

Cornwallis Care Services Ltd

Meadowbrook House

Inspection report

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Lostwithiel
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Date of inspection visit:
30 August 2019

Date of publication:
17 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Meadowbrook provides accommodation with personal care for up to 42 predominately older people. There were 33 people using the service at the time of our inspection.

People's experience of using this service and what we found:

The service worked closely with healthcare professionals to improve the care provided to people living at Meadowbrook. The service was involved in a best practice pilot to reduce the use of prescribed nutritional supplements.

Meadowbrook had joined a project to help facilitate timely discharge from hospital. The registered manager visited the hospitals to assess people who may benefit from a short stay in a care home to be re-enabled to return to independent living, or who were waiting for a package of care from an agency.

People were provided with effective care by staff who were well trained and supported. Staff were happy and felt valued.

Care plans were accurate, up to date and regularly reviewed. Risk assessments provided staff with sufficient guidance and direction to provide person-centred care and support.

Staff were safely recruited. There were enough staff to meet people's needs. Staff had time to provide person-centred care in a calm and relaxed manner.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

The registered manager listened to people's feedback. Staff ideas were implemented, and relatives were supported to share their ideas about the running of the service.

The service was clean and free from malodours. There were robust infection control processes in place. Staff had access to personal protective equipment, such as gloves and aprons. These were used effectively to help reduce the risk of cross infection.

Medicine systems and processes were in place. People received their medicines when prescribed.

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them.

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.

People told us, "You can't fault the place," "They are always enough staff around to keep us all safe" and "They always keep popping into my room to ask if I'm ok."

Relatives told us, "My relative has improved 100% since she has been here" and "Everywhere is so clean and tidy, the home is spotless."

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records.

There were varied activities provided for people. The activity co-ordinator was supporting people to enjoy activities of their choice. People were supported to go out in to the local area as they wished.

Effective audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

We observed many very kind and caring interactions between staff and people. Staff spent time chatting with people as they moved around the service.

Many compliments had been received from grateful families. Any complaints were recorded, and responses were seen. There were no on-going complaints at the time of this inspection.

The registered manager had regular communication with people, their families and friends to seek their views and experiences of the service provided.

Rating at last inspection and update:

At the last inspection the service was rated as requires improvement (report published 28 August 2018) and we issued requirement notices and imposed a condition on the providers registration of the service which required the service to report to CQC each month on areas of concern identified at that inspection. 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. Positive conditions applied after the previous inspection in August 2018 were met.

Why we inspected: This inspection was carried out to ensure improvements required at the last inspection had been made.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Full information about CQC's regulatory response to enforcement action being taken following this inspection is added to reports after any representations and appeals have been concluded.

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

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 caring?

Good ●

The service was caring
Details are in our caring 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

Meadowbrook House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector, a specialist nurse advisor, a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Meadowbrook is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the last inspection report, the monthly reports sent by the provider in line with the condition on their registration, information we had received from other agencies and feedback we had received from other interested parties such as healthcare professionals. We used all of this information to plan our inspection.

During the inspection:

We spoke with six people who used the service, one relative, eight staff members, the administrator, the registered manager, the maintenance person, and the provider. We reviewed the care records of three people and medication records for all the people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Meadowbrook. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 now improved to good.

This meant people were safe and protected from avoidable harm

Using medicines safely

At our last inspection people's medicines were not always managed safely. Appropriate advice from healthcare professionals had not always been sought before people were given their medicines covertly (hidden in food or drink). There were no protocols in place for people who required medicines occasionally (PRN). Medicine audits were ineffective and had not identified the concerns found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action and the provider was no longer in breach of Regulation 12

- There was no one living at the service who was being given their medicines covertly at the time of this inspection.
- Some people required prescribed medicines occasionally (PRN). There was guidance provided for staff on when to give these medicines and how to record this.
- Medicine systems and processes were in place. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Regular medicines audits were being carried out. The audits were effective and were identifying where there were opportunities for further improvement.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management.

At our last inspection risks associated with people's care were not always managed safely. Unplanned weight loss was not always robustly managed, and some risk assessments were missing in care plans. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action and the regulation was now being met.

- People's weights were regularly checked. If any unplanned weight loss was identified this was clearly recorded along with appropriate timely action taken to address this.
- Risks were identified, assessed, monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- One person told us, "They (staff) have just helped me have a shower as I'm a bit unsteady on my feet."
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Preventing and controlling infection

At our last inspection the service did not have robust arrangements in place to ensure the whole service was kept clean. There was no infection control lead and infection control training was required for some staff. The nurse's room did not have a foot operated lidded bin. This posed a potential infection risk. This contributed to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had taken action and the provider was no longer in breach of Regulation 12

- The service was clean and was free from malodours. There were completed cleaning schedules in place in the bathrooms at the service.
- Foot operated lidded bins were now in place.
- The registered manager was the named infection control lead and regular infection control audit processes were in place. Staff had completed infection control training.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. Staff disposed of used PPE appropriately. This helped prevent the spread of infections.
- One relative told us, "Everywhere is so clean and tidy, the home is spotless."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. A recent falls audit had identified that a higher than usual number of falls had taken place in the lounge area during a period when a few new people, were admitted in to the service at the same time. This had led to a change in the admissions process at Meadowbrook. Now only one new person is planned to be admitted on one day.
- Areas of concern found at the last inspection had been effectively addressed and improvements were noted at this inspection.
- Issues raised by people or their families had been listened to and addressed. The registered manager was able to detail how any concern raised was immediately investigated and resolved in a timely manner.

Staffing and recruitment

- There were enough staff to meet people's needs. There were staff vacancies at the time of this inspection and some shifts required agency staff to cover them. Recent short notice cancellation of staff by an agency

had caused some staff stress.

- There were enough staff to meet people's needs. Staff spent time with people helping them with tasks, going out on trips and supporting them to attend health appointments.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references. One member of staff was seen shadowing an experienced member of staff during their first few days of working at the service.
- People told us staff responded quickly to them when they called. Comments included, "There are always enough staff around to keep us all safe" and "They always keep popping into my room to ask if I'm ok."
- People had access to call bells to summon assistance when needed.

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 question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager had involved the service in a pilot project aimed at reducing the use of prescribed nutritional supplements. The pilot focused on fortifying specific meals and drinks made on site, with high calorie foods such as butter and cream and increasing the availability of high calorie snacks. Five people had been identified as suitable for this pilot which was still in the early stages of implementation. However, the service had already completely stopped using prescribed nutritional supplements.
- Staff had suggested to the registered manager that meal times may not always have been effectively supported by staff. They suggested they would like to first support people with meals in their bedrooms, before other people came to the dining room for their meals. This had been implemented and people now experienced an improved dining experience with less waiting and more staff available to them when needed. One relative told us, "Mum has eaten a lot better since she has been here."
- A relative, with a professional background in nutrition, had expressed an interest in the content of the meals provided. The registered manager had encouraged the relative to spend time with the cook at the service reviewing the meal choices provided. This had led to changes being made to the meal choices provided.
- Staff recorded some people's food and drink intake, where concerns had been identified. These records were automatically totalled by the electronic records system in use at the service. Some people were provided with plate guards, so they could eat their meal independently and with dignity. Pureed meals were served with each item separated so easily identifiable.
- Staff had received experiential training in the dementia awareness, and were very aware of the need to give people time when providing them with food and drinks.
- People told us they enjoyed the food provided. People told us, "There is always a jug of juice on my table," "The food is perfect, we have a very good cook," "The food is lovely, I'm having a pasty today" and "It is always a nice atmosphere in the dining room."

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

- Meadowbrook were involved with a project, set up to help support timely discharge from the hospital acute beds. Some beds at Meadowbrook were kept available for this purpose. The registered manager visited the hospital regularly to assess people to ensure they would be suitable for discharge to the service.
- Meadowbrook offered re-ablement support to people after a stay in hospital. People were able to have a short stay at the service with appropriate support to help them with returning to living independently in

their own homes.

- Due to the care and support available at Meadowbrook from the nursing staff and visiting healthcare professionals, such as the Hospital at Home service, people were provided with any necessary treatment at the service. This avoided unnecessary hospital admission. A relative told us, "My relative has improved 100% since she has been here."
- The local GP service was able to visit at weekends and at evenings as required.
- A local healthcare practitioner had told the service that Meadowbrook had the lowest admission to hospital rate than any other care home in the Lostwithiel and St Austell area.
- People told us, "All the staff are so enthusiastic about what they do" and "You can't fault this place." Relatives comments included, "You can't fault the care at all, the staff are brilliant."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At the last inspection people's records were not always an accurate reflection of the care provided. There were gaps in care records. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action and was no longer in breach of Regulation 17

- The computerised care record management system was now fully implemented and used effectively. Care plans showed people's needs had been robustly assessed and planned for.
- Care plans provided staff with clear, up to date and effective guidance and direction. There were no gaps in people's care records and care was provided as planned.
- The registered manager had assessed the need to always have a member of staff present in the lounge when people were present. The staff were allocated to spend an hour sitting with people and enjoying activities with them. This had led to a dramatic fall in the number of incidents and accidents taking place in the lounge.
- The activity co-ordinator had assessed people's specific choices to help plan more person-centred activity. One person had enjoyed playing chess and expressed a wish to continue. No one living at the service knew how, or was able, to play chess with the person, it was agreed to obtain a chess set and the person was happy to teach the activity co-ordinator how to play. Both now enjoy a regular game together. This has meant a great deal to the person and gave them a sense of well-being.
- Pre-admission assessments were gathered prior to a person moving in to the service. The importance of this assessment had been highlighted when identifying people in the hospitals for possible discharge to Meadowbrook's assessment beds. The registered manager had recognised the importance of ensuring the service could meet their needs and that they would suit living with the people already at the service.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the previous manager did not have a robust understanding of who could legally consent on behalf of another person. Family members without power of attorney had been accepted as signed consents on behalf of relatives. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action and was no longer in breach of Regulation 17.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on

such authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently. One person was inappropriately using their mobile phone at night to contact emergency services. An assessment of this person's capacity had led to a best interest decision being made, together with family, for staff to hold this person's phone at night. Staff ensured they regularly supported this person to use their phone to keep in touch with family whenever they wished.
- Staff and management had received specific training which had led to them understanding the requirements of the Mental Capacity Act 2005. The registered manager was clear on the legal powers held by any people holding lasting power of attorney.
- Records showed which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Only people with the appropriate legal power had signed consent forms on behalf of relatives.
- There were processes for managing MCA and DoLS information and there were accurate records held of which people had DoLS authorisations.
- There were four authorisations in place at the time of this inspection, three with conditions attached to them. These conditions were being well supported and recorded.
- People told us staff always asked for their consent before commencing any care tasks.

Staff support: induction, training, skills and experience

At our last inspection staff did not always receive training to meet people's needs. Staff did not always receive supervision and appraisals in line with the policy held at the service. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had taken action and was no longer in breach of regulation 18.

- The registered manager had worked hard to ensure the staff training was accurately recorded and regularly updated to ensure staff had the skills necessary to meet people's support needs. Regular refresher training and competency checks were in place.
- Face to face training had been identified by staff as their preferred way of receiving some training. Effective learning had taken place when face to face dementia training had been provided. Staff experienced how it felt to be given food and drink by another person. This had led to valuable learning influencing practice taking place.
- Champions had been developed amongst the staff teams. There were champions for moving and handling, nutrition and tissue viability. This helped ensure best practice was shared throughout the staff teams.
- The registered manager took time to ensure all staff were well supported. Staff were given regular opportunities to discuss their individual work and development needs with a senior member of staff. Staff told us, "It is amazing here now, really good. I have been here years and now we have this manager everything is smooth and calm," "I have been with the company a long time and this is the best it has ever been" and "The manager is very supportive, we get great training and support now."
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone. There was a supernumerary new member of staff shadowing an experienced staff member during this inspection.
- Staff meetings were held regularly, staff told us they felt well supported by the registered manager and were able to speak up about any issues and were very confident they would be heard.

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

- Since the last inspection the use of some areas had changed. The dining room and lounge areas had swapped over. This provided a quiet calm environment in the new lounge area. The dining room was now in the middle of the service, accessible from two sides of the service allowing for easy access for people and

staff. The nurses had been provided with an office including computer access and a nursing records storage area.

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- People had their pictures displayed on their door to help them identify their own rooms. There was some pictorial signage on the toilets/bathrooms. Corridors throughout the service had different identifying pictures and colours. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside.

Is the service caring?

Our findings

Caring –this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- We observed many kind and caring interactions between people and staff. For example, staff regularly checked with people that they were comfortable or if they wished to move to another area or back to their rooms. Comments included, "They certainly know how to look after you," "Everybody is treated equally," "We have a barrel of laughs every day" and "The staff are kindness itself."
- Families were positive about the care and support received. Comments included, "We could not fault the loving care she received whilst there. From the cleanliness of the home (no smells) to the wonderful food and the excellent nursing care, all was superb. We could relax in the knowledge that she was well cared for and enjoy visiting and spending time with her. The staff became a surrogate family to her."
- Staff had been provided with training to help ensure people's rights were protected at the service.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the registered manager or staff.
- Some care plans indicated that people had been involved in their own care plan reviews. The registered manager provided care and support to people at the service regularly and spoke with people to discuss any changes they wished to make to their care and support.
- Quality assurance surveys were provided to people and their families. The responses had been received, audited and responded to. The survey findings were clearly displayed at the service for people to see what had been done as a result of the responses.
- The registered manager held regular meetings for people and their families to share ideas and experiences of the service provided.

Respecting and promoting people's privacy, dignity and independence

- Care staff were very person-centred in their interactions with people. They knew people well and held many relevant and meaningful conversations with people throughout the inspection visit.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress.

- One family had sent a thank you card to the service saying, "A heartfelt thank you for all the kindness and loving care given to (person's name). Your devotion and respect has touched me greatly and I wish that I could find some way of repaying you."
- People told us they felt respected. We observed care staff lowered their voice when speaking with people about any support they may need.

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.

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 our last inspection people were not receiving activities that were meaningful and relevant to them.

People were not easily able to travel out in to the local area with support. People told us the activities were not to their liking. At this inspection the provider had taken action.

- A variety of activities were now provided for people by the activity co-ordinator and staff. The activity co-ordinator met regularly with other activity staff in other homes in the Cornwallis group. This helped share best practice, ideas and resources.
- People, who were able, went out in to the local area as they wished. Some people were taken out to local shops. Pat dogs visited the service. People were able to bring their dogs to visit at the service. One staff member told us, "It's like Battersea Dogs home here sometimes there are so many." One person told us, "I'm going out for lunch today with a relative."
- Two people had a specific interest in fishing. The maintenance person and the activity co-ordinator arranged for these people to be taken out to a suitably accessible place for a fishing trip. This was greatly enjoyed by both and was scheduled to take place again soon.
- One person liked to dust and collect crockery after meals. Another person ordered take away meals on their mobile to be delivered to them in their bedroom. People were supported to spend their time as they wished. One staff member was observed helping a person picking pears from a tree in the garden as the person liked to do in their former home.
- Two smart speakers that responded to voice commands were available at the service so that people could have the music or information that they required.
- One relative told us, "Mum always joins in the games in the lounge, she enjoys them."

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

- Staff had a good understanding of people's individual needs and provided personalised care.
- The electronic care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Some people required regular re-positioning by care staff while being cared for in bed. This was provided and recorded appropriately.
- Daily notes reflected the care people had received.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them. There was a regular audit check of this equipment.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- Some people, who enjoyed reading but were unable to read normal print, had been supported to receive large print and audio books on a regular basis.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- We were told there were no formal complaints in process. Where any issues had been raised by people or families they were addressed. For example, in recent hot weather it was raised that the lounge area was very hot. The registered manager had arranged for an air conditioning machine to go in the area.
- Many compliments had been received by the service. For example, "A heart felt thank you for all the kindness and loving care given to my (Persons name) over the last few weeks of their life. Your devotion and respect has touched me greatly and I wish that I could find some way of repaying you."

End of life care and support

- The staff were supported by the local GP practice to provide good quality end of life care to people. Anticipatory medicines were provided at short notice when needed by the GP.
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.
- Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.
- Compliments were received about the end of life care provided. One person commented, "My husband spent the last 10 days of his life at Meadowbrook. He was looked after with great care, understanding and sympathy. I am truly grateful, it is just a shame the time was so short."

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 now improved 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

At our last inspection the provider did not have effective systems in place to ensure the effective monitoring of the quality of the service. Audits of infection control, risk management, medicines and record keeping were not effective in addressing concerns found. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had taken action and the provider was no longer in breach of Regulation 17.

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by the provider. They regularly met with other managers in the Cornwallis group to share ideas, processes and best practice.
- The provider had recently taken over the support of the registered managers in the Cornwallis Group. There was a defined organisational management structure and there was regular oversight and input from the provider on all aspects of the running of the service.
- Staff were positive about the management of the service. They told us they generally felt valued and were well supported. However, one staff member commented, "It would be nice to be thanked a little more than we are, especially when we have been short staffed and put in the extra hours."
- The registered manager was very familiar with people's needs and preferences and worked alongside the care staff when necessary. One person told us, "The manager is lovely."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- Information required throughout the inspection visit was easily accessible, up to date and accurate.
- People and visitors were encouraged to share their views and experiences of the service on a web-based care home review site.

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 registered manager was aware of the need to report to CQC, any event which affected the running of

the service, including any deaths and DoLS authorisations, as they are legally required to do.

- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was very familiar with people's needs and preferences. They had good knowledge of all aspects of the running of the service.
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.

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

- A survey had been sent out to people and families. The responses were positive. Where comments had been made these had been considered and action taken to address them. A further survey was being planned to go out to visiting healthcare professionals. The questions in this survey were being changed to help ensure they received the information they required to further improve the service provided at Meadowbrook.
- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Communication between people, staff and families was good.
- Staff felt the registered manager was very approachable and they could raise anything with them and it would be acted upon.

Continuous learning and improving care

- The registered manager and the staff had worked hard to make improvements to the service since the last inspection. All the concerns identified at the last inspection had been addressed. Some areas of care and support provided were extremely good.
- Regular management meetings were held to support shared learning and share information about the organisation.

Working in partnership with others

- The registered manager had a good relationship with the local GP practice, community specialists advisors, such as tissue viability nurses, and worked closely with the local authority and the local hospitals.
- Care records held details of external healthcare professionals visiting people living at the service as needed.