T.L. Care Limited

Queens Meadow Care Home

Inspection report

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14 September 2017

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection on 18 August and 14 September 2017. Queens Meadow Care Home provides accommodation and personal care to up to 59 people, some of whom may be living with dementia. At the time of the inspection 56 people were using the service.
In July 2016 we carried out an inspection of this home and found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued requirement notices to the provider in respect of these breaches. They related to people not being protected from the risk of inconsistent care because care records were not sufficiently detailed to provide clear guidance for staff, and people not being protected against risks associated with unsafe infection control and prevention practices. In addition, daily health and safety checks had not always been carried out and the provider's quality assurance system was not effective in addressing the shortfalls we found at that inspection.

We asked the provider to submit an action plan in response to our findings, setting out how the matters would be addressed. At this inspection we found that overall, improvements had been made. However, we found that not all of the actions set out in the provider's action plan had been completed and shortfalls continued in respect of the requirements of one regulation.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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 found some people now had personalised care plans in place which contained their preferences and likes and dislike, but some people's files still required updating to include more personalised detail. The provider had an improvement plan in place to ensure all people's care plans were personalised. Staff had received training in care planning to support this work.

We found some actions regarding infection control had been completed. However, further improvements were required to ensure the environment could be cleaned to an acceptable level. The provider had included this work in their action plan. After our visit to the home as part of this inspection, we have written to the provider and gained assurances that environmental work will be completed in planned stages over a three month period.

We have made a recommendation about the management of infection control.

We found remedial work identified at a previous fire risk assessment had not been fully completed. At the time of writing this report we have gained assurances from the Fire Service that they deem the service to be safe, as they have inspected the service in January 2017 and do not plan to revisit ahead of their usual programme of inspection. We have addressed the lack of progress in respect of this remedial work with the provider and obtained assurances from them that this work will be completed by the end of October 2017.

We found some care records pertaining to food and fluid intake were not completed correctly.

We found cleaning records were not always completed consistently. Cleaning schedules did not set out timescales for specific deep cleaning tasks.

The provider had a quality assurance audit planner in place to ensure the quality of the care provided was monitored on a regular basis. During the inspection improvements were noted but not to a level to demonstrate the improvements in the service were sustainable. The quality assurance audits at this inspection had not identified the concerns we found in relation to record keeping. We found audits and action plans associated with the quality assurance process did not always record managerial review.

People said they were comfortable and felt safe living at the home. Staff had been recruited in a safe way to make sure they were suitable for their role. People, relatives and staff felt staffing levels were appropriate to meet the needs of the service. The manager used a dependency tool to determine staffing levels.

The provider had policies and procedures in place for safeguarding and whistleblowing. Staff understood how to report any concerns and were confident these would be dealt with by the manager.

Accidents, incidents and safeguarding concerns were recorded and analysed by the manager to look for themes or patterns.

Staff felt supported by the management team. They received individual supervision sessions and appraisals to assist them with their professional development. The manager used an electronic training matrix to manage staff compliance with essential training.

People were supported to maintain good health and had access to healthcare professionals when necessary and were supported with health and well-being appointments. Staff understood the importance of identifying changes in people's health and well-being to ensure prompt referrals to the appropriate professional when needed.

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

People and relatives told us staff were kind and caring and we observed that staff were respectful and helpful when supporting people. Staff promoted people's independence through encouragement and offering choice. There were friendly, good relationships between staff and the people who lived at the home. People enjoyed a varied diet and chose from a menu which was nutritionally balanced.

People had access to a range of recreational activities both inside the home setting and within the local community. People told us they enjoyed the activities provided and felt included in planning.

The provider had a complaints procedure in place. People and relatives felt the manager would act on any concerns or complaints they made, should this be necessary.

People and relatives felt the manager was open and approachable. The regional manager supported the manager with regular visits to monitor quality and compliance. We found quality audits had been completed, however not all actions from the audit process had been addressed. The quality assurance system had not identified the issues found at this inspection.

Relatives and people had opportunities to give their views and opinions. Meetings were held on regular basis for people, relatives and staff.

The manager developed and maintained links with outside agencies to improve the quality of support provided by acknowledging best practice. Staff were part of a pilot to prevent or reduce admissions and attendances to hospital.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, namely Good governance. 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 always safe.

The provider had not fully completed remedial work for fire safety in a timely manner.

Consistent and sustained improvements in infection control practice had not been made.

Staff recruitment was robust with thorough checks completed prior to new staff being employed.

People and relatives felt staffing levels were appropriate to keep people safe.

The provider had process and systems in place for safeguarding and whistleblowing. Staff understood the process of reporting concerns.

Is the service effective?

Good

The service was effective.

People's nutritional needs were assessed to identify any risks associated with nutrition and hydration.

Staff were given the training required to support people who used the service and they received regular supervision and an annual appraisal.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. (DoLS). People's rights were upheld and protected by the service.

People had access to other health care professionals were necessary.

Is the service caring?

Good

The service was caring.

Staff knew people extremely well and demonstrated genuine

caring relationships with them.

People were treated with dignity and respect by staff who supported their independence.

People were encouraged to bring personal items into the home and to personalise their rooms.

The service had information regarding advocacy which was available to people, relatives and visitors.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people's care plans were personalised and contained information about their likes, dislikes and preferences. However some did not. Staff were working on care plans so all people using the service had personalised care plans.

People, relatives and visitors had opportunities to complain, give comments or raise issues. The provider had received several positive compliments about the service provided at Queens Meadow Care Home.

Activity coordinators planned regular activities for people to maintain their hobbies and interests and to access the community.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance processes did not always have managerial oversight to check actions had been completed.

The quality assurance system had not identified shortfalls with recording found at the inspection.

People, relatives and staff felt the manager was open and approachable.

The manager maintained links with community projects to support best practice.

Queens Meadow Care Home

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.

The inspection took place on 18 August and 14 September 2017 and was unannounced. This meant the provider and staff did not know we were coming.

The inspection was carried out by one adult social care 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 service.

Before the inspection we reviewed information that we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescale. We also contacted the local Healthwatch, local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the infection control nurse in order to gather their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with the local fire service as part of this inspection.

During our inspection we spoke with nine people who lived at Queens Meadow Care Home and four relatives or visitors of people who used the service. We spoke with the regional manager, registered manager, the deputy manager, the activity coordinator, the customer liaison officer and five care workers. We also spoke with one visiting health care professional.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of five people, the recruitment records of three staff, training records and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

During our inspection in July 2016 we found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 entitled Safe care and treatment. The provider had not ensured people were protected from potential risks because health and safety checks had not always been carried out. People were also not protected against the risks associated with unsafe infection control and prevention practices at that time.

Some work had been completed to reduce the risk of cross infection. However, we found some areas within the home had not been improved or repaired. The bath in the upstairs bathroom had white tape covering an area where part of the bath panel was broken. The flooring near the door of the upstairs and downstairs bathroom was coming away. In one of the downstairs toilets the skirting board was coming away from the wall. The staff toilet hand basin waste pipe was cracked and worn and in need of repair or replacement.

Following our inspection we wrote to the provider and obtained assurances that remedial works would be completed within a three month time frame.

We reviewed the cleaning schedules and found gaps in the daily recording about completed tasks?. The schedules did not set out the timeliness of deep cleaning in the home or when specific areas were to be cleaned.

We recommend that the provider considers and refers to best practice guidance related to infection control in care homes.

The provider's fire risk assessment from November 2016 had identified several fire doors did not provide adequate protection. The fire service carried out an audit in January 2017 and had also identified fire doors required attention. The provider had an action plan in place from November 2016 to address this concern, however we found not all fire door repairs had taken place at the time of the inspection. These meant repairs had not been actioned in a timely manner. We identified the fire door onto the stairs in the top floor had wood missing.

Following the inspection we obtained information from the fire service that they had inspected the service in January 2017 and did not plan to revisit ahead of their usual programme of inspection. We addressed the lack of progress with the provider and obtained assurances this work would be completed by the end of October. We will obtain written confirmation from the provider to evidence the works have been completed.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We found processes in relation to the laundering of people's clothes, linen and towels were not in line with infection control procedures. On the first day of the inspection we found soiled laundry had been tipped out on to the laundry floor. This meant laundry was not being separated appropriately in order to facilitate safe

laundering. We checked the laundry on the second day of the inspection and found soiled linen was being managed in line with infection control procedures. We discussed with the manager that there was a lack of monitoring of staff practice which they said would be addressed.

People and relatives we spoke with felt the service was safe. Comments included, "[Name] is safe, we wouldn't be here if it wasn't safe" and "There's no problem here, I feel at home and as safe as houses."

We checked the provider's recruitment procedures and found they were thorough with all necessary checks being made before new staff commenced employment. For example, applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check (DBS) obtained. These are carried out before potential staff are employed, to confirm whether applicants have a criminal record and are barred from working with vulnerable people.

There were enough staff to support people's needs, with dedicated numbers on each floor. Call bells were responded to promptly. The manager used a dependency tool to ascertain the amount of staff required to support people safely. Comments from people and relatives included, "The girls come when I need them", "The staff are busy but have time for a chat" and "If [Name] has an accident staff come and change her straight away, she generally doesn't have to wait for anything."

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff and these provided guidance on how to report concerns. Staff we spoke to had an understanding of the policies and how to follow them. Staff were confident the manager would respond to any concerns they raised. We asked staff if they thought the manager would respond and escalate concerns that they may raise with her about safeguarding matters. Their responses included, "No problem she [manager] would definitely listen and do what she had to do" and "Yes, they would, we all know to report straightaway."

We found the service recorded accidents, incident and safeguarding concerns in a timely manner. Lessons learnt from certain incidents and situations were disseminated to staff during handovers and team meetings and supervisions. The manager told us, "We work closely with the falls team and send information to the falls team to see what we can do to improve support." This showed the provider analysed information about accidents and incidents to prevent repeat events.

We found the provider had systems and processes in place for the management of medicines. Staff were trained and had their competency to administer medicines checked regularly. We reviewed seven people's medicine administration records. These were completed correctly with no gaps or anomalies. Records were in place for guidance so staff knew where to apply topical medicines. Topical medicines are creams and ointments applied to the skin. We found one of the medicine rooms was being used as an archive for old records. We discussed how this area could be kept clean with the manager, who advised the records were in the process of being moved to off-site storage.

People told us they received their medicines when they needed them. One person told us, "I can always let the girls know if I have pain and as quick as a flash I have my painkillers." We observed senior carers administering medicines to people in a safe manner, checking medicines against the MAR and addressing the person by name. Senior carers remained with the person whilst they took their medicines, providing support where needed with drinks and prompts.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates to reflect electrical installation checks, gas safety checks and portable appliance tests (PAT) had

been carried out. Environmental risk assessments were in place to cover areas such as food hygiene and slips, trips and falls.

People had up to date Personal Emergency Evacuation Plans (PEEPs) in place which were accessible to staff. The manager kept a copy of the provider's business continuity plan for the service in the reception area. This meant staff had access to support and guidance in case of an emergency.

Good

Is the service effective?

Our findings

People and relatives felt staff were well trained and had the skills and knowledge to support them or their loved ones. Comments included, "The girls are lovely and look after me so well, plenty to eat and drink, a bath when I want one, you know, that type of thing", "I feel very confident that the carers have the right skills to transfer my [relative] when she needs to be transferred" and "They do get training and are good at their jobs." One health care professional we spoke told us, "They are very good and knowledgeable."

Staff we spoke with felt confident and suitably trained to support people effectively. Training was refreshed on an annual basis. One care worker said, "Training is good, we do lots of training." Another care worker told us, "I have been on training and have just finished by meds (safe handling of medicines training). My training is up to date."

The service had a supervision and appraisal planner. Staff told us they felt their supervisions were important and were used to discuss development and to raise any issues or concerns. One staff member told us, "I have mine regularly, we talk about what I want to improve on, or any concerns or issues." Another care worker commented, "We cover lots of things in supervision, the senior on shift will do them so you get different people."

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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 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).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The manager kept a record of all DoLS applications made along with copies of authorisations. Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and attending activities.

We observed people having lunch in the dining room. We found the area was spacious and tables were set out nicely with tablecloths, serviettes, glasses and cutlery. Condiments were available and there were weekly menus displayed on all the tables. Staff gave people a choice of hot or cold drinks.

The menus offered one choice of meal but alternative meals were available on request, menus also showed what was available for tea. For example, soup, salad, sandwiches and yogurts. Supper was milky drinks,

teacakes or sandwiches. Fish and chips was the main menu which looked very nourishing and appetising. We observed one person having a soft diet which included fish without the batter, mashed potatoes and mushy peas. All staff were wearing protective aprons and people were offered dignity tabards to protect their clothes.

Where people were assessed as requiring their nutritional intake recording, we found not all records were completed correctly. Where two people had refused their meals, there was no evidence as to whether staff returned to offer their meal later. We found some people's fluid intake charts were always not completed correctly. We found two people's records had gaps from 2pm to 8pm. Total daily fluid intake was not always recorded. We spoke to staff who advised records were normally completed. They told us people were offered something to eat later if they refused at meal times. We observed people having drinks and snacks on the regular basis during both days of the inspection.

The dining room had a pleasant atmosphere with people chatting amongst themselves. Staff were helping people to their tables with confidence and ease and there were enough staff assisting during lunch. People were addressed by name and there was good engagement between staff and people.

We saw the chef personally asked people what they would like to eat during the day and documented it on the 'daily options' sheet, which recorded people choices. We saw kitchen staff were informed of the dietary requirements of all people who were new to the home, or any changes to existing people's requirements. The notice board in the kitchen displayed the specific dietary requirements for people who required soft diets, pureed diets, allergies and people who were diabetic. There were also fortified drinks and foods which included full fat cream, milk shakes, butter and whipping cream available for those people requiring fortified diets.

People told us they enjoyed their meals. Comments included, "Kitchen staff are very nice, they come and ask me what I want to eat", "Foods not bad, I have a choice", "Food is beautiful, the chef asks me what I want, there is always a good selection of sandwiches "and "Food is lovely and always hot."

Care records confirmed people had access to external health professionals when required. We found people attended health care appointments and were visited by the dieticians and chiropodists on a regular basis. We spoke with one visiting health professional from the memory clinic during our visit. They told us, "They don't panic here and try to problem solve, they do everything they can before referring in." District Nurses visited the service on daily basis. The manager told us, "We can always speak with them if we any concerns, or just pick up the phone." By having such a close working relationship with community nurses, people's health care needs were addressed in a timely manner.

Communal areas were set out with easy chairs and televisions or radios for people to watch/listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring and gave us positive views when we asked them about the care provided in the service. Comments included, "Staff help my mum with feeding, but they also try to get her to eat herself to maintain her independence", "Lasses are very, very good and helpful if you want out", "Staff have a heart of gold and look after us well" and "All staff know my mam and me as well."

We observed staff showed genuine affection throughout their interactions with people, showing caring relationships. They were kind and warm when communicating with people, crouching down to maintain eye contact, using gestures and touch and facial expressions. When communicating with people we saw staff waited patiently for people to respond. Staff clearly explained options which were available to the person and encouraged them to make their own decisions. For example, whether they wished to join in activities or have a drink or snack.

People were cared for by staff who knew their needs well. People were treated with dignity and respect. Staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them. Staff were discrete when asking people if they needed support with personal care.

We observed staff supporting people in the dining room at lunch. We observed staff treating people with dignity. People were asked if they wanted to have protection for their clothes during lunch and were supported with napkins or protective aprons. Staff supported people to eat and drink at a pace appropriate to their needs which ensured people were support to be as independent as they could be.

Staff used people's preferred names and actively encouraged decision making. A staff member stopped and said to one person, "How about coming down for your dinner, are you going to walk a bit?" The activity coordinator was seen asking people if they wished to attend the planned activities, giving gentle encouragement and affording them the time to answer.

People were supported to be as independent as possible. Staff said they encouraged people to do as much for themselves as possible, and gave examples of how they did this. One staff member told us, "I always try to encourage them to wash as much as they can when in the bath or shower. Rather than take over." Another said, "Getting dressed yourself is a good way."

People's rooms were comfortable, some with pieces of their own furniture and items which were personal to them and each room reflected the person's interests and character. We saw family pictures, ornaments and small pieces of furniture. One person told us, "I love my room it's just how I want it, look at all my pictures."

We saw one person with communication needs using a therapy doll. We saw how they interacted with the doll. The activity coordinator told us, "We have plans to purchase some soft toy animals for people to use." The activity coordinator told us, "We are always looking for ways to stimulate them, I love working with

people who have dementia, and we always have a laugh." Soft toy and doll therapy can be a very effective way for a person with Alzheimer's or any kind of dementia to decrease stress and agitation. Staff spent time sitting chatting with people, singing with them and generally having a laugh and a joke.

The provider had worked with people to make the home more dementia friendly. Pictures painted by the people using the service were on display. Pictures of the local football team were in the corridors. The manager told us that players come in to the home to spend time with people to have a chat and that people living with dementia really enjoy the visits. A vintage tea room was used by people and their families. The manager told us, "The room gets used a lot and is often booked out for family celebrations."

Information was available to people, relatives and visitors about independent advocacy. Advocates help to ensure that people's views and preferences are heard where they are unable to express their views for themselves.

Requires Improvement

Is the service responsive?

Our findings

During our inspection in July 2016 we found the provider had breached Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Care records did not contain personalised information about how people liked or needed to be supported.

At this inspection we found some care records had improved, and staff had received training in care planning to enable them to develop more personalised plans. People's needs were assessed prior to them coming to live at Queens Meadow Care Home. We saw a good level of detail within people's care records covering areas such as likes, dislikes and preferences. The care records we reviewed contained personalised information. For example, in one person's plan staff had recorded, '[Name] likes two pillows and a duvet with a side night light on." Another person's records stated, "Warm [Name] plate at every meal." A third person's care plan for diabetes set out what symptoms staff were to look out for such as sweating, confusion and what action to take. The provider had an improvement plan in place to ensure all people's care plans were personalised. The service was no longer in breach of this regulation in relation to personalised care records, but further and sustained improvement was needed.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished. One care worker told us, "We take the time to get to know people." The deputy manager told us, "We are working on care plans, it's important to get as much information about the resident as possible."

People and relatives told us they felt the service provided personalised care and that the staff were skilled. People and relatives told us they were involved in care planning and that staff were responsive to their or their family member's needs. One person told us, "They always ask how I want things done."

We spoke with a visiting health care professional who felt the service was responsive to people's needs. They told us, "Staff here are good and know when someone needs a review or they contact me for advice." We found survey comments from a health and social care professional which read, 'All the staff are helpful taking on board my advice and clinical guidance for patients.'

We spoke with the Customer Liaison Officer who visits the home once a week to discuss activities with the activity coordinator. They told us they wanted to create a more positive environment and have 'good things to celebrate'. We saw the home had held 'naughty days' which included summer teas to included cream scones and biscuits. Several themed days had taken place for example, country and western days, a 1940s day and Grease (the movie) day.

We spoke with the activity coordinator who explained the various activities they arranged for people, such as games to improve memory where people look at old artefacts from the library and play reminiscence games including questions on decades past. People who spent time in their own rooms by preference or

due to their needs, were visited by the activity coordinator on regular basis. They told us, "I always make sure I pop in to see them, just to see if there is anything they want to join in with or do."

Specific dementia friendly games were also used such as sound bingo, musical bingo, and coloured floor bowls. People also had access to the local community to support with hobbies, interests and interaction. We found people attended a pub luncheon club and popped into town for a coffee.

The home had received a lottery grant and had purchased iPads for people to use. These had proved very successful. People enjoyed making funny faces using the apps and looked at maps of where they used to live and work and the schools they attended.

We found the provider had a process in place for people, relatives and visitors to complain and give comments or raise issues. Everyone we spoke with said they felt they would be able to complain to staff or the management team if necessary. There had not been any complaints over the last 12 months. The manager told us, "I am always available so any concerns can be discussed out straightaway. If we were to get a complaint then it would be investigated."

We found residents meeting and relatives meetings were held regularly with detailed minutes discussing a variety of subjects.

Requires Improvement

Is the service well-led?

Our findings

During our inspection in July 2016 we found the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. They did not have effective quality assurance processes in place to monitor the quality and safety of the service provided and to ensure people received appropriate care and support.

We found some improvements had been made and quality audits were completed on a planned basis. However, audits had not identified the concerns we found during this inspection relating to records. We found where audits had been completed and action plans were in place, these were not always signed off by the manager. We found this had also been raised by the regional manager during the providers own compliance checks.

Although plans were in place to ensure all people had personalised care plans this had not been fully achieved. We found some remedial work regarding fire safety and environmental improvements were still to be actioned.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The service had a manager who had been registered with the Commission to manage the carrying on of the regulated activity since February 2011. The manager assisted us with the inspection and showed us around the home. They knew people, their relatives and staff very well. The manager was able to highlight the priorities for the service and acknowledged there was further work to do related to the provider's action plan.

We found the manager submitted a weekly report to the provider as part of the quality assurance process. The report contained information about the home such as current occupancy levels, any safeguarding incidents, and weekly weights of people at risk, DoLS outcomes and any pressure sores.

People and relatives felt the manager was open and approachable. Comments from people included, "Oh, she is lovely always has a friendly word" and "She is my favourite, but don't tell her [laughing]". One relative told us, "You can always pop in the office, [name of manager] is always happy to listen.

The staff we spoke with felt the manager was always there for them and was open in her approach. One staff member told us, "We work together here, [manager] comes in often on a Sunday, going over and beyond." Another said, "I can go to [manager] about anything, she'll come and help and bends over backward to help you, the home runs very smoothly." A third commented, "[Manger] has helped me out, they get on well with all the staff.

We found the provider had a system in place to gather the views of people, relatives, staff and other stakeholders. The previous survey rated Queens Meadow Care Home highly for dignity, hospitality and housekeeping. We found positive comments such as, "Helpful and welcoming", "Professional and

compassionate" and "Excellent home, management very friendly."

We asked the manager about community links to look at best practice. The manager told us about their work with the 'Dementia Collaborative' with the local authority. Meetings were held at Queens Meadow Care Home with managers from other care homes in the area. Information from the meetings was shared with staff, for example, best practice news about dementia care and how the collaborative is progressing. We also found links with Tees-Wide Safeguarding Adults Board to support the training and development of staff for safeguarding, MCA and DoLS.

The manager told us about a pilot scheme they were involved with which helps reduce the need for hospital attendances and admissions. The 'early warning score' (EWS) supports staff to make decisions when managing people's health needs. The pilot involves staff carrying out basic checks such as, blood pressure monitoring, blood glucose testing or urine dip tests. The results are then forwarded to health care professionals to assist in determining the next steps for someone who is not well.

The manager championed additional training for staff in order to develop their skills and knowledge. Staff were due to attend training on delirium and well-being. Delirium is a common, serious condition that can start suddenly when someone is unwell, causing them to become distressed and more confused than normal.

The provider had purchased new lap tops for the home to enable staff to complete training. The manager and deputy manager were booked on the 'Train the Trainer course' for September to cover fire safety, MCA and DoLS and safeguarding. This meant training in these areas could be done on site and enable refresher training to be completed in a timely manner.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance processes did not identify shortfalls in recording. The provider did not have a consistent approach to demonstrate actions from quality audits and action plans were reviewed and signed off.