

Black Swan International Limited

Mid Meadows

Inspection report

72-74 Elm Tree Avenue
Frinton On Sea
Essex
CO13 0AS

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05 August 2019

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Website: www.blackswan.co.uk/mid-meadows.htm

Ratings

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

Summary of findings

Overall summary

About the service:

Mid Meadows is a care home owned by the provider Black Swan International. It provides accommodation and personal care and support for up to 22 people who may have a physical disability and or not associated learning difficulties. Nursing care is not provided at Mid Meadows. There were 22 people living in the service when we carried out an unannounced inspection on 05 August 2019

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people living at Mid Meadows reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were at the heart of the service and staff's approach, where constant motivation enabled people to gain in confidence, self-worth and self-determination. People were positive about their future, they had gained new skills, independence and were supported to achieve personal goals and aspirations.

People's experience of using this service:

People were supported to lead active and fulfilling lives. People told us the approach of staff made them feel safe, valued and life was happy and had a meaningful purpose.

People were protected from avoidable harm and abuse, there was a positive approach to risk taking and people were fully involved in decisions about how known risks were managed. This had resulted in people achieving significant outcomes, people had developed in confidence that enabled them to take control of their own safety. People were enabled to be active citizens of their community without restrictions.

Staff had a positive enabling approach to support people in their journey of recovery with any mental health needs. The person-centred and motivational approach at Mid Meadows, provided structure and purpose to people and had contributed in people achieving personal goals they had set.

People received support from staff who were well trained and supported, to provide safe and effective care. Staff skill mix, personality and interests were considered when matching staff to support people with activities of their choice. People were involved in the recruitment of staff and checks were completed on staff's suitability to provide care.

People received their prescribed medicines safely and were supported to access health care services to maintain their healthcare needs. Healthy eating was encouraged, and people were fully involved in menu planning, shopping and sometimes the preparation of meals. Independence was promoted in all aspects of care and daily living. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and compassionate and had developed a good understanding of people's diverse needs, routines and what was important to them. From speaking with staff, it was clear they were passionate about their work and wanted the very best for people they supported. Information had been made available for people that met their communication needs.

Positive partnerships had been developed with external health and social care professionals. People benefited from good multi-disciplinary working.

A range of regular checks had been completed to review the quality and safety of the care and support provided. Where improvements were identified, action plans were developed to continuously develop and improve the service and enhance people's life. People, relatives, external professionals and staff, received opportunities to share their experience of the service and this helped drive improvements forward.

The service continued to meet the characteristics of outstanding in Safe; more information is in the full report.

Rating at last inspection: The last rating for this service was Good (Report published 15th February 2017). At this inspection, the overall rating has remained Good

Why we inspected: This was a scheduled comprehensive inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe

Details are in our Safe findings below.

Outstanding 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good 

Mid Meadows

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Mid Meadows is a care home which is registered to provide accommodation and personal care for up to 22 older people who may have a physical disability and or not associated learning difficulties. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 5 August 2019

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. The registered manager completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During our inspection visit, we spoke with four people using the service, three staff, the registered manager, operations manager and regional manager. No relatives visited the service on the day of inspection but had

contributed comments to the service quality monitoring questionnaires. We observed the support provided throughout the service. We looked at records in relation to people who used the service including four care plans and medication records. We looked at four records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse.

- People continued to receive an exceptional service that focused on delivering safe care tailored to meet their individual and distinctive needs. The registered manager and staff team had an ongoing very positive and person-centred approach in managing and reducing safeguarding incidents. Their approach in protecting people from harm had a significant impact on people that had led to positive outcomes for example in relation to the avoidance of choking and managing heatwaves by managing the associated risks such as sunburn, dehydration and fainting or overheating.
- People told us they felt safe living at Mid Meadows. A person said, "I feel really safe here, there is always someone around." A relative told us they were confident their relation was cared for safely because staff knew them well and had developed a positive relationship with them.
- Feedback from external professionals about how staff meet people's needs was excellent. Comments included, "I would like to commend the service actions highly, as it is very much down to their quick response in assessing, giving advice to the next of kin and calling the emergency services that [person] is now in hospital and getting treatment they require." And, "An excellent service is provided, people are kept very safe."
- There continued to be an enhanced level of understanding amongst staff of the importance to make sure people were safe. Protecting people and keeping them safe was integral to the running of the service. Staff including the management team recognised risk and took proactive action to support, reassure and protect people. For example, using assisted technology for people to ensure their safety, whilst maintaining their independence and promoting choice. A new call bell system with individually adapted buttons had recently been installed and people at risk of falls or seizures had alarms and sensor mats in their bedrooms to alert staff particularly at night if they were on the move or required assistance.
- Prior to moving to Mid Meadows, some people had experienced previous placements which were unsuitable and had caused the person to experience high levels of anxiety and since being at Mid Meadows this had significantly reduced, and one person told us, "I feel much safer here, I want to stay." The approach of staff, and their positive approach in motivating people to be independent and active had contributed to a reduction of incidents. This was aided by the implementation of new processes and confirmed when we reviewed records of incidents and a significant reduction was evident.
- The service continued to have a transparent and open culture in relation to people's safety and managing risk in the service was clearly evident. A safety notice board was still displayed in the office that staff signed to show they had read and understood the selected safety theme. Information flagged up amendments to policies and procedures and changes to current legislation and within the industry. Recent themes included

categories of abuse and wilful neglect topics with reminders to staff to inform best practice.

- Staff had a positive approach in minimising any restrictions on people's freedom and liberty. For example, Deprivation of Liberty Safeguard authorisations were only made when necessary and staff worked in a person-centred way with people to enable a positive approach to risk management. The regional manager reiterated how outcomes from legal cases within the care industry were shared to promote awareness, ensure best practice and consistency of care within the service.
- People were supported to understand how to keep safe and to raise concerns about abuse. Safeguarding information was available to staff and people who used the service and discussed in meetings.
- Staff knew how to recognise abuse and protect people from the risk of harm. This included their responsibility to report any suspicions of abuse internally and externally to agencies if required. The registered manager had reported safeguarding concerns to the local authority safeguarding team and investigated allegations and acted to protect people when required.
- Staff had received safeguarding training and had a safeguarding policy and procedure to support their practice. The management team were proactive in developing staff understanding of the importance of keeping people safe and their role in doing this. This was supported through regular training, supervisions and communications to staff.
- To support staff to understand and learn from accidents and incidents, the registered manager reviewed and analysed incident records. This enabled them to consider if there were any themes and patterns they could learn from to reduce reoccurrence.

Assessing risk, safety monitoring and management

- People were involved in discussions and decisions about how risks associated with their needs were managed. A person told us how some previous lifestyle choices had a negative impact on their health, mental wellbeing, welfare and safety. In discussion with staff, they had developed a plan to reduce known risks and were positive how they were being supported.
- All staff were involved in the creating and updating of risk assessments. Staff continuously shared their ideas for learning and improvement with the management team, which led to restrictions on people being reviewed and reduced.
- A relative told us staff understood their relation's needs and were able to respond effectively to manage the person when they were unwell and keep them safe. External professionals gave positive feedback of how staff supported people's safety. Comments included, "People's wellbeing is paramount it allows them to have maximum amount of freedom whilst ensuring their safety, and wellbeing and communication has always involved the multi-disciplinary team."
- Staff were knowledgeable about potential risks people could be exposed to and gave examples of the possible triggers and action they took to support people during these times. Comments reflected the guidance in people's support plans and risk assessments. Staff used a person-centred approach, using diversional strategies based on what worked well with people.
- Positive behavioural support plans and risk assessments provided staff with comprehensive guidance and this information was reviewed and amended when required and with the involvement of the person.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was regularly checked and maintained to ensure that people were supported to use equipment that was safe.
- Staff continued to remain accountable for health and safety matters at all levels in the service and the wider organisation. Transparent systems for reporting on health and safety were in place. For example, staff including the designated lead for health and safety fed back to the registered manager any issues including progress updates. This information fed into the registered manager's monthly report which contributed to

the regional manager's account to the provider's nominated individual. The nominated individual in turn provided information to the board. This level of transparency and oversight into health and safety enhanced awareness and understanding amongst all the staff, ensured accountability at all levels and reinforced the need to make sure people were safe.

Staffing and recruitment

- People were supported by sufficient numbers of staff and consideration was given to staff skill mix, experience and competency. The staff rota confirmed staffing levels were enough in meeting people's needs and matched the staff who were present on the day of the inspection. We saw staff were attentive and responsive to people's needs. This included acting on people's choices and respecting their wishes.
- Safe robust recruitment processes were used to ensure only staff suitable for their role were employed at the service. People met prospective staff and were asked for their feedback as part of the recruitment process. The service had nominated recruitment ambassadors who were people who used the service to be an integral part of this process.
- People told us staff were always present and responsive to their needs. Where people had been assessed as requiring additional staff support for their safety, this was confirmed by people that it was provided. One person told us their needs were always met and confirmed there was no change in the quality of the service they received during day or night regardless of the amount of staff who provided a consistently good service.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- A person confirmed they received their prescribed medicines as they should. From viewing people's medicine administration records, these confirmed people had received their medicines as required. Nobody we spoke with expressed any concerns around their medicines.
- Staff had detailed guidance and important information about people's medicines and systems were in place to audit and monitor how medicines were managed. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate.
- We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.

Preventing and controlling infection

- Processes were in place for the prevention and control of infection. The environment was visibly clean, and we observed staff completing routine cleaning thoroughly. Schedules were in place to ensure all required cleaning tasks were completed regularly. The service and its equipment were clean and well maintained.
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- Staff were aware of the precautions necessary to prevent the spread of infection to others. Personal protective clothing and equipment (PPE) was readily available and we observed staff using it appropriately.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any

hazardous waste was stored securely and disposed of correctly.

- As part of developing people's independence, people were encouraged to participate in cleaning tasks. Staff had completed training on infection control practice and demonstrated an understanding of how to reduce risks associated with cross contamination.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people transferred to the service, the registered manager completed a pre-assessment and worked closely with external professionals to assess and understand people's needs. Recognised assessment tools were used, for example in the assessment and plan of managing behaviours that were challenging.
- Assessment of people's needs included the protected characteristics under the Equality Act and these were considered in people's support plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination. Staff told us how they supported people with their sexuality and how this was respected.
- Staff had access to a range of national and local guidance to ensure care was delivered in line with best practice recommendations. Each person's care records contained information about any long-term health conditions the person had and how this affected them.
- External healthcare professionals told us staff followed their advice and the recommendations of other professionals.

Staff support: induction, training, skills and experience

- We observed staff supported people with skill and a clear understanding of their specific needs. Staff received an induction into the service which included completing a training programme, spending time with the registered manager and shadowing experienced staff members. Staff told us they had found the induction useful and staff had been supportive throughout the process. One staff member told us, "I see (Registered Manager) every day. The people here are very easy to talk to."
- Staff had access to a comprehensive training programme to support them in their roles. This included specific training in relation to supporting each individual living at Mid Meadows. One staff member told us, "The training here is brilliant. I have just done some on dementia which I found very interesting and helpful. There is lots of different training we are always doing refresher courses."
- Staff had the opportunity to meet with their manager on a regular basis. This gave staff the opportunity to discuss any difficulties they were experiencing, receive constructive feedback on their performance and look at their own professional development.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a varied and balanced diet that was freshly prepared on the premises. The staff had a good understanding of people's individual preferences. Choices were offered for each meal and

alternatives were available if people preferred another option.

- People were fully involved in decisions regarding what they had to eat and drink. A menu was displayed in the kitchen. Staff told us people choose the dishes for the menu, but this was flexible, and people were able to choose something different. They told us, "It's all flexible. Some people like to follow a menu and others like to choose what they want on the day."
- Care plans contained details of people's favourite foods, dislikes and any specific dietary requirements. Guidance was available to staff on how people chose what they wished to eat.
- Staff understood the importance of good hydration and the impact this could have on people's health and behaviours. Staff monitored and prompted people with enough fluids throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked in a proactive way to ensure people received the healthcare support they required. Links had been established with healthcare professionals who had supported staff in organising appointments in a way which caused people minimal anxiety.
- When one person was diagnosed with a specific condition the registered manager requested a specialist input from relevant healthcare professionals who would also visit the service to give guidance to staff on how to support them.
- People's care records contained detailed records of appointments and health action plans were in place which gave guidance to staff on people's health needs and the support they required to maintain good health.
- People told us they received effective care and their individual needs were met. One person told us, "Mid Meadows has a lovely atmosphere. The staff are all friendly and helpful." Another person said, "The staff are kind and never rush you and are like friends. I am working towards having a [surgical procedure] and staff are helping me with that."
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- A healthcare professional told us, "They always follow our advice. I have no concerns."

Adapting service, design, decoration to meet people's needs

- The service was suited to the needs of the people living at Mid Meadows. Rooms were of good size which gave people the option of sitting with others or spending time alone.
- There was a large patio garden centrally placed within the service with seating, and garden areas where people enjoyed looking after their pets.
- People were supported to personalise their rooms. People had access to the internet which was important in enabling people to be in control of what they viewed and the music they listened to.
- People's individual needs around their mobility were met by the adaptation of the premises. Hand rails were fitted throughout the service and other parts of the service were easily accessible. There were adapted bathrooms and toilets.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were protected as the principles of the MCA were followed. Capacity assessments had been completed in relation to specific decisions. Best interest decisions were recorded and considered the persons known preferences and family views.
- Staff had a good understanding of the responsibility to ensure people received support in the least restrictive way. One staff member told us, "It's really important to look at the least restrictive way to help someone but they still remain safe overall."
- Staff were skilled at supporting people in a way which gave them choices but did not overwhelm them. By developing trusting relationships with staff, people had developed coping strategies to deal with their anxiety and challenging behaviours which led to a reduction in the restrictions in place.
- Staff had a good understanding of the MCA process and told us this was part of their thought process when supporting people with day to day decisions. Staff were aware of the impact of one to one support on people's freedom. Staff had used increased monitoring techniques for some people in the community and as people's trust in staff and confidence had grown staff were able to gradually distance themselves from situations which had resulted in fewer restrictions.
- DoLS applications had been submitted appropriately as required. The registered manager had ensured these were updated in line with review dates and had informed relevant teams of any changes in people's support or the restrictions in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People were attended to in a timely manner and were supported with kindness and compassion. Feedback received from people reflected the strong ethos of staff providing people's care in a respectful, kind way which was meaningful to them.
- Staff were extremely caring in their approach to people and understood the need to approach each person in the way they responded to best. We observed staff making eye contact when speaking with people, sharing jokes and using appropriate touch to reassure them. There was a relaxed atmosphere throughout the day.
- People lived in a caring and nurturing environment where their individual needs, personalities and wishes were at the centre. Staff were committed to seeing people achieve their potential and took pleasure from watching people achieve their goals. One relative commented as part of a quality monitoring response with, "The staff I have encountered so far seem to know my [relative] very well and try very hard to make their wishes come true. The care is genuine."
- Staff demonstrated a commitment to people feeling Mid Meadows was their home. They spoke to people with respect and gave people space when they wanted this. One staff member told us, "I make sure people have the choices they want, it's their home so we have to respect that."
- People were supported by staff who demonstrated an understanding of people's cultural and religious needs. People's diverse needs were respected, and care plans identified people's cultural and spiritual needs.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. Care plans evidenced they had been written in consultation with the person and their representative, where appropriate.
- Staff provided people with choice and control in the way their care was delivered. Staff followed people's lead in ensuring their care was provided in the way they wanted. Although staff would encourage people to push boundaries to enhance their quality of life, this was done at the pace of the individual and kept under constant review.
- When offering choices or asking questions staff respected people's responses. Throughout the inspection,

we observed people being given a variety of choices of what they would like to do and where they would like to spend time.

- We observed staff offering support in a manner which showed understanding of people's need for structure whilst offering people choices such as how and where they spent their time, who supported them, what they wore and what they ate. Staff gained people's permission before supporting them. We heard staff ask people what they wanted to do, they were given options to choose from to make the decision easier.
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- Staff respected people's privacy. We observed staff always knocked on people's doors and waited for a response. We observed one person would come to the door and staff would explain why they were knocking to enable the person to decide if they were happy for the staff member to go in.
- We saw that some people, if they could would go out of the service independently and care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair.
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. A member of staff told us, "Everyone is equal here and treated as an individual."
- The registered manager and deputy worked alongside staff to observe working practices to ensure the support provided was caring, respectful, discreet and promoted individual choice and independence.
- Staff were encouraged to continually reflect on how they supported an individual and if they could do anything better or use a different approach next time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their needs. People told us that the service responded well to their care and recreational needs.
- Support plans were up to date and continued to contain information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health.
- People's social needs were met. Activities were organised which were based upon people's needs and preferences. People told us they could choose how they wished to spend their day and staff respected their wishes.
- We saw a further varied range of activities on offer which has happened recently, these included visiting animals such as goats. Pottery, arts and crafts, music and movement, singers and karaoke, flower arranging and fitness groups. Outings to the pub and movie events also took place and some activities such as watching world heavyweight boxing at Wembley had been requested again.
- The registered manager explained the field of dreams initiative and told us that people were supported to achieve things they never thought they could for varying reasons. This included breaking down barriers such as mobility and anything they felt was in their way of achieving their dreams. For example, one person had expressed a wish to have a tortoise and they had achieved that, and a specialised pen had been built in the garden area.
- A few other people in the service also had pets such as guinea pigs, rabbits' cats and birds. One person had even written their own care plan for their cat.
- Peoples hobbies and activities that created enjoyment for them were encouraged. For example, one person had an interest in boxing and had attended a match. Another person enjoyed making craft items and these were on display in their room.
- People had the opportunity to access their local community and attend events they enjoyed and to socialise.
- When people's needs changed, the registered manager contacted relevant professionals to re-assess the person for example to provide specialist equipment and services to meet their increased need.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded

adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was fully compliant with The Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's individual communication needs were identified. Staff were receptive to non-verbal signs and identified people with more complex means of communicating. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these.
- Guidance included identifying actions on how to respond, was available to staff to meet the person's need. Staff were instructed to ensure they know how each person communicated.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise any concerns or complaints they had, and they were able to speak to the registered manager if they wanted to do so.
- There was a complaints policy in place which was available to people in an accessible format.
- There had been no complaints about people's care and support since the last inspection. Other complaints received had been dealt with appropriately.
- Information about complaints was recorded together with the actions taken to resolve the concerns people had raised.

End of life care and support

- People's end of life care was discussed and planned, and their wishes were respected if they had refused to discuss this. Observations and documentation showed that people's wishes, about their end of life care, had been respected.
- Some people had end of life plans in place which included information about what support they wanted at the end of their life and after their death. The registered manager was working with other people and their families to complete these. They were called twilight plans and were designed to give a holistic assessment of people's end of life care wishes. End of life care plans could be produced in easy read format and were accessible to people.
- People were supported through grief when they had lost a family member or friend. People had attended funerals and undertaken acts of remembrance when this was important to them.
- People could remain at the service and were supported until the end of their lives. One person who had a terminal diagnosis had been supported to produce an end of life video at their own request.
- Staff received training in end of life care and told us how they supported people at the end of their life to ensure they remained comfortable. They worked closely with other professionals to ensure people's needs and wishes were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had good oversight of the service, and staff showed a commitment to providing high standards of care and continuously improving the service provided.
- There was a positive culture within the service which lead to good outcomes for people. Compliments received by the service included, "The service is first class." As the family of the resident, we have been very impressed by the level of care given at Mid Meadows and can relax with the knowledge that our family member is well settled, very happy and well cared for."
- Staff were happy in their role and well supported and motivated. One staff said, "The supervision is really on the button and I get good levels of support."
- One health and social care professional told us, "I have no problems in the way the service is managed. Any instructions given are always responded to well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- Relatives told us they were involved in people's care and when things went wrong or there were incidents they were kept informed where appropriate.
- Audits continued to be in place to check to quality of the service and address concerns. There were regular audits of support plans, medicines, infection control, staff files, maintenance and health and safety. Where audits had identified action needed to be taken it had been. For example, audits had identified that the menu was not available for people in picture format. This was addressed by the registered manager.
- Staff competency was assessed to ensure they had the knowledge and skills they needed to undertake tasks such as administering medicine.
- The registered manager had informed the Care Quality Commission of significant events which happened within the service, as required by law. Providers are required to display their rating in a clear way both at the service and on any website. The service met this requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- We received positive feedback in relation to how the service was run, and our own observation supported this. One staff member said, "I've been here a while now and the manager is very approachable. She is honest, and you can talk about anything and any problems are dealt with quickly."
- Staff felt valued and enjoyed working at the service. Care was well organised, and people were clear about their individual roles and responsibilities. Staff worked together well as a team and all the staff said they helped each other out when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings were held with staff and staff were given the opportunity to fully discuss issues and give their views.
- People and staff were actively involved in developing the service. For example, people were consulted on the re-decoration of the communal areas and their bedrooms.
- Systems were in place to ensure people, relatives and staff were engaged and involved in the service.
- People's keyworkers helped them to identify any issues or concerns which they wanted to feedback about the service.
- There was an annual survey for people where they were supported to express their views. Relatives and professionals were also surveyed. The results from these surveys was fed back to people and was on display at the service in easy read form.
- The actions taken to address concerns were also shared with people. For example, people wanted a suggestion box for meals, so they could make suggestions for the menu at any time, this was in place.
- Staff continued to support people with building relationships with the community including links with healthcare services, leisure facilities, local shops and churches. Furthermore, the registered manager produced information to inform people of activities and changes within the service.

Continuous learning and improving care

- Supervision sessions and staff meetings also helped to ensure staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with quickly by the manager.
- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. Supervision sessions and staff meetings also helped to ensure staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with quickly by the registered manager. One staff member said, "I left the company for three months but realised it was really supportive here. In fact, I would have a family member here. The residents are happy here. If I heard a colleague wanted to leave I'd say to them think twice! I feel like a home from home."
- There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Working in partnership with others

- The service liaised with organisations within the local community. For example, with the Local Authority to share information and learning around local issues and best practice in care delivery. The registered manager kept up to date with best practice and developments. They regularly attended events, meetings and workshops.
- The service worked with the local authority and health and social care professionals to make sure people received joined up care. We saw where referrals were needed for specialist advice this was done in a timely manner to support people to remain well.
- Information was shared with other services to improve partnership working. For example, information about people's communication needs were shared with health and social care staff to enable them to communicate effectively with people.