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Meadow House Residential Home

Inspection report

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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 17 and 21 September 2018 and was unannounced.

Meadow House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Meadow House Residential Home provides accommodation for up to 24 people, including people living with dementia care needs. At the time of our inspection, there were 24 people living in the home.

There was a registered manager at the home. 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.

When we completed our previous inspection of the service in September 2017, we found concerns relating to; people being treated with dignity and respect, gaining people's consent in line with the Mental Capacity Act 2005, and a lack of effective quality assurance processes. At this inspection, we found the provider had taken action to make some improvements in these areas, however we identified they continued to lack effective systems and processes to assess, monitor and improve the quality and safety of the service.

Although most areas of the service were clean, we identified certain areas which posed a risk of infection and contamination due to ineffective cleaning in damaged areas.

People's medicines were stored securely; however, they were not always stored at the right temperature. Medicine administrated records were not always completed effectively to ensure that people received their medicines safely.

Actions had not been taken to ensure that there were adequate fire safety arrangements within the home.

There were quality assurance systems in place based on a range of audits. However, we found these were not always effective and had not identified the concerns raised during the inspection.

People felt safe living at Meadow House. Staff knew how to identify, prevent and report abuse.

Recruitment procedures were in place to ensure that suitable staff were employed by the service.

People received care and support from staff who were suitably qualified, skilled and knowledgeable to carry out their roles effectively.

New staff completed a comprehensive induction programme and all staff were suitably supported in their roles.

People praised the standard of care delivered and the quality of the meals. Dietary needs were met and people received appropriate support to eat and drink.

People were supported to access healthcare services when needed and to attend hospital appointments.

People were cared for with dignity and respect and were treated in a kind and caring way by staff. Staff knew people well and encouraged people to remain as independent as possible.

Staff protected people's privacy and responded promptly when people's needs or preferences changed. They involved people in the care planning process and kept family members up to date with any changes to their relative's needs.

Staff interacted with people in a polite and positive way. They spoke about people warmly and demonstrated a detailed knowledge of them as individuals and what was important to them.

People received personalised care and support that met their needs. Care plans provided staff with detailed information about how they should support people in an individualised way.

Where people's need changed, staff were responsive to ensuring they received effective care.

People had the opportunity to access to a range of suitable activities. There was an appropriate complaints procedure in place and people knew how to make a complaint.

There was an open and transparent culture in the home. Relatives could visit at any time and were made welcome.

Staff were happy in their work and felt supported by management of the service.

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

The service was not always safe.

A number of areas of the service could not be cleaned effectively because the building had not been properly maintained. This posed a risk of infection.

Medicines were not always stored safely and medicine administration records were not always completed effectively.

Actions had not been taken promptly to ensure adequate fire safety.

People felt safe and staff knew how to identify, report and prevent abuse.

There were sufficient staff to meet people's needs and there were robust staff recruitment procedures in place.

Is the service effective?

Good

The service was effective.

People were supported by staff who were knowledgeable, skilled and experienced to carry out their role effectively.

People had enough to eat and drink and were offered a choice at meal times.

The environment was designed to be supportive of people who lived there.

People were supported to access healthcare services when they required them.

Staff followed legislation designed to protect people rights in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with dignity at all times and staff respected their privacy.

Staff had built positive relationship with people and knew what was important to them.

Staff encouraged people to stay as independent as possible in all areas of their care.

Staff supported people to meet their cultural and religious needs.

Staff knew how to communicate with people on an individual basis depending on their needs.

Is the service responsive?

Good

The service was responsive.

Care plans contained information to support staff to provide care in a personalised way.

Care and support was planned in partnership with people, their families and healthcare professionals where appropriate.

Staff responded promptly when people's needs or preferences changed. Staff were kept up to date on people's changing needs.

People received appropriate mental and physical stimulation and had access to activities they enjoyed.

The provider had arrangements in place to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We identified a lack of provider engagement and actions were not always followed up in a timely manner by the provider.

A quality assurance process was in place; however, this had not identified all the areas of concerns we found during this inspection.

There was an open culture within the service and staff told us they felt able to raise concerns.

Staff were organised, motivated and worked well as a team. They felt fully supported and valued by the registered manager.

The service had developed positive links with the community. Health and social care professionals spoke positively about the leadership of the service.

Meadow House Residential 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 was completed on 17 and 21 September 2018 and was unannounced. On the first day of the inspection there was one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection, there was one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the information in the PIR, along with other records we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

We spoke with 12 people living at Meadow House. We also spoke with the registered manager, the deputy manager, five care staff and a cook. We looked at care plans and associated records for four people, staff duty records, four staff recruitment files, records of accidents and incidents, policies and procedures and quality assurance records. We also spent time observing the care and support people received in communal areas of the service.

Following the inspection, we received feedback from two relatives of people living at the service and two health and social care professionals who had regular contact with the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Meadow House. One person said, "I feel safe here, I do get nervous if I'm left on my own and the carers are always checking on me." Another person said, "I have settled in here and I do feel safe and cared for." A relative said "I think [my family member] is safe where she is."

However, during the inspection we found that people were not always protected from the risk of infection. We found that most areas of the service were clean, however we identified some areas which could not be adequately cleaned, due to wear and tear. For example, the flooring in one of the downstairs toilets was dirty, coming away from the wall and no longer water-resistant, therefore effective cleaning could not take place. The top cover of the toilet cistern did not fit properly and parts of the piping on the toilet and hand basin taps were rusting or had heavy limescale build up. On the first day of the inspection, we found that cotton hand towels were being used in the communal toilets. This posed a risk of cross contamination if shared between people and is contrary to best practice guidance, which recommends disposable paper towels should be used. We raised these issues with the registered manager who took action to remove the cotton hand towels and on the second day of the inspection, the provider made arrangements to ensure that the bathroom flooring and plumbing was replaced.

Other areas of the service were adequately cleaned. People and their relatives were satisfied with the standard of cleanliness in the service. A relative said, "Generally, cleanliness is OK. My mum's room is always tidy and clean. I know that her bedding has been changed because there is always a different duvet on and I know her clothing is washed and changed." Another relative said, "The building is old, it is what it is. I think they keep it as clean as they can. It smells fresh." Staff had attended infection control training and confirmed they had access to personal protective equipment (PPE) which we saw they used when needed. Systems and checks were in place to ensure people were protected from the risks associated with water borne infections, such as Legionella. The registered manager was able to describe the actions they would take should there be an infectious outbreak at the service and infection control audits were undertaken at regular intervals. The service had been awarded five stars (the maximum rating available), for food hygiene by the local environmental health department.

Medicines were secure at all times, but were not always stored at a safe temperature. Staff recorded the temperature of the medicines storage fridge on a daily basis. During the month preceding the inspection, we saw that for thirteen days out of nineteen, the temperature of the fridge had been above the recommended temperature of 8 degrees Celsius, including over five consecutive days within this period. We raised this with the registered manager, who had not been aware of the high temperatures recorded and therefore action had not been taken to ensure that medicines in the fridge remained safe to use. Prescribed topical creams should be stored within certain temperatures and replaced when they have been opened for longer than specified as safe by the manufacturer. Although staff were aware of how to safely manage topical creams, this was not being operated effectively to help ensure topical creams were not used beyond the manufacturers' 'use-by' dates.

Medicines Administration Records (MAR) were completed accurately with no gaps identified. The MAR chart

provides a record of which medicines are prescribed to a person and when they were given. Best practice guidance recommends that any handwritten notes used on the MAR chart should be checked by another member of staff. We identified handwritten entries throughout people's MAR charts which had not been checked by another member of staff, including specific guidance on the dosage of a person's medication. We also identified a handwritten entry within a book used to record and monitor the administration of medicines subject to additional controls by law. The entry had been crossed out out with no signature or comment to explain why this had occurred. We discussed the above issues with the registered manager who was not aware of the concerns highlighted and took action to address these issues with staff to ensure they did not happen again. Furthermore, following the inspection, the registered manager wrote to us to advise that a new system of medication auditing will be implemented with immediate effect and staff will be attending regular medication meetings to ensure correct procedures are being followed at all times.

People were not always kept safe from risks because action had not been taken to ensure that fire safety was maximised. The service had received a fire risk assessment, completed by a fire safety specialist, which had taken place five months prior to the inspection. However, we saw a number of recommendations remained unactioned, despite the registered manager raising these issues to the provider on several occasions. For example, ten bedroom doors and eight doors in communal areas had been highlighted as needing repair work or replacements, in order to effectively self-close. The assessment report also highlighted the risk of a room on the second floor, which was being used to store numerous items, including combustible and flammable materials. We raised our concerns with the registered manager and also with the local fire service. Shortly after our inspection, the registered manager wrote to us to inform that a fire safety inspector had visted the premises and recommendations made by the inspector had been addressed within the same day.

Other environmental risk assessments had been completed appropriately to ensure each risk identified was managed effectively. Gas and electrical appliances were serviced routinely and there were plans in place to deal with foreseeable emergencies. We saw records of recent fire drills that had taken place and staff had been trained to administer first aid. In addition, each person had a personal emergency evacuation plan (PEEP), detailing the individual support they would need if the building had to be evacuated.

Individual risk assessments were reviewed monthly or when risks changed, with a clear summary of any changes made. This ensured staff had up to date information about the person's needs. Where individual risks to people were identified, action was taken to reduce the risk of harm. These included the risks to people of falls, choking, nutrition and skin damage. People who were at risk of skin damage had specific pressure area care plans in place and equipment such as special cushions and pressure relief mattresses to reduce the risk of damage to their skin. People were also assisted to change position regularly to reduce the risk of pressure injury, which was clearly documented. Moving and handling assessments explained how staff should support each person to move and staff had been trained to support people to move safely with equipment in line with best practice guidance.

There were appropriate procedures in place to record and learn from accidents and incidents. The registered manager kept an evaluation form for each month to review all accidents that had occurred and identify any patterns or trends. Records viewed demonstrated that robust investigations were completed where incidents had taken place and follow up action was taken where appropriate.

Staff had received safeguarding training and knew how to identify, prevent and report abuse. Staff were confident that the registered manager would respond to any concerns they raised and had access to phone numbers for the local authority safeguarding team. Records confirmed that the registered manager had a clear process in place to investigate and report safeguarding incidents to the local authority where

appropriate to keep people safe.

There were robust staff recruitment procedures in place. Relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which would identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff files included application forms, references and health declarations. There was a formal approach to interviews with records kept demonstrating why applicants had been employed.

There were enough staff deployed to meet people's needs and keep people safe. One person told us that although they could be short staffed on occasions, "Generally when I ring my bell they do come, the carers are very good, they do the best they can for me." Staff were able to respond quickly to people and spent time with them when they needed it. Staff agreed that there were enough staff to meet people's needs. One staff member said, "Staffing levels are good. It can get pretty busy, but we work as a team and it's fine."

Staffing levels were assessed using a dependency tool, which was calculated according to each person's individual level of need. The tool produced a score with was used to determine the amount of staffing hours required to support people appropriately. The registered manager reviewed the score regularly, to ensure that staffing levels continued to be appropriate if people's needs changed over time. There was a duty roster in place which was completed by the deputy manager. A suitable skill mix of staff for each shift was considered and a head of care or senior staff member was always available on shift. Absence and sickness was covered by existing staff working additional hours or by a member of 'on-call' management for each day. Agency care staff were also used by the service if there were no other resources to cover a shift.

Good

Is the service effective?

Our findings

At our previous inspection, in September 2017, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to gain the consent of the relevant person when providing care and support. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

People received effective care from staff that were skilled, competent and suitably trained. One person said, "They know what they are doing." A relative said, "I think my mum's care is absolutely fine. They are always around, I can always speak to them." Another relative commented, "Since [being at Meadow House], she has moved from having two carers to needing only one carer, which is good. In all respects, she is settled and seems quite happy now."

New staff completed a structured induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of mandatory training, as required by the provider. Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects and some staff were being supported to complete vocational qualifications in care. Staff we spoke with were complimentary about the training they received and told us they found training sessions interesting and beneficial to their role. One staff member said, "The training is really good and [the managers] keep everyone on their toes to make sure it's done."

Staff were supported appropriately and felt valued. Staff received one to one sessions of supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns and discuss training needs. Practical supervisions were also completed in the form of observations around a specific area of care delivery, such as medicines or moving and handling. Staff were given clear feedback from each observation, which allowed them to focus on specific areas of improvement in their role. Staff told us they felt supported in their role and were able to raise a concern at any time. One staff member said, "Supervisions are really useful. They allow you a chance to talk about what you want to achieve." The registered manager explained how daily recordings on the main care system used by staff were also checked on a regular basis to ensure that staff were competent in their roles and documenting care notes.

People were complementary about the food provided and were offered alternative choices at mealtimes if they wanted something different. One person said, "There is plenty of choice, you can get a hot meal or something cold like a salad if you want." Another person said, "The food is very good, I always clean my plate, in fact I've told the carers that if I don't eat everything, then I'm not well!" A relative commented, "Yesterday [my relative] had sandwiches, cake and tea for afternoon tea. I was also there on Sunday and there was a Sunday roast for lunch, which looked lovely." Mealtimes were a social experience and people were encouraged to sit in the dining room for lunch, however other people ate in their bedrooms or a lounge area if they preferred. A person said, "I go into the dining room for my lunch but I could have it in my room if I

wanted to." Where people required assistance to eat, this was provided promptly in a patient and supportive way. Throughout the inspection, we saw that people were offered hot and cold drinks and staff prompted people to drink regularly. Cold water containers were located in each of the communal lounges for people to get a drink whenever they wanted to.

The service provided a varied and nutritious menu for people, which rotated every 4 weeks. People were able to express their views on the variety of the food and drink at the service through regular resident meetings or one to one discussions with staff. When new people moved into the service, important information such as people's allergies was passed to the cook in addition to people's likes or dislikes. We spoke with a cook, who was aware about people's individual dietary requirements and explained what action they would take if people were losing weight.

People's needs were met by the adaptation, design and decoration of premises. Meadow House is an older style building, consisting of several joined houses. During the inspection, we identified some areas of the home which required some refurbishment work, such as the dining room floor, which was visibly worn. Following the inspection, we received information from the registered manager advising of planned maintenece works that had been scheduled for the following month. Bedroom doors had a picture of the person on the front to make it easier for people to find their own rooms. There were also large signs in place throughout the home to help people navigate their way around the building. People were able to choose where they spent their time and there were a number of communal areas available to people, including a large dining area, three lounges and an enclosed garden which had seating and tables available to people. People's bedrooms were decorated to their preference and contained personal possessions, pictures and pieces of furniture. One person commented, "My care manager found this place for me. I've got a lovely room and a good view of the garden. I am happy so far here."

Staff were knowledgeable about people's individual health care needs and people were supported to access appropriate healthcare services when required. We saw records in people's care plans which evidenced regular visits from health and social care professionals, such as community health teams, district nurses, opticians and chiropodists. For each visit from a health or social care professional, a comments and feedback sheet was completed which detailed the type of visit, the outcome and any further action taken. This was kept in people's files to help monitor their health and medical conditions. Management and staff had built strong working relationships with social and health care professionals in the community. A health care professional said, "They [staff] have carried out follow up actions where these have been agreed."

Information in relation to people's health needs and how these should be managed was clearly documented within people's care plans. Each plan described people's specific health conditions, how this affected the person, signs and symptoms of the condition and how to manage the condition. For example, we looked at a plan for one person who had diabetes, which stated, "I am a tablet and diet controlled diabetic so I need staff to ensure I am offered the right meals and fluids." Information about appropriate foods and fluids was listed for the person, as well as detailed information regarding the symptoms and actions to take if the person had high or low blood sugar levels.

Staff were kept up to date about people's needs through written handover notes and verbal handover meetings, which were held at the start of every shift. Information provided to staff included details about people's emotional and physical health needs and meant that staff worked together to ensure that people's on-going needs were met. A staff member told us, "At handover, they go through every resident and update us." Throughout the inspection, we noted that staff worked co-operatively for the benefit of people and were attentive to ensuring that people's needs were addressed. One staff member commented, "Everyone gets on. It can get pretty busy, but we work as a team and it's fine."

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Records showed that where people lacked capacity, decisions made on their behalf were done so in their best interest and with the support of people who had the legal authority to make those decisions.

Staff understood their responsibilities regarding people's consent and choice. Throughout the inspection, we saw people being offered choices in all aspects of their day to day routines. For example, we overheard one staff member asking a person, "Would you like to come through to the dining room for lunch?" and, "Where would you like to sit?" Where people were able to, they had signed a relevant form to consent to different areas of their care, such as whether they were happy to receive personal care and have their photo taken. Clear information was available in people's care plans to ensure that staff respected people choices around how they were supported in their day to day lives. For example, one medication section of a person's care plan stated, "Please remember, I have the right to refuse my medication for any reason. Give me time and come back and offer me my medication again." Another person's care plan said, "I am able to choose my own clothes for the day when staff give me a selection of outfits to choose from."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. DoLS authorisations had been approved for people where necessary and the registered manager had a robust tracking system in place to ensure people's DoLS authorisations did not expire.

Since the last inspection, the service had introduced a new electronic system to record people's daily care, support and observations. Staff used a secure application on a mobile phone to input care notes for each person and the system sent alerts to the registered manager to review and monitor people's care records where needed. Staff spoke positively about the new method of documenting people's care notes on the electronic system and explained how this had increased efficiency and productively in their working day. One staff member said, "[The new system] is so much better. We used to spend ages doing paper work, this is much better." Another commented, "The new system is good. We can record things instantly now, before we had to remember it all and write it up afterwards." The service had also introduced a new call bell system in the past 12 months, which enabled management to review the length of time people were waiting before a member of staff responded to their call bell.

Good

Is the service caring?

Our findings

At our previous inspection, in September 2017, we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to treat people with dignity and respect. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

People were supported by kind, caring and compassionate staff. People and their relatives spoke positively about the staff and told us they were looked after well. One person said, "Oh, they [staff] are so lovely here" and a relative said, "The staff are very good and friendly, they look after [my relative]."

People were cared for with dignity and respect. We observed interactions between people and staff which were positive and supportive. Staff addressed people using their preferred name, knelt to their eye level and used touch appropriately to provide reassurance. Staff spoke with people in a polite manner and took time to engage with people on a personal level. For example, we observed one person in the lounge who requested a blanket from a member of staff walking past, as they were feeling cold. The staff member brought the blanket to them promptly and asked, "Shall I put this blanket around your shoulders, so you are warmer?" They also brought them socks and a cup of tea to help them feel warm. We spoke with the person a short while later, who told us, "I am feeling cold, so the carer has wrapped me in a blanket so that I can warm up. [The staff member] is good like that." On another occasion, we saw a member of staff helping someone to use the stairlift who appeared nervous; the staff member spoke calmly with the person and supported them patiently to use the stairlift safely. We overheard them say to the person, "I'll come down with you, don't worry."

Staff had developed positive relationships with people living at the service. Throughout the inspection, we overheard conversations between staff and people about their interests, families and daily routines, which demonstrated that staff clearly knew people well and showed interest towards what was important to them. For example, one person had asked a member of staff to style their hair, the staff member said, "How would you like it today? The same as yesterday?" The person smiled, nodded and a conversation began around the different hair styles and 'looks' the person liked to wear. Where new people entered the service, staff were dedicated to ensuring that they understood people's backgrounds, preferences and what was significant in their lives. A staff member told us, "We have got to know people's needs and abilities when they come here, so we always know what they need."

People confirmed their privacy was protected when they were supported with personal care. During the inspection, we observed staff knocking on doors and asking people's permission before entering their bedrooms. The registered manager had identified innovative ways to protect people's privacy while ensuring staff were aware of important aspects of their care, such as whether they wished to be resuscitated. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. For example, one staff member said, "I make sure their curtains are pulled and the door is shut." Other actions described included ensuring people were covered and telling people what they were doing at all times. Furthermore, the service had recently appointed a 'dignity champion' as part of a

wider scheme of 'champions' across the service, such as a 'safeguarding champion' and a 'falls champion'. 'Champions' are selected staff members who take a particular interest in an area of care and promote learning of that subject to their colleagues.

Information regarding confidentiality, dignity and respect formed a key part of the induction training for staff. Confidential information, such as care records, were kept in in the manager's office or staff office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected.

People were encouraged by staff to stay as independent as possible in all aspects of their care and daily routines. One staff member told us, "I always ask [person's name] if they want to do some bits themselves." A social care professional commented, "[The managers] have been happy to work on promoting my client's independence where this has been possible, and last time I visited in June, the deputy manager told me of some changes she was making to the service of breakfast to try and give residents more independence where they are more able."
People's care plans highlighted to staff what tasks people could do for themselves and when support may be needed. For example, one person's care plan stated, "I am able to wash my upper body independently, but I do need staff to prompt me to do this." Another person's stated, "I am able to assist with washing my hands and face."

People's cultural and diversity needs were explored during pre-admission assessments. These were further developed in people's care plans over time, with the person and their relatives involvement where appropriate. We saw that people had been supported by the service to maintain their faith. For example, regular Holy Communion services were held within Meadow House by a local priest, for all people to attend if they wished. One person, of a different faith was also supported to attend an alternative service each week in the community.

People's individual communication needs were considered to ensure they received information in a way that they understood. People had a 'communication care plan' in place to guide staff on the best way to speak with people or present them with information. For example, one person's care plan stated, "I need staff to approach me in a calm way and to speak in a low tone." The registered manager explained where people were not able to easily read their care plans or other care documents, their keyworker or a manager would sit with the person to read information to them and answer any of their questions.

People and relatives told us they were involved in discussing and making decisions about the care and support they received. A family member told us, "Yes, I have power of attorney for mum, so I am also invited to her reviews." The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. They are independent people who spend time getting to know the people they are supporting to help make decisions that they believe the person would want.

Good

Is the service responsive?

Our findings

People received highly person-centred care and support that met their needs. One person said, "It's nice here, you get well looked after." A social care professional commented, "The staff and management team come across very friendly and appear to be quite supportive with the residents."

Initial assessments of people's needs had been completed when they moved into the service and care plans were developed to help ensure that people's needs could be met appropriately. As part of the assessment process, relatives were involved to ensure staff had an insight into people's personal history, their individual preferences and interests. Information of this type helped to ensure people receive consistent support and maintain their skills and independence levels.

People's care plans were clear, well-organised and provided comprehensive information to enable staff to deliver care and support in a personalised way. The care plans were centred on the needs of each person and took account of their medical history, their preferred daily routine and how people wished to receive care and support. For example, one section describing a person's medicine needs stated, "I like staff to put my medicine in my hand and ensure I have enough water" Another section said, "I prefer to have body washes and have a bed bath at least once a week." A third stated, "I like to have a hot drink before I go to bed, this is usually a cup of tea." These records helped to ensure that people received the care they required in line with their needs, wishes and preferences. Care plans were reviewed regularly by nominated key workers. A key worker is a staff member who takes a particular interest in a named person, ensures the person's care plan is up to date and acts as a point of contact with family members. Staff were attentive to ensuring that people's care plans were reflective of people's needs. A staff member said, "If I pick it up and it's not right, I will change it myself and let the managers know."

Staff were responsive to people's changing needs. Records showed that where people's health deteriorated, the service referred people to appropriate health care professionals. For example, we saw records of a person who had been having difficulty with eating, so a referral had been made to the Speech and Language Therapy Team (SALT) for advice. We also saw evidence of people's appointments and changes to medication being actively chased up by management with health professionals, to ensure people received timely care. People's relatives confirmed they were confident that staff would respond appropriately if their loved one felt unwell or was showing a change in behaviour. For example, one relative commented, "[The staff] would definitely respond well. I went to see [family member] one weekend and she seemed fine but they told me they had the doctor in because they thought she had a UTI [urinary tract infection}. They obviously picked up on that. Someone came in to look at her skin recently too and I know the doctor has seen her."

People were provided with a variety of activities to ensure appropriate mental and physical stimulation. People and their family members were complimentary about the activities available to people and commented that there was "always something to do." There was an activities co-ordinator employed by the service, who was responsible for organising activities and events. There was a weekly timetable of activities on display in a communal area of the service and this included activities such as games, music, crafts, pet

therapy and chair exercises. During the inspection, we observed most people were either sat in one of the main lounges or the dining room area, watching television or pursuing their own interests, such as reading or crafts. Another lady was supported to follow her interest in singing by attending a weekly club in the community. The registered manager spoke with us about other events that were held periodically throughout the year, such as garden tea parties and BBQ's in the Summer.

There was a robust procedure in place to deal with complaints and investigate them thoroughly. A complaints policy was available in the reception area of the service for people to use if required. People and their relatives told us that they felt able to raise a complaint and the provider and registered manager were 'approachable' to discuss concerns. One person said, "Oh yes, I can speak to both of the managers if I have any concerns, the deputy manager is very good." Staff supported people to talk about any concerns they had, in order to resolve them effectively. We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy. The registered manager described how they used complaints to help identify learning and to improve the service.

At the time of the inspection, no one living at Meadow House was receiving end of life care, however people's care plans contained information about their end of life wishes, such as who should be contacted in the event of a person becoming ill. Additionally, the registered manager provided us with assurances that should people's health deteriorate, their wishes and preferences would be discussed with appropriate people in the person's life and staff would be supported to ensure people received compassionate end of life care.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection, in September 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to take appropriate steps to assess, monitor and improve the quality and safety of the service. At this inspection, we found evidence to support a continued breach of this regulation.

Quality assurance systems had been developed to assess, monitor and improve the service, however these were not always effective. Audits carried out by the provider and registered manager had not identified the areas of concern we found during our inspection. These related to: the prevention and control of infection, the safe management of medicines, the recording of medicines administration and fire safety.

The registered manager worked with the provider to share important updates and information about the service. However, we identified that the provider was not always engaged with the daily running of the service and actions were not always followed up by the provider in a prompt and effective manner. For example, we identified a number of areas within the service that were in need of maintenance and refurbishment work, despite being previously raised with the provider on several occasions. Staff commented on visibility of the provider's representative, who visited the home regularly, however they agreed that minor maintenance issues were not actioned quickly. A staff member commented, "Sometimes things take a while, but it is never an issue." Another said, "Sometimes I feel there could be more things done around the home. A lot of relatives have said to me the home could do with some TLC, but they are always happy to leave their loved ones with staff."

The failure to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the service, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager wrote to us to confirm that a programme of refurbishment work had been planned for the following month, which included the areas of the service as identified during the inspection.

People and their relatives described the service as having a 'homely atmosphere' and felt it was well-led. One relative commented, "When we walked in, our first impression was that [the service] had a bit of life. There was tv on, a radio playing, a bit of chatter. There wasn't that depressive silence that you might expect with dementia homes."

There was an open and transparent culture within the home. The provider's performance rating from their last inspection was displayed in the entrance lobby. Visitors were welcomed any time and were able to come and go as they pleased. A person told us, "I get visitors, they come in every other day at whatever time suits them, the home doesn't mind." A duty of candour policy had been developed and was being followed, to help ensure staff acted in an open and honest way when accidents occurred.

The registered manager had a clear vision and strategy to deliver high quality care and support. They told us they were committed to developing positive relationships with people and staff, to ensure that people felt valued and supported whilst they were living and working within the service. People and their relatives were consulted in a range of ways about the way the service was run, such as through regular resident meetings, individual discussions and bi-yearly surveys. The responses from the surveys were analysed to identify areas for improvement and suggestions.

There was a clear management structure in place consisting of the registered manager, the deputy manager, a head of care and senior care staff. Each had clear roles and responsibilities and the management team worked well together. Staff spoke positively of the leadership of the service and told us that they felt confident to raise any issues with the senior management, knowing they would be listened to. Comments included, "They [the managers] are good as gold, I get on well with them" and, "Since [the deputy manager] started, every time there is a problem, she will sort it. She is the best thing to happen to this home." During the inspection, we saw that both the registered manager and the deputy manager were visible and on-hand to assist with people's care and support where needed. Staff commented, "[The managers] are always there and they often come down to the staff office to work as well."

Staff spoke positively about their jobs and told us there was a good sense of team morale amongst their colleagues. One staff member said, "It's a nice, warm welcoming place to work. I feel like part of a team." Another said, "We all get on, we can have a giggle, but we all know our professional boundaries." Staff told us they felt valued in their roles and were often recognised by management when they had shown hard work. For example, the deputy manager had recently introduced an employee of the month scheme, which gave staff an additional incentive to work towards. The registered manager also spoke with us about staff team building events that they held in a social context outside of working hours, to boost staff morale.

The management of the service had built positive relationships with social and health care professionals in the community for the benefit of the people who lived there. For example, staff had recently received training and guidance from the local community care team, in caring for people in bed and caring for people with diabetes. Feedback we received from health and social care professionals demonstrated that all staff at Meadow House worked proactively and effectively to deliver high quality care. A social care professional commented, "I have always found the registered manager to be very good and in her absence the deputy manager is also good. I find they are approachable and I don't hesitate to contact them when needed." Another professional commented, "I visited my client shortly after placing him into Meadow House and he looked well; clean shaven and clean clothed." The registered manager also spoke with us about their involvement with the local school and children's dance groups, who were regularly invited into the service and which people enjoyed interacting with.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the service.