

Cornwallis Care Services Ltd

Meadowbrook House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Meadowbrook House is a care home which offers care and support for up to 42 predominantly older people. At the time of the inspection there were 30 people living at the service. Some of these people were living with dementia. The service occupies a detached house over two floors, however, at this time people were only occupying the ground floor.

This unannounced comprehensive inspection took place on 3 July 2018. The last inspection took place on 6 June 2017 when the service was not meeting the legal requirements. We were concerned about the processes used to monitor staff training requirements, gain appropriate signed consent from people or their representatives, and how staff were provided with accurate guidance and direction on how to care and support people well. The service was rated as Requires improvement that time and we issued a requirement notice. Concerns continued to be identified at this inspection and breaches of the regulations were again identified. The service has been rated as Requires improvement for a second time.

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 is required to have a registered manager and at the time of the inspection there was no registered manager in post. However, the acting manager was in the process of registering with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were not always protected the from risk of harm because risks were not consistently identified and managed. Risks in relation to people's daily lives were mostly identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible. Where people had been identified as losing weight timely action was not always taken to address the risk to the person.

Records of care provided were not always completed by staff in a timely manner. Where people needed to have some aspects of their care monitored there were gaps in these monitoring records.

There were systems in place for the management and administration of medicines. It was clear that people had received their medicine as prescribed. Regular medicines audits were being carried out and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR). However, we identified some people, who did not have capacity to decide for themselves, were receiving their medicines with food. There were no records to show that guidance had been sought, from an appropriate healthcare professional, to confirm if each person's medicines were safe to take with food.

The service was comfortable with no malodours in the corridors or communal lounges. However, an equipment storage area was very malodorous and equipment seen used by staff was not always clean. Staff did not always follow robust infection control processes.

Staff were not supported by a robust system of induction training, supervision and appraisals. This was a concern at our last inspection. The manager had a record of staff training and support, however, there were many gaps in this record where staff had not received mandatory training or regular supervision.

We spent time in the communal areas of the service. Staff appeared to know people well and had an understanding of their needs and preferences. Staff provided care and support in an unhurried manner. People told us, "Brilliant staff," "They [staff] know me, we get on well, they pop in for a chat, they like to chat with me" and "They [staff] are good and helpful."

The service had recently increased staffing levels and there were sufficient numbers of staff to meet people's needs. People's views were mixed about staffing, they told us, "They [staff] come quickly, I do use it [call bell]," "Never waited very long I use it [call bell] every night" and "I have used it and waited for a while for them to come."

People had access to activities. An activity co-ordinator was in post. There were photographs of people taking part in activities displayed. There was a programme of activity displayed. However, people and relatives commented that they did not think there were sufficient activities that they enjoyed.

Care plans were held on an electronic system which had only been in use for a few weeks prior to this inspection. These contained information which helped guide staff to provide person centred care. Care planning was reviewed regularly and people's changing needs were recorded.

Several areas of the service had been redecorated and refurnished. People's bedrooms were personalised to reflect their individual tastes. The premises were maintained by a maintenance person. Equipment used at the service was regularly checked and serviced appropriately to ensure it was safe to use. The service was registered for dementia care and there was pictorial signage at the service to support some people who may require additional support with recognising their surroundings.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. People told us, "Yes I am its good food, like home cooked food. I particularly like the apple crumble and custard," "It's very good, I like the way it's done."

Technology was used to help improve the delivery of effective care. Pressure mats were in use in people's bedrooms, who were at risk of falls, to alert staff to when they were moving around so they could support them.

The manager had some understanding of the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. However, signed consent was not always sought appropriately from relatives with the necessary legal powers.

The manager was supported by the provider and a team of motivated staff. The staff team felt valued and morale was good. Staff told us, "Things are much better now we have some more staff," "The manager is very good and easy to talk to" and "I am very happy here."

There were quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the manager and a member of the senior management team. However, some actions from these audits had not been addressed in a timely manner. This meant opportunities had been missed to improve how the service was run.

Concerns found at the last inspection remained at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 entirely safe.

People's medicines were not safely managed

Staff did not follow robust infection control processes.

People were not always protected from risk of harm because risks were not consistently identified and managed.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Requires Improvement ●

The service was not entirely effective. Not all staff had received mandatory training or been supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

Records in relation to people's care and treatment were not always accurate or consistently maintained.

The manager had some understanding of the Mental Capacity Act 2005. Applications for Deprivation of Liberty Safeguards had been made appropriately. However, signed consents were not always sought appropriately.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were compassionate and treated people kindness.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

The service was not entirely responsive. People had access to some activities. There was an activity co-ordinator in post. People and relatives reported they did not feel there was adequate provision of relevant activities for them.

People received care and support which was responsive to their changing needs.

People were provided with information on how to raise any concerns and knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not entirely well-led. People lived in a service which was not effectively monitored by the provider to help ensure its quality and safety.

Infection control processes were not robustly monitored.

Concerns found at the last inspection remained a concern at this inspection.

Staff morale was good and staff felt well supported

People were asked for their views on the service.

Requires Improvement ●

Meadowbrook House

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 03 July 2018. The inspection was carried out by two adult social care inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has experience of using, or caring for a person who uses, this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at the service. Not everyone we met who was living at Meadowbrook House was able to give us their verbal views of the care and support they received due to their health needs; so we used the Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked around the premises and observed care practices. We spoke with five staff, the manager, the administrator, the nurse consultant, the clinical lead and the provider's operations director. We spoke with four visitors and two external healthcare professionals.

We looked at care documentation for five people living at Meadowbrook House, medicines records, four staff files, training records and records relating to the management of the service.

Is the service safe?

Our findings

At the inspection in June 2017 we were concerned that where a care plan stated staff should weigh a person weekly, this did not always take place. At that inspection the safe section of the report was rated as Good. This was because the concerns we had about people not being weighed, in line with their assessed needs, were reported then in a different section of that report. At this inspection the rating has deteriorated to Requires Improvement.

At this inspection we found most people were weighed according to the guidance in their care plans. However, one person had lost two kilograms between January 2018 and July 2018, which was a significant weight loss for that person. While the person had been provided with supplements, there was no evidence in the care records of what action had been taken to address this concern. When we asked staff about this we were told the GP had been asked, the day before this inspection, for the person's dietary supplements to be changed as they did not like them. However, this was not recorded in the person's care plan.

Some people required to be re-positioned while being cared for in bed to help prevent skin damage. However, care plans did not always contain clear guidance and direction for staff on how often each person should be re-positioned. This meant there was a risk that people could receive inconsistent and unsafe care. For example, one person whose care plan guided staff to re-position them four hourly did not have records to demonstrate this was always carried out.

Overall, risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. However, there were some missing risks assessments in the care files we looked at. We were advised that the reason for these missing risks assessments was because the service was in the process of changing recording from paper to electronic. Staff were able to access both paper and electronic records. However, there was a risk that where risk assessments had not been transferred to the electronic system, staff might not necessarily know to check paper records.

Risks associated with people's care were not always managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Overall, we found the environment to be clean and there were no unpleasant odours in the communal areas. However, we identified a store room which was particularly malodorous and unpleasant. It contained wheelchairs, moving and handling equipment, used gloves, clothing and towels. We examined the equipment and found it to be dirty and stained.

The infection control audit of 07 May 2018 stated, "All wall tiles are clean and intact." However, we found a shower room which had a missing tile that had fallen off the wall. This meant this area could not be cleaned effectively and posed a potential infection risk. A commode found in this room was soiled. The maintenance person told us, "I am forever replacing those tiles, they keep falling off." Care staff agreed the equipment they used was often dirty but stated they did not always have time to clean it.

Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff, were able to access aprons, hand gel and gloves. However, staff did not follow robust infection control procedures. For example, a member of staff was seen to remove the gloves they had used to provide personal care, put them into their pocket and then enter the kitchen without washing their hands.

There was no evidence of a cleaning programme for equipment used at the service. Two electronic thermometers were used by nurses to check the temperatures of people living at the service. These devices should be used with disposable probe covers for each use. However, we found both devices had probe covers that were soiled with visible wax.

Disposable razors were found in the medicine disposal box, which is a lined clinical waste bag for disposal. This posed a potential injury and infection risk as the razor had not been disposed of in an appropriate sharps bin.

The service had an infection control policy. However, the service did not have robust arrangements in place to ensure the whole service was kept clean. A health and safety audit in April 2018, identified the need for an infection control lead and infection control training to be provided, with a timeframe for completion to be within one month. There was a note dated 04 June 2018 against this action, indicating there had been a discussion with the operations director and they were 'awaiting training.' According to records provided at this inspection 13 staff still required this training.

In May 2018 an infection control audit had stated, "all waste bins are foot operated." The bin in the nurse's room did not have foot operated lid and was an open bin. This posed a potential infection risk.

People were not protected by infection control procedures. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff training records showed that staff who supported people with their medicines had not all received appropriate and timely updates on medicine administration training.

We found three people, who did not have capacity, took their medicines with food, such as yoghurt, to make it more palatable for them to take their medicines. We were assured by nurses that the medicines and food were not mixed together. However, for two people there was no record to show that advice had been sought from an appropriate healthcare professional, to confirm if each person's medicines were safe to take with food. For the other person their care plan stated that there had been a discussion with their GP but details of that discussion were not seen. There were no risk assessments in place for any of these three people to assess any identified risks associated with this method of administering medicines. This meant there was a risk that people might be given medicines by an unsafe method due to a lack of clear instructions for staff to follow about how these people took their medicines.

Where people were prescribed medicines to take 'as required' (PRN) there were no protocols in place for staff to follow when administering these medicines. This included a lack of guidance for staff as to when these medicines might be given or recording how effective the medicines had been in alleviating the symptoms they were given for. This meant because staff did not have clear instructions to follow there was a risk that the administration of PRN medicines could be inconsistent.

Overall, people's medicines were dated upon opening, which meant staff were aware of when they would be no longer safe to use. However, a tube of cream, for a named person, was found in a shower room dated 01

January 2018. There was no indication when this cream had been opened and as best practice guidance advises creams should be disposed of six months after opening, the item was discarded by the manager at the time of our inspection. We also found a saline bag of intravenous fluid, to be out of date since March 2018.

The provider had a medicine audit to help identify where improvements were required. However, the audit had failed to identify the areas found during our inspection.

People's medicines were not managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service held an appropriate medicines management policy and there were medicine administration records (MARs) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MARs following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely.

The service had ordering, storage and disposal arrangements for medicines. Meadowbrook House were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured. Medicines that required stricter storage controls were being managed safely.

The service held an appropriate safeguarding adults policy. Staff, were aware of the safeguarding policies and procedures. Staff, were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. However, not all staff had received training updates on the safeguarding of adults. In addition, not all staff were aware that the local authority were the lead organisation for investigating safeguarding concerns. A staff meeting had recorded in March 2018 that access to safeguarding training had been organised and that all staff should do this. In May 2018 another staff meeting had recorded that safeguarding training must be completed as soon as possible. This had not taken place for all staff. We have reported on our concerns about staff training in the effective section of the report.

The service held a policy on equality and diversity. However, not all staff had been provided with training on this legislation. This meant it could not be ensured that staff were aware of how to protect people from any type of discrimination. However, staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Overall, when concerns had been expressed about the service, or if there had been safeguarding investigations, the manager had investigated these issues. However, we found while one complaint had been resolved effectively, there had been a delay in raising the concern as a safeguarding with the local authority.

Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc, were regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions taken to help reduce risk in the future. For example, one person was referred to the falls clinic and pressure mats to alert staff had been put in place to help reduce future falls.

People's care records were stored electronically with password protection. Staff could use tablet computers, a laptop and a desktop computer to access this information. This meant the records were secure but accessible to staff and visiting professionals when required.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a four out of five star rating. Actions had been recommended by the agency and these had now been completed.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

The registered manager reviewed people's needs regularly to ensure there were enough staff to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. Staffing levels had been recently increased from six to seven care staff during the day. Care staff were supported each day by either two nurses or one nurse plus a senior healthcare assistant. This was to take account of a rise in the dependency of the people living in the service. During the inspection we saw people's needs were met quickly.

People's views were mixed about the promptness of when their call bell was responded to, commenting, "They [staff] come quickly, I do use it [call bell]," "Never waited very long I use it [call bell] every night" and "I have used it and waited for a while for them to come." However, during our inspection, people's call bells were responded to effectively.

Is the service effective?

Our findings

At our last inspection in June 2017 there were gaps in the care monitoring records for some people where staff had not always recorded the care and support they had provided. Where people lacked the mental capacity to consent to their care, signed consent was not always obtained appropriately from relatives with the necessary legal powers. At that inspection the effective section of the report was rated as Requires Improvement. At this inspection the rating remains as Requires Improvement.

At this inspection we also found there were gaps in some care monitoring records. For example, we noticed one person had not had any care recorded since 10am. We observed this person throughout the inspection visit. They were on their back in bed asleep each time we saw them, however their care plan stated they needed to be re-positioned every four hours. At 4pm we informed the manager of this concern. The manager spoke with the staff concerned and just after 4pm several entries were made on to the electronic care plan system to show care, food and drink had been provided.

At this inspection we still had concerns about staff's understanding of how to obtain consent appropriately when the person was unable to give consent. The service had sent out a letter to all the relatives of people, who could not consent themselves, asking them to sign in consent to the service displaying photographs of their family members in the service and on social media. Management did not recognise that some of these family members did not hold the legal power to do this, as they did not hold a lasting power of attorney for health and welfare. This meant where people lacked mental capacity to consent to their care and treatment the service had asked relatives to sign who did not have the legal authority to do so.

People's records were not always an accurate reflection of their care. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in June 2017 there was no up to date record of staff training requirements and most staff were due updates on training the provider deemed to be mandatory.

At this inspection we found the manager held an accurate overview of staff training requirements. There were plans for training to be provided and a plan of training identified as necessary for the staff to complete had been developed. However, many staff had still not undertaken training the provider had deemed to be mandatory and/or had appropriate and timely updates. For example, one new member of staff had no training against her record on the staff training matrix. Their file showed they had been shown human resources information and policies and procedures on 20 March 2018 with nothing further provided. Other new staff, who had been working at the service for a few months, had gaps in their training records. Only the manager had undertaken training on the Deprivation of Liberty Safeguards and basic life support and over half of the staff had not undertaken training on the Mental Capacity Act 2005.

New staff joining the organisation did not always receive an induction, to ensure they were aware of the provider's policies and procedures. The manager acknowledged that staff supervision and appraisals had not been provided regularly and that senior staff had been delegated the responsibility of supervising a

specific group of staff. New staff had not been supervised. We noted that when staff had returned to work after a period of illness, no supervision had been provided. One nurse had only received one supervision since they took up their post in January 2018.

Staff did not always receive training to meet people's needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The service held an appropriate MCA policy.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had made DoLS applications appropriately. One authorisation was in place at the time of this inspection and the conditions set were being supported and monitored.

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service. Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support.

The service had a good working relationship with the local GP practices. Other healthcare professionals visited to see people living at Meadowbrook House when require. People's care plans detailed when visits took place, to help ensure an accurate account of people's healthcare.

The use of technology to support the effective delivery of care and support and promote independence was limited. However, pressure mats were used to alert staff when people were moving around if they had been assessed as being at risk of falling.

The service was regularly maintained, with a good standard of décor and carpeting in most areas. Some people living at Meadowbrook House were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was pictorial signage which clearly identified specific rooms such as toilets and shower rooms. People's bedrooms displayed a number and a name plate, which helped people to move around the service and find their rooms independently.

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. The cook regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. The menu had been changed twice in recent months to accommodate people's requirements. There was a white board displaying a variety of foods that was available on request. This included eggs, jacket potatoes and soup. We spoke with the cook who was knowledgeable about people's individual needs, likes and dislikes. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided

as separate foods and colours on the plate in moulds to help the meal look appealing, and so people were able to see what they were eating.

People told us, "Its good food, like home cooked food. I particularly like the apple crumble and custard," "Very good, I like the way done" and "Yes better than my wife was cooking." People were provided with a choice. People told us, "In the morning the cook will come and ask me what I would like" and "I have a drink here and a jug of juice but I can't lift it and rely on the girls to top up my cup. I could ask for a biscuit if I wanted one."

Is the service caring?

Our findings

At the inspection in June 2017 the caring section of the report was rated as Good. At this inspection the rating remains as Good

People, their relatives and external healthcare professionals were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People told us, "Brilliant staff," "They [staff] know me, we get on well, they pop in for a chat, they like to chat with me" and "They [staff] are good and helpful."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Meadowbrook House. Relatives and healthcare professionals told us staff and management were kind and caring. One person became anxious, in a corridor, and asked staff to help them. Reassurance was provided in a timely manner by kind staff.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time.

People's dignity and privacy was mostly respected. Twelve people required staff to support them to eat their meals. We saw some staff standing next to seated people helping them to eat their lunch and they were often observed speaking to another member of staff across the room while doing this. Staff did not always speak to the person while they were being assisted to eat. This did not respect the person they were supporting.

Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

Relatives told us, "We both think that the staff are very good here. It was recommended to us here. We see the staff talk to our relative in a kind and considerate way. They treat us well as well" and "When I see the staff talking to my relative it's in a respectful way they care about my relative I can tell that."

People told us, "I like the bath it has a swivel seat that turns and lowers. The girls shut the door and always knock before coming in" and "I have a wash on the bed, and they shut the door and knock before coming in."

We spent time in the communal areas of the service. Throughout the inspection most people were comfortable in their surroundings. However, one person was heard calling out from their room, as staff passed by with limited responses from staff. The manager was aware of this issue and was considering

seeking external professional advice with how to support this person. Staff were observed to be kind and spoke with people considerately. We saw relationships between people were relaxed and friendly.

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member. People told us, "My wife comes and goes at all times" and "I do have visits, they come when they can." Relatives told us, "Our relatives only been here two weeks but all's been fine so far, we've come and gone as we've chosen" and "I have never been told to come between certain times. I just come. I sometimes wait to be let in but they do apologise."

Is the service responsive?

Our findings

At the last inspection in June 2017 we had concerns about the provision of appropriate activities, and the robust management of pressure relieving mattresses. At that inspection the responsive section of the report was rated as Requires Improvement. At this inspection the rating remains as Requires Improvement.

At this inspection we found there had been some improvements to activities, but further action was still required. An activities co-ordinator was now employed who organised events, including visiting entertainers. However, most people and their relatives were not aware of many activities taking place, or told us they were not to their liking.

People told us, "I go to the lounge every six weeks where we have a singer and he sings Stevie Wonder if I ask him to. Otherwise I keep myself to myself. I sit outside on the patio and have my cigarette. The activities are not my thing," "I go down to the lounge but they don't seem to do much down there. I like to do my knitting and write to my sister," "Not my type of activity, do you understand what I mean?" and "They don't have activities always. They need a wider range. I would be interested in going out."

There were plans to take people out into the local community in the future but at the time of this inspection that was not possible. Two recent coffee mornings had been held for raising funds for Marie Curie and the Alzheimer's Society, as well as raising funds for future activities for the people at the service.

During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. Some people enjoyed one to one activities provided by the activity co-ordinator in their bedrooms.

Since the last inspection improvements had been made the management of pressure relieving mattresses. Where some people required specialist equipment to protect them from the risk of developing pressure damage to their skin, air filled pressure relieving mattresses were provided. The mattresses which were in use at the time of this inspection, were set correctly for the person using them. There was a regular audit in place to ensure these mattresses were always set correctly. People's mattresses were now being monitored and set to meet people's needs.

People chose when they got up and went to bed, what and then they ate and how they spent their time. People were able to go out in the grounds and local area as they chose. Some people required support to do this and this was provided by staff. There were also secure outside spaces that people could enjoy.

People had care plans in place to help ensure staff knew how they wanted their health and social care needs to be met. Care plans were tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health.

The care plans were held on an electronic system accessed via tablet computers, laptop and desktop

computers. This system had been introduced a few weeks prior to this inspection. The manager had worked hard to get most of the necessary care plan information for all the people living at the service on to this system. Care plans were regularly reviewed to take account of any changes in people's needs. However, it was not clear if people were given the opportunity to see their own care plan to agree to the contents at each review.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff, were able to tell us detailed information about people's current needs as well as their backgrounds from information gathered from people, families and friends.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff, were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. We saw concerns that had been raised to the manager had been investigated and responded to. One was in the process of reaching a resolution at the time of this inspection.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information.

People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible, for example helping people to choose from the meal time menu.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The manager said there were good links with GP's to ensure people received suitable medical care during this period of their lives.

Is the service well-led?

Our findings

At the last inspection in June 2017 quality assurance and audit systems were not effective and these systems had not identified the concerns we found at that inspection. Information provided to us relating to people living at the service was inaccurate. The service had not sought the views of people and their families. At that inspection the well-led section of the report was rated as Requires Improvement. At this inspection the rating remains as Requires Improvement.

People lived in a service which was not effectively monitored by the provider to help ensure its quality and safety. For example, audits which had been carried out in relation to the management of risks, medicines, infection control, and record keeping had failed to identify when improvements were required. Systems to monitor the quality of the care provided had not identified concerns, found at the inspection, that some staff did not provide respectful care for people. There were also no effective processes in place to monitor staff training and the ongoing supervision of staff. In addition, the provider had also not addressed all of the findings from our last inspection.

The provider had an operations director, who was responsible for the overall monitoring of the safety and quality of the service; the operations director met with the manager on a monthly basis to discuss the quality of the service. However, checks carried out by the operations director, had also failed to identify where improvements were required.

The provider did not have effective systems in place to ensure the effective monitoring of the leadership and quality of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required to have a registered manager. At the time of our inspection the service did not have a registered manager in post. However, the current manager was in the process of applying to CQC to become the registered manager. The manager had been in post since January 2018.

People and their relatives were positive about living at Meadowbrook House and the staff and management. People and families had recently been given a survey and asked for their views and experiences of the service provided. The responses received had been largely positive. Comments included, "A noticeable improvement" and "Always a friendly atmosphere." However, people did not recall any meetings held to seek their views of the service provided. When asked, no one recalled any opportunity to attend such a meeting.

The manager was open and transparent and always available for staff, people, relatives, and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action. The manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them.

People, relatives and staff told us the manager was approachable and friendly. Comments included, "It's very organised, the girls know what they're doing. The chef knows I like my food hot and it comes hot" and "The staff are the best thing about the home." We recognised that the manager had worked well with relatives to ensure people's needs were met. For example, records showed the manager met with a relative to discuss specific concerns about a person's care and had satisfactorily resolved these issues.

Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. The operations director along with the provider visited the service regularly to speak with people, staff and families.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

There was a maintenance person with responsibility for the maintenance and auditing of the premises. They carried out regular repairs and maintenance work to the premises. A faults book was used by staff to report any issues did not have any outstanding tasks.

The manager and the operations director accepted that the concerns found at this inspection were a fair judgement of the service at this time. They recognised they had been through a challenging time recently at the service and were in a period of transition with the introduction of electronic care plans. Managers recognised that further work was necessary to achieve compliance with the regulations.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Infection control risks were not appropriately managed. People's medicines were not always managed safely. Risks associated with people's care were not always managed safely.

The enforcement action we took:

Infection control risks were not appropriately managed.
People's medicines were not always managed safely.
Risks associated with people's care were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to ensure the effective monitoring of the leadership and quality of the service. People's records were not always an accurate reflection of their care.

The enforcement action we took:

The provider did not have effective systems in place to ensure the effective monitoring of the leadership and quality of the service.

People's records were not always an accurate reflection of their care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive training to meet people's needs.

The enforcement action we took:

Staff did not always receive training to meet people's needs.