

Lancashire County Council

Meadowfield House Home for Older People

Inspection report

Meadowfield
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Date of inspection visit:
02 March 2017
06 March 2017
13 March 2017
31 March 2017

Date of publication:
16 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Meadowfield House Home for Older People is situated in Fulwood, a residential suburb of Preston. There is a range of shops close by and the home is on a bus route into the city centre. The home comprises of three units. Two units provide long term residential accommodation whilst the third unit provides intermediate care or discharge to assess. All bedrooms are for single use and contain a wash basin, 13 rooms are en suite. There are lounge and dining areas in each unit and outside there are two courtyards and a garden area.

The last inspection of this service took place over two days on 14 and 20 October 2014. The service was awarded a rating of 'Good' and we identified no concerns at this inspection.

This unannounced inspection took place on 02 March 2017 and two follow up announced visits took place 06 and 31 March 2017. At the time of the inspection there were 46 people residing at the home. We undertook phone calls to staff 13 March 2017 as we were unable to speak to many of them on the inspection visits.

The registered manager of the service was present throughout our inspection. 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.

We reviewed the audit records during this inspection. When audits had been completed we found the audit process was not always robust, as it had not picked up some issues that we found during the inspection such as issues with the cleanliness of the environment and medicines storage.

The provider had not ensured the processes they had in place to monitor quality and identify areas for improvement were effectively implemented. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We found the service was using a high level of agency staff and people who lived at the home said there were not always enough staff on duty. We have made a recommendation about this.

We found there was a range of effective assessments, which assessed the risks to people and the actions to reduce the risks. However, we found that people's personal evacuation plans (PEEPs) were not always indicative of individual needs and placed people at risk of harm. We have made a recommendation about this.

Assessments were undertaken by management prior to any person being accepted into the service to ensure that individual's needs could be met. However, we did see examples where these had not been completed fully. We have made a recommendation about this.

We found some issues relating to infection control procedures within the home, we have made a recommendation about this.

We checked whether the service was working within the principles of the Mental Capacity Act. We found that mental capacity had been considered however, recording was not always thorough and decision specific, we have made a recommendation around this.

We looked at how medicines were being managed during this inspection. We observed medicines administration to be safe and in line with good practice guidelines. However, we found medicines storage was not always suitable. We have made a recommendation about this.

We reviewed how the service continued to ensure people were safeguarded from abuse during this inspection. We found that people were protected from the risk of abuse because staff understood how to identify and report it.

Staff we spoke with said the training was very good and was on going throughout the year.

We found that people were supported to meet their nutritional needs and people were able to make choices about what they wanted to eat. People had a choice of what they wanted to eat and staff were aware of people's needs.

We observed positive interactions throughout the inspection Staff approached people in a caring, kind and friendly manner. We observed staff speaking with people who lived at the home in a respectful and dignified manner.

We observed activities taking place at the home during the day, people were observed to be taking part and appeared to be enjoying the session; there was lots of talking and smiling between people.

We noted there was a complaints policy and procedure in place and this was followed when complaints were raised. People told us they knew how to complain. We saw evidence that complaints had been dealt with and learning from them was implemented.

People's care plans contained information about people's care needs and actions required in order to meet them.

We observed the registered manager was visible within the service. People did raise concerns to us around clear line of leadership within the service.

We saw evidence of involvement of advocacy services and information was available on notice boards within the home.

Staff reported that morale was low with some staff feeling like there was no teamwork between the staff. We discussed this with the registered and area managers and they told us that there had been some staff changes lately and that this is being addressed.

We found that minutes of meetings were retained and staff confirmed they had meetings periodically, so that they could get together and discuss any relevant topics in an open forum.

We found the management team receptive to feedback and keen to improve the service. The managers

worked with us in a positive manner and provided all the information we requested.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People, relatives and staff consistently told us there was sometimes insufficient staff to meet peoples' care needs in a timely manner.

Suitable systems were in place for management of medicines but storage of medicines was at times inappropriate.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

Risk assessments were in place to ensure peoples' safety, however personal emergency evacuation procedures (PEEPs) for people were not always reflective of current need.

On the day of inspection, there were concerns about the cleanliness of the home and staff were observed not following systems in place to reduce the spread of infection.

Is the service effective?

Good 

The service was effective.

The management team and staff had a good awareness of the legislative requirements in relation to gaining consent for people who might lack capacity.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to healthcare services to maintain their health and well-being.

People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect. They were able to make their feelings and needs known as well as being able to make decisions about their care and treatment.

People were supported by staff who were kind and caring and who knew their preferences and needs well.

Is the service responsive?

Good ●

The service was responsive.

People received care in accordance with their needs and preferences and people were involved in their care.

There were mechanisms in place to enable people and their relatives to comment and complain about the care people received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance processes monitored some systems and processes to ensure the delivery of high quality care and to drive improvement. However, not all systems were monitored, and as a result, actions that should have taken place were not carried out.

People and staff were not always positive about the management and culture of the home.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Meadowfield House Home for Older People

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 review the rating for the service under the Care Act 2014.

An unannounced inspection took place on 02 March 2017 and two follow up announced visits took place 06 and 31 March 2017.

The inspection team consisted of two adult social care inspectors. A specialist advisor on medicines and an expert-by-experience joined the team on the first day of the inspection visit. An expert -by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of caring for someone who lived with dementia.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who lived at the home. We also contacted Healthwatch for their views on the service.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived at the home and four relatives during our inspection visit. We also had discussions with the area manager, the registered manager and six staff members.

We closely examined the care records of three people who lived at the home. This process is called pathway

tracking. It enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, six staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

We looked around the home in both communal and private areas to assess the environment to ensure it met the needs of people who lived there.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, ""Yes I do feel very confident with them [staff]".

One relative told us, "I feel my relative is safe".

Although people told us they felt safe, everyone we spoke with raised concerns about staffing levels. People who lived at the home said there were not always enough staff on duty. People told us, "No there is not enough [staff]": And, "They could definitely do with more staff".

One relative told us, "Staff are very busy and you have to wait to speak to anybody".

Staff told us, "I don't feel I have the time to care for people as they should be because there are not enough staff". And, "We are always rushing so can't give the very best care that we want to".

People who lived at the home told us, "They have a lot of agency staff; they are not as good as normal staff [not as friendly]". And, "There is a lot of agency staff they don't know your case as well".

We reviewed the staff rotas. The rota showed us there was a high dependency on agency staff. Permanent staff confirmed there was a high use of agency staff at the home.

Staff told us that there were issues with staffing when people did not show up for shifts. Feedback included, "When agency are on, tasks can take a lot of time as they need permanent staff members to hoist, one person had to wait over an hour to be hoisted to use the toilet." Also, "Some agency just don't turn up for shifts, the use of agency if affecting staff morale and care."

We spoke with the registered manager about this concern. We were told the service were recruiting permanent staff. In the interim, they tried to use the same agency and requested the same staff to provide some consistency. Following the inspection visit we received confirmation the service had recruited an additional three members of staff.

During our last inspection, we found that call bells were responded to in a timely manner. This showed that people who needed help were responded to quickly to keep them safe. We asked people about the response time to the call bells in the home and people told us that this remained good.

One person told us, "They [staff] do come quickly". Another said, "They [staff] come straight away unless they're dealing with someone else".

We recommend the registered provider continue to consult with people who live at the home and review staffing levels and deployment on a regular basis.

People were protected by robust procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. DBS checks help employers make safer recruitment decisions and help prevent unsuitable care workers from working with people.

Risk assessments were in place for the home to help protect safety, however, we found that the sluice rooms were not locked and there was no risk assessment around this. This meant that people could access them and may be at risk. We raised our concerns with the registered manager about this. Upon our return visit 31 March 2017, sluice doors had been locked and a risk assessment had been completed with regards to people who required access.

There was a range of effective assessments that assessed the risk to people and the actions to reduce the risks. For example, a person who presented with swallowing difficulties had been assessed by a Speech and Language Therapist (SALT). They had provided guidelines for how to prevent the risk of this person choking. There were also measures in place to prevent possible complications of poor nutrition, such as a skin integrity care plan and regular weight measurements. We saw risk assessments undertaken regarding falls, included footwear, environmental hazards and medicines management.

We saw that people had (PEEPs) assessments in their files. PEEPS are personal plans to aid safe evacuation in the event of an emergency. We found these had not been reviewed and did not always contain correct information. For example, for one person who was cared for in bed the PEEP did not contain any information on how to support the person if an evacuation was required, there was no documentation around what equipment would be required. We asked a member of staff if they were aware of how they would support this person to get out of bed and they were not able to answer. This put the person at risk of unsafe care in the event of an emergency. We highlighted these concerns to the registered manager who took immediate action to ensure the assessment was reflective of the person's needs.

We found that records of DNACPR (do not attempt cardio-pulmonary resuscitation) were not held on the long-term care files. The resuscitation council (UK) state that the purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. We spoke to an agency staff member on duty on the day of inspection. They were unaware this document was in place for a person they were supporting on a one to one basis. We discussed this with the registered manager who said that the documents were held in the office and that any staff member would press the emergency call button for assistance and the management team would know about the DNACPR. This practice put people at risk due to the potential for advanced decisions not to be followed. We recommended that the DNACPR documentation be stored in individual files to avoid any confusion. The DNACPR documentation had been placed in the individual care files upon our return visit 31 March 2017.

During the inspection, the environment was found to be unclean in all areas. We found clinical waste bins to be overflowing and these contained soiled incontinence pads.

Staff were seen to wear the same personal protective equipment (PPE) when leaving a bedroom and entering other parts of the home, this put people at risk of cross contamination. We saw staff carrying out tasks without wearing the correct PPE. Staff told us that they did not always have time to complete cleaning tasks and that the cleaning tasks were often left. One member of staff told us that they do not always have

time to ensure that they have the correct PPE to complete tasks and often wear the same gloves for more than one task.

We did not see any evidence of staff undertaking service specific infection control training and staff we spoke with confirmed this. We spoke to the registered manager who told us that infection control is included in the national vocational qualification that staff complete. This was not service specific and the staff were not offered a refresher in this course

On the first day of the inspection, a relative asked us to accompany them into their relative's room. We observed a faeces stain on the carpet. The relative told us, "The commode is always full of faeces I have to take it into the corridor due to the smell, the commode is left next to the heater". Another relative we spoke with said, "There are minimum standards regarding cleanliness that aren't being met". Another relative told us, "The widespread use of commodes, results in a pervasive smell of urine in some parts of the home".

We spoke with the registered manager about the infection control processes at the home. They told us this work was undertaken by the Lancashire County Councils cleaning team and they work alongside the management team. The management undertook environment audits annually. In addition they undertook mattress audits, commode audits and hand hygiene audits on a regular basis. However these audits had failed to pick up on any of the issues that were raised during the inspection visits. Following our inspection visit we made a referral to the infection prevention and control team at the local authority for further advice and guidance.

During our return visit 06 March 2017 the service had undergone a deep clean and systems had been put in place to monitor the environment to help to improve this for people who lived at the home.

We recommend the registered provider continues to review, implements and continually monitors cleaning schedules and infection control processes at the home.

We looked at how medicines were being managed during this inspection. We observed medicines administration to be suitable. Detailed medicines policies and procedures were in place to help guide staff. We found that one person was being administered medicines in liquid and crushed form. There was documentation available of communication with the pharmacist to confirm appropriateness of crushing tablets.

During the inspection we observed individuals prescribed nutritional drinks to be stored in the communal fridges, as these were prescribed, they should be stored appropriately for that person. We also observed individuals prescribed thickening powder had been left on the kitchen side in two areas in the home; this presented a risk to people who lived at the home from improper usage. We raised our concern about these with the registered manager and they removed them immediately and agreed to review processes.

We recommend that the service follows guidance in place around the storage of prescribed medicines.

We reviewed medicines administration records (MARs) for 15 people who lived at the home. We found these records were complete, legible and accurate. The MARs record was prepared by a manager and second checked (and signed) to confirm the accuracy of the record. The registered manager demonstrated the process for creating the MAR and ordering new medicines for new admissions. We found where changes to medicines were documented on the discharge summary from hospital these had been correctly transferred on to the MAR sheet.

We reviewed how the service ensured people were safeguarded from abuse. We found that people were protected from the risk of abuse because staff understood how to identify and report it. Staff told us they had received training in safeguarding and were able to demonstrate knowledge of outside agencies they could report suspected abuse to. Staff we spoke with were able to describe the potential signs that someone may be suffering abuse, such as changes in behaviour. Staff were clear about their responsibilities to report any suspicions of abuse. They were aware of the provider's whistle-blowing policy.

There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. The documents we viewed were fully completed and had information relating to lessons learnt.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, water temperatures, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept. We could see that any repairs or faults had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well-maintained environment.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that mental capacity had been considered however, recording was not always thorough and decision specific. For example, we found that one person was being given fluids via a syringe; there was no specific mental capacity assessment for this practice. The assessment in place was a generic assessment for the consent to care and treatment. We fed back our concerns to the registered manager following our first inspection visit and recommended that the provider sought advice from a reputable source about working within the MCA. We found this action had been carried out by the service upon our return visit 31 March 2017.

We discussed the principles of the MCA with the registered manager who was able to demonstrate a good understanding. The home had policies and procedures in place to ensure that this process was robust moving forward.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. We saw evidence of GPs, speech and language team and district nurses being involved at the home. Staff had documented when individuals were supported to attend appointment or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

During this inspection we observed support during mealtimes. We asked people what they thought of the food being served. One person told us the food was excellent. Another person said, "The meals are very good. We have a laugh in the dining room."

People had a choice of what they wanted to eat and staff were aware of people's support needs. We observed staff supporting people with their meals when there was an identified need. People were happy with the food and appeared to enjoy their meals and had a choice of where they wanted to eat. Care files included people's likes and dislikes about eating.

We noted fresh fruit in bowls was available and accessible for people who lived at the home. This allowed people to snack during the day if they wished. People were offered a selection of drinks throughout the inspection visit.

We looked at training provided to staff during this inspection. People told us they felt that staff were able to do their jobs effectively. One person told us staff understood their needs.

Staff told us they were pleased with the training they were provided with and said that much of this was face to face training. We reviewed the training matrix and noted there was an appropriate selection of training to meet staff needs.

We spoke to new members of staff who told us that they received an introduction and completed shadowing of experienced staff before beginning working on their own. This enabled them to be supported to learn new skills before working alone.

We reviewed staff supervision and appraisals at this inspection and found that staff supervision and annual appraisals were taking place and documented. Staff told us that they were able to access informal support from other staff members in between supervisions.

Is the service caring?

Our findings

We spoke with people who lived at the home. People we spoke with told us, "They [staff] are very kind". And, "I have no complaints, I would recommend this place, the staff are exceptional".

Relative told us, "I have no concerns about the care"; "Whenever I have spoken to staff they have always been polite". And, "Many individual staff members appear genuinely caring and helpful and have done their best to provide good care".

People told us staff took their time and were patient. During this inspection, we observed that the staff approached people in a caring, kind and friendly manner. We observed positive interactions throughout the inspection.

People's privacy and dignity were respected and promoted. Staff told us about how they protected people's dignity, such as when helping them with personal care. They demonstrated they had a good understanding of the importance of maintaining people's dignity and treating people with respect. We observed staff knocking on people's doors and waiting to be invited in.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions.

We saw evidence of involvement of advocacy services and information was available on notice boards within the home. The registered manager was knowledgeable about local advocacy services that could be contacted to support people or to raise concerns on their behalf. Advocates are people who are independent of the service and who can represent people or support individuals to express their views.

People's end of life wishes had been recorded so staff were aware of these. These were not always specific requests, we spoke to the registered manager about this and they recognised the need for further documentation around this. We did see that people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar surroundings, supported by familiar staff.

Is the service responsive?

Our findings

We spoke with people during this inspection about activities provided at the home. We received mixed feedback. One person said, "There has been no activities whilst I've been here [four days] only the TV": "I went out for papers this morning. There are not as many activities as I would like". And, "I play bingo, and was involved in the activity this morning, I enjoyed it".

We observed activities taking place during the day. On one occasion we observed people taking part in an 'about me' session, where people were encouraged to tell others about themselves so they could get to know each other. We also observed people listening to a radio broadcast from the 1950's and 1960's. This stimulated discussions between people. People were observed to be taking part and appeared to be enjoying the sessions; there was lots of talking and smiling.

We spoke with the registered manager about the mixed feedback, the registered manager told us that there are regular meetings to identify and accommodate people's requirements for activities.

During our last inspection we saw evidence that a detailed assessment of needs and a care planning process was used, care plans we looked at were based upon initial assessment and ongoing review.

We looked at the care planning process and assessment of needs during this inspection visit and found that assessments were undertaken by management prior to any person being accepted into the home. Assessments took place to ensure that people's needs could be met by the service. Although systems were in place we did see one example where this had not been completed fully. One person had been at the service for a four-day period and the assessment had not been completed. We raised this with the registered manager they showed us evidence this was in the process of being completed.

People's initial assessments had been used as a basis on which to formulate a care plan. Individuals and or their relevant family members had been consulted during the assessment process. One person's relative told us they had been "included in care planning and decisions". The care plans we looked at were detailed and provided specific guidance for staff to follow when supporting people with their individual needs.

People's care plans contained information about people's care needs and actions required in order to meet them. They included information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, care at night, diet and nutrition. Steps were taken to ensure that people's needs were monitored. Care plans and risk assessments were reviewed and updated monthly and signed by staff.

We looked at how complaints were monitored and addressed. People told us, "I complained about small food portions, the catering manager came to see me and this was sorted out, things have been better since": "It's a fantastic place I've not had to raise any concerns or complaints". And, "If I had any complaints I feel confident that I could talk to the Manager".

There was a complaints policy and procedure and we saw evidence that this was followed. People told us they knew how to complain and we saw evidence that complaints had been dealt with and learning from them was implemented.

Is the service well-led?

Our findings

People we spoke with told us that they could approach the registered manager with any concerns. One person told us, "I can speak to the manager if I need to".

Relatives we spoke with told us, "I can talk to manager; they are absolutely fantastic and have the energy to drive a place like this". And, "Great atmosphere, don't think you could get anything better".

We reviewed the audit records during this inspection. We found that the management team carried out audits and reviews of the quality of care. Care records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure that records were of a high quality and consistent with procedure.

We looked at audits for infection control, including mattress's, commode audits and hand hygiene. In addition we looked at weekly resident's checks and support plans. These were completed using a tick box system". This meant that actions were not always set and delegated to staff. There was not always a written record to evidence action had been taken, for example, we noted one person's care record had been highlighted as in need of completing within two consecutive weekly audits.

We discussed this with the registered manager; they told us auditing tasks were delegated to specific staff however, they could not provide any evidence that this was followed up.

When audits had been completed we found the audit process was not always robust, as it had not picked up some issues that we found during the inspection such as issues with the cleanliness of the environment and medicines storage.

The provider had not ensured the processes they had in place to monitor quality and identify areas for improvement were effectively implemented and some shortfalls in the services provided to people had not been addressed. This is a breach of Regulation 17 of the Health and Care Act Regulations 2014.

We observed the registered manager was visible within the service.

Although we received positive feedback from people and relatives about the ways in which the service was managed staff responses were varied. Some staff felt that they could not approach the office and at times felt that they were not listened to by all of the management team. We highlighted these concerns to the registered manager they told us they had a restructure and this has caused disparity in the team. They showed us evidence they were taking action to address this.

Some staff members told us that they were unable to identify who the senior was on their shift and felt that there should be more presence from seniors and management on the floor. We received feedback from relatives who were also concerned about the lack of clear leadership.

One person told us, "Following admission, it was difficult to know who to talk to about [relatives] care. There seems to be a lack of clear leadership and the place seems rather disorganised".

During our inspection, we saw 'handover' meetings were undertaken on each change of shift to help make sure that any change in a person's condition and subsequent alterations to their care plan was effectively communicated and that staff were clear about any follow up action required. In addition, handover sheets were produced detailing all the information, these were made available to all staff including agency to ensure everybody had the most up to date information about the people they support. Further more, on our return visit 31 March 2017 the registered manager had introduced a notice board with the senior for each shift clearly recorded on there for all to see.

Staff reported that morale was low with some staff feeling like there was no teamwork between the staff. We discussed this with the registered and area managers and they told us that there had been some staff changes lately and that this is being addressed. In addition, they were in the process of trying to recruit more permanent staff to develop the staff team.

We found that minutes of meetings were retained and staff confirmed they had meetings quarterly, so that they could get together and discuss any relevant topics in an open forum.

We viewed evidence which demonstrated that the views of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, had been sought and acted on for the purposes of continually evaluating and improving the service.

Residents meetings were being held and we saw evidence of topics being discussed such as activities and staff recruitment. We saw evidence that feedback from people was being implemented, for example, the people had asked for a sweet trolley to be provided and this was now in place. People who use the service were actively encouraged to become involved in recruitment. We saw evidence of people being asked their views on interview questions for prospective employees.

We looked at policies and procedures relating to the running of the service. These were in place and reviewed annually. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

The registered manager had informed the commission of notifiable events at the service by completing statutory notifications as required. They were aware of the Duty of Candour regulation. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. Records showed that they had kept people's relatives informed of any accidents and incidents people had been involved in.

On our arrival at Meadowfield House Home for Older People, we noted that the last inspection rating of 'Good' was clearly displayed in the reception area of the home and also in the manager's office. This is a statutory requirement for all registered providers.

The registered manager kept up to date with current good practice guidelines by attending managers meetings at which they shared learning and discussed new developments in care.

We found the management team receptive to feedback and keen to improve the service. The managers

worked with us in a positive manner and provided all the information we requested.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have suitable systems in place to establish effective assessment, monitoring and improvement of the service.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (e) (f).</p>