried forward from the previous month had not been recorded.

In Memory Lane, topical creams and ointments were stored in a lockable trolley in the bathroom. We noticed however, that the trolley was open which meant that topical ointments and creams were accessible to people who had a dementia related condition. We spoke with the manager about this and the matter was addressed immediately.

Some topical medicines were not dated, to record when they had been opened. This meant it was not possible to ensure they remained effective. Information about where to apply the cream or ointment was not always available.

Controlled drugs were managed safely. These are medicines which require stricter controls because they are liable to misuse. There was a safe system in place for the disposal of medicines.

We recommend that medicines management follows national best practice guidelines.

Following the inspection, the manager told us, "I had a meeting on Thursday with all seniors. New creaming charts [for topical medicines] have been introduced and a staff member has been allocated on each shift to make sure the charts have been completed. We have also been in contact with [name of pharmacy] and the GPs and said that labels must include full details. I've said we can no longer accept 'as directed' instructions on labels."

We checked staffing levels at the home. A staffing tool which was linked to people's dependency was used to ascertain how many staff should be on duty. We received mixed comments about whether there were sufficient staff on duty. Some people and staff said that more staff would be appreciated throughout the day and at night.

There were two or three senior care staff on duty through the day. Staff explained that when there were two senior care workers on duty, one senior care worker covered Memory Lane and the other oversaw the ground and first floors. This meant that one senior care worker had to administer medicines to 37 people, complete care records and monitor people's health, safety and wellbeing which we considered could be difficult to manage safely.

We read the minutes of the latest staff meeting which stated, "Senior carers have become more accountable, especially when there is no manager or deputy in the home. They need to make sure that

reviews, weights and risk assessments are all in place." The interim manager told us, "We have identified that staffing levels need to be increased." We spoke with the regional director who stated that he had approved the recruitment of an extra senior care worker. There were three senior care workers on duty on the day of our inspection. We observed that staff carried out their duties in a calm, unhurried manner. When a sensor mat was triggered we observed staff attended within seconds. These mats alert staff when someone is moving around their room unsupervised, for example during the night, when they may be at an increased risk of falling.

We recommend that staffing levels are reassessed to ensure that there are suitable numbers of skilled and experienced staff are deployed and employed at all times.

Following our inspection, the interim manager told us, "We have two senior carers recruited; we are just waiting for their recruitment checks to come back."

Staff told us and records confirmed that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. DBS checks were renewed on a three yearly basis to ensure that there were no concerns.

People told us that they felt safe. One person said, "I feel safe here. I felt frightened when I was at home by myself." There were safeguarding policies and procedures in place. Staff had completed safeguarding training and were knowledgeable about what action they would take if abuse was suspected. The interim manager told us that there were two ongoing safeguarding issues which had not been concluded at the time of the inspection. We conferred with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

There were assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included falls, moving and handling, malnutrition and pressure ulcers. These had been reviewed and evaluated regularly.

We noted that accidents and incidents were recorded and analysed. This procedure helped to ascertain if there were any trends or themes, so that action could be taken to help prevent or reduce the likelihood of any further incidents. Action was taken if concerns were raised around frequent falls. The manager told us, "We have recently ordered more sensor mats."

We spent time looking around the premises. We saw that all areas of the home were clean and there were no offensive odours. Staff wore personal protective equipment such as gloves and aprons when necessary. We noted that checks had been carried out on the premises and equipment to ensure they were safe. Gas, fire safety, electrical tests and 'Lifting Operations and Lifting Equipment Regulations' (LOLER) checks on moving and handling equipment had been undertaken.

Good

Is the service effective?

Our findings

People and relatives told us that they considered that the service effectively met people's needs. Comments included, "Oh aye they are good," "The staff are champion" and "They seem to know what they are doing."

The provider had its own business school which provided a range of qualifications from vocational courses to Masters Degrees. The Business School was made up of a number of key academies and development programmes. These included the learning and development academy, the laundry and housekeeping academy, the chef academy, the leadership academy and the vocational qualifications academy.

Staff told us that there was sufficient training available. One staff member said, "Training is marvellous. I'm up to date. I've really progressed since I started." Staff also said that the training was effective at improving their knowledge. One staff member told us, "The dementia care training really helped me understand the condition a lot better. The end of life [training] was also very interesting."

The interim manager provided us with information which demonstrated that staff had carried out training in safe working practices and to meet the specific needs of people who lived there, such as training around dementia care. He told us, and staff confirmed, "All staff have completed [name of dementia care training] and are now going to do their level 2." Staff were also undertaking "Footsteps" training which involved completing a workbook about how to "Support active ageing and manage the risk of falls and associated fracture."

We noted that 82% of staff had completed training which the provider had deemed as mandatory. The manager told us that by 22 May 2016, this percentage would be 100%.

Staff told us, and records confirmed that they undertook induction training when they first started working at the home. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff informed us that they now felt supported by the interim manager and deputy manager. Regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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).

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. Records showed that assessments had been undertaken to check whether people's plan of care would amount to a deprivation of liberty and whether written applications needed to be submitted to the local authority. Seven people had a DoLS authorisation in place and the deputy manager was liaising with the local authority with regards to further DoLS applications.

We noticed that mental capacity assessments had been carried out and saw records of best interests decisions which involved people's family and staff at the home, when the person lacked capacity to make certain decisions. Staff were knowledgeable about the principles behind the MCA and best interests decisions. This meant that people's rights to make particular decisions had been protected as unnecessary restrictions had not been placed on them.

People told us that staff asked for their consent before carrying out any care or treatment. This was confirmed by our own observations. We saw staff asked people for their consent before delivering any care. We talked with staff who demonstrated they were aware of the importance of involving people in decisions and listening to their views about what they wanted. One person told us, "I can come and go when I like. I'm not restricted." Staff explained everything before supporting people. We heard one staff member say, "[Name of person] I'm just moving you a little just so [name of person] can get through."

People were complimentary about the meals. Comments included, "The food is lovely" and "It's very nice." We observed the lunch time period. The tables were attractively set and there were written menus on the table which gave a description of each meal choice. People appeared to enjoy their meal and there was some delicious home-made cherry chocolate gateau for dessert. We saw staff assisting some people to eat when they were unable to do so independently.

We spoke with the chef, who was knowledgeable about people's nutritional requirements and preferences. She made homemade milk shakes for those who required a fortified diet. These consisted of cream, ice cream fruit and yoghurt. She told us, and our own observations confirmed that there was an emphasis on home baking. She said they did not purchase any processed foods.

There were boxes of chocolates around the home which people could help themselves to. In addition, fruit bowls were filled with seasonal fruit. The chef informed us that they also provided fruit platters which contained peeled, prepared fruit.

People's nutritional needs and preferences were recorded in their care plans. We spoke with the chef who told us that they had received written information about people's likes and dislikes and any special diets people required. She was able to inform us of the texture and consistency of people's diets. This meant there was good communication between care and catering staff to support people's nutritional well-being.

We noted that people were supported to access healthcare services. We read that people attended appointments with their GP, consultants, dietitian, speech and language therapist, respiratory and tissue viability nurses, dentists, opticians and podiatrists. The interim manager told us that no one had a pressure ulcer. He told us that the provider had their own clinical nurse specialist. He said, "If there are any pressure sores, these need to be recorded on the clinical governance report and then the clinical nurse specialist would come out to give advice and make sure we have the correct equipment." This demonstrated that the expertise of appropriate professional colleagues was available; to ensure that the individual needs of people were being met to help maintain their health.

Attention had been paid to the "dementia friendly" design in Memory Lane, including creative signage to

highlight bathrooms and toilets to enable people to locate them easily. Particular colours of paint had been used to highlight to people certain rooms, such as bedrooms and bathrooms. Areas such as storage or staff areas that could not be accessed by people for safety reasons were painted to blend in with walls making them less obvious. This reduced the chance of people feeling restricted or trying locked doors which could lead to frustration. Bedrooms opened out onto a courtyard garden with raised flower beds. Corridor walls were decorated with themes such as gardens and flowers, the beach and local scenes. Tactile objects were displayed on the walls for people to look at and feel. Various rummage boxes were stored around the home which were filled with objects, such as musical instruments, which people could take out and examine. A new quiet lounge had been decorated to recreate an old fashioned parlour.

There had been a number of changes to the premises to help enhance people's enjoyment of the environment. The hairdressing salon had been moved downstairs and there was a new lounge on the first floor. The manager told us about the "Wow factor" initiative which related to the redecoration of the home. He told us, "The aim is to make the environment fantastic for those that live in the home and the staff that work here. Each Barchester home has a different theme, we are Windsor – very royal! It's all about greens and reds. Refurbishment is ongoing throughout the home, we've had new carpets fitted."

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. One person commented, "I love it here." Comments from visitor and relatives included, "I can't praise most of them enough," "They are so lovely, I adore [names of staff]. They are exceptional." A relative said, "I am delighted with the care and am so happy we got [relative] in here, as we couldn't look after him at home…I can't sing their praises enough and we would not have let [relative] come here if we didn't think the care was top class."

We read the latest Quality First visit report which was completed by the regional director. He had written, "The residents were relaxed with the carers and there was plenty of indication that both parties had genuine affection for the other" and "Staff kept coming into the room [lounge] and communicating with the residents by talking to them or touching them."

Staff spoke enthusiastically about ensuring that people's needs were at the forefront of everything that they did. One staff member said, "This is a good home, it's all about going that extra mile for the residents." Another said, "I always make an effort to go and speak with the residents. I would hate to sit there all by myself. They like talking about what they did in the war."

We observed that people were happy and looked well presented. We saw staff chatting with individuals on a one to one basis and responded to any questions with understanding and compassion. There were positive interactions between staff and people. We heard the activities coordinator telling people about her puppy. She said, "My puppy is away for swimming – aqua aerobic lessons for dogs – what do you think about that?" People were amazed that dogs could have swimming lessons. Discussion ensued about the weather and other topics. We heard comments such as, "Do you think we are going to have a nice summer?" "Do you like gardening?" and "Look here comes the dancing queen." People enjoyed having their nails done. A staff member said to one person, "What colour would you like, are you going to be posh?" Another said, "Look at those lovely nails, that's a job well done." At lunch time people were telling staff why they would vote for them to be employee of the month. One person said, "[Name of staff member] is a good listener" and "[Name of staff member] is a good guy."

A "resident of the day scheme" was in place. People were allocated their "special day" on a rotational basis. We read information about the scheme which stated, "We take a very holistic person-centred approach to the care of our residents and our resident of the day scheme mirrors this ethos by enabling residents to choose what they want to happen on their "special day." For example, people may request croissants for breakfast or want to go to the pub for a pint or watch a football match. We noted that some people's "resident of the day" forms had not been fully completed by staff so it was not always possible to find out what they had done.

We found that staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We found that people's privacy was promoted by staff. We saw they knocked on people's bedroom doors before they entered. We observed care staff assisted people when required and care interventions were discreet when

they needed to be.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

Staff involved people in choices about how they wanted to spend their day, what they wanted to eat and what they wanted to do. We noted that people were involved in the care planning process. Care plans were signed by the person if they were able. This meant that people were consulted about their care, which helped maintain the quality and continuity of care.

Good

Is the service responsive?

Our findings

People and relatives informed us that staff were responsive to people's needs. Comments included, "The staff couldn't be better if I want to go to bed, I press that [call bell] and I tell them. Everything is left up to me," and "I couldn't fault it to anyone."

We spoke with a reviewing officer who told us, "On the whole, if I ask for things to be done, they are done. Relatives also seem to be happy. I've developed a good working relationship with them." We spoke with a challenging behaviour lead practitioner from the local NHS Trust. She told us, "I feel that they have really taken on board what I have said. They have written their own care plans from the formulation session that I carried out. They have revisited their practices and their interventions have made a real difference to [person]. They have really come up with the goods."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave staff specific information about how the people's needs were to be met and gave staff instructions about the frequency of interventions.

Care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans. One person's medicines care plan had been rewritten because their GP had recently stopped their medicines.

One person's needs had been reassessed as these had changed and they were to move. We spoke with this person's relative who told us, "Mum had been here for five years and the care was excellent and the girls were lovely and we are sad she has to move. We have been next door a few times and the staff there are lovely too, so we are sure Mum will be happy and well looked after." Another person had diabetes. Staff regularly checked their blood sugar levels. Information was available to inform staff what action they should take if the person's blood sugar levels were outside normal limits.

We found that people's care files were sometimes difficult to navigate, due to the extensive and sometimes duplicated information contained within the files. The regional manager told us, "The files are too bulky and we are in the process of reorganising them with the help of [names of interim manager and deputy manager]." Following our inspection the interim manager told us, "We are auditing all the care plans and removing all duplicated information."

We checked how people's social needs were met. Most people told us that there was enough going on to occupy their attention. One person said, "They teck [take] you out wherever you want to go. They've been very good." We saw another person go out of the home frequently to have a cigarette. He said, "I can come and go whenever I want." A third person told us that she would like to go out more frequently. We spoke with the deputy manager about this feedback. She said they had recently organised a bus trip, although many people chose not to go, including this individual. The deputy manager told us that some people had friends or relatives living in Chester Court. She told us that people could visit Chester Court as often as they liked.

There was an activities coordinator employed. People spoke positively about her. One person said, "[Name of activities coordinator] is very nice and organises lots of nice things for us to do." A game of bingo had been organised on the morning of our inspection. People also enjoyed having their nails painted. The activities coordinator told us, "Generally things are organised on a day by day basis. I ask, 'What do you want to do today?' It's all about day to day choices. We go to the Salvation Army church, the school children come in and we had a Jubilee party for the Queen's 90th birthday. I think photographs are so important at capturing what we've done. It brings back memories for people." We looked at a photograph album and saw that people had attended art classes, knit and natter clubs, tea dances and lunch clubs. People had also attended "A right royal tea dance" to celebrate the Queen's 90th birthday which had been organised by a local activities charity.
The activities coordinator told us that she always sought people's feedback following any activities. She said that sometimes it was harder to get feedback from those who had a dementia related condition. She told us, "I just watch for signs such as feet tapping or hand tapping which shows whether they are enjoying the music."

There was a complaints procedure in place. Complaints were recorded and records of actions taken to resolve concerns and complaints were documented in line with the provider's procedure. Meetings and surveys were also carried out to obtain people's feedback.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. She was currently on long term leave of absence. An interim manager had been appointed to provide management cover. He was registered manager of one of the provider's other care homes. He spent two days a week at Meadow Park.

The service had gone through a period of change. The interim manager and deputy manager were very honest about the changes that the service had been through and what actions still needed to be completed. The interim manager said, "I wouldn't hide nowt, everything has to be very open."

Although the interim and deputy managers told us that improvements had been made in many areas of the service, we still found certain areas where further action was required. We found there were gaps in people's care records and monitoring charts. Some personal hygiene charts were duplicated and not fully completed. In addition, there were gaps in the recording on some MARs which we viewed.

Medicines were managed differently on the three units we visited. Some medicines were carried forward at the beginning of the month on one unit. On another unit, all unused medicines were sent back to the pharmacy each month. The interim manager told us that this would be addressed and a unified system would be implemented.

We spoke with a reviewing officer and nurse practitioner who told us that they considered that communication between senior care workers could be improved. The reviewing officer informed us that she was sometimes not aware of hospital admissions.

The interim manager was aware of these issues, however, he had not had time to fully address these, due to the short period of time he had been overseeing the management of the service. He assured us that everything which needed attention would be actioned. Following our inspection, the manager told us, "We have introduced a new handover sheet and there's a new communication book for [name of nurse practitioner]. This means when she comes in on a Tuesday she knows who she has to see on each unit. The feedback [about these changes] from seniors and staff has been great." He also told us that a member of staff was identified at the beginning of each shift to check recording charts and documentation to ensure that they had been fully completed.

People, relatives, staff and health care professionals were complimentary about the interim manager and deputy manager. One person said, "The man there [points] comes around and asks us whether we are alright." Another person said, "[Names of interim manager and deputy manager] are very good; you can talk to them." A relative commented, "[Name of deputy manager] is doing a fabulous job giving regular updates and having meetings." The nurse practitioner said, "[Interim manager] is a breath of fresh air."

Staff told us that morale had improved at the home since the interim manager had started work at the home. Comments from staff included, "There has been a lot of change but now things seem to becoming more settled," "[Name of interim manager] goes out of his way to say thank you to staff and he and [name

of deputy manager] will say hello to people and check they are alright," "Things have moved on and it is a much happier place to work and we all cover for each other," "It's much better since [name of interim manager] has come. He brings you up with him. He comes on every unit; I like that and asks how we are. We didn't have that before," "Morale is so much better now since [name of interim manager] came. He chips [helps] in all the time. [Name of deputy manager] is always around too, she is on the floor helping," "Morale is now up here [lifted her arm to denote top]" and "I genuinely love it, I'm not just saying it to you because of who you are. I really do love working here." The interim manager told us that they had regular "Cookie days" at the home. He said, "We have cookie days where I buy biscuits and cakes for the staff, it's just my little appreciation for the work they do."

Staff meetings were carried out. Staff told us that they felt able to raise any issues and their views would be listened to. We read the latest meeting minutes which stated, "He [interim manager] made everyone aware that they should congratulate themselves for the work that is being done in Meadow Park. He highlighted that the important thing is to provide good quality care to the residents and that staff need to have a happy working relationship."

An employee of the month scheme had been commenced. The interim manager told us, "It is about everyone being recognised." We read a nomination form which had been completed for an employee of the month. This stated, "Hard worker, very obliging no matter what is asked of her. She has such a friendly disposition and is very well liked. [Name of staff member] is also a 'Jack of all trades' person and never stops working." Staff could also be nominated for the 'Barchester Care Award' which was awarded annually. This award recognised "outstanding staff and volunteers who are committed to the delivery of high-quality services and personalised-care."

The provider had introduced the "Barchester App." This gave staff information about what was happening in the company. Staff were able to use the app to explore job vacancies within the company, find out about additional shifts which were on offer, access and complete online training, undertake staff surveys and access policies and procedures.

The interim manager submitted a monthly clinical governance report to the provider. This included information about accidents and incidents, care plans, CQC notifications, complaints, DoLS, emergency hospital admissions, infection control weight losses, safeguarding incidents and tissue viability. Action was taken if any concerns were identified.

The provider sought third party assurance by participating in a number of external accreditation schemes. They had achieved the Gold Award with the Royal Society for the Prevention of Accidents [RoSPA] for demonstrating "Well developed occupational health and safety management systems and culture, outstanding control of risk and very low levels of error, harm and loss." The provider was also a member of the Dementia Action Alliance. The Dementia Action Alliance "Brings together organisations across England committed to transforming the lives of people with dementia and their carers." The provider had gained certification with the 'Top Employers Institute.' The Top Employers certificate is awarded to organisations that achieve the highest standards of excellence in employee conditions.

The regional director completed "Quality First Visits." The Quality First proforma was based around CQC's five questions; is the service safe; effective; caring; responsive and well led. The "Lived experience" of those who used the service was also monitored. An action plan was formulated following the visit. We read that the regional director had stated, "Food and fluid charts are not always completed fully or accurately."

Unannounced site visits were also carried out. We read the most recent check which was carried out in

March 2016 by the deputy manager. The deputy manager had recorded, "Home secure…All call bells plugged in and in reach of the residents."

People were involved in the running of the service. Meetings for people and their representatives were carried out. Staff at the home carried out their own meal surveys. Under the question "What did you not like," one person had stated, "Nothing hinny [term of endearment]." Under the question, "What did you like?" Another person had said, "The whole lot!"

Barchester used a company called Ipsos Mori to undertake annual surveys on their behalf in order to gather feedback about the service. A report was produced called 'Your Care Rating'. We read the most recent findings from the 2015 survey. The home rated an overall score of 779 out of a possible 1000. The results were based on feedback from 45 people who lived at the home. Four key areas were evaluated; staff and care, home comforts, choice and having a say and quality of life. Responses showed that people were generally happy with the care they received at Meadow Park.