Prime Life Limited

Meadow View

Inspection report

Meadow View Close
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Alcester
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 6 & 7 May 2015 and was unannounced.

Meadow View is a single storey purpose built residential home which provides care to older people including people who are living with dementia. Meadow View is registered to provide care for 42 people. At the time of our inspection there were 33 people living at Meadow View.

This service had a registered manager in post at the time of our inspection, however the registered manager was on a planned short term absence. The service was being managed for a period of time by a senior staff member. In the report, we refer to them as manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe living at Meadow View and staff knew how to keep people safe from the risk of abuse. However, we could not be sure that we or the local authority had been notified of all of the safeguarding

Summary of findings

incidents at the home. Following our inspection, we spoke with the local authority who confirmed they had not been notified of two safeguarding matters we became aware of at this home.

Most staff were caring to people during our visit, however we saw three situations where staff members were not kind and treated people disrespectfully. Staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent before any care was given.

Staff knew what support people required and staff provided the care in line with people's care records. Care plans contained relevant information for staff to help them provide the individual care people required. We found people received care and support from staff who had the knowledge and experience to provide care for people.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained and experienced staff.

Staff supported people's choices and understood how the Mental Capacity Act (MCA) 2005 protected people who used the service. Staff understood they needed to respect people's choices and decisions and where people had capacity, staff followed people's wishes. Where people did not have capacity to make certain decisions, decisions were made on people's behalf, sometimes with the support of family members. However, we found no formal assessments of people's mental capacity had been completed and records of best interests' decisions had not been recorded or completed.

Deprivation of Liberty Safeguards (DoLS) are used to protect people where their freedom or liberties are restricted. The provider had submitted two DoLS applications to the authorising body which had been approved. These applications meant people's freedom was restricted and provided protection to those people. The provider was in the process of completing further DoLS application for other people whose freedoms may be restricted to see if this was the least restrictive method.

Most people told us they were pleased with the service they received. Not everyone felt comfortable to raise their concerns, but those that did felt they were listened to and responses were timely.

Staff told us they were not always confident the registered manager dealt with their issues or concerns that had been brought to registered manager's attention. Most staff told us they had little confidence in raising whistle blowing concerns to the provider because staff were not confident information would always be treated confidential.

Staff training was not up to date and this was partially due to staff having to attend some training courses on their planned days off. Staff felt unsupported by the provider in relation to training which meant people received support from staff who may not be up to date with current practices and techniques.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received, however actions and improvements were not always followed up and recorded.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not consistently safe.

People received care from staff and staffing levels were determined according to people's needs. Where people's needs had been assessed and where risks had been identified, risk assessments advised staff how to manage these safely. Although people told us they felt safe we found some staff had not been trained in safeguarding and abuse was not always recognised and acted upon. People received their medicines from staff at the required times.

Requires improvement

Is the service effective?
The service was not consistently effective.

People received support from staff who were competent to meet their needs. Where people did not have capacity to make decisions, support was sought from family members where possible, however the provider had not assessed people's capacity and had not demonstrated decisions were made in line with the Mental Capacity Act 2005. People received meals and drinks that met their dietary needs and people received timely support from other health care professionals when required.

Requires improvement

Is the service caring?
The service was not consistently caring.

People were treated as individuals and were mostly supported with kindness, respect and dignity. Some staff were not always patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

Staff had a good knowledge of the needs of the people they were caring for, but the service was not always responsive to people's individual social needs. People felt able to speak with the registered manager and raise issues or concerns. Complaints that had been received had been investigated and responded to, although the system for recording complaints required improvement.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

Some people and staff we spoke with felt unsupported and lacked confidence in the registered manager's ability to address issues or concerns that had been brought to their attention. Systems to monitor the quality of service were not always completed and a lack of records could not demonstrate what improvements had been made.

Meadow View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 May 2015 and was unannounced consisting of two inspectors. We returned on 7 May 2015 which was announced and consisted of one inspector.

We reviewed the information we held about the service. We looked at information received from relatives, whistle blowers and other agencies involved in people's care. We spoke with the local authority who did not provide us with any information that we were not already of it. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. During the inspection we found an example where the registered manager had not submitted to us a specific statutory notification relating to safeguarding.

To help us understand people's experiences of the service we spent time during the visit observing people who spent time in the communal lounge and dining areas. This was to see how people spent their time, how staff involved people and how staff provided care and support to people when required.

We spoke with six people who lived at the home to get their experiences of what it was like living at Meadow View. We spoke with three visiting relatives, the regional director, associate director, five care staff and two senior staff (these are defined in the report as staff) and a cook.

We also spoke with a visiting GP and a visiting community nurse visitor who provided treatment and support to some people at the home. We looked at five people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Requires improvement

Is the service safe?

Our findings

People who used the service and their relatives told us they and their family members felt safe living at Meadow View. One person said, "I feel safe here, I don't have any fears." Another person said, "I feel safe, there is a nice atmosphere, nothing to worry about." A relative told us, I believe my relative is safe here, so does the rest of the family. We visit at different times and we don't announce we are coming."

Prior to the inspection we received information of concern about the service from a member of staff which we referred to the local authority safeguarding team. During our inspection we found staff had alerted the registered manager to their concerns in February 2015, but we were unable to speak with the registered manager to see how this was investigated and what action was taken. We did not receive a statutory notification from the registered manager for this safeguarding concern which was a legal requirement. We spoke with the associate director about this who told us the registered manager had not followed the organisation's policy and procedure for reporting safeguarding, which was to refer to the provider and relevant authorities. The associate director agreed to follow up these concerns with the registered manager when they returned.

We asked staff how people at the home remained safe and protected from abuse. All the staff we spoke with had a good understanding of abuse and how to keep people safe. One staff member told us, "Sometimes people hit out at you, but we have to be calm." Staff we spoke with knew how to report concerns if they suspected abuse. Staff we spoke with said they would speak with senior staff or the manager to protect people from harm. Some staff completed training in safeguarding people, however the manager told us some staff had not received training and was in the process of organising this.

All of the people and relatives we spoke with, told us they felt there were enough available staff to meet people's needs. People and relatives told us if they needed assistance they did not wait long for help. One person we spoke with said, "If you need anything, they (staff) usually come straight away. You don't have to wait."

Most of the staff we spoke with said they felt staffing levels met people's needs, although they said on occasions they felt rushed if other staff were unexpectedly absent, and at certain times of the day. One staff member said, "In the mornings it can be rushed, getting people up and breakfasted. It's a rush, but we do it." Staff told us they were able to meet people's needs and had time to support people throughout the day, to eat, drink or to spend time with. One staff member said, "We are a good team." This comment was supported by other staff we spoke with and the manager. Our observations on the day showed staff were busy, yet staff supported people and cared for people at the pace they required.

The manager explained how staffing levels were organised and deployed within the home. They told us, "We use the ratio one to seven, that's how we always do it." The manager told us the home did not use people's individual dependency levels to determine how many staff were needed. They relied on their staffing ratio and knowledge of people's current care needs. The manager said the current staffing requirements were able to meet people's needs. From what people and staff told us, staff working at Meadow View had worked there for long periods of time. We found there was a consistent staff team that made sure people received continuity of care from staff who knew people's needs. This was supported by what some relatives and health professionals told us. The manager told us they operated an out of hours service should staff be required at short notice, so had some flexibility to cover shifts.

Assessments and care plans identified where people were potentially at risk and actions were identified to manage or reduce potential risks. For example, risk assessments were in place for nutrition, pressure area management and behaviours that challenged. Staff spoken with understood the risks associated with people's individual care needs. For example, staff told us they recognised certain moods or signs that suggested when a person was becoming agitated. Staff said they were more attentive to ensure they and others were not put at risk.

People told us they had their medicines when needed. One person said, "Staff give me my tablets, I get them every day, they are very good." We looked at five medicine administration records (MAR) and found they had been administered and signed for at the appropriate time. Staff told us a photograph of the person was on file and recorded allergies, which reduced the possibility of giving medicines to the wrong person. Staff completed training which meant their knowledge was kept up to date and had been competency assessed by staff and district nurses

Requires improvement

Is the service safe?

when certain medicines were required. The manager said they completed observed practice on staff to ensure they administered safely. We saw medicines were stored and disposed of safely. The MARs were checked regularly to make sure people continued to receive their medicines safely and as prescribed.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they lack capacity to do so for themselves. Some staff told us they had received training on MCA or DoLS. We saw staff asked people for verbal consent before supporting them with any care tasks. We also saw staff prompted people to make decisions, such as choices in food or drinks and being involved in activities. This demonstrated staff respected people's rights to make their own decisions where possible.

The manager had some understanding of the principles of the MCA and DoLS but they had not always been put into practice. The manager told us some people living at Meadow View did not have capacity to make certain decisions for themselves. We were told people's mental capacity was assessed before they came to the home but we were unable to find records to support this. The manager said, "There isn't enough (information) in the pre-assessment. We observe (the person) then just add to the care plan as we go along." The manager said mental capacity assessment was important because people's capacity varied from day to day, however they said it was not recorded within the person's care records. We checked five care plans and there were no capacity assessments completed that would tell staff what people could consent to. We spoke with staff who provided care and staff who completed care plans and asked them if care records contained mental capacity assessments. Staff confirmed to us that mental capacity assessments were not completed. They said they knew people's capacity to make certain decisions varied, but they did not always know what decisions people needed support with.

The manager told us decisions were sometimes taken in the person's 'best interests' however mental capacity assessments had not been carried out for people to determine whether the person could make their own decisions. There were no records that supported or demonstrated how the decisions were reached and who had been present when decisions had been made. For example, we were told one person occasionally refused their medicines and support from other healthcare professionals had been sought to consider administering medicines covertly, however there were no records that showed whether the person had capacity or not.

The lack of consideration with regard to the MCA meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. The manager understood their responsibility to comply with the requirements of the Act. The manager told us two people's applications had been approved to deprive them of their liberty and they were in the process of applying for DoLS for others who lived in the home, in accordance with advice from the local authority.

People and relatives told us the service they received was good and they received care and support from staff that met their needs. One person told us, "They (staff) seem to know what they are doing." Relatives told us they felt staff were knowledgeable about their family members' care needs and had the skills and abilities to care for them in a way that met people's individual needs. One relative said, "The staff seem competent. My [person] has been more settled since they came here, they get all the help they need."

Staff told us they had received training to support them in ensuring people's health and safety needs were met. This included essential training such as moving and handling, health and safety and infection control. Staff told us they felt they had received the necessary training to be able to support people effectively. Staff supported people who had behaviours that challenged others. Staff remained calm, patient and supported people at their own pace. Staff told us they knew how to diffuse potential situations and behaviours to help keep others and themselves safe. During our visit, we saw staff provided support and reassurance to some people and used diverting techniques to protect people and themselves from potential risks.

People told us the food was cooked to a good standard but there was little choice, the meals were repetitive, and people said they did not know what their meal was until it arrived. People we spoke with said they were not involved in menu planning. The cook told us there were no set menus, "I don't produce a menu, the menu is in my head."

Requires improvement

Is the service effective?

Not having a planned menu meant the cook could not ensure people had a balanced and nutritious diet. The cook told us they knew which people required specific foods, such as reduced sugar, or soft foods to help reduce any potential risks to people's health. We spoke with the associate director and manager who told us they should use the planned menu's, but they were unaware the cook did not use them. The associate director said they would speak with the cook to ensure planned menus were used.

Most staff told us if people did not want any choices on the menu, alternatives would be provided. However at lunch time we saw one person did not eat their meal. The staff member did not ask the person why they did not want their meal or offer an alternative. People received support from staff who required assistance with eating and drinking. People were able to have their meals where they wished, some preferred the dining room while others preferred to eat in their own room.

Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. People and relatives confirmed health professionals' advice had been sought at the earliest opportunity and advice given had been followed by staff. Records showed people received care and treatment from other health care professionals such as their GP, dieticians, Speech and Language Therapist (SALT), occupational therapists and district nurses.

During our visit we spoke with a visiting GP. They told us the home contacted the practice when required and staff followed any advice given. The GP told us, "Staff know people and I am always taken to the person." The GP told us, "The standard of care is good" and, "I would not hesitate in recommending this home."

Requires improvement

Is the service caring?

Our findings

People had mixed views about the care they received. One person we spoke with said, "The majority of care staff are lovely, polite, caring and can't do enough for you. There is a small number of staff who are rude and actually shout at you." Another person told us, I did ask for some tights. I haven't got any and my legs get cold but they haven't listened to me." We asked a relative about staff's level of interaction with people and they told us, "I think the staff are very caring. I can't fault them. They are marvellous."

We saw during our visit most of the staff were friendly and caring in their approach to people. The manager told us the staff team were caring and worked together as a team to ensure people were cared for. However, we saw two examples which confirmed the opinion of the people we spoke with. The same staff member upset two people because they were unkind and did not treat people with dignity and respect. During lunchtime, this staff member said to one person, "Come on, come on eat. You need to eat your food." This staff member did not find out why this person did not want to eat their meal and they did not provide any conversation or encouragement. This staff member did not offer an alternative choice and we saw this person became upset by the staff member's attitude.

We saw another example where a person did not want to participate in an activity. The same staff member told them they had to stand up and join in. The person did not stand up, so the staff member moved their chair whilst they were still sitting in it which caused the person to become upset. The person who was upset said to the staff member, "Keep away from me, I don't want to talk to you anymore." The staff member responded saying, "Please yourself." When we visited the following day, we saw a staff member talking with another staff member and we heard them use inappropriate language. This was in a person's room whilst the person was present. We provided details of these incidents to the associate director who agreed they would investigate our concerns.

One staff member told us they found supporting and caring for people at Meadow View was, "Enjoyable and rewarding." Other staff we spoke with said they were committed to caring for people, but some staff reported to us concerns they had about the way a member of staff treated people. We told the associate director about these concerns on the day of our inspection and they agreed to investigate these matters.

People told us they could personalise their rooms as they wanted. Some people allowed us into their rooms and we saw people furnished and decorated their rooms with personal possessions, such as furniture, photographs and pictures. One person said, "I have a lovely room, I look out onto the garden." Some people told us their independence was promoted as much as possible. Staff told us they encouraged people to do things for themselves as much as possible, such as eating, dressing or with personal care. This was supported by some people we spoke with. One person said, "I try to do as much for myself but the staff know what I need help with and how to help me."

We saw staff supported people at their preferred pace and helped people who had limited mobility to move around the home safely. We saw staff supported to go into the garden area so they could spend time enjoying the nice weather. One person said, "It is lovely, it is nice to be out enjoying it."

During our visit we saw staff addressed people by their preferred names and staff had a good understanding of people's individual communication needs. Most staff interacted positively with people and understood people's communication methods. Staff looked for non-verbal cues or signs in how people communicated their mood, feelings, or choices. They knew by observing non-verbal cues when people became agitated. For example, staff knew when one person pulled at their clothing they could become challenging to others. One staff member said they observed this person to make sure people were protected.

Most staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw most staff spoke to people quietly and discreetly. When people needed personal care, staff supported people without delay. We saw staff knocked on people's doors and waited for people to respond before they entered people's rooms. Staff spoken with told us they protected people's privacy and dignity by making sure all doors, windows and curtains were closed and people were covered up as much as possible when supported with personal care. One staff member said, "I treat them how I would want to be treated."

Requires improvement

Is the service responsive?

Our findings

Most of the people we spoke with were satisfied with the care and support they received from staff. Some people told us they did not always seek assistance when they needed as they found some staff were abrupt in their manner. Relatives we spoke with told us they were always kept informed about their relative's health, especially when there had been a change. Care plan reviews were completed monthly by staff, usually without the person's involvement, however we were told once a year people and their family members were invited to an annual review. The manager told us care plans were reviewed regularly to ensure they continued to support people's needs and this was based on information and changes since the last review. If changes were required, these were completed without delay so care records continued to support people's changing needs.

Staff told us when people's care needs had changed, they were made aware of these changes, either by the manager or senior in charge at staff handover. They told us they received a handover at the start of each shift which helped them to respond to people's immediate needs. Staff said it was useful to know if people had any concerns or health issues since they were last on shift. One staff member said, "It's useful, especially when you have had a few days off. Things change." Our discussions with staff demonstrated they knew people's care needs and provided the care and support people required. All of the staff we spoke with said people received their care in line with their care plan, and if they had doubts, would refer to the senior or care record for guidance.

We looked at five people's care files. Care plans and assessments contained detailed information and staff we spoke with said they had the information to meet people's needs. From speaking with staff we found staff had good knowledge about people's individual needs and how they supported them to meet their needs. For example, one person we spoke with required staff to check on them periodically to ensure their skin remained intact. We spoke with this person and they said, "Staff are marvellous, what more could I say. I can't move, they help me. They come in every hour or so. I can't ask for more." Staff spoken with told us they regularly repositioned this person to ensure their health condition was maintained and spent time with them staff to make sure they did not feel isolated. Staff also monitored this person's fluid intake to ensure they were hydrated and not at risk of developing other health related conditions.

During our visit we saw some people took part in a group exercise activity and some people who took part, told us they enjoyed it. We spoke with the external activity organiser who told us they had planned activities in the home every other week. They said they spent time with people doing group activities such as exercise, arts and crafts but also spent time on a one to one basis with people who preferred their own company. The activity organiser said, "I do reminiscence, we look at old photographs and talk about childhood, past employment and holidays. You tailor what you do. It's not about the end product, more spending time with people."

Some people we spoke with said they did not feel the activities met their individual needs. One person said, "I think the staff forget we had lives before we came here. There are activities sometimes but no one has asked me what it is I enjoy doing." This person also said, "If you don't like the activity, there is nothing else to do." Staff told us they usually spent time supporting people with activities in the afternoons, but this was limited. During the afternoon, we saw staff put drawing materials out on tables in the dining room, but staff did not take the opportunity to fully support people with this, even though they had time to support them and others. There was an activity planner which showed a range of activities during the week, however we were unclear what levels of support people received from staff when activities were undertaken by staff rather than by other people or entertainers who visited the home.

'Coffee Mornings' were held weekly so people had an opportunity to raise any concerns they had. Relatives meetings were held monthly which gave them opportunity to discuss any issues with staff and managers. Some people we spoke with were not aware any meetings had taken place although minutes showed people had attended and recorded what was discussed. The minutes did not record what actions had been taken as a result of people's feedback. People had mixed views about having the opportunity to provide their views or feedback about the service they received. Some people said they felt uncomfortable to share their views. We were told the provider sought feedback by sending out annual quality

Requires improvement

Is the service responsive?

survey questionnaires to people and relatives. We were told the survey for this year was in the process of being sent out to seek people's views and any suggestions would be considered.

All of the people we spoke with said they had not made any complaints about the service they received. Most of the people said they were satisfied about the service they received. However, we spoke with one person who told us, "I have considered complaining about some of the staff who are rude. I'm not sure what the response would be." Information displayed within the home informed people and their visitors about the process for making a complaint. Staff told us they supported people with any concerns they had and said they were usually able to resolve them. Staff told us they would refer any concerns people raised to the registered manager if they could not rectify the issue themselves.

We looked at how written complaints were managed by the service. The manager and associate director were unable to tell us how many complaints had been received in the last 12 months as records of complaints received were not available. However, we were told complaints were monitored by the provider and regular audits of complaints were completed.

We were aware of one complaint that had been made prior to this visit. The manager told us this with being managed by the regional director. We saw another complaint had been recorded and this had been completed to the satisfaction of the complainant. The associate director acknowledged improvements in the handling and recording of complaint were required and would speak with the registered manager upon their return.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post, however the registered manager had been on planned sick leave from the end April 2015. The registered manager was expected to be absent for approximately six weeks, returning early June 2015. The provider had put a temporary manager in place who was a senior staff member, however we found the temporary manager was not supernumerary and did not have 'protected time' to cover the managerial duties. We spoke with the associate director who told us they provided support to the temporary manager and would undertake visits at the home to support the temporary manager during the registered manager's absence.

We looked at the provider's system of checks and audits to see how people's views and feedback influenced the service they received, and what learning was taken to help minimise potential risks to people. For example, daily records showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The manager told us they were aware of incidents and accidents, but had not consistently analysed them for any emerging patterns which would help make sure potential risks to people were minimised. The manager was confident people remained safe but assured us they would in future complete their analysis to ensure emerging risks were dealt with in a timely way and people referred to the relevant healthcare professionals for additional support.

The manager had a system to identify when training was required, however it was not being managed effectively. The manager recognised not all staff attended, as training was often arranged when staff were not at work which presented problems with staff not attending. The manager assured us that staff who required training would receive this as a priority to ensure people were not put at potential risk. Staff told us they had supervision meetings which gave them an opportunity to discuss any concerns or training opportunities they required

We looked at complaints that were received and found the registered manager did not have an effective system that identified the types and cause of complaints, to see if there were trends or further learning that could be taken. We were unable to see what actions had been taken to minimise the potential for similar complaints being received.

We asked staff if they felt supported in their roles. Staff told us they had supervision meetings and they used these meetings to discuss any concerns or issues. We asked staff what support they got from other care staff, senior staff, the registered manager and the provider. Staff were complimentary about their colleagues saying, they worked together and supported each other. We were told the teamwork helped make sure people received good care and support. Staff felt supported and able to approach senior staff and felt confident issues would be addressed by them. However, most staff told us they were less confident with the actions taken by the registered manager and provider when certain issues had to be escalated, such as staff behaviours or training.

Speaking with staff we found occasions they felt unsupported by the registered manager and did not feel the culture promoted honesty and transparency. For example, some staff told us they had raised concerns to the registered manager about poor staff practices, such as, moving and handling and allegations where people may be at risk of harm. Records confirmed staff brought these issues to the registered manager's attention, but there were no records to show what actions had been taken, or, whether the concerns had been escalated to the provider in line with their own policies and procedures. We were unable to discuss this with the registered manager due to their absence. One allegation required the registered manager to send us a statutory notification, however our records show we did not receive it.

Most of the staff told us they would refer matters of concern to the registered manager or manager but they did not feel confident when referring whistle blowing matters to the provider. Most of the staff said they feared negative action may be taken against them, although if staff had concerns, they said they would refer the matter to us. Staff also told us they felt unsupported with their own training and development. All of the staff told us they were required to attend training on their days off. One staff member said, "I don't think it's right. You have worked so many shifts, then you have to come in." Another staff member said, "It is not right, you don't get paid." We spoke with the manager responsible for planning training about this and they said this did have an impact on staff not attending training. The director and associate director we spoke with confirmed it was the provider's policy that staff were required to attend training on their days off if training dates and planned days off were the same. The manager and training records

Is the service well-led?

confirmed some staff had not attended training for safeguarding and moving and handling, which had potential to place people at risk. Some staff said to us they wanted to develop additional qualifications such as National Vocational Qualifications in care, but some staff told us they did not pursue this as financial costs were imposed on them if they left the provider within a specified time period. This was confirmed by the regional director.

The absence of effective governance meant this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and visiting health care professionals we spoke with were positive about the registered manager, staff and the care provided at Meadow View. People we spoke with said the registered manager was supportive and always made themselves available to discuss any issues or concerns people had. One person told us the atmosphere in the home was, "Pleasant and friendly. The manager will come and speak to us and she is very nice." Another person said, "The manager is nice and comes to see me."

There were systems to hear about the views of the quality of the service from families and suggestions or ideas to improve this and benefit people who lived at the home. For example, coffee mornings were held weekly for people who lived at the home to attend. Relatives meetings were held monthly which provided opportunities for family members to share their views. We saw minutes of the last relative meeting in April 2015. The manager used this meeting as an opportunity to inform relatives about temporary management cover and attendance at care plan reviews. We saw relatives made suggestions, for example about future activities at the home however there had been no actions taken to seek improvements.

There were systems to monitor the safety of the service. We looked at examples of audits that monitored the quality of service people received. For example health and safety, medicines management, infection control and fire safety.

These audits were completed by the registered manager and checked by the associate director to make sure people received their care and support in a way that continued to protect them from potential risk. Whilst the audit systems identified the issues, the actions taken as a result were not always recorded. We saw three provider quality audits completed in January 2015 and April 2015 that identified staff training was required, but there was no evidence this was being addressed in a timely way. We were told by the manager they were addressing staff training as a priority.

Equipment checks such as hoists, slings and mattress quality were checked by community nurses on a regular basis. We spoke with the community nurse about this and they said this was part of their role in supporting people at the home. They said, "We physically check the equipment and make sure it meets their needs." The community nurse said this audit helped make sure people continued to receive the right equipment to help maintain their health and wellbeing.

We saw people's care records and staff personal records were stored securely. This meant people could be assured that their personal information remained confidential.

The registered manager submitted the Provider Information Return as requested prior to our visit. The information in the return informed us about how the service operated and what improvements they planned to complete. For example, the PIR said the provider had effective systems for pressure care management and seeking external health care professionals for support, which we found was an accurate reflection.

This return also acknowledged improvements, such improving staff confidence and knowledge of whistle blowing and awareness of MCA and DoLS. The concerns we found during our visit supported the improvements needed to make sure people remained safe and their rights and freedoms protected.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Suitable arrangements were not in place to obtain and act in accordance with people's consent to their care and treatment. The provider had not followed the requirements of the Mental Capacity Act 2005. Assessments had not been undertaken to ensure that decisions were made in people's best interests. Regulation 11(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not managed effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17(2)(a)(b).