Care Quality Commission

SCL Care Limited

Meadowcroft Residential Care Home

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?	Good

Summary of findings

Overall summary

Meadowcroft Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Meadowcroft Residential Care Home is a care home without nursing, which can accommodate up to 17 people. At the time of our inspection 15 people were using the service and these included older people; some who may have a diagnosis of dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection visit took place on 14 November 2018 and was unannounced.

There was a registered manager in post and they were present during the inspection. 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 2008 and associated Regulations about how the service is run.

People received medicines as required, although some small changes were needed to ensure that the number of medicines coming into the home were recorded adequately. People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person and

their needs, choices and cultural needs. Care staff knew people's needs and respected them. People were able to speak openly with staff and understood how to make a complaint.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

CareQuality Commission

Meadowcroft Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced comprehensive inspection was completed by one inspector on 14 November 2018.

We asked the provider to complete 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 also reviewed other information that we held about the service, such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with five people who used the service, two members of care staff and the registered manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the experiences of people unable to speak with us.

We looked at two people's care records, two medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Good

Is the service safe?

Our findings

At the last inspection in April 2016 the key question of Safe was rated Requires Improvement due to concerns around manual handling techniques utilised by staff. At this inspection we saw that improvements had been made and the key question was now rated as Good.

One person told us, "I am well looked after I am safe here. Staff look after me here". A second person said, "I am diabetic and they [staff] make sure I am well and safe". A staff member told us, "People are kept safe, if we feel something isn't right we get the professionals in". We saw there was a procedure to take if staff had a safeguarding concern and we saw evidence that the correct procedure had been followed. Staff were able to discuss the safeguarding procedures with us. Staff were clear on the actions to take in the event of an emergency and one staff member told us, "I would shout for help, check the person and then call 999, no delay". We saw that any accidents and incidents were recorded appropriately and action taken where needed including the updating of care plans and risk assessments. However, we had not been notified of one incident where a person left the building unaccompanied even though they were legally being deprived of their liberty for their own safety. The registered manager sent the notification during the inspection. We had been notified of other incidents.

People we spoke with told us that they received their medicines regularly and without delay, with one person telling us, "I get all my meds they [staff] never forget to give me one". Medicine Administration Records [MAR] charts also recorded where medicines had been given. However, audits we carried out became confusing as the MAR sheets did not accurately reflect the total amount of medicines that had come into the service, and so the remainder of medicines could not be measured correctly. The registered manager told us that this would be remedied immediately.

We found that any risks were managed well and that risk assessments were in place. Risk assessments included, but were not limited to, personal care, health and medicines and falls. For example, falls risk assessments were carried out monthly and where a risk reduction plan was needed or a referral to the GP this was put in place. We saw how staff had been part of a recent NHS project on falls and fracture prevention. We saw that people had individual evacuation plans in the event of an emergency and these looked at the person's ability to leave the premises safely and what assistance they may require.

People felt that there were enough staff. One person said, "There are enough staff, they stop and have a chat". A staff member said, "There are enough staff, we can get things done". We get enough time to spend with people".

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

One person told us, "The bedrooms are spotless and the place is clean". A staff member told us, "It is very hygienic here, we make sure it doesn't smell". We found the environment was clear from hazards and people

were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was safe were completed. The hand-washing policy was also displayed on doors, with access to an antibacterial gel.

Good

Is the service effective?

Our findings

At the last inspection in April 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Pre-placement assessment information was in place, and this provided information on the person's needs such as personal care, mobility and health needs. It gave a past medical history and information about the person's medical diagnosis.

Our observations were that staff knew how to support people and had the skills and knowledge required to meet their needs. One person told us, "The staff know how to help me and they are sociable with it". A staff member said, "We know people well enough to know how to help them".

We found that staff had completed inductions. One staff member told us, "I did the care certificate, I shadowed, met residents and was fully prepared". The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift. A staff member told us, "I have supervision every three months, but we can go to managers at any time, we are an opinionated bunch". Staff members told us that they received training that helped maintain their skills, with one staff member telling us, "We do quite a bit of training, I don't mind doing it at all". We saw that the training matrix evidenced training staff had completed and were due to complete. Examples included; first aid, medicines and moving and handling. We saw supervisions were recorded and included discussions around care provided to people and the staff members wellbeing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and found they were.

At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities. CQC were notified on the day of inspection of the approval which had been made. Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. Staff were able to tell us who the DoLS applications were for and why. A staff member told us, "DoLS decisions are taken in people's best interests to stop them from doing things that might leave them at risk, where they don't realise the danger". We saw that one person's family member had enduring power of attorney in order to make specific decisions on their behalf. A copy of the paperwork was on the person's file, so that staff were aware of the family members responsibilities.

Staff told us that they gained people's consent prior to any action being implemented and we saw this being carried out. A staff member shared, "I always ask consent. If people can't talk to me then I check their body language and gestures or I look at the care plan to see if any information is recorded there".

People told us that they were happy with the meals that they received and they enjoyed the food on offer. One person told us, "The food here is very, very good. We have two choices at dinnertime and three at teatime. We have a cooked breakfast on Sunday and a lovely Sunday lunch". We saw people being offered two choices at lunchtime and they were offered extra gravy or beans throughout the meal. Most people could support themselves, but where assistance to eat was required this was given at the person's pace. Where professionals had advised that people should be on pureed diets we saw that they were. We saw that snacks and drinks were available to people.

People were supported to access the health care they needed. A person said, "The staff are good they get the GP if we are off colour". Staff told us that they were able to observe if people's health was failing and if so they would call the doctor. We saw records to verify this. We saw evidence that dentists, opticians and other health professionals were seen by people as required.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. Bedroom doors displayed people's photograph, their name and were personalised with pictures that meant something to the person. Around the home posters of historical advertisements for well-known brands were displayed and these were a talking point.

Good

Is the service caring?

Our findings

At the last inspection in April 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People told us they thought the staff were friendly and caring towards them. One person said, "Staff are nice to me, this one here [pointing to staff member] is nice. They will sit and talk with you". A second person told us, "The staff here are really good to me, always checking I am okay". We saw an example where one person became confused and was asking for their father. The staff member showed empathy towards them and continued with the conversation as not to agitate the person.

We saw photos of each staff member with their name were on display around the building so people knew who was caring for them. A poster was also displayed which gave people's birthdays that month. Photos of people using the service were on display throughout the home.

People shared with us that they were able to make their own choices and decisions and one person told us, "I am given a choice, I can't do much anymore, but I choose my food and clothes". We saw people walking freely around the home, using the lounges without restriction.

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "They do keep me covered when they help me". A staff member told us, "I would put a towel over the person whilst doing personal care and only do a bit at a time, so that they aren't left exposed. I will also always shut the door". We saw staff encouraging people to do things for themselves where possible and one person said, "The staff encourage me to do things for myself so I stay independent".

People told us that their visitors were made welcome, with one person saying, "When my family visit they are made welcome, staff always say hello". A staff member told us, "We have a good relationship with families, they will ring in and ask how people are and we will always call them if someone has been poorly or seen the doctor".

We saw an advocacy poster on display with advice to contact a national charity. The registered manager told us that if a person requested the services of an advocate, this would be arranged for them. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Good

Is the service responsive?

Our findings

At the last inspection in April 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

We found that people's care plans were detailed and they gave information on needs and requirements and how people wanted their care needs met. We saw that care plans included, but were not limited to; personal care, health and medicine, behaviours, spirituality, nutrition and mobility. A medical diagnosis and medicines taken were listed and where people had specific conditions information was given for staff within care plans. Hobbies and interests were noted within records. A biography assessment was in place which gave details of key moments in the person's life through to any future goals they had. We saw that reviews were carried out in a timely manner.

People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. People had been asked their religious persuasions and for those interested there were regular religious scripture readings. People told us that they had friends and one person said, "I have got lovely friends here". We saw that people had struck up strong friendships and chose to sit together.

We saw that activities took place. One person told us, "I like to watch TV and listen to music and I like to see the dogs visit. I also had a cake for my birthday. I would like the exercise person to come in twice a month". The registered manager told us they would see what they could do about this, but that staff were learning from the exercise expert so they could also take classes. A second person said, "I don't do a lot, but I don't want to do much. I do occasionally go to the shop and I do like listening to the music. A staff member told us, "People do puzzles, read the paper or knit in the day and we often have visiting activities". A second staff member said, "I think people do enough most of the time". We saw staff holding topical discussions with people and people sitting together to complete a jigsaw. Posters displayed the next visiting activities such as; pet therapy, exercise, a hairdresser, visiting children and a bible reading.

People we spoke with said they knew how to make a complaint or raise a concern. One person told us, "I could tell the girls if I was upset, I can complain to them, but I don't need to". We found that the complaints procedure was used appropriately and gave information on how to make a complaint and was in an easily understandable format. The contact details of the provider and appropriate external agencies were provided.

Care plans considered people's end of life wishes, and questioned whether the person wanted to be made aware of any palliative diagnosis, if they wanted family involved, if they wanted to remain at home and also any funeral requests. Any DNAR [directives not to resuscitate] were in place.

Good

Is the service well-led?

Our findings

At the last inspection in April 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.'

People spoke to us about their feelings on the registered manager. One person said, "[Registered manager's name] is a very good manager and would always listen". A second person said, "The manager is very good, very understanding". A staff member told us, "The manager is here most times and helps us out all the time". We saw positive interactions between the registered manager and people and staff.

People spoke to us about their experience of the service. Lots of people commented positively, saying "Ask me if I am happy…I will tell you I am", "I am happy here I love it", and, "I would definitely recommend it here". A staff member told us, "I love working here".

People knew the local community. There is a local park opposite the home and people told us they liked to look out at it. Children of staff members came in to visit and schools and local churches also visited throughout the year.

Meetings for staff took place regularly and included discussions on care carried out and staff members wellbeing. Meetings for people using the service were monthly and included discussions such as; do you feel safe, any complaints and are you happy with the staff?

Feedback was taken from people in the form of monthly questionnaires and responses were positive, with comments such as, 'all pretty good, we have a choice' and 'I enjoy the pet therapy'. We saw a laminated sheet with the outcome of the survey on, which was available for people to read. Feedback was also taken from staff and relatives and one family member's response was 'fantastic care home, the staff are professional, highly trained and are all extremely approachable'.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. One staff member told us, "Staff are kind and caring and we are a good little unit, but I would whistle blow if I had to". To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's' care.

Audits included daily checks on medicine administration, cleanliness, activities and staff. Weekly audits included fire safety, equipment and the environment and monthly checks included care plans, weight

monitoring training matrix and food and fluid intake amongst others. An example of the falls analysis included where the fall had taken place and why?

The registered manager told us that there was open communication with the provider and that they took an active interest in the home. The provider was given a daily update and did monthly checks and regular inspections.

We found that the previous inspection rating was displayed as required.