

Black Swan International Limited

Mid Meadows

Inspection report

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

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Outstanding ☆

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mid Meadows is care home owned by the provider Black Swan International. It provides accommodation and personal care and support for up to 21 people who may have a physical disability and or not associated learning difficulties. Nursing care is not provided at Mid Meadows. There were 20 people living in the service when we carried out an unannounced inspection on 14 December 2016.

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

Ensuring people received safe quality care and were fully protected was integral to the running of Mid Meadows. The management team including the provider's nominated individual were clear about the importance of keeping people safe and their expectations relating to how the service should be provided and led by example. Staff understood their role and responsibilities and the importance of keeping people safe. This encouraged creative, innovative and practical thinking in relation to people's safety and managing risk.

Robust procedures and processes to ensure the safety of the people who used the service had been fully embedded. These included risk assessments which identified how the risks to people were minimised but also ensured their rights and choices were respected. The management team shared and discussed examples with the staff of accidents and incidents that had occurred within the care industry to learn from these experiences and drive the service forward.

Staff had received safeguarding training and understood what actions to take to protect people from abuse. They were able to confidently describe the different types of abuse that may occur and how it should be reported.

People were complimentary about the care and support provided. They and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received personalised care and support which was effectively planned and delivered to meet their specific needs, take account of their wishes and keep them safe.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff understood the need to obtain consent when providing care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems

in the service supported this practice.

People were encouraged and supported 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.

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.

Consideration had been given to maintaining relationships that were important to people. They were supported with regular opportunities to participate in activities within and outside the service and to sustain links in their local community.

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 and effective leadership within the service underpinned by a clear and transparent management structure. The service had a robust 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?

Outstanding 

The service was extremely safe.

Vigorous transparent systems were in place to enable creative, innovative and practical thinking in relation to people's safety and managing risk.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to staff on how to manage risks and keep people safe.

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.

People were treated with kindness and had their privacy, independence and dignity promoted and respected.

People were complimentary about the effective relationships that they had with the management and the staff.

People and their representatives where appropriate were

involved in making decisions about their care and these decisions were 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 respected and acted upon.

People were supported to participate in meaningful individual and group activities and to maintain links within their local community.

Feedback including comments, concerns and complaints were appropriately 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 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.

Mid Meadows

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 unannounced inspection took place on the 14 December 2016 and was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before we visited the service we checked the information that we held about the service. No concerns about the service had been received by us.

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.

We spoke with the provider's nominated individual, the registered manager, four members of care staff and one catering staff member. In addition we spoke with two visiting health care professionals and received electronic feedback from three social care and community professionals.

To help us assess how people's care needs were being met we reviewed four 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.

Is the service safe?

Our findings

People received an exceptional service that focused on delivering safe care tailored to meet their individual and distinctive needs. People presented as relaxed and at ease in their surroundings and told us they felt safe and well protected living in the service. One person said, "I feel incredibly safe here. They [staff] make sure we are locked up safely at night [building was secured at night]. I feel better knowing strangers can't get in and we are all safe. Someone [staff] is always about. Help if you need it is always at hand and this comforts me." Another person told us, "Yes I am safe; safe and sound here. I have an alarm [room call bell] should I get into difficulty and plenty of them [staff] around to keep me out of harm's way." Three people nodded and smiled when asked if they felt safe and at ease with the staff. One of them said, "I trust them [staff] all. No reason not to. They are good to me and make sure I am safe and looked after." A visiting healthcare professional stated, "The service work hard to ensure people are safe and well looked after. Risks are effectively managed without restricting people. Staff understand the resident's [people] needs and support them to live quality lives."

There was an enhanced level of understanding amongst staff of the importance to make sure people were safe. Protecting people and keeping them safe was integral to the running of the service. Staff including the management team recognised risk and took proactive action to support, reassure and protect people. For example using assisted technology for people to ensure their safety, whilst maintaining their independence and promoting choice. People at risk of falls or seizures had alarms and sensor mats in their bedrooms to alert staff particularly at night if they were on the move or required assistance. In addition regular welfare checks on people were in place for those considered at risk of loneliness and or isolation. One person told us, "I prefer my own company and to stay in my bedroom mostly. I have my [computer] which I like to use. They [staff] pop by to check in on me. Make sure I am safe and settled."

A transparent and open culture in relation to people's safety and managing risk in the service was clearly evident. The management team were proactive in developing staff understanding of the importance of keeping people safe and their role in doing this. This was supported through regular training, supervisions and communications to staff. In addition a safety notice board was displayed in the office that staff signed to show they had read and understood the selected safety theme. Information flagged up amendments to policies and procedures and changes to current legislation and within the industry. Themes included safeguarding, Deprivation of Liberty Safeguards (DoLs), prevention of falls and call bell prompts with reminders to staff to inform best practice. This encouraged discussion amongst staff and creative, innovative and practical thinking in response to issues raised. For example one member of staff described how during the summer the safety theme had been heatwaves and managing the associated risks such as sunburn, dehydration and fainting/overheating. They described how staff had implemented practical ways to ensure people were protected if they went outside such as regular checks to keep them hydrated and ensuring their sun hats and sun creams were made available. They said, "We [staff] went round at regular intervals checking that people had a drink and keeping an eye on how long they had been in the sun and if they needed some shade or a top up [more sunscreen]."

The nominated individual described how outcomes from legal cases within the care industry were shared to

promote awareness, ensure best practice and consistency of care within the service. They described how the outcomes from a legal case involving unsafe moving and handling had initiated a proactive review of their pre-assessment and risk assessment processes and they had updated their forms to include further details regarding the use of equipment to make their processes more robust. This meant that people were provided with safe care tailored to meet their specific mobility needs.

Where accidents or incidents had occurred steps were taken to learn from these instances and to prevent further reoccurrence. For example a choking incident had triggered a review by the management team to re-examine their policies and procedures about people at risk of choking. As a result improvements such as a new folder in a different colour from existing folders to aid accessibility to staff was created. Information in this folder related to managing people's dietary requirements and identified those people who had swallowing problems and were at risk of choking. There were clear instructions for staff to follow to minimise risk and important information about individuals and their specific needs were highlighted. Staff were aware of the folder and told us it was readily available and regularly reviewed. A member of staff commented, "All the information you need about people's dietary requirements to keep them safe is in the yellow folder. Those with dysphagia [swallowing problems], allergies, what food they can eat what they can't it's all in there. Everyone [all staff] can access it. It is up to date and any changes are highlighted. I have signed to show I have read it." The dietary requirements folder cross referenced with people's care plans to ensure information was accurate. Where changes had occurred staff were alerted to the changes through internal communications such as shift handovers. These measures minimised the risk of people receiving inappropriate care and not having their dietary needs met. Monitoring records in the service showed that the service was able to effectively track people's dietary needs and where changes occurred take swift action. In addition choking incidents had reduced.

Keeping people safe was a priority for the provider; staff were accountable for health and safety matters at all levels in the service and the wider organisation. Transparent systems for reporting on health and safety were in place. For example staff including the designated lead for health and safety fed back to the registered manager any issues including progress updates. This information fed into the registered manager's monthly report which contributed to the regional manager's account to the provider's nominated individual. The nominated individual in turn provided information to the board. This level of transparency and oversight into health and safety enhanced awareness and understanding amongst all the staff, ensured accountability at all levels and reinforced the need to make sure people were safe.

Robust systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They understood the provider's safeguarding adults and whistleblowing (reporting concerns 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, "Safeguarding information is in the office. There is a folder with information and the number [of the local authority safeguard team] is in there and also on the wall." 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 treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff, including the management team, were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and accessing the local community. Staff told us and records seen confirmed that the risk assessments were accurate and reflected people's needs. People who were vulnerable as a result of specific medical

conditions such as epilepsy had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements.

Where people may display behaviours that challenge others their care records provided information for staff to follow if they became anxious or upset and how to safely manage the situation and their behaviour. This included prompts to reassure the person and techniques to use to calm them and maintain a safe environment. Staff told us information in people's care records was easy to access which helped them to safely meet people's needs. One staff member said, "In an emergency/crisis situation I can find what I need straight away. Important information is highlighted so it stands out and is regularly updated. Who I need to contact. What I need to do. It is all in there." Records seen showed that these measures were effective and helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Regular reviews of care and support were carried out and involved people who used the service and their representatives, where appropriate. This ensured that information in people's risk assessments were current and reflected their individual needs and preferences.

People told us and our observations confirmed there were enough staff to meet people's needs. One person said, "Plenty of them [staff] about if you need them." Another person described how they kept unsociable hours and were reassured that staffing levels covered a 24 hour period. They commented, "Sometimes I like to stay up late or if I can't sleep I get up. Have seen them [staff] at all hours here pottering about. I like knowing they are about; feel safer." Staff provided people with care and support at their own pace and were able to give people the time they needed for assistance. 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 staff, information received from health and social care professionals plus records seen confirmed this. This showed that the provider took steps to ensure that there were sufficient staff available to meet people's assessed needs.

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 and had completed a thorough induction programme once in post. Working alongside more experienced staff and reading information about people living in the service. Information included 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 safely and on time. One person said, "They [staff] are all over it. They are brilliant. Know what I need to take and when and check if I need any pain relief. "There were suitable arrangements for the 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. 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.

Is the service effective?

Our findings

People fed back that staff were well trained and competent in meeting their needs. One person said, "They [staff] are very kind and supportive; well trained and know what they are doing." Another person smiled, nodded their head and gave us the thumbs up sign to indicate the staff were skilled and capable of meeting their needs. 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.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Discussions with staff and records showed that staff were provided with the mandatory training that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example, diabetes, falls awareness, pressure care awareness, end of life and epilepsy. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role through regular one to one supervision and team meetings. One member of staff said, "We have regular team meetings, supervisions. The training here is good; mix of face to face and work books. The office is always open if you need to speak to the manager." Another member of staff described the support available, "I have regular supervisions where I can raise things or with the seniors on shift but not a problem to go to management if you need to."

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. A member of staff acknowledged their need to have further training on people's health conditions such as epilepsy but told us they were well supported by senior staff. Another member of staff commented, "I have had all my training and am due refresher updates soon."

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). DoLS were in place where required for people and the appropriate referrals had been made to ensure people were not unlawfully deprived of their liberty.

The management team 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.

People were asked for their consent before staff supported them with their care needs, for example, to mobilise or assisting them with personal care. 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. For example, a member of staff told us how they had noticed a change in one person's condition and their reluctance to allow staff to provide personal care. They had respected this but were concerned and reported this to the management team to make them aware of the situation. This action triggered a care review with the person, their family and relevant healthcare professionals to ensure there were no underlying health concerns and to explore how staff could best support the person to ensure their safety and wellbeing.

Feedback about the food in the service was positive and people were particularly complimentary about the cook saying, "[Name of cook] is marvellous." People were seen throughout the day to make choices about what they ate through direct consultation with the cook. One person said, "The food is brilliant. You can have whatever you want. [Cook] is extremely accommodating; nothing to much trouble and usually very tasty." Three people nodded their agreement at this comment and one person said, "I have certain dietary requirements. [Cook] goes out of their way to ensure I have a variety of tasty healthy home cooked meals. They often come in and say, how about this or this. I prefer savoury meals rather than sweet and have been impressed with what has been produced for me. We have been discussing what's on the menu for Christmas today and what I might have." We spoke to the cook who told us they prepare a weekly menu but were able to accommodate changes and people's choices. They were knowledgeable about people's dietary requirements and how to accommodate this in line with their preferences.

The support people received with their meals varied depending on their individual circumstances. Two people told us that they did not make any food for themselves but this was their choice as there were facilities upstairs in the service to enable people to do this. 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. Where 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 health action plans where required and records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments. A member of staff explained that as people were ageing in the service health appointments were increasing. They described to us how they would be briefed prior to the appointment if they were escorting the person to attend and be expected to feedback when they returned and to document any outcomes or actions arising within the person's care records. These measures 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.

Is the service caring?

Our findings

People told us they liked living in the service and the staff were kind and respectful towards them. One person said, "I have no issues here am very settled. This is my home. Never been treated badly or rudely. I wouldn't be anywhere else." Another person nodded their head, smiled and gave thumbs up sign to indicate their satisfaction with the staff approach.

We observed the way people interacted with the staff and management team. This included how people responded to their environment and the staff who were supporting/communicating with them. People presented as relaxed and at ease in the service and with the staff. We saw two people smiling and laughing with a member of staff as they left the service to visit the town centre to do Christmas shopping. Several people were seen enjoying friendly banter with the staff as they were getting ready to eat their lunch time meal. One person told us, "It's alright here; can have a giggle with them [staff]."

There was a warm and friendly atmosphere in the service. Some people had complex needs and had limited verbal communication. Staff were caring and respectful in their interactions and we saw people respond positively; smiling and giving the staff the thumbs up to indicate their agreement. Effective communication skills were used to offer people choices. This included sensitivity to the language used and the amount of information given, to enable people to understand and process information. Staff were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand what people were communicating.

Staff we spoke with 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, "I love it here. The job is very rewarding; there are some right characters here. You have to treat people as individuals; the same approach will not work for everyone. People are different; some respond well to prompting some you need to be more patient." Two members of staff spoke positively about people when describing situations involving behaviours that were mildly challenging. One member of staff said, "You just have to know how to approach [person] and [they] really respond to you. [Person] is brilliant." A third staff member demonstrated compassion and empathy to us. They described how it must have been difficult for one person in the service to see another person with the same condition as them deteriorate and pass away. Staff knew people well; demonstrating an understanding of people's preferred routines likes and dislikes and what mattered to them.

People's independence and privacy was promoted and respected. This included closing curtains and 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. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected. One person told us they felt well cared for and that staff understood that they wanted to be more independent in the future and were supporting them to achieve this.

People's care records had been devised according to the assessed needs of the individual. Their care

records showed that people, and where appropriate their representatives had been involved in their care planning. 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.

We observed that staff took an active interest in the hobbies and interests of people which helped to promote positive relationships and shared experiences. People who used the service were supported to maintain relationships with others and were supported to see family and friends if they wanted to. People's relatives and or representatives were able to visit the service when they wished.

The service worked closely with relatives in meeting people's individual needs. For example arrangements were in place to provide extra self-funded support for one person where the family had wanted this. We spoke to one of these workers who told us they had been well received by the service and they had a good working relationship with them.

Is the service responsive?

Our findings

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. 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. One person confirmed our observations saying, "I do as I please. If I want to go out I do and if I want to join in with things I will. Depends on my mood. I am waiting for [name of member of staff and person using the service] as I have decided I want to go into town now and they are going in a minute but I want to be back for [exercise session] later as [external professional] is coming in and they are good."

We saw a positive and enabling interaction from a member of staff who encouraged a person to join in with a group discussion taking place in the dining room. With support the person participated in the conversation telling us about the variety of meals provided and the different activities on offer and looked pleased to have been involved.

Staff were knowledgeable about people's specific needs and how they were provided with personalised 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.

We observed people participating in activities and hobbies that interested them, both on an individual and group basis within the service. For example, some people participated in an exercise class in the lounge, whilst others were seen watching television, chatting with each other and also with the staff. Several people had their own computers which they told us they enjoyed using. One person when asked about the activities on offer said, "I prefer to play on my Kindle." Another person explained that they liked to use social media on their computer so they could keep in contact with their family.

People and staff spoke enthusiastically about the different events and activities that had happened such as celebrating Halloween. The registered manager showed us photographs that were waiting to be printed and displayed within the service. These featured elaborate decorations and activities that people and the staff has been involved with. They explained that with the Christmas decorations now going up space was limited as to where they could display them.

We noted that information displayed in the dining room to reflect the variety of activities people did was limited, not accessible to all the people who used the service and was not accurate. For example there was a sign in the dining room showing the planned activities for the day, such as a pottery class in the afternoon but this did not happen. When we asked a member of staff about this they explained that the sign was no longer in use and was due to come down. They acknowledged that the information on display was more of a guide/prompt for staff. They showed us a detailed folder kept in the office which reflected the variety of

events and activities planned and provided to support people to participate in meaningful individual and group activities. We discussed with the management team the missed opportunity of not reflecting this information in an accessible way for people who used the service and also evidence of recent events/activities that people had been involved with. Visual prompts can act as a communication aid for people. The management team reacted very positively to our feedback and advised us they would review their existing systems. Following the inspection the management team advised us that more accurate information about activities and events was now on display and a large flat screen television had been purchased that displayed scrolling activities and photographs of people, relatives and staff involved in the variety of activities provided at Mid Meadows. This included images of a recent trip to London to the Natural History Museum. A CQC colleague who visited the service after our inspection as part of a registration site visit confirmed to us that the television was in place and had been well received by people and staff.

Staff encouraged people to maintain links with the local community. Throughout the day people were supported to go out in the community either to do their Christmas shopping or to have something to eat if they wanted. One person told us, "I am going shopping later when they [staff] get back. Need to get a few more presents. Didn't want to go this morning; too cold."

Care plans reflected the care and support that each person required and preferred to meet their assessed needs. One person talking about the content of their care plan told us, "Yes I know what's in it." They explained to us how their choice to go out alone to the shops had been reflected and they had discussed with staff the risk assessment in place to support this.

People's care 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. 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. There had been several compliments received about the service within the last 12 months. Themes included caring staff approach and supporting people to maintain their health and wellbeing. Discussions with people, staff and the management team told us that the service responded to people's comments and concerns. For example, incorporating changes to the menu and the planning and provision of activities and events, as well as individual changes to care arrangements.

People told us that there were regular 'residents' meetings which gave them the opportunity to feedback their experience of using the service and to raise any issues. However two people said that because these were facilitated by the management team it wasn't always easy to talk as, "Staff are there." The management team advised us they would review their processes to ensure people felt able to speak up and consider if independent advocacy would be appropriate. Records showed that any feedback received from the meetings was valued and acted on. This included assurances and further information being given about planned building works.

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 in the last 12 months. 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. These comments were used to prevent similar issues happening, for example providing additional staff training and improving communications where required. The registered manager advised us they were developing their systems for capturing information from comments and complaints so they could reflect the actions taken to further improve the service.

Is the service well-led?

Our findings

Feedback from people about the staff approach and management team were complimentary. One person said, "Someone [staff] is always around if you need to speak to them and always try to help you."

The service had embedded an open, inclusive and empowering culture within the workforce. The management team and staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Staff said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the registered manager was approachable and listened to them. One member of staff said, "Everyone [staff and management team] here is committed to doing a good job; keeping people safe and delivering quality care to people. Good team spirit; work well together."

People received care and support from a competent and dedicated 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. There were designated staff champions [members of staff with a lead role] within the service to promote best practice and aid understanding within specific areas. These included dignity, health and safety, continence management, medicines, infection prevention and control, equalities and diversity, activities and nutrition and malnutrition universal screening tool (MUST). Staff were motivated and committed to ensuring people received safe quality care and were enabled to be as independent as they wished to be. They were clear on their roles and responsibilities and committed to providing a good quality service.

People, their relatives and or representatives were regularly asked for their views about the service. This included regular care reviews, daily interactions and communications and quality satisfaction questionnaires. We reviewed some of the feedback received from this year's survey and saw that the return rate was high and comments were positive. People's feedback was valued and used to make improvements in the service. Such as changes to the menu and activities provided following people's suggestions. The findings and provider's feedback was displayed within the service for people to see and reflected the progress made.

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 regular team meetings. It's good we discuss issues within the home, concerns with residents and how best to resolve them. There is a lot of experience and knowledge here." Another staff member shared with us an example of how they had made some suggestions about how to work differently with a person who due to their condition had become, "Single-minded," about their diet which could be a risk to the person. They told us the management team and their colleagues had listened and supported them 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 mental health services to ensure they were following good practice and providing a high quality service. The service had been rated as excellent in the local commissioners own processes for checking the quality of care. Feedback from health and social care professionals about their experience of working with the service was complimentary. With one visiting professional stating, "We have a very good working relationship with the home. The staff are alert to changes in people's health and wellbeing. They make appropriate referrals and follow the advice given."

Robust quality assurance systems and processes had been established. These identified and addressed shortfalls in the service and were used to make improvements. An effective and transparent reporting structure ensured accountability for keeping people safe at all levels in the organisation. The management team showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment, environmental changes including proposed building works and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.