CareQuality Commission

Care UK Community Partnerships Ltd

Mills Meadow

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Mills Meadow provides accommodation, care and support for up to 60 older people. People who live in the service have a range of needs which include; living with dementia, those who have a physical disability, and/or people who require palliative end of life care. There were 52 people living in the service when we carried out an unannounced inspection on 7 September 2016.

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

Our previous inspection of 30 April 2015 found that improvements were needed to ensure people were consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs. Further improvements were needed to provide people with a positive meal time experience and to ensure their wellbeing and social needs were met. There was also concern that people's records did not consistently reflect changes to their needs and preferences. Systems in place to monitor the quality and safety of the service provided required improvement to drive the service forward. The provider wrote to us and told us how they were addressing these shortfalls. During this inspection we found that improvements had been made.

People received care and support that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences. The atmosphere in the service was friendly and welcoming.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Assessments had been carried out and personalised care records were in place which reflected individual needs and preferences.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Staff listened to people and acted on what they said.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Support workers understood the need to obtain consent when providing care. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had a quality assurance system with identified shortfalls addressed promptly which helped the service to continually improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to keep people safe from abuse. There were systems in place to keep people safe from harm.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. They respected and took account of people's individual needs and preferences.

People were involved in making decisions about their care and support. Where required their families and or representatives were appropriately involved.

People's independence, privacy and dignity was promoted and respected.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were acted upon.

People's choices, views and preferences were respected and taken into account when provided with care and support.

Feedback including comments, concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

There was an open and transparent culture at the service. People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

Care Quality Commission

Mills Meadow

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.

Our previous inspection of 30 April 2015 found that improvements were needed to ensure people were consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs. Further improvements were needed to provide people with a positive meal time experience and to ensure their wellbeing and social needs were met. There was also concern that people's records did not consistently reflect changes to their needs and preferences. Systems in place to monitor the quality and safety of the service provided required improvement to drive the service forward. The provider wrote to us and told us how they were addressing these shortfalls.

This inspection took place on 7 September 2016, was unannounced, and undertaken by two inspectors, a specialist advisor who had knowledge and experience in nursing and dementia care 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.

Prior to 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 improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

We observed the interaction between people who used the service and the staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us. As part of the inspection we spoke with 20 people who used the service and five relatives visiting the service. We also spoke with the provider's regional director, the registered manager, the deputy manager and 18

members of staff from the care, catering, housekeeping and maintenance teams. In addition we received electronic feedback from three community professionals and three health and social care professionals.

To help us assess how people's care needs were being met we reviewed 10 people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection 30 April 2015 we found improvements were needed to ensure people were consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs. The provider submitted an action plan on how they planned to address our concerns. During this inspection people told us and we observed that the improvements had been made and there were enough staff to safely meet people's needs. Staff provided people with care and support at their own pace and were able to give people the time they needed for support. One person said, "Staff are very nice, I sometimes have to wait a while but usually there are enough staff." Another person said, "There has been an increase in staff which was needed. It's much better; less waiting about. I feel much safer." A third person described how there were enough staff and they provided assistance when they needed it, "I only have to ask and it is done."

The registered manager explained how the service was staffed each day and this was determined by the dependency levels of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs. For example, if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how they had increased the levels of staff to support people when needed. Conversations with people, relatives, staff and records seen confirmed this. This showed that appropriate action had been taken to reduce any risk to people.

People told us they felt safe in the service. One person described how their personal items were protected in their bedroom and they could secure their bedroom door they said, "They [management] have given me a safe for my money and belongings, I can have a key to my door if I want it." Another person told us, "I am safe, they [staff] have just told me not to go outside yet, I've just got out the bath, said I might get a chill." A third person commented, "It is so safe here." A fourth person told us, "Oh yes I feel safe, they are all very kind, the carers." A relative we spoke with said, "I know [person] is safe here, they [staff] know [person] well." Another relative explained why they felt that their relative was safe and how the staff were alert to the risk of them falling and had arranged specialist equipment like a sensor mat in their bedroom to alert them if the person was mobile. They said, "I know [person] is in safe hands here. They [staff] carry out regular checks especially at night to make sure [person] is safe and secure."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (the reporting of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. One member of staff told us, "You can find safeguarding information in the staff room and in the nurse's station on each unit. It has the local authority safeguarding contact details and what you need to do when reporting concerns." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified or following the provider's disciplinary procedures.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were aware of people's needs and how to meet them. People's care records included individual risk assessments which identified how the risks in their care and support were minimised and included areas such as nutrition, medicines, pressure ulcers and accessing the local community. People who were vulnerable as a result of specific medical conditions, such as diabetes and epilepsy, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. From the sample of care records we looked at we found staff had clear and detailed information about how to manage risks. This also included examples of where healthcare professionals had been involved in the development and review of risk assessments. These measures helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were familiar with the risk assessments in place and they confirmed that the risk assessments were accurate and regularly updated.

The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of the service, or put people at risk.

Safe recruitment procedures were followed. Staff employed at the service told us they had relevant pre-employment checks before they commenced work, to check their suitability to work with people. They had also completed a thorough induction programme once in post. This included reading information about people living in the service, including details about any risks that had been identified and how these risks were managed to ensure staff members could support people safely. Records we looked at confirmed this.

People told us they received their medicines when required. One person said, "They [staff] look after my tablets, I think they are always on time." Another person commented, "I've got Parkinson's, I have my medication every four hours and they [staff] are very good at giving them on time." We observed a member of staff administering medicines to some people. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food.

There were suitable arrangements for the safe management of medicines. Staff were provided with medicines training. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). Regular audits on medicines and frequent competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Good

Is the service effective?

Our findings

People told us that staff were well trained and competent in meeting their needs. One person said, "[Member of staff] is fantastic, extremely caring and understands how to look after me. They know when I need extra help." Another person said, "They try and help you, they understand your needs, show a bit of sympathy." One relative commented, "They do an amazing job, they know what they are doing."
We saw that staff training was effective in meeting people's needs. For example, staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood.

Discussions and records showed that staff were provided with the core training that they needed to meet people's requirements and preferences effectively, including regular updates. In addition staff received training in diabetes, catheter care and wound care management. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

However we received feedback that not all staff had a comprehensive understanding of how to meet complex needs or specific conditions such as Parkinson's disease. We fed this back to the registered manager who acknowledged this was a gap in the training provided. They had taken steps to rota staff with more experience to work in the areas of the service where required but advised us they would immediately look into sourcing further specialist training. Following the inspection we received confirmation that additional specialist training for example in Parkinson's had been arranged. This would support staff to understand the particular symptoms and needs of this condition.

Staff told us about their experience of working for the service. They were overall positive about the support arrangements in place. They described being, "Encouraged," and, "Supported," in their role. They said they had regular one to one supervision and team meetings, where they could talk through any issues seek advice and receive feedback about their work practice. One member of staff said, "The training is good and useful. If you want further training you can ask and they [management] will sort it out." Another staff member told us, "My induction and training was really good. Helped that the [team] I work with are lovely. No one minds if I ask questions. I have had supervisions and can speak to team leader or seniors whenever I need to. Feel very supported." A third member of staff said, "I am up to date with my training, did some refresher courses the other week. Good to keep up to date. They [management] keep on top of that and let you know if you need to attend training." The registered manager described how staff were encouraged to professionally develop and were supported with their career progression. This included new staff being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that staff had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office.

Staff asked for people's consent before any care or support was provided, for example where they wanted to be in the service. People who were sitting in the dining room were asked if they wanted to go into the lounge and sit in a, "Comfy chair." Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result.

Since our last inspection 30 April 2015 improvements had been made to consistently provide people with a positive meal time experience. Feedback from people about the food in the service was complimentary. One person said, "The food is delicious, always lots of choice." Another person commented, "Food ain't too bad, they give me alternatives, I feel I get enough choices." A relative told us, "The food always looks very nice."

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals.

Staff monitored people's health and well-being to ensure they maintained good health and identified any problems. One person told us, "If I need to see a doctor they get me one." We found that where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that action was taken to maintain people's health and wellbeing. People's care records contained records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff approach and told us that the staff were caring and attended to their needs with understanding. One person said, "You couldn't wish for better staff, I've been here three months and I don't want to leave, it's modern and they [staff] really care." Another person said, "You can feel the warmth between staff and us." A third person commented, "All the basic duties are completed very well, I'd rate most of them as good carers." One relative commented, "[Person] was in hospital, staring at the ceiling. Since [Person has] been here they [staff] have got [person] walking, in hospital they were just hoisting [person]."

We saw that people were relaxed in the presence of staff. Staff knew people well and understood their needs. Time was given to people, and we saw that interactions were not rushed. When speaking about people, we observed that staff were respectful in their language, and ensured people's wishes were communicated. We observed interactions between staff and people to be kind, compassionate, person-centred and supportive. This showed that staff attended to people's needs with care.

There was a warm and friendly atmosphere in the service which people and relatives commented on. One person said, "It's lovely, families coming in, entertainment going on, lovely residents to talk to." Another person said, "I can't find any fault at all here, they [staff] do the best they can." A third person commented, "We have nice facilities, nice surroundings, nice outings."

People told us they were encouraged by staff to take part in the daily activities of their home which made them feel useful and valued. This included growing vegetables, looking after the chickens, peeling vegetables for meals, baking and folding napkins.

People's preferences and choices wherever possible were acted on. For example, one person told us that they chose what they wanted to wear and this was respected by staff, "I pick out what I wear every day." Another person said how their diverse needs were respected, "Freedom of religion, I'm content with that, they [management team] have church ministers come here to see me."

Staff knew people well; demonstrating an understanding when talking with us about people's preferred routines, likes and dislikes and what mattered to them. For example, one staff member said, "You get to know who is an early riser or likes to have a lie in. Who starts their day with a cup of tea in bed and gets up later, and, who wants to be up and dressed ready for breakfast."

Staff described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and showed commitment and a positive approach. One member of staff said, "We have a staff room but I would rather sit with the residents." A second member of staff told us, "I love caring, I know that I can change people's lives and to feel better about themselves." We saw a staff member arrange their break with their colleagues, they then told people in the lounge they were going for a cup of coffee. Instead of going to make themselves a drink for their break, they offered to make people a hot drink whilst they were making their own. Those people who wanted a drink were given

one before this staff member went off for their break. This showed that they considered people and their needs.

People's privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. In addition, when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. One relative said, "If they [staff] take [person] to the toilet they stand outside the door and just check [person] is ok, they give [person] some privacy."

People shared examples with us of how staff promoted and encouraged them to do things for themselves. One person said about the staff, "They are perfectly natural with you; they always ask if I want to wash certain parts of my body." Another person said, "They support me with my walking, helping me to become more independent." A third person said, "They [staff] have never been impatient with me when I am slow." Records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

People's care records showed that people, and where appropriate their relatives had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected.

People who used the service were supported to maintain relationships with others. Their relatives and or representatives were able to visit the service when they wished. One person said, "They have no restrictions at all on visitors, there are places you can go and have a private talk or meal." Another person told us, "My [relative] comes regularly, [relative] can pop in anytime, they [staff] always give [relative] a cup of drink, I've got no grumbles at all."

Good

Is the service responsive?

Our findings

At our last inspection 30 April 2015, we found that further improvements were needed to ensure people's wellbeing and social needs were consistently met and their care records reflected changes to their needs and preferences. The provider wrote to us and told us how they were addressing these shortfalls. During this inspection we found that improvements had been made.

People received care and support that took account of their individual choices and preferences and responded to their changing needs. One person said, "I have just had a lovely bath, all relaxed. I can have one when I want one. I'm just going to the lounge to sit with my little friend." We found that people's ongoing care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. They encouraged people when they undertook activities independently and supported them to choose their own daily routine. We observed that people moved confidently about the service choosing where and with whom to spend their time.

People received personalised care which was responsive to their needs. We saw a positive and enabling interaction from a member of staff who encouraged a person to join in with a group playing a game. With support the person enjoyed the game and looked pleased to have been involved.

Staff were knowledgeable about people's specific needs and how they were provided with tailored care that met their needs. Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing.

People told us there were activities and events they could participate in. A list of activities was displayed within the service. Activities included keep fit sessions, arts and craft, church services, and outside entertainers. People said they enjoyed the outings and exercise groups. One person said, "I've just been doing exercises, it's great fun, we are all old so cannot do much but it energises us and we have a laugh." Another person commented, "They [management] have different things here, dominos, cards, and a cinema, sometimes folk dancers come down to entertain us." A third person said, "They [staff] took us down into the town one morning, we went to [public house] and had a coffee." They continued about the service saying there was, "A lovely sitting room here, we [people who live in the service] go to the coffee shop and meet up as well." A fourth person described how they were going to be involved with an upcoming activity, "I'm going to give a talk on the great battles of history, starting with 1066 and ending with the Battle of Britain. The manager has arranged it."

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs and preferences. This included information about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. The inconsistencies found at the last inspection relating to recording when people were anxious or distressed had been

addressed. In addition regular care reviews and risk assessments were undertaken and included feedback from family members, staff, health and social care professionals and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. Records of shift change handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs.

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. Many compliments had been received about the service within the last 12 months. Themes included caring staff approach and supporting individuals and their family through end of life care.

The provider's complaints policy and procedure was made freely available in the office and copies were given to people who used the service. It explained how people could make a complaint or raise a concern about the service they received. Where formal complaints had been received about the service these had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. Records seen identified how the service acted on people's feedback including their informal comments for example providing additional training to staff and improving communications where required.

Good

Is the service well-led?

Our findings

We found that the management team had made continued progress in addressing the shortfalls found at the last inspection 30 April 2015, particularly with the staffing arrangements, documentation of people's records, improving people's meal time experience and meeting people's social and wellbeing needs. In addition systems in place to monitor the quality and safety of the service had been embedded to drive the service forward. The leadership team particularly the registered manager were proactive and positive when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. They acknowledged some improvements were still needed, to ensure that new systems, processes and expectations of responsibilities were embedded. We found that this positive change in the culture of the service meant it was being well run.

Effective systems and processes to assess and monitor the service had been implemented. For example, regular checks on health and safety, medicines administration and management, risk assessments, care plans and daily records. These independently highlighted where there had been shortfalls and the actions taken to address this, such as inconsistencies found in the medicines audits when recording people's medicines. Steps taken to address this included competency checks on staff and further training where required. In addition governance arrangements had been strengthened with a visible presence from the provider's regional team supporting the management and staff team at the service. This included regular management meetings and quality monitoring visits. This provided an opportunity to drive improvement across the service by sharing best practice, identifying themes and trends, escalating issues of concern and developing accompanying action plans.

People, their relatives and or representatives were regularly asked for their views about the service. One person said, "Our voice is definitely heard here, they [management and staff] listen to what we say." People's feedback was collated through regular care reviews, quality satisfaction questionnaires and daily interactions and communications. Their comments were used to make improvements in the service. We reviewed some of the feedback received from last survey and saw that the return rate was high and comments were positive specifically about the caring nature of the staff.

Staff told us the service was well-led and that the management team were approachable and listened to them. One member of staff said, "Having [name of registered manager] as a manager is amazing, if you have any problems, private or work related [they] will do what she can to help you, [Deputy manager] as well." Another staff member commented, "Its better now, I love it. We [staff] get compliments, it's a lovely atmosphere. We are a good supportive team, support across the board, between office, care, kitchen."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example, staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Staff were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. The staff were clear on their roles and responsibilities and committed to providing a good quality service.

Meeting minutes showed that staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff said, "We have daily meetings that all senior managers and management attend. We discuss any concerns and issues and how to resolve things." They described an instance when staff had been concerned about the slow recovery for one person following a stay in hospital. They said, "We were all worried as [person] was becoming withdrawn and wasn't interested in things [activities] they usually like to do. When asked [person] would say they were fine. We got the GP in to review [person's] medication." The member of staff explained how their colleagues made suggestions about how to work differently with the person to encourage them to participate in activities. They told us the management team had listened and supported the staff to try out their suggestions which had a positive outcome for the person.

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and older people's services to ensure they were following correct practice and providing a high quality service. Feedback received was complimentary about the working relationships in place. One social care professional said, "I have been impressed with Mills Meadow in terms of how the manager engages with residents and staff. I believe [manager] is trying to encourage people to a part of the Mills Meadow community." A community professional stated, "I have seen many times a service which puts it's residents right at the centre of all it does. The present manager and [their] team are always welcoming to visitors and evidence can be seen of how residents are involved in what is a very well run and friendly home. The ideas and plans the home has, show a genuine care for the wellbeing and contentment of all who live there, and you can see how individualised the care is. What strikes me is how, when you walk in, the atmosphere is that of a happy, comfortable environment with a busy team all appearing to enjoy what they do."