

SCC Adult Social Care Meadowside

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

About the service

Meadowside is a residential care home, without nursing. At the time of our inspection the service was providing personal care to 46 people aged 65 and over, some of whom were living with dementia. Meadowside is one adapted building which is split up into seven different units over two floors, each with their own lounge and dining area. The service can support up to 51 people.

People's experience of using this service and what we found

The service had made improvements around management of medicines and people's medicines were now audited and recorded correctly by appropriately trained staff.

People told us they felt safe living at Meadowside. People's medicines were managed well, and robust risk assessments were in place to keep people safe. Staff were knowledgeable and felt supported to recognise and report abuse if they needed to.

Staff adopted safe infection control practices to keep people free from infection. The home was clean and tidy, and staff were aware of current guidance around infection and disease management.

People were cared for by staff who were safely recruited, well trained and very knowledgeable of the people they supported. People and relatives told us staff were always kind and compassionate, maintained privacy and treated people with upmost dignity and respect.

People said they enjoyed the food. Staff supported each person with care and patience at mealtimes. People had a calm and enjoyable dining experience. People living with dementia were supported in accordance with their care plans and also best practice guidance to ensure food was appetising and appealing to them.

The service and staff went over and above to support people and be innovative with activities and planning people's care to ensure all their needs were met and that people were prevented from experiencing social isolation. The service had been extremely responsive in seeking out fresh ideas to encourage people to improve their health and well-being. People, relatives and healthcare professionals told us how they felt the management and staff contributed to improving people's health.

People were continually involved in the assessments of their needs and personalisation of their care plans. Staff ensured they knew people and what people liked and enjoyed which allowed people to profile how they wanted their life to be with desired outcomes and goals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's views and concerns were listened to, people and relatives used a range of ways to give feedback, which the service always acted on.

The registered manager had driven the service on since the last inspection. The values identified by the registered manager echoed throughout the service and all staff knew their individual and collective responsibilities. People, relatives and staff were full of praise for the registered manager.

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

Rating at last inspection

The last rating for this service was good (published 15 August 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Meadowside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Meadowside 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.

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.

What we did before the inspection

We reviewed any information we held about the service and the registered provider. This included notifications that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding incidents and investigations.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and two relatives who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, care staff and kitchen staff. We reviewed a range of records. This included five people's care records and any medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

The last rating for this key question was Good. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines in a safe and organised way. Medicines were stored, administered, and disposed of safely. Only staff who had been trained and assessed as competent administered medicines.
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were. Some people were prescribed medicines to take as required; for example, for pain management. There was guidance in place to support staff to know when this was needed.
- Medicine administration records (MARs) were used to record when staff administered medicines for people. Known allergies were also recorded on the MAR. We found the MARs we looked at had no gaps in them.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Meadowside. One person told us, "I know I am safe here. It's such a lovely home. Never needed to be concerned at all."
- The registered manager understood their safeguarding responsibilities, including completing investigations, taking action to reduce future risk and sharing information with the appropriate authorities.
- People were supported by staff that knew how to raise safeguarding concerns and were aware of the whistleblowing policy and procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly.

Assessing risk, safety monitoring and management

- Individual risk to people had been managed well within the home. Risks to people's health and safety were assessed and clear risk assessment documents put in place to guide staff on how to keep people safe. For example, one person who used paraffin-based creams had a detailed personalised risk assessment to guide staff to encourage this person to bathe regularly and change any clothes that had been exposed to the creams to reduce any risks of fire or burns.
- Staff were knowledgeable about people, giving us assurance risk assessments were understood and followed. A staff member told us, "We look at each care plan and know all the risks and health issues each person has."
- A range of health and safety checks were regularly completed to ensure a safe environment. Personal emergency evacuation plans (PEEPs) were in place, and fire safety checks and drills were regularly completed.

Staffing and recruitment

- There were enough staff deployed to ensure people received care and support in a timely manner. People told us staff were always attentive to their needs in a timely manner. A person told us, "There are plenty of staff here, they are always around if I need them."
- People were observed to be supported by staff as and when they needed. We observed there was enough staff throughout to day to support people safely.
- Robust recruitment processes were in place to make sure staff were recruited safely. All relevant checks had been completed including taking up references and completing Disclosure and Barring (DBS) checks which are used to check potential new staff do not have criminal records and are suitable to work with the people living in the home.

Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment (PPE). Staff used PPE appropriately to ensure people were protected from the spread of infection. For example, we observed staff washing their hands, and using aprons and gloves in the correct way to reduce the risk of contamination.
- Staff were knowledgeable about the recent risks to people with the Coronavirus. Staff spoken to knew the latest guidance on washing hands and keeping people safe from infection.
- The home was clean and free from malodours. Regular audits and checks took place to ensure good standards were maintained.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were appropriately recorded and reported. The registered manager used this information to learn from and to minimise the risk of re-occurrence. For example, where a person had a series of falls, they were risk assessed and reviewed by the GP. As a result, the person had a further assessment from the occupational therapist to put in place additional measures to reduce the risk of falls.
- Any learning outcomes had been shared to the wider staffing team. The registered manager regularly scrutinised each accident or incident and created a robust action plan. This learning was shared with staff at daily handovers or team meetings. We saw evidence from records that this had taken place.

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.

The last rating for this key question was Good. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into Meadowside, they were involved in assessments about their support needs, preferences, wishes and routines. A relative said, "They did a very detailed assessment before [relative] moved into the home, they made sure everything was covered and would be ok for [relative]."
- People had personalised dependency assessments completed. This included diagnosis, medication, personal care, continence, mobility, skin integrity, nutrition, social activities, sleep and rest and communication. This information was used to assess how people could be supported safely and how staff could be deployed around the home.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence (NICE) guidance, data protection legislation, oral health and standards relating to communication and end of life needs.

Staff skills, knowledge and experience

- People and relatives told us they felt the staff were knowledgeable in all areas to be able to support them. A person told us, "Staff are good at knowing what needs to be done." A relative told us, "I have never had a problem with how [relative] has been care for. The staff all know what to do and they conduct themselves very professionally."
- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff had completed all mandatory training and the registered manager kept track of when staff would be required to complete future training refreshers.
- Staff had been provided with specialist training when required. A specialist nurse had attended the home to deliver training to staff on stoma care and catheter care. The registered manager had also arranged for a nurse to provide training around the management of an apomorphine pump.
- The registered manager had implemented a workbook for agency staff. This workbook was completed during induction for agency staff and focused on the residents where the agency staff would be working. This workbook has now been implemented in all the providers other services owing to its success.

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

- The home was split into seven different living areas. People could have lunch in their area or freely move to another area if they wished. People told us the food was nice. A person told us, "I enjoy the food, it's very tasty." Another person told us, "It's very good [the food]."
- People had access to food and drink throughout the day. The chef and kitchen staff prepared snacks for

people which were then stored in each area's individual kitchen. People had access to these snacks as and when they wanted them. A person told us, "We can help ourselves to fruit and if there is nothing we like, we can ask. Every afternoon we are given a good selection of cut fresh fruit with a variety of cakes, biscuits and other nice things."

- People were offered choice around what food they wanted. We observed at lunch that people were offered show plates with two different options. This enabled people to see and smell the food before making a choice. We observed staff taking time to tell people what the food was and what the textures were.
- People living with dementia were supported well by staff at lunch. We observed that blue plates were used for people to make the meals much more visible and appetising. This enabled people to maintain improved nutrition and enjoy the social benefits of mealtimes.

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

- The building was well adapted to meet people's individual needs. There was a homely and welcoming atmosphere in the home where people appeared calm and relaxed.
- The home was appropriately adapted to meet the needs of people living with dementia. Throughout the building there were areas of sensory stimulation and points of interest for people to interact with. The home had lots of sensory equipment to ensure people with dementia were occupied and stimulated. We observed people engaging with these throughout the day.
- People's rooms were personalised and decorated how they wanted. People had their doors decorated in a colour they wanted and had doorknockers added. This made them look like individual front doors. People also had detailed memory boxes outside their rooms which contained items important to them or their past. A staff member told us, "I wanted to bring as much of my dementia training to the home in every way we could."

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

- People told us they could access the services they needed to maintain their health. One person told us, "Since coming here I've seen the chiropodist, the optician and I've had a hearing test." Another person told us, "We're lucky to have a surgery so near. I've been there last week. Someone comes with us to make sure we're safe."
- People's healthcare needs were met by the service. The home had strong links with local health professionals which included GPs, district nurses and dementia specialists and sought their advice where appropriate. Health professionals all said the home worked well with them and provided high quality care. Visiting healthcare professionals had been complimentary about the care given. One healthcare professional commented, "The care staff at Meadowside are exceptional, and ensure service users are well looked after."
- Relatives told us health professionals were quickly involved if this was needed, which had improved outcomes for people. A relative told us, "When [relative] was seen by the specialist and needed to improve her weight, the staff here were brilliant at encouraging her to eat different foods. They managed to maintain and improve [relatives] health."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The service was working within the principles of the MCA. DoLS had been applied for where there had been restrictions on people's liberty and where approved any conditions on such authorisations were being met. For example, one person who had a sensor mat in place had a best interest decision recorded with input from the person, family, GP and the registered manager.
- Staff had received training in the MCA and understood how to support people with decision making. A staff member told us, "I always assume capacity. People can make choices where they want to. I am aware of how different people choose to communicate their choices, this may be through verbal or non-verbal ways."
- People had given their consent to care and treatment and this information was recorded within their care plan. We observed staff asking people's permission before providing care and support throughout the day.

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.

The last rating for this key question was Good. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People constantly praised care staff for being kind and caring. One person told us, "The staff are brilliant; nothing seems too much trouble." Another person told us, "Staff are very kind and give us time." Another person told us, "The staff are so good. They really care about you and make you feel like part of a family."
- We observed staff interacting with people in a caring and considerate way. We observed one person who had become confused and upset. Staff offered reassurance whilst holding their hand and embracing the person. This immediately settled the person who then had a smile on their face.
- Staff we spoke with had a caring attitude and told us how they enjoyed supporting people. One staff member told us, "I like seeing the smiles on people's faces. If I notice someone isn't happy, I always have a chat with them."
- Staff had a detailed understanding of people's cultural needs. For example, one person had it recorded in their care plan they did not want to eat beef for cultural reasons. Staff were aware of this and ensured this was adhered to. Staff also held an event which had music, food and decorations celebrating this person's culture which the whole home had been involved with.

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

- Care plans were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences. People and relatives told us they were a part of this process.
- Staff listened and responded to people's requests throughout the day and recognised the importance of giving people time and attention.
- People always had their voice heard around any decisions about care and support. The service made sure that any specific preferences had been planned for. For example, where people had expressed preferences in relation to the gender of their care staff, this was respected.

Respecting and promoting people's privacy, dignity and independence

- Staff made sure people's privacy was respected when they were providing personal care. People and relatives confirmed this. A person told us, "They [staff] always make things private, I don't have to worry about that." A relative told us, "All the staff are very good at keeping [relatives] privacy and dignity. They shut the door and the main thing is they talk to [relative] so she is never anxious."
- People were supported by staff who shared a vision of supporting people to be independent. A person told us, "I'm looked after very well. I can self-manage but staff always keep a watch when I have a bath." A staff member told us, "I always encourage people to make little choices and decisions throughout the day to

maintain their independence." Staff told us about one person who when assessed was bed bound and secluded but having implemented small independent tasks with them, they are now up and about and joining in with other residents taking part in activities.

- People were also able to keep tasks which supported them to manage their own lives. Some people were able to administer their own medications and were supported to do so. Some people also benefited from being able to make their own cup of tea or coffee. A relative told us, "It's nice as some people want to just get on and do things themselves, I've certainly seen people have the freedom of the home where they can and are able to."

Is the service responsive?

Our findings

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

The last rating for this key question was Good. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People had been made the central focus and had this individually reflected in their current needs and care plans. Including the actions staff should take to support people to meet their intended outcomes and goals. For example, detailed person-centred information had been obtained from people about their aspirations and how they would like their life to be. A person told us, "I spend time with staff talking to them about my life and what's important to me. They understand me and my needs and I can remain as independent as I want, I can't thank them enough."
- People had exceptionally detailed and personal care plans for all their health requirements. We observed from records that people and relatives had been involved in the development and reviews of care plans. One person who lives with Parkinson's has detailed information captured which considers their personal needs and wishes. A person told us, "I trust them [staff] to look out for me. I have talked to them about how things are for me and they do everything to make my life easier."
- One person who had been identified with a potential to display behaviours that challenge had robust and detailed supportive guidance for staff. The high level of detail identified potential triggers to the behaviour. These were reviewed constantly and updated if any new triggers had been identified. Staff had recorded tips and support for colleagues if they experienced a method which worked well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been consulted and engaged with around daily activities to ensure the service had included activities people wanted to do. The activities team had adopted exceptional understanding to providing interesting and productive activities for people and people told us there was lots for them to do. One person told us, "It's Bingo this afternoon and lots of us like Bingo. We have gentle exercise, and tea parties. People come and entertain us and what I love is the farm animals that come and visit."
- People received outstanding levels of responsiveness to maintain and improve their well-being. All staff shared the enthusiasm to improve people's lives and sought out innovative ways to do this. One person was supported to run their own vegetable patch which when picked were taken to the kitchen and used for dinners. A person told us, "I like it because it is something I really enjoy, it gets me moving, I fell a couple of times last year, but I like the fact that staff help me to still do it even though I could fall over, I haven't been told I'm not allowed to do it, or I can't do it."
- Management and staff had been proactive in recognising and understanding when people could be at risk of social isolation. A gentleman's area was designed and developed within the home. This included the use

of card games, beer mats and towels. This had a positive effect on the men identified who had now started to increase their social involvement. We observed a group of men reaping the benefits who were all sat together playing cards and positively interacting with each other.

- People had been involved in educational activities which increased awareness around dementia and supported the development of local secondary school children. The service supported work experience opportunities and have gone the extra mile to ensure when children came on their placement's residents were actively involved in talking to them about dementia and increasing confidence and awareness.
- The registered manager included local charities, community groups and volunteers to liaise with residents to plan and re-design elements of the garden. The changes made the garden even more accessible for everyone at the home and included points of interest to address people's emotional and mental awareness.
- The staff had been forward thinking in improving people's access to the community. Staff had visited the local leisure centre and conducted a dementia walk around to educate staff and support a new design layout. The leisure centre changed the old black topped tables with new light wooden tables to reduce confusion for people living with dementia. As a result, more people from the home have visited the leisure centre for coffee or tea with a renewed sense of confidence.

A staff member told us, "You can see people's confidence has improved, it not only benefits them to be able to use other services with confidence, but it improves confidence levels as a whole."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to report complaints but said this had not been necessary. The registered manager and staff were exceptionally responsive to people's concerns. We received consistent feedback from people and relatives that anything they raised no matter how small was always listened to and actioned immediately. A person told us, "I don't have anything to complain about, but staff do listen if I have any worries. I can ask the Manager and she will sort things out if she can."
- The provider had a clear complaints process and guidance which was available to people, relatives and staff. Guidance was on display around the home for people to access as and when they needed it. People could access this document in large print if needed and staff were aware and knew they had a responsibility to remind people about the complaints process if this was required.
- The service regularly received compliments and thank you cards from people and their relatives. One recently received card read, 'A big thank you to everyone who helped to look after my Mum. You all made her stay with you as happy as you could. I appreciate all the care and attention you gave Mum not only in her personal care, she always liked to be clean and tidy, but also in trying to keep her mental activity going and never giving up on her. I was so pleased she was able to stay with you in the very friendly and caring atmosphere.'

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 provider ensured people's communication needs were met. Staff assessed people's communication as part of the care planning process and ensured they could be met by the service. People's individual communication needs were recorded and could be shared with other agencies when necessary.
- Staff were consistently aware of the best methods for communicating with individual people. One person's care plan indicated they communicated with non-verbal prompts. We observed staff communicating with this person using this method.
- Staff understood the importance of supporting people living with dementia in communicating their needs

and wishes. Excellent and detailed supportive guidance around communication was recorded within people's care plans. We observed that staff consistently took their time talking to people, made good eye contact and listened to what people were saying.

End of life care and support

- The provider demonstrated a strong commitment to providing excellent end of life care which considered the physical, spiritual and emotional needs of people, their relatives and staff. People's needs and wishes for their end of life care were explored and documented to ensure people were supported the way they wanted. The registered manager liaised with the local hospice when required to ensure people had the most appropriate support available.
- The service demonstrated innovative ways to support people who may be grieving a loss. An example being the memory garden where people and families donated flowers and was used by people to reflect on friends or relatives that had passed away. One person told us they found this had provided a release for their emotion as they had been able to sit on the bench and talk to a friend who had passed.

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 last rating for this key question was Requires Improvement. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a registered manager in post. The registered manager was aware of their responsibilities and this had filtered down throughout the wider staffing team. All staff we spoke to were aware of their own personal responsibility.
- The registered manager had quality assurance systems in place. These included, audits of medicine records, care planning, infection control and health and safety. The registered manager had made improvements to the medicine audit and implemented a daily medication audit form which ensured correct entries onto the MAR charts. Additional training for people who administer medicines had been provided and competency checks completed for staff. All these actions had seen an improvement of recording onto MAR charts.
- The provider and registered manager continuously updated audit records with action points. The registered manager ensured they kept on top of any identified actions and recorded what had been implemented and what was outstanding still. The provider used a continuous improvement tool to regularly monitor and record actions which the providers quality audit team could also update or add to. This was reviewed by the provider to ensure compliance.

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:

- The registered manager was aware of their duty of candour responsibilities, to be open and honest with people when something goes wrong. The registered manager had completed required actions to keep people and families updated with any incidents or accidents.
- Throughout the inspection, we found the registered manager to be very open and transparent. Requests for information were responded to positively and in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were consistently complementary of the service and the registered manager. A person told us, "I like the Manager. She does speak to us and you can ask to see her. If we have a problem, we generally talk to staff we know we can trust, and they tell the Manager." A relative told us, "The manager is very good, she talks to you whenever you come in, anything you ask is always responded to."

- Staff stated they were happy working at the home and said the registered manager was fully supportive towards them. A staff member told us, "The manager is very supportive and approachable." Another staff member told us, "She's an amazing boss. She is brilliant." Another staff member told us, "Manager and deputy are lovely people and approachable."
- Since the last inspection the provider had continued to drive improvements which meant outcomes for people had continued to grow and strengthen. The quality of staff training, community engagement and investment and involvement of people in the design and adaptation of the garden and the layout of the building had all contributed to improving people's quality of life.

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

- People had been able to attend resident's meetings to discuss any ongoing developments within the home. People discussed a variety of different topics at these meetings which included redevelopment work, activities, food and staffing. We looked at the minutes from these meetings and people said they were happy living at the home and looked forward to the allotment opening again when the weather improved.
- Staff told us they found staff meetings useful and productive. Changes had been made and staff given more responsibilities with quality control. Staff had been included on conducting infection control audits and action plans. New first aid kits were purchased after staff identified the need for them on each unit instead of being kept centrally in the home.
- The registered manager spoke to us about including a feedback survey within the scope of engagement with people and relatives. At present feedback had been obtained verbally, during reviews or as and when speaking to people and families. All the feedback we saw which had been recorded was positive.

Working in partnership with others; Continuous learning and improving care

- The registered manager had encouraged and sought out community engagement to better the lives of people and increase awareness and education in the community. The service had established a link with schools to support children through their Duke of Edinburgh award. This was in addition to providing volunteer opportunities for schools and providing education for children around health care.
- The home took part in a postcards of kindness scheme with a local school. Children on school trips had been supported to send postcards to people at the home to keep them updated of where they travelled to. One person in the home who was a centenarian received over 100 cards when staff had informed the school that it was their birthday. A staff member told us "It made her day, she was so happy."
- The registered manager had set up a link with a local dementia group. This enabled people to have links into the community and for the home to receive updated guidance on dementia support groups.
- The management team attended meetings and forums in order to share best practice and bring back any learning to staff at the home.