

Caretech Community Services (No 2) Limited







Meadow Acres

Inspection report

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Date of inspection visit: 21 July 2015
Date of publication: 18/08/2015

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	

Overall summary

The inspection took place on 21 July 2015 and was unannounced.

Meadow Acres is a care home without nursing. It provides care, support and treatment for up to eight people with a learning disability. There were seven people accommodated at the home at the time of this inspection.

We last inspected the service on 14 August 2013 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have

Summary of findings

capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to the people who lived at Meadow Acres.

People felt safe at Meadow Acres and were confident to approach the staff. People had health care and support plans in place to ensure staff knew how people liked their needs to be met. Risks to people's safety and welfare had been identified and care had been planned to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely.

Staff members understood their roles and responsibilities and were supported by the manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were well catered for.

The atmosphere in the home was welcoming and there was a warm interaction between the staff and people who used the service. People were involved in all aspects

of their care and support as much as they were able. People were supported to access support from external advocacy services to help them make decisions about matters in their daily lives. Relatives and friends were encouraged to visit at any time and people were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

People were supported to be individuals. Their care and support was planned around their needs and they, along with family members and professionals, were involved in decisions about their care. The provider had made arrangements to support people and their families to raise concerns and meetings were held for people to discuss all aspects of the care and support provided at the home.

The manager promoted a positive culture within the home that was transparent and inclusive. The manager and provider had robust systems to continuously check the quality of the service provided. Staff felt valued and were encouraged to contribute any ideas they may have for improving the service.

Summary of findings

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 was safe.

People were supported by staff who had been safely recruited.

Support staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good



Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People had access to advocacy services.

People's dignity and privacy was promoted.

Good



Is the service responsive?

The service was responsive.

People were supported to engage in a range of activities.

People were supported to be involved in decisions about their care as much as possible.

People's concerns were taken seriously.

Good



Is the service well-led?

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Good



Meadow Acres

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 met 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 under the Care Act 2014.

This inspection took place on 21 July 2015 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, we spoke with two people who used the service, four support staff and the deputy manager. We spoke with three relatives subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People who were able told us that they felt safe living at Meadow Acres. A person said, “I am safe”. A relative we spoke with told us, “[Person’s name] is safe there. Safer than they have ever been”. People had confidence to approach the staff and we saw that they looked relaxed and happy when they asked staff for support.

We spoke with staff about protecting people who lived at the service from abuse. All the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. One staff member said, “We have clear policies, we create an incident report, which is done online and automatically goes to the locality manager and then to the relevant external agencies.”

We found that risks to people’s health and well-being had been identified and management plans were available in the care records. These included mobility assessments, risks relating to people accessing the community and use of bedrails and wheelchairs. All staff we spoke with were aware of the risks to people’s health and well-being. The risk management plans were routinely reviewed which ensured the management strategies continued to effectively reduce or minimise the risks.

People who were able told us that there were enough staff. One person said, “I think there are enough staff. They are there when I need them and when I want to go out”. On the morning of our inspection there were three staff members and the deputy manager on duty with a newly recruited staff member shadowing as part of their induction. Staff told us that an additional person was on duty in the afternoons to support people who wished to undertake activities outside the home. Rotas confirmed that these levels of staff were maintained. Staff told us that there was some agency and bank staff usage at the home at this time

alongside permanent staff members working longer hours. This was because some established staff had recently left the service however, we noted that a recruitment campaign was underway.

We spoke with two staff members who had been recruited since the previous inspection of Meadow Acres in 2013. They confirmed that the recruitment process was robust and that they had not been able to start work until the manager had received a copy of their criminal record check and satisfactory references. This helped to ensure that staff members employed to support people were fit to do so.

Staff were able to confidently describe the procedures to be followed in the event of an emergency, for example a fire and confirmed that regular fire alarm checks were undertaken to which ensured people’s safety was promoted. People who used the service confirmed that the fire alarm checks were undertaken weekly.

People told us that staff supported them to have their medicines on time. One person said, “They give me my medicines every morning with my breakfast.” There were suitable arrangements for the safe storage, management and disposal of people’s medicines. Each person’s medicines were stored in locked cupboards in their bedrooms. We noted that there were thermometers in these cupboards to support staff which ensured that medicines were stored at the correct temperatures. Staff told us they had received medicines training and records confirmed this. Each person had a medicine administration record (MAR) in their name with associated photograph which ensured staff could identify that person correctly prior to administering their medicines. There was individualised information available for staff to follow to ensure that each person had their medicines administered safely according to their needs. For example, there was information to guide staff about one person who tended to chew their tablets instead of swallowing them whole and that staff should ensure that the person drank a glass of water or a cup of tea with their medication. This helped to ensure that people received their medicines safely.

Is the service effective?

Our findings

All the people we spoke with indicated that the care and support provided was effective. One person said, "I am happy here, they look after me". A relative said, "I am very happy, my [relative] gets the care they need and the staff know what they are doing." Another relative said, "They do look after [person's name] there, when anything goes wrong they call me. I am very happy with where they are." The local authority team told us that they were not aware of any concerns or issues.

People were looked after by staff who had the knowledge and skills necessary to provide safe and effective care and support. Staff told us that they received the training they needed to support them in their roles which we confirmed during our inspection. Specific training was provided relating to the needs of the people who used the service. For example, training to give the staff skills in conflict management and epilepsy training. New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice. A staff member told us, "There is so much training, there is plenty."

A staff member told us, "The management team here are very supportive, they look after us well." We found that all staff members received regular supervision from a line manager and staff told us they were able to discuss any aspect of their role with seniors which made them feel supported and valued.

We saw that staff communicated with people and gained their consent prior to support being provided and gave people time to respond and express their wishes. Staff told us that they always asked people's consent to personal care and told us they had received training about the MCA 2005 and DoLs and they were able to demonstrate that they understood what this meant. We saw that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. Staff were able to demonstrate a good clear knowledge of how the best interest process could support people to live their lives as they wished. One person told us, "Anything you do should be in the best interests of the person."

The deputy manager demonstrated a good understanding of when it was necessary to apply for an authority to

deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection we found that applications had been made to the local authority in relation to all the people who lived at Meadow Acres.

The menu was developed from people's wishes. Some people who lived at the home were not able to verbally indicate their wishes. Staff told us that in this instance they used family input and tried to provide new experiences for people to try. Each day, the person designated as cook consulted people before the meal preparation. Staff told us that they were sometimes four different meals provided at one sitting which ensured that people's individual wishes were respected. People who used the service said that they enjoyed the food and liked that they were able to choose their meals.

We did not observe a main meal time as this was provided during the evening. All people we spoke with told us that they liked the food and drinks offered. A person told us, "We get what we want and it is nice". We saw that food stocks were satisfactory. Records we looked at confirmed that people enjoyed a varied diet. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness.

Where people had been assessed as being at risk from inadequate nutritional intake, we saw that dietitians and speech and language therapists (SALT) had been consulted to help ensure people ate and drank sufficient quantities. Where risks associated with eating and drinking had been identified there had been professional guidance sought and the guidelines were followed. For example the care plan for a person assessed as being at risk of choking clearly detailed the actions the staff should take to support the person to eat safely. These included to ensure the person was sat upright with their back supported and their feet on the floor. During the lunch time meal we saw that the person had chosen to eat away from the dining table however, they were seated appropriately.

People told us that their health needs were well catered for and that they received support from staff to attend appointments as needed. We saw that chiropodists, dentists and opticians visited the home when people needed them. Relatives told us that they were satisfied with the health care people received and said that people had

Is the service effective?

received all the external support they had needed to promote their health and well-being. We noted that referrals had been made to external health care agencies. For example, we noted that a person had received support from a mental health consultant and a district nurse.

Is the service caring?

Our findings

A person who used the service told us, "The staff are all very kind; they talk to me and ask me what I would like to do." Relatives of people who used the service said they felt the staff team were caring and supportive. One person told us, "[Person's name] is well looked after, they are really happy and cared for there."

We found that the atmosphere in the home was welcoming. With their permission we looked at a person's accommodation and saw that it was personalised to their taste. We observed sensitive, respectful and kind interactions between staff and people who used the service. Staff took the time people needed to speak with them and clearly had a good understanding of the support people needed.

A person who used the service told us that they were involved with developing their care plan and making choices about how their care was delivered. They told us, "We have meetings; I can say how I want things to happen and what I want to do." Where people lacked the capacity to contribute to their plan of care we saw that family members had been involved. Relatives told us they were invited to planning meetings and enjoyed being able to contribute to decisions about people's care and support needs.

People who used the service had received support from external advocacy services to help them make decisions about matters in their daily lives. For example, one person had received support to communicate with the funding authority about arrangements regarding a holiday and another had received support about their attendance at a day centre. This shows that people were supported to speak up for themselves.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. People who used the service and their relatives told us that they were supported to maintain family relationships. The service had a dedicated mini bus and driver which meant that staff were able to support people to go home and spend time with their families.

We saw staff knocked on doors and allowed people time to respond before they entered. When people required support with using the toilet or personal care needs, they were supported discreetly which ensured they received support in private and with their dignity intact.

Private and confidential records relating to people's care and support were maintained in a lockable office. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information and told us that they had signed a confidentiality agreement. This helped ensure that people's personal information was treated confidentially and respected.

Is the service responsive?

Our findings

People told us that the staff supported them to do the things they wanted to do. For example one person said, "I go shopping, I go for bus rides, I go swimming and to the cinema. Staff come with me to support me."

Staff told us that the service did not provide group activities but that each person pursued their own activities. For example one person liked to knit and listen to talking books that they purchased independently when they went out with their family members. Another person enjoyed watching television whilst another person enjoyed baking and was able to go out of the home independently to go shopping.

We were told of Christmas parties and summer barbecues that were arranged for the people who used the service and relatives told us they were invited to attend these. People who used the service told us that they discussed external entertainment at meetings and that an Elvis impersonator was a popular choice of entertainment to have in the home.

Care was centred on the needs of individuals. People's care plans addressed all areas of their lives and we noted that their views were sought in creating the care plans to reflect their individual preferences and needs. Where this was not possible we found that people's relatives and health and social care professionals had been involved in developing the care plans to meet people's needs. A person who used the service told us about their review meeting. They told us that their relatives and social worker attended and that they were able to influence decisions made at this meeting. Staff said to us, "If we find that the information in the care plan is not meeting people's needs, then it is automatically reviewed, we do not wait."

We observed interactions by staff with people who used the service and found that the interventions described in the care plans were put into practice. We saw that staff responded to people in an individualised manner and it was clear when we asked the staff that they knew what the people's needs were.

People and their relatives told us they would be confident to raise anything that concerned them with staff or management and told us that the manager operated an open door policy. There were complaint forms developed in an 'easy read' format to support people to raise any issues of concern. The manager maintained clear records of any concerns or complaints made and the subsequent outcomes of these. For example we saw records of one complaint from a person who lived at the home about noise generated at night by another person and the complainant had stated that this disturbed their sleep. Records showed that the staff and management had supported the person to rearrange their furniture away from the dividing wall and contacted relevant health professionals for support. This showed that the management were responsive to complaints. We saw that they were records maintained of compliments received and one from a visiting professional stated that the home was always clean and tidy and was a pleasant environment to be in.

The manager had arrangements in place to support people to share their views and talk about any improvements they would like. A person who used the service told us, "We have meetings to talk about things like the menu and choose what we want to do. They ask us if we are happy here and if there is anything special we want to do."

Is the service well-led?

Our findings

We found that the manager promoted a positive culture within the home that was transparent and inclusive. A person told us, “I talk to the staff and manager and they do what I want”. A relative said, “The manager is open and tells me everything I need to know. If I had anything to complain about I would talk to the manager but [my relative] has lived there for many years and I have never had anything to complain about.”

The manager was away from the home on the day of this inspection. However, the systems and process in place which ensured that the people were cared for safely were clear and robust. The deputy manager was knowledgeable and competent to manage the home in the absence of the registered manager.

A wide range of audits, checks and observations were undertaken routinely by the staff and management that were designed to assess the performance all aspects of the service delivery. These included areas such as medicines, health and safety, fire checks, bedrails and infection control. Information about the outcomes of these checks, together with any areas for improvement identified, was reported to the provider each month with details of actions taken and progress made.

The provider had a range of systems in place to assess the quality of the service provided in the home. These included regular quality monitoring visits undertaken by members of the provider’s senior management team. We found that the provider’s quality monitoring systems were effective in identifying areas that required improvement. For example it had been identified that staff needed support to develop a better understanding of the DoL safeguards. We saw that the actions taken by the manager to achieve this had been discussed in staff meetings and supervisions about DoL safeguards used to keep individual people safe. This action had been reviewed by the providers’ representative and

had been signed off as being completed. When we spoke with staff about their awareness of DoL safeguards we found they had a clear understanding of their responsibilities.

A person who used the service told us of meetings held at the home to discuss areas of the service such as food and entertainment. The person told us that their opinions were taken into account in the way that the home was run and the service was delivered.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. They told us of a staff survey that had been sent to all staff this summer. They told us that the survey had included questions about their role and how to improve the experience for people who used the service. Staff told us, and records we looked at confirmed, that staff meetings were held. The provider had a clear leadership structure that staff understood.

Staff told us that the manager was supportive and encouraged them to undertake additional training to improve their knowledge and skills. One person said, “The manager is good. They are very knowledgeable”. Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency.

The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice. One staff member said, “If I was concerned about anything I would feel completely comfortable to report it”.