Mrs Beverley McHale

Meadowbrook Manor

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 1 and 2 August 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting the service. At the time of our inspection 29 people were living in the home.

Meadowbrook Manor is registered to provide accommodation for a maximum of 31 people who require personal care to adults aged 65 and over. It is located in a residential area close to Garforth town centre, near Leeds and is near to local amenities.

The home is an adapted three story building and there is a passenger lift to access all the floors. Externally there is parking for a limited number of cars. There was a large lounge and an open plan dining area on the ground floor. The home also had another lounge on the first floor which included a hair dressing salon and sofa's to relax. This was a functional room for people to have their hair done or for when family's had parties.

There was a registered manager at the home and a deputy manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in August 2016 Meadowbrook Manor were rated as requires improvement due to concerns over medicines management and issues in relation to the operation of the quality assurance systems as accidents and incidents were not being effectively monitored. At this inspection we found that these concerns had been addressed.

Medicines were managed effectively and all medicines stored correctly in line with the providers policy.

Accidents and incidents were managed well with actions taken when required and there was a policy with guidance for staff to follow should an incident occur.

People using the service felt safe and staff had a clear understanding of how to protect people from any harm. Staff were provided with annual safeguarding and whistleblowing training.

The provider completed appropriate checks to ensure the safety of the premises.

Staffing levels were adequate to meet people's needs and recruitment checks were carried out to ensure people were not placed at risk.

People using the service were met by staff who clearly communicated with them on all aspects of their care.

Mental capacity assessments were completed for people however, we saw on one occasion documents had not been recorded in line with the MCA principles.

We found that one of the DoLS applications had expired on 7 April 2017 but had not been renewed until 21 June 2017. This meant that the person may have been unlawfully restricted as there had been no DoLS in place for a period of 10 weeks and the application process had not been completed.

Maintenance logs were used to identify issues regarding the upkeep of the environment or premises, although dates were not always recorded for completion.

Staff were provided with adequate training to do their job. Supervisions and appraisals were also completed to ensure staff could develop their skills and be managed effectively.

People told us they enjoyed the food, were encouraged to make choices about what they ate and drank. Fridge temperatures were not always completed.

Monthly weight monitoring records were in place. Staff informed us nutritionists and dieticians were contacted should a person require further support. Other health care professional's visited the home when there was a need.

People using the service and their relatives felt staff were caring and friendly. Staff had built positive relationships with people and involved them in all aspects of their care.

Staff respected people's privacy and dignity. We saw people's diverse needs were catered for and care planned for these. People using the service were encouraged to be independent and risk assessments completed to make sure people were safe.

People were included in the care planning process and initial assessments were completed with reviews of people's care carried out. Activities were provided to promote peoples wellbeing.

Complaints were managed well and actions taken when needed. Staff and people using the service felt confident to complain if required.

People using the service and staff spoke positively about the management arrangements in place at Meadowbrook.

Policies and procedures were in place and updated to ensure staff followed relevant and up to date practice. The provider carried out a variety of audits to ensure people using the service were safe.

The provider used questionnaires, surveys and meetings to receive feedback about the service and to monitor the quality of the service provided to help learn and develop the service.

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.

Medicines were managed safely.

People were protected from the risk of avoidable harm or abuse. The provider had effective systems in place to manage any safeguarding concerns.

Risk assessments had been completed and regularly updated when needs changed.

Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people working with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff received an induction and on-going refresher training to enable people to be up to date with their practice.

People were supported to access health care services and received appropriate support with their nutritional needs.

For the majority of people, the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were met.

Is the service caring?

Good

The service was caring.

People were treated with care, compassion, dignity and respect. Interactions demonstrated positive relationships had been developed with people by staff.

People's care records detailed their wishes and preferences around the care and treatment provided.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and appropriate care plans were in place. These contained information about people's individual needs and were regularly reviewed.

People had access to a range of activities that they told us they enjoyed which help to promote their general well-being.

The registered provider had a system in place to manage and respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

We found minor recording issues which included capacity assessments, one care record, fridge temperature records and maintenance logs.

People were satisfied with the service they received and their views were sought.

The service was monitored, when shortfalls were found action was taken to maintain or improve the service.

The registered manager reported accidents and other notifiable incidents that occurred to the Care Quality Commission.

Meadowbrook Manor

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 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.

This was a comprehensive inspection which took place on the 1 and 2 August 2017 and was unannounced. This inspection was carried out by one adult social care inspector.

Before this inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make. Statutory notifications are notifications of certain events and incidents that the provider has to inform the CQC by law. We used this information to help plan the inspection. We also contacted the local authority, local safeguarding team and Healthwatch.

During the inspection we spoke with four people who used the service, one relative, the registered manager, assistant manager, a chef, two administration staff and two care workers. We looked at a range of records including three staff files relating to recruitment and five staff files relating to supervision, appraisals and training. We also looked at four people's care records which included care planning documentation, risk assessments and daily records. We viewed records relating to the management of the service, surveys, audits and a wide variety of policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe at Meadowbrook Manor. Comments from people using the service included, "Yes I feel safe", "I'm happy here. I feel safe, I never feel frightened. I'm comfortable as I am" and "everybody is lovely, for myself I couldn't be in a better place, I couldn't fault it here."

We looked at medicines support management, which on the last inspection required improvement. At the last inspection, topical creams when opened had not been labelled and MAR charts did not have specific times of when medicines should be given. On this inspection we found the provider had taken action to address these concerns and no longer required improvement.

We found people's medicines had been correctly stored and dated when opened to ensure safe practice. We saw evidence of topical cream charts in place, with a body map to direct staff on where to administer the medication. 'As required' medications were also documented with the reason why people may need their medication. For example, Asthma was recorded for the reasons why a person may need to have their inhaler.

Medications were ordered by staff and delivered by local pharmacies. These were usually delivered in blister packs but individual prescriptions were also provided in separate boxes. Blister packs contain designated sealed compartments, or spaces for medicines to be taken at particular times of the day. They can help people to keep track of their medicines. We saw records to show when medicines had been destroyed or returned to the pharmacy.

Medicine Administration Records (MARs) were used to record when medicines were provided to people. These were all accurate with correct codes used when staff administered medicines or people refused these. Other information included people's preference on how they wished to take their medicines for example, 'I prefer to take my medications with a glass of water. Staff to administer my medication using a teaspoon, applying on tablet at a time.' This showed a person centred approach and offered people preference on how they wished to take their medicines.

Staff told us they completed medicines management training and people we spoke with said they received their medications on time. The provider completed yearly audits on MAR charts and a three monthly stock audit. The manager told us they were in the process of starting monthly audits for all MAR charts as good practice. The last audit was completed in June 2017. This meant medicine errors were minimised and actions taken to prevent them from re occurring.

We observed staff administering medication and wearing an apron stating 'do not disturb' to reduce the risk of interruption and potential medication errors. Medicines were stored correctly in secure cabinets which were locked when not in use. Temperatures for fridges were completed daily, to ensure medicines they contained were safe for use.

Controlled drugs were kept in a secure cupboard and we saw evidence of two staff signatures recorded

when these medicines had been administered. There was a controlled drugs policy in place which staff were following.

A safeguarding and whistleblowing policy was in place with guidance for staff to follow. Staff had been trained and had a clear understanding of when to report concerns. One staff member said, "Safeguarding is about protecting service users from unsafe situations, I would report it to the manager or CQC." The staff member also provided an account of the different types of abuse; some of these included verbal, physical, sexual, restrictions on people choices and institutional abuse. People using the service told us they would feel comfortable raising any issues with the manager.

We looked at the providers safeguarding folder and found one safeguarding report had been logged over a 12 month period. The report outlined the concerns and what action was taken.

People were encouraged to remain independent when it was safe to do so. Risk assessments were put into place to ensure people were not in any danger of harming themselves. For example, moving and handling instructions were documented for one person due to their risk of falls. It stated 'For bathing, one carer to support and use shower chair. Walking – [Name] fully independent with mobility for short distances. To use Zimmer frame and requires wheelchair for long distance.' We saw that risk assessments were reviewed on a monthly basis.

We saw the provider had taken appropriate action to ensure the safety of the premises. This included fire safety checks completed in January 2017, Electrical checks completed in March 2017, call bell and alarm checks in December 2016 and equipment checks for hoists and slings in June 2017.

The provider completed six monthly fire drills, weekly fire alarm testing and had a fire alarm log book. We saw four domains were tested every week to ensure the fire alarms worked and any faults were reported to maintenance. We did note that although the fire safety checks were completed in January 2017, the fire risk assessment was last completed by the provider in March 2016. The assessment should have been completed annually and we discussed this with the manager who completed the assessment on the day of our inspection.

Infection control audits were undertaken annually with the last one completed in October 2016. There were actions taken when issues were highlighted for example, when red soluble washing bags were required, these were ordered and placed in the home.

Accidents and incidents were managed effectively with actions taken when needed. There was a policy with guidance for staff to follow should an incident occur. Staff told us, "We put information on a report form and give it to the manager, it's all documented and in the care plans." The provider kept a log of all incidents and accidents on a monthly analysis sheet which included the nature of the injury to identify any themes or trends.

Staffing levels were adequate to meet people's needs. The provider employed 19 carers, two full time administrators and two chefs. Rotas were completed four weeks in advance. The manager told us there was one vacancy and that they were in the process of recruiting for this post. One staff member told us more staff were needed on an evening and hoped the recruitment of a new person would help. The manager told us, if there were not enough staff other members would change shifts or opt to do more hours. Rotas showed there was always three staff members on shift or more if dependency required.

We looked at staff recruitment records which showed which checks were undertaken before staff began

work. Checks included application forms, interview notes, confirmation of identity, two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff have a criminal record or are barred from working with children or adults at risk. We looked at three staff files and found them all to have the correct relevant information. The provider informed us all staff renewed their DBS checks every five years. We noted that disciplinary action had been instigated when this had been required in relation to issues of unacceptable or poor staff practice.

Good

Is the service effective?

Our findings

People using the service thought staff met their needs and clearly communicated with them on all aspects of their care. One person told us "I'm looked after. It's clean, any worries or troubles they (staff) listen to you and ask about your problems. They (staff) sort it. It's very free and easy." Another person said about the staff, "I have no complaints, they are all good."

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 when this is in their best interests and legally authorised under the MCA. The application processes for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files contained capacity assessments, however we saw in one person's file that it did not state reasons as to why a person lacked capacity, For example, the assessment asked the question 'can the service user make a decision based on retention of the information provided to them?' The answers were 'yes' or 'no' tick boxes but both had been ticked with no explanation provided. This meant it would make it difficult for staff to determine if a person lacked capacity and the reasons why they lacked capacity. They may have had fluctuating capacity but this was not recorded. We have discussed the shortfalls in recording within the well led domain of this report.

We did see in one care plan that a person's fluctuating capacity had been clearly documented due to short term memory loss. For example, '[Name] has fluctuating capacity. They can make a decision in the moment.' This was based on the retention of information provided to them. For example, 'offer me a choice of menu and remind me of the choices. Remind me if I have forgotten.'

We checked four care files and found that one care plan did not reflect the person's needs with regards to capacity. As this was a recording issue in one care file we have addressed this in the well led domain.

The manager kept a matrix of DoLS applications submitted where a DoLS authorisation was required. Four people using the service had a DoLS in place to keep them safe. The matrix included the date that any DoLS authorisations were granted and expired, so staff knew when applications would need to be re-applied for. We found that one of the DoLS applications had expired on 7 April 2017 but had not been renewed until 21 June 2017. The deputy manager told us they devised the matrix once they had identified this issue and had not had any re occurring incidents of this.

Staff were able to provide explanations of the MCA and DoLS framework which showed they understood the process should a person lack capacity. One staff member told us "Never assume a person can't make a

decision. If someone's becoming a risk I would look at this and risk assess. I would involve the doctor, management and the family if the person is not able to make a decision and agree what is in their best interest. Can't assume person can't make decisions just because you don't think it's right. You can involve the court if needed."

The manager told us all mandatory training courses took place in February and August each year to ensure staff were up to date with current practice. Mandatory training included, health and safety, moving and handling, food hygiene, safeguarding, basic first aid, infection control, MCA, Dementia awareness, challenging behaviour, equality and diversity, DoLS, End of life care, medication and person centred care. The training was provided by video and staff were given multiple choice questionnaires to complete to ensure they understood the course content. The provider confirmed all courses were to be completed annually and we saw a training matrix which confirmed this. Only one person had not completed their training but the manager confirmed this was due to the staff member being on sickness leave for a long period of time.

Staff were also encouraged to complete nationally certified courses some of these included NVQ levels two and three. 20 staff had completed their level two NVQ and 11 had completed level three. One staff member told us, "The training here is very good. The virtual dementia one was excellent to gain insight."

A policy was in place and it was last reviewed in May 2017 for supervisions and appraisals of staff to ensure effective monitoring of them took place. We looked at five staff files and found all staff had received supervisions in accordance with the provider's policy. Out of five staff, four had completed an appraisal which showed staff were involved in their professional development. The manager told us the person without an appraisal was due to have one soon.

We observed staff asking people for their consent and care plans were signed by people or their relatives. This meant people were involved within their care planning and agreed to the care they received.

We observed people at lunch, sitting together and having friendly conversations with each other and staff. Tables were decorated with linen and fresh flowers. The kitchen was clean and spacious in size. We looked at the monitoring of the kitchen including fridge temperatures, food storage and menus.

A four weekly menu system with different meals every week to offer variety was available. The chef told us, hot and cold options for breakfast and dinner were available but only one option at lunch. The chef did say, "If people don't like something, we offer them something else. Most people are happy with the food." Food menus could be found on the dining tables and in areas of the home so people could decide if they wanted to have the food on offer or something else. We observed someone asking to have their meal without carrots and this was facilitated.

People told us they enjoyed the food provided by the home. One person said "The food is fine; I eat everything and its good wholesome food with a variety." Another person commented, "The food is nice." When required, staff supported people with their lunch. We saw one staff member cutting up a person's food as they found it difficult to chew.

We saw monthly weight monitoring records were in place for those people who had lost one kilogram or more within the month and actions taken. For example, 'GP aware, assisted at meal times, high calorie diet, weekly weights and food intake chart in place.' Fluid charts were also completed for people that needed it. One relative told us, "[Name] suffers from confusion and she has urine problems but they are really good with giving her fluids."

Staff informed us nutritionists and dieticians were contacted should a person require further support with their dietary or fluid intake. Other health care professional's visited the home when there was a need and we saw this documented in daily notes. For example, 'District nurse has been to re dress [Name]'s legs.' This showed information was being communicated and meant staff were aware of any changes to a person's care needs.

Staff told us that when required they would escort people to hospital if relatives were unable to attend. One staff member explained how they used a 'red bag scheme' which included people's medication history, care planning information and the most recent MAR chart and other relevant information about the person. This was to ensure a safe transition into hospital and to ensure the same care could be provided elsewhere. The staff member told us, "The red bag system works really well."

Good

Is the service caring?

Our findings

People we spoke with and their relatives thought there were positive relationships with all the staff at Meadowbrook Manor and said they were caring. One relative told us "Staff are proactive, they work hard and make an effort to include [Name] to avoid social isolation and now she has made friends with others and staff are lovely."

One person using the service said, "They [staff] are all nice and lovely, I get on with them all." A staff member commented, "The manager gives us time to spend with residents, it's not rushed here. This feels like a home." Another person using the service said, "I love it here. I'm used to everything and the people, this is my home now."

We observed positive interactions between staff and people using the service. On the first day of our inspection we overheard a person saying she "loved" her carer. We also observed people laughing and telling each other jokes. Staff were in constant interaction with people using the service and at lunch time staff politely asked people if they wanted to go to the dining room for food.

We saw evidence which demonstrated people's diverse needs were being met. For example one person preferred spicy foods and the chef told us, "We make them the curry they like." Staff also told us they arranged weekly mass meetings for one person who wished to have a service to enable their spiritual needs to be met. This showed the provider respected individual's diverse needs and accommodated these.

Staff told us they always ensured privacy and dignity was taken into account when supporting people within the home. We observed a staff member asking a person who was in the lounge if they wished to go to their room for some privacy as the district nurse had arrived to see them for a visit. Another staff member told us "For one person I cut up their food away from the table at meal times so they don't feel embarrassed in front of others as they can't do this for themselves." People were respected by staff and one person using the service said "Everyone is very respectful; I've been well respected here."

One lady using the service told us she remained very independent in the home and did most things herself. Care plans we looked at documented how much support was required from staff and if a person was able to do a daily task independently. For example, 'I can sit and stand independently from the toilet' and 'I can wash my own face and front of body with prompting from one carer.' This showed people were encouraged to remain independent for as long as possible.

We observed staff involving people in all activities and daily tasks. We observed staff asking people to join in activities, asked if they wanted any drinks and people told us they were involved in planning their care.

There was a staff handover daily and we attended this on the first day of our inspection. Staff provided a full handover of every person living in the home and included relevant information to ensure people's needs were consistently being met. For example, Staff communicated to check a person on bed rest following a fall could use the nurse call system effectively. Staff also discussed a person who had been quite confused

during the shift and often couldn't find the toilet. The staff member handing over asked the team to re assure the person and support them to find the bathroom. The shift co-ordinator also discussed people that were currently in hospital and those at potential risk of deterioration. For example, to continue to provide lots of fluids and monitor following a recent kidney infection.

Information about people was kept securely, locked in a cupboard at all times. Staff told us they were aware of keeping personal information confidential and knew how to access this information.

No person using the service at the time of our inspection had an advocate however, the provider told us of how they would support a person to obtain one should this be required.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their choices and preferences. Care plans included documentation about their individual wishes and needs such as, 'I prefer to have a wet shave on a daily basis' and 'I would like to see the chiropodist in house every six weeks.' One relative told us, "The hairdresser comes in a couple of times a week to do people's hair. My nan used to have her hair done at home once a week so she loves it."

Care plans were person centred and we saw staff had collaborated with people using the service to identify their specific needs. Care plans outlined people's strengths for example, 'I can get out in and out of bed independently', and 'I have Alzheimer's. I can show signs of confusion at times' and, ' If I show signs of confusion or if I am anxious, staff to be reassuring and take time to chat with me.'

Information about people's social interests, hobbies and historical information were also included in their care records. For example, '[Name] is very fond of cats and previously had them. Favourite music, golden oldies and church hymns.' One care plan we saw stated that the person enjoyed playing the card games of 'bridge and doing crosswords. This showed staff had taken into account peoples specific likes and dislikes so that care could be provided in a person centred way.

Initial assessments were completed when people moved into the home to ensure it could meet their needs. We saw care plans were evaluated regularly by staff and six monthly reviews were held with people and their relatives to ensure they remained accurate and up to date. There was also a section for people or their relatives to write in the notes following this review. An example from a relative stated, 'We are delighted with the care [Name] receives, which makes us happy. [Name] is very happy and contented.' One person using the service had verbally stated to a staff member, '[Name] said she is happy at Meadowbrook and likes the staff. [Name] enjoys the food and had no problems apart from her bed but [Name] understands that she needs a profiling bed due to leg ulcers and skin problems.' This had been documented in their care plan by the staff member and been signed by the person using the service.

We observed activities taking place on both days that we inspected Meadowbrook Manor. On the first day people using the service were able to join in the daily activity, which included a singing group. We saw that most people joined in, sang with each other and were laughing and smiling throughout the activity. Staff also engaged in the activity. This showed that staff engaged with people using the service, provided people with stimulation and helped reduce risks of social isolation. Staff told us a hairdresser attended the home twice a week to do peoples hair. We saw a room that was designed for this purpose as a hairdresser's salon with a lounge for people to relax. Staff also did nail painting and pamper sessions in this room.

People told us they enjoyed the activities and that there was a good variety available. One person said, "It's very good, yes I do the activities." A relative told us "They had an entertainer, singer who came in. There is always a Christmas meal families come along to. They are planning to do a family fun day on the 19th August. Another lady comes to do exercises and some people go out on Fridays for lunch and to play bingo. My [Grandma] went to Scarborough." Another person said, "I love the exercises, the arm chair ones."

The provider managed complaints effectively and in a timely manner. Complaint forms were available for people using the service and we saw that staff helped people complete these when required. The complaints were audited on a monthly basis and we saw 11 complaints had been made in the past 12 months. Within the monthly audits we saw actions the provider had taken to resolve people's concerns. For example, replacing worn carpets with new lino flooring to prevent the risk of falls. The provider also received compliments. We saw several cards thanking staff for the care provided. One letter from a relative stated, 'This has allowed us to carry on with our lives as normal knowing that [Name] was safe and cared for.' Another card said, 'Many thanks to staff for the kind care given to [Name].'

Requires Improvement

Is the service well-led?

Our findings

We found shortfalls in a number of areas relating to the lack of record keeping in the service. We found that food temperatures were recorded for daily meals however fridge temperatures were not always documented. We discussed this with the provider who planned to check this to ensure staff complete the fridge temperatures daily.

Maintenance logs were used to identify any issues regarding the environment or premises for example, a toilet in a person's room had a leak and there was a date to say when work had been completed. Not all of the maintenance issues had completion dates for example, a curtain rail had come down in a bedroom in May 2017 and there was no action documented for this. The manager informed us that the curtain rail had been put back up however, this had not been recorded. We discussed this with the manager to ensure all actions for maintenance issues were logged.

We found one person's care plan had not correctly recorded if a person fully lacked capacity and for what reasons, which meant staff were not informed of a person's needs and how to support the person. We recommend the provider review all capacity assessments within care files to ensure staff know if a person fully or partially lacked capacity, how this has been assessed and if changes to care have been made.

People using the service and staff spoke positively about the management at Meadowbrook. One person told us, "They are lovely people, very nice indeed. Everybody is nice; I have no problems with anything." A relative told us, "[Deputy Manager] deals with everything well and knows everyone personally. She's very involved." Staff members also commented, "The management team are so good, I couldn't fault the manager. They are supportive and I can go to them if I've done something wrong." "They are approachable and listen." "It's a nice home to work for, staff and residents are friendly" and "They always tell you about any changes and what's on."

There was a registered manager and deputy manager at Meadowbrook Manor who we were told were open and approachable. Every person we spoke with knew who they were and how to contact them should they need to discuss any concerns. Staff told us they were well supported by the management and no one raised any issues with us during our inspection.

Policies and procedures were in place, which were updated to ensure staff followed relevant and up to date practice. These included medicines management, Infection control, quality assurance, MCA, appraisals, supervisions and emergency contingency plans.

The provider carried out a variety of audits to ensure people using the service were safe. Monthly audits carried out included incidents of pressure sores, complaints, people's weights and medicine stock checks. The manager informed us they planned to introduce monthly medicine audits for MAR charts as good practice to recognise errors and minimise them from reoccurring. Annual audits included Infection control, mattress audits and medicines. We also saw evidence the assistant manager and registered manager audited people's care plans and risk assessments on a monthly basis. This ensured the quality of the service

was always being monitored and improvements made when necessary.

We saw questionnaires and surveys had been completed by people using the service and their relatives. The relative's survey was completed in May 2017 with positive feedback from people. Relatives were asked about staff performance; if they felt listened to and whether they had been sufficiently informed of any concerns or complaints and if improvements could be made. Some answers included, 'Staff are always courteous and helpful' and 'The atmosphere of the home has a genuine warmth and friendliness.' 'We can't speak highly enough of the staff, surroundings and the outstanding level of care that is provided at Meadowbrook.'

People using the service completed questionnaires in June 2016. The manager told us, they had planned to do another survey in the month we inspected. The provider told us surveys were completed annually however, people using the service also had the opportunity to provide feedback during the 'residents meeting' or at their individual six monthly care planning reviews. Comments from the previous survey included, 'Staff are willing to assist at all opportunities' and 'Very satisfied, staff couldn't be better.'

The provider had completed an analysis of the information received on the surveys and taken action to address concerns or make improvements to the service.

A 'Residents and Relatives meeting' was held quarterly. The last meeting was held in June 2017. We saw staff discussed activities, meals and outings with people and their relatives. People using the service identified outings they wished to go on, to have a weekly activities board and to change the timing of their evening meal. We saw actions had been taken following the meeting which included a planned trip to Scarborough, a weekly board displayed in the home and a change of time for people's tea as requested by them.

Staff meetings took place on a quarterly basis. This helped provide leadership and direction and helped clear communication to be provided. The meetings allowed staff to have input into the everyday running of the service and were informed of any changes. Staff told us, "They are approachable, always. They involve staff in meetings and regular supervisions."