Sanctuary Care Limited

Meadow View Residential Care Home

Inspection report

Blackthorne Road
Hersden
Canterbury
Kent
CT3 4GB

Tel: 01227207117
Website: www.sanctuary-care.co.uk/care-homes-east-and-south-east/meadow-view-residential-care-home

Date of inspection visit:
12 July 2023
18 July 2023

Date of publication:
11 August 2023

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Meadow View Residential Care Home is a residential care home providing personal for up to 60 older people. It can accommodate people who live with dementia and younger adults with a physical disability. There were 52 people living at the service at the time of the inspection.

The service was provided over two floors with lift access. Each floor had its own lounge and dining room, and all bedrooms had an en-suite toilet. There was a well-tended garden surrounded the home.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Improvements had been in ensuring any conditions associated with authorised restrictions were continuously met.

Staff monitored and helped people to access specialist health. There had been an improvement in the detail of the guidance available to staff to ensure people's needs were consistently met. Care plans included people's individual choices, preferences and goals. Medicines management had improved so people could be assured they received their medicines when they were needed.

Staff supported people to take part in group and one to one activity, that included their interests. Relatives and people told us that the range and frequency of activities had improved. An initiative had commenced whereby all staff stopped what they were doing each day and went to spend time with people.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. Work was underway to refurbish areas of the home. People were able to personalise their rooms.

Right Care: Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Improvements had been made to assessing potential risks to people and providing guidance to staff to ensure these risks were minimised.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. There had been a significant decrease in agency staff at night-time to help ensure consistent care. Staffing levels were kept under review. People were supported by staff who had been trained in how to care for them. Relatives told us that staff were particularly at supporting people with dementia.

Right Culture: There had been significant changes to the culture of the service driven by the manager. As a result, people benefitted from an open and positive culture service where the management team was approachable and listened and responded to people's views. The service had received a number of compliments about the positive culture in the service including the following: 'The care is second to none. My family member has been cared for in the best possible way in all aspects of her life with many of your staff going way beyond their duty of care and I cannot thank them enough. I have always been made welcome when visiting Meadowview often arriving unannounced at various times. Thank you to all at Meadowview please keep up your excellent standards of care.'

People and those important to them were involved in planning their care. Staff knew and understood people well.

Quality assurance and monitoring systems had improved and were effective in identify shortfalls and driving through positive changes. People and their relatives' views were regularly sought and acted on.

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

Rating at last inspection
The last rating for this service was Requires Improvement (published 11 August 2022). There were 2 breaches of regulation with regards to assessing potential risks, medicines management and oversight of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, effective, responsive and well-led and the associated breaches of regulation. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow View Residential Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Meadow View Residential Care Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Meadow View Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meadow View Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, the manager had initiated their application with us to become the registered manager.

Notice of inspection
The inspection was unannounced. Inspection activity started on 12th and ended on 18th July 2022. We visited the location's service and spoke to people and relatives on both these dates.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health care professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 10 people who lived at the service and 13 relatives to gain feedback on the quality of the service provided. We also spoke with a visiting health care professional. At lunch time we observed people's mealtime experience on both floors. We also observed a morning activity in the garden.

We spoke with 17 staff including the manager, regional manager, 3 team leaders, 5 care staff, an activity coordinator, receptionist, administrator, 2 chefs, head housekeeper and maintenance person.

We reviewed a range of records. This included 6 people's care records and care notes. We looked at three staff recruitment files. We also saw a variety of records relating to the management of the service, such as health and safety, audits, service's improvement plan and meeting minutes.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely
At our last inspection the provider had failed to ensure safe systems were in place for the management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● At the last inspection staff did not have the necessary guidance to follow so they knew in which circumstances to give people medicines when they became anxious or distressed. Staff did not have access to information about where pain patches had been previously applied to a person's skin to ensure regular rotation. There were also medicine stock discrepancies which staff told us maybe due to the introduction of a new electronic medication administration system.
● At this inspection the electronic medication system had been embedded and regular audits ensured the risk of any stock discrepancies were minimised. There were protocols to guide staff when they should administer medicines which were prescribed as 'when needed'. Staff also had access to the information they needed to help ensure people's skin was not exposed unnecessarily to any damage when applying patches.
● A 'medicines champion' had been appointed to have oversight of medicines coming in and out of the service. They worked closely with the local pharmacy and doctors' surgery to help ensure the right medicines were available to people when they needed them.
● People were supported to take their medicines by staff who were trained and had their competence and skills to do so checked.
● People and relatives told us people were given their medicines when they needed them and with their consent. A relative told us, "Staff give my relative their medicines. I can check that medicines given have been logged on the system. Staff stand and watch that they have taken them. They also give them their asthma pump when they need it". Another relative said, "Staff give her medicines and she sometimes refuses them. Staff don't force her. They call me and I try to persuade her."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed consistently assess, analyse and mitigate risks to people's safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

● At the last inspection risks to people's health had not always been assessed and managed safety. This included risks when supporting people to eat and drink and in maintaining healthy skin. At this inspection the consistency in assessing and monitoring potential risks to people's safety had improved. Assessments included all areas of people's health and well-being and aspects of their daily lives. This helped to ensure people were supported safely and in the right way.
● Staff were guided how to support people to eat and drink in sufficient amounts and maintain healthy skin, according to their individual needs. For people at risk of skin damage, information was available about the type of support and equipment they required. When people used air flow mattresses to relieve the pressure on their skin, these were regularly checked to make sure they were at the right setting according to their body weight.
● Care and catering staff knew which people were at risk of choking and the necessary consistency of their food to minimise this risk. Guidance was available to staff to identify which people needed to be supervised when eating or drinking. We observed this support being provided at the inspection.
● Relatives told us that frail people with a history of falls were risk assessed and equipment and staff support put in place. One relative said, "She had a fall months ago and a risk assessment was done. She now has a bedside alarm mat". Another relative told us, "He isn't good on his feet, and they got him a Zimmer frame. He had a couple of falls and now they monitor him. They watch him and keep an eye on him. They rang me when he fell, and we had a discussion about it." We observed staff accompanying people at risk of falls when they walked around their home.
● Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely way. Electrical and gas appliances were maintained, and fire equipment regularly serviced. Staff had taken part in fire drills using practical scenarios so that they knew how to keep people safe in the event of a fire.

Staffing and recruitment
● Staffing levels were assessed and monitored, and new staff checked to ensure they were suitable for their role.
● At the last inspection we identified the call bell system as an area for improvement. At this inspection, the issues had been addressed and the call bell system was working effectively. In addition, some people wore their alarm bells so they could summon help wherever they were in their home. People and relatives also said that staff regularly walked up and down the corridors to check if people were alright.
● The manager checked staffing levels were in accordance with people's assessed needs. Staffing levels matched the staffing rotas on the days of our inspection. We observed staff providing help and support to people when needed. Staff were busy but remained calm, polite, and unrushed with people.
● People and relatives told us staff were busy but felt there were enough on duty including weekends and nights. If anyone needed to use a call alarm for support most people and relatives reported that response was quick. One person told us, "Staff are busy but will stop and deal with you. They don't walk past you and ignore you. They're great people". A relative said, "People are always around. Staff ratios are good".
● There had been a significant improvement in the consistency of night staff since our last inspection. At the last inspection there was only one permanent night staff. At this inspection there was minimal use of agency staff at night.
● Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history, right to work in the UK, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.

● People and relatives trusted staff and felt safe. A relative told us, "I do believe the service is safe. It's a nurturing environment." One person told us ,"I trust everyone here". When another person was asked if they felt safe at the service they responded, "The smiling faces around you say it all really!"

● Staff had received training in safeguarding children and adults and knew what constituted abuse and poor practice. They felt confident if they reported any concerns to the management team, they would be acted on.

● Safeguarding concerns had been reported to the local authority safeguarding team in line with Kent and Medway safeguarding policy and procedures. The local authority is the lead organisation in safeguarding people. The provider also kept CQC informed of safeguarding concerns in a timely way.

Learning lessons when things go wrong

● The service focused on establishing what lessons could be learned when things had not gone as expected.

Discussions and reflections had occurred after significant events. Actions and learning points had been shared with the staff team. For example, after one significant event, additional protocols had been introduced and changes in staff deployment. We observed this change in staff deployment during our inspection visit.

● Significant events such as falls, incidents and safeguarding's were monitored by the manager with oversight from the regional manager. This was to see if there were any common themes or patterns and if lessons could be learned. Staff discussed emerging risks at daily meetings. This was to assess if people's care was being managed well or if anything else could be done, such as a change to their support or a referral made to health care professionals.

● Staff understood how to follow the provider's falls policy to keep people safe.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● Measures were in place to enable people to see their friends and family safely. We saw visitors entering the service throughout the day, on both days of the inspection.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- At the last inspection there was not full oversight of the conditions in people's DoLS to ensure they were always met. At this inspection information about the conditions in people's DoLS was contained in their care plan. The management team had oversight of these conditions to ensure they were continuously met. Extensions of the time period for DoLS continued to be applied for in advance so any restriction on people remained lawful.
- For people that the service had assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions. This included specific decisions around people's daily living and giving people medicines covertly, where best practice had been followed.
- People and relatives said staff asked for their consent before giving assistance and explained how they were going to support them. A relative told us "Staff ask my family member if she wants personal care. She can say yes or no. If, it's no, then staff come back later". Another relative said, "He can choose to lie in if he wants to and the carers respect his wishes".

Staff support: induction, training, skills and experience
- People were supported by staff who undertook regular training to develop and gain the skills and experience necessary for their roles.
- New staff undertook the provider's structured induction programme and were then provided with ongoing training in areas essential to their role. This included practical moving and handling training delivered by a team leader who was a 'train the trainer' in this area. People and relatives told us staff knew how to support people to move safely. One relative told us, "She needs help from 2 staff to move her to her chair, to shower and get dressed. Staff handle her the right way and lift her correctly".
- Relatives said that staff had the right skills, aptitude, and knowledge to support people effectively. The

service supported people with dementia and relatives said that was an area where staff were particularly skilled and competent. Comments from relatives included, "The staff are trained really well. They understand dementia and frailty"; "Staff have a knack in working with dementia patients. They understand it"; and "I think the carers and their skills are very good. We've watched how they deal with people. They check them out. It's above the call of duty in my view. They know how to work with dementia, by the way they talk to residents".

● People and relatives told us that staff were very effective in supporting people who may have anxieties or individual communication needs. These practical skills are essential for supporting the strengths and impairments of people with a learning disability and autistic people. Comments from relatives included, "The carers are very good at what they do. They look after my family member when she is depressed or gets anxiety. They help her very quickly"; "The carers are excellent and go beyond. They come over and give mum a huge cuddle. The carers pick up on her moods and if she is anxious they help to relax and pick herself up. They give her positives"; and "The staff are very good and helpful. They are patient with him. They communicate very well with him". After the inspection the manager confirmed that the majority of staff had completed level 1 Oliver McGowan mandatory training on learning disability and autism. This is the government's preferred and recommended training for health and social care staff.

● Staff said they received the right support at times when they needed it. Formal support was provided through supervision and an annual appraisal. These are processes which offer support, assurances and learning to help staff development. Staff said they could discuss any worries or concerns with team leaders of the manager in addition to these arrangements.

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

● People's needs and choices were assessed before they moved into the service. Assessments were carried out with people, their families, and health and social care professionals where relevant. Relatives told us the assessment involved gaining information about people's needs, likes and dislikes. This information was agreed and used to formulate a care plan.

● Nationally recognised assessment tools were used to assess and plan care delivery to meet people's needs in relation to skin integrity and maintaining a healthy weight. Assessments also considered protected characteristics under the Equality Act (2010) such as sexuality and religion.

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

● People were supported to eat and drink sufficient to maintain their health.

● People's nutrition and hydration needs were assessed and their food intake and weight were monitored. A relative told us, "Staff will put a jug of juice on her table and monitor how much she has had". People at risk of poor nutrition were referred to the dietician or speech and language therapist as appropriate. Professional guidance was included in people's care plans so staff knew how to support the person in the right way. Important information about people's diet and allergies was shared with the chefs.

● Mealtimes were social events where people chatted and staff sat with people to support and encourage them to eat and drink. Relatives were welcome to join people for a meal. The dining tables were inviting with fabric tablecloth and napkins and jugs of different juices and water available to everyone. We observed that mealtimes were lively and cheerful with lots of positive interactions between people and staff.

● Chefs served 'show plates' of each meal choice on offer to help people to decide what they wanted to eat. This was an effective way of helping people who were less able to understand verbal communication. As the chefs were present in the dining room, they could gain direct feedback from people about their likes and dislikes and got to know people better.

● People were offered choices at mealtimes and snacks between meals. Everyone was positive about the quality and quantity of food provided. Comments from relatives included, "My family member is a vegetarian. I asked him if he gets a choice of vegetarian options and he agreed that he did"; and "The food is

top notch and freshly made on site. There is nice cake in the afternoon. Really good food. The menu is rotated. The home is doing a "Cruise" week and making food from different countries". It was Italian day on the second day of the inspection and the options included chicken, risotto and tiramisu.

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

● People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

● Information about people's health needs and how best to support them was detailed in their care plans. For example, for people who may have epileptic seizures there was guidance about any triggers, how a seizure may present and how to support the person's recovery. A record was kept of all seizures which could be shared with the person's GP.

● A health professional told us that staff had acted in a timely manner when they had identified that someone had an infection. Relatives told us staff recognised when there were changes in people's health and acted on them. Comments included, "My relative had a chest infection. The staff noticed it, reported it and recognised she needed antibiotics. Staff knew she wasn't quite herself"; and "Staff do call the G.P. I mentioned some skin blisters and staff took pictures and called the G.P".

● People's oral health needs had been assessed and care plans set out if people required assistance with their teeth or dentures. There was also a record of people who had chosen to register with a dentist.

● People were supported to live healthy lives. The activities programme included people taking part in general exercises and walks around the garden.

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

● The home was purpose built and designed to meet people's needs.

● A programme of redecoration was underway including refurbishment of the medicine rooms and dining rooms on each floor. People and their relatives were positive about the change and staff were working hard to ensure the minimum amount of disruption for people.

● People with dementia who liked to walk around their home were able to do so due to long, wide corridors. There was plenty of space and a choice of places for people to sit.

● There were accessible toilets and bathrooms throughout the service. There was lift access to both floors and handrails to assist people when walking around their home. Signage was used to help people with dementia navigate to where they wanted to go.

● People had access to outside space with staff supervisions. There was an accessible garden from the ground floor and a patio area on the first floor.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection peoples' care plans were inconsistent in providing staff with information about their needs, choices and preferences. This information is used to guide staff about how to support people with individual and personalised care. At this inspection people had detailed information in their care plans. This included their specific social, physical and emotional needs as well as their past histories, likes, dislikes, goals, and aspirations.
- People and their relatives knew they had a care plan. Meetings had taken place to discuss and review people's needs. One relative told us, "The manager has discussed my family member's needs with us. How they respond to her needs has put me at rest. We had a care plan made. When we visited, we mentioned a few extra things and they were all taken on board. They are happy to oblige".
- People and relatives told us staff knew people well and responded to their needs. Comments from relatives included, "Staff are excellent and very responsive to people's needs. They understand and share information with each other"; "The carers are always helpful and cheerful. That goes a long way. I've spoken to carers about her likes and dislikes, and they change things I ask for fairly quickly. We didn't like the bed and they changed it for one that we liked" and "Mum is still around because staff make a fuss of her and treat her as a normal person".

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

- At the last inspection some people had not been asked about their interests and group activities were not always effectively managed. At this inspection activities were based on people's interests and included group and one to one sessions. A part time activities coordinator had been employed in addition to a full time activities coordinator. This had resulted in improved opportunities for people including group games, gardening, painting, ball games and arts and crafts. There was a selection of handmade cards made by people on sale in reception. One person told us, "I think the armchair exercises are very good". A relative told us, "They do some activities every day. Some days my family member will join in making flowers or playing bingo. This week they are doing a "cruise week" and wear hats from different countries. There's always a good atmosphere at the home" and "Sometimes the activity co-ordinator works with small groups as well. I discussed with her that mum likes art and drawing and I've seen drawings that she's done".
- There were also external visitors including a regular singer and Pets as Therapy dogs. One person told us, "I think it's very nice of the manager to allow visitors to bring their dogs on a lead. It's so nice to be in touch with the family". People told us they had also received visits from members of the church.
- The manager had introduced a new initiative called 'Tools down'. Every day at 3pm all staff, including

non-care staff, stopped what they are doing and spend time with people, chatting to them or taking part in an activity. This greatly benefitted staff as well as people. A staff member had shared their appreciation of the experience with the home manager. 'Thank you for enforcing tools down at 3pm to share a hot drink and enjoy some homemade cake. It is a great way to find out more about our residents and their lives, plus always great to have a giggle!'

● People who spent times in their rooms had one to one sessions with staff via 'tools down' and when they were 'resident of the day'. A staff member regularly supported a person who had no one to accompany them, to go out to the local shops. The staff member did this in their own time, to ensure this person person's wishes were met to 'go out'.

Improving care quality in response to complaints or concerns

● The service treated all concerns and complaints seriously, investigated them, learned lessons from the results and apologised to people when appropriate.

● People and relatives told us they could raise concerns and complaints. A person told us, "We have the managers and the Seniors (team leaders) to talk to if we have any concerns. I know they would listen and act on it. I had an issue sorted out very quickly and professionally. I really felt listened to". A relative said, "No concerns from us. They address anything we bring up, like putting cream on the dry skin on his legs".

● People and relatives said that they had no complaints but a few mentioned some niggles with the laundry and clothing going missing or being given the wrong clothes. The head housekeeper had helped to address this by introducing a coding system for people's clothes. In addition, a lost property area had been instigated so relatives could look for any clothes they thought might belong to their family member. One person told us "I had a gripe about the laundry. Something went missing and I told reception. Within 24 hours the clothes were found".

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff ensured people had access to information in formats they could understand. Information could be made available for people in accessible formats to meet their needs. This included larger fonts or pictorial information of documents such as how to complain.

● Some people had communication difficulties. Staff had developed a set of individual communication cards for people using pictures based on things that were important to them to be as independent as possible in their daily lives. For one person this included pictures to make their environment more comfortable and to let staff knew when they were happy or upset. These communication cards had been used successfully with the person and staff.

End of life care and support here

● People received appropriate end of life care tailored to their needs, so they and their families were supported at the end stage of their lives.

● People had been asked about their wishes at the end of their lives including the 3 most important things they would like. For example, for one person it had been recorded what music they would like to listen to, whom to contact and their religious wishes. Where people had not wanted to discuss their wishes at the time, this had been acknowledged.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to ensure that systems to assess, monitor and improve the quality and safety of the service were consistently effective. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

● At the last inspection quality assurance processes were not always effective in identifying or making the necessary improvements to the service.
● At this inspection quality checks and audits had been strengthened and included essential areas such as medicines, infection control, falls, safeguarding's and care records. Where shortfalls had been identified, required actions had been completed. For example, where care plans had not been written in sufficient details, staff were given the support and training they needed to make the necessary improvements. The providers service improvement plan evidenced the work undertaken to ensure all required actions from the last inspection had been completed.
● Quality and risk were discussed at daily head of department meetings and disseminated to staff. Significant information in relation to people's health and wellbeing was shared in daily staff handovers and between team leaders who summarised the significant events of the day in a daily report.
● Managers and staff were clear about their roles and enthusiastic about all the changes that they had been involved in for the benefit of the people who lived at the service. The manager was supported by the regional manager who was present at the service 2 days a week. There was also a deputy manager who was absent on the days of our inspection.
● People, relatives and staff were positive about the support they received from the manager and staff team. Comments from relatives included, "The manager got promoted recently from deputy manager. She's brilliant. If I ask her any questions, she's right on it. She wants to make Meadow View a success. I would say the team is around her"; "The manager is very professional, and the staff like her. She is very kind and does a morning round"; and "The home is well managed. They are very responsive and discuss things with you straight away. You don't have to wait. The manager is very nice and knows about mum".
● The management team understood their role and responsibilities to notify CQC about events and incidents such as alleged abuse, serious injuries and deaths.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The manager had worked hard to instil a culture of care in which staff promoted people's wellbeing.

● Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. People, relatives and staff told us the manager had had a challenging time since arriving at the service 7 months ago. They told us the manager was competent, approachable and worked long hours including nights and weekends. Most relatives said they would recommend the service. One relative told us, "Oh, certainly I'd recommend it. They have got kind and likeable staff who treat you as people, with respect. It's clean and tidy". One person who was living with dementia told us, "I don't know who runs this place, but I love it here".

● The visions and values of the service and what they meant in practice had been discussed with the staff team. Team members were engaged by voicing what they thought the values of the service should be. There was a staff consensus that these should include compassion, professionalism and providing consistent care. Feedback from people and relatives was staff had put these values in to practice when supporting people.

● The service had received a number of compliments about the quality of the staff and management of the service and 2 had been sent directly to the Care Quality Commission: 'There has been a change in management who have been so helpful and the staff can't do enough'; and 'There can't be many care homes where the general manager is in at 5am and answering the phone to residents families. (Staff member) even called in with her friend and her baby a few months ago because she knew mum loved babies. The cook stayed on after work one day to sit with mum when she was particularly frail. She drops in at the end of each day, just to wave and say goodnight. In an industry where your staff are your biggest asset, you really do have a great team!'

● There were kind and caring interactions between people and staff. People's faces lit up when staff smiled and spoke with them and physical touch was used appropriately to show affection. There were several conversations where both staff and people laughed together and enjoyed each other's company.

● Managers understood the duty of candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

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

● Feedback was regularly sought from people, relatives and staff, so they could be involved in the running of the service.

● Regular family meetings were held and offered a forum for families to be appraised of developments and raise any issues and concerns. A relative told us, "We have a monthly relatives meeting. We are listened to. The laundry was the main issues. A senior staff member was put in charge of the issue. There are minutes of meetings and news of activities. A chat about needing a vicar led to one who comes in now".

● A survey questionnaire was sent out annually and feedback developed into an action plan. The action plan from 2022 included recruiting an additional part time activity coordinator and making improvements to the laundry system.

● Staff felt listened to and able to share their views. One staff member told us, "I get good support and I've seen improvements. Staff meetings happen and any issues are discussed".

● Staff were shown appreciation when they had performed their role to high standard. They were given a certificate and reward vouchers. For example, a staff member had come into work when they were needed although they had holiday leave.

● Staff wellbeing was viewed as central by the management team. Staff had undertaken training looking at wellbeing and also had access to an external wellbeing hub. The hub offered advice, support, tips and resources helping staff working in care remain happy and healthy.

Working in partnership with others

● Staff worked in partnership with other social and health care professionals. This included GPs, district nurses and speech and language therapist to help ensure people received joined up care.