

Meadowview Care Limited

Crossfields Lodge

Inspection report

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Halstead
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Tel: 01787476679

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Crossfields Lodge is a residential care home providing personal care. The service provides support to people with learning disabilities and autistic people. Although registered for up to two people, the provider had decided for the foreseeable future, to just accommodate the current person using the service.

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

Right Support:

Staff were supporting the person to take part in activities and pursue their interests in their local area. Staff were working with the person, and those who had a significant involvement in the person's life to support them to have a meaningful life and to achieve their aspirations and goals.

The person was being supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew how the person preferred to take their medicines to achieve the best possible health outcome. Staff supported the person to access specialist health and social care support in the community.

Staff supported the person to make decisions following best practice in decision-making. Staff were continually learning and developing the person's communication systems to ensure it was tailored to the person's needs.

Right Care:

Potential risks to the person's safety were not always identified and acted on, this had put the person at risk. Improvements were needed to monitor staff's practice and ensure all staff felt confident in managing risks.

The person's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture:

The service's quality assurance, monitoring and oversight arrangements were not robust and required improvement

The person led an inclusive and empowered life because of the ethos, values, attitudes and behaviours of the management and staff. Where staff did not demonstrate the provider's values, this had been addressed by the management.

The person and those important to them, were involved in planning their care. Staff kept the person's care plan under review, updating as they got to know the person better, including what made them happy. The person's quality of life was enhanced by the service's culture of improvement and inclusivity.

Rating at the last inspection.

This service was registered with us on 4 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified a breach of regulation in relation to risk at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standard of safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Crossfields Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Crossfields Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crossfields Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had just started in post and had applied to register. We are currently assessing this application.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted

to be sure the person would be home.

Inspection activity started on 27 October 2022 and ended on 24 November 2022. We visited the service on 27 October and 2 November 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with the Commission. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We contacted the person's relative to hear their views. We also spoke with or received written feedback from three health and social care professionals involved in the person's care, which included, Speech and Language Therapist and Social Worker. We met the person and observed them interacting with staff. We spoke with five staff: manager, area manager, deputy manager, senior support worker and support worker.

We reviewed a range of records. This included the person's care and medicines records, incident and investigation reports, and meetings of minutes involving health and social care professionals. We also reviewed two staff recruitment records, staff rosters, staff training records and records relating to the quality assurance of the service, including audits, and minutes of meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all staff demonstrated they were competent in identifying, monitoring and effectively dealing with risk. This had impacted on the person's safety and welfare.
- Staff had received training in supporting the person safely. However, records viewed, and feedback from professionals and the person's relative, identified not all staff were confident and competent to put the training into practice. This put the person at risk.
- Although staff had received training in completing incident forms, we found where staff had failed to record accurately.

Not all risk to the person's safety were mitigated through effective management of risk. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider arranged for refresher training for staff, which included guidance on completing incident records.

Systems and processes to safeguard people from the risk of abuse

- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us if the person showed signs of being unhappy, they would try and identify why, using the person's communication aids, and reporting any concerns to the manager.
- Where a safeguarding incident had occurred, the service worked with the CQC and other agencies to ensure the person's safety and well-being.

Staffing and recruitment; Learning lessons when things go wrong

- The manager was aware of the importance of ensuring a consistent staff team to reduce anxieties. To provide more flexibility in covering staff's absences, some of the staff worked both at this service, and another of the provider's single occupancy services close by.
- However, following incidents, management realised not all staff demonstrated the right skills and experience to meet the person's individual needs. This had led changes in the staff group supporting the person.
- Staff were recruited safely. This included proof of identity and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions.

Using medicines safely

- The person was supported by staff who had received medicines management training. This was to ensure they followed safe systems and process to administer, record and store medicines safely.
- Systems were in place to ensure the person was monitored for any signs of pain, to ensure adequate pain relief was given.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep the person safe, and staff supported the person to follow them. The service had good arrangements to keep the premises clean and hygienic.
- Staff received training in preventing and controlling infection, which included ensuring they maintained good hand hygiene. Checks were carried out by visiting management to ensure they were putting their training into practice.
- The service prevented visitors from catching and spreading infections. This included checking visitor's temperature on arrival, to ensure it was not raised: an indicator they could have an infection. The October 2022 staff meeting had been used by the provider as a forum to remind staff of the importance of ensuring staff continued following safe practice and ensuring a clean environment.

Visiting in care homes

- Visiting was carried out in line with the person's wishes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Improvements were needed to ensure all staff were confident, and competent in their role.
- Specialist training had been tailored to meet the needs of the person. However, feedback from visiting professionals, relative and provider's governance systems, identified not all staff were effectively putting their training into practice.
- The provider sent us a copy of their action plan to address the concerns, which included all staff receiving extra specialist training. Also, to build up staff's confidence, staff rosters were changed to ensure an experienced staff member, always worked alongside a new, or less experienced staff member. The person's relative felt this was a good way nurturing new staff.
- Staff could describe how their induction, ongoing training and personal development related to the person they supported. One staff member told us during their induction training they had, "Learnt a lot." For example, the autism reality training, had given them an insight on how the person felt. Making them more aware of how sensory overload could impact on a person's behaviour and ways they could reduce it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had tailored the pre-admission assessment to the person's individual circumstances. This included joint meetings with the staff from both services, person's relative, and health and social care professionals involved in the person's care.
- As the person was unable to visit the service before they moved in, staff visited the care home the person was moving from and spent two days getting to know the person. One staff member told us they had found it, "Very informative," as they had been able to observe the person's, "Morning, afternoon and evening routines."
- The person's care and support plan was personalised. Staff said they had used the information gained during the assessment period to form the bases of the person's care plan. However, as they got to know the person, this was consistently being added to/amended. One staff member told us they, "Discover new things, note them down," so they could update the care plan.

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

- The person's care plan provided guidance to staff on the person's dietary needs, likes, dislikes and support required.
- During the inspection we observed the person being supported to have enough to eat and drink, including snacks of their choosing.

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

- The provider worked alongside other agencies to ensure the person's health needs were met in a timely manner. Multi-disciplinary team professionals were involved in/ made aware of support plans to improve the person's care.
- The person had a health action plan/hospital passport and communication book, which were used by health and social care professionals to support the person in the way they needed.

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

- An occupational therapist had visited to ensure the design, layout and furnishings supported the person's individual needs. It offered a very personalised, clean and well-maintained environment.
- The bungalow had been decorated throughout prior to the person's admission. The bathroom had been refurbished and one room changed to a sensory room. As the person had been unable to visit before they had moved in, a family member had visited and assisted staff in personalising the accommodation.
- Systems were in place to ensure the person's home continued to be well maintained.

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

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered the person to make their own decisions about their care and support.
- We observed the person taking the lead on what they wanted to do. One staff member told us the person, "Always takes the lead."
- Care records provided staff guidance on supporting the person to make decisions, including the use of visual aids and communication cards.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff showing warmth and respect when interacting with the person. They focused fully on the person as they checked with them what they wanted to do.
- Staff discussed their aim to support the person to reach their potential. They also acknowledged they were still getting to know the person. One staff member told us it was good to hear the person laugh; however, they were, "Still learning what makes [the person] happy."

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

- We saw staff supported the person to express their views using their preferred method of communication. This included informing staff they wanted to go for a walk. Staff responded straight away to the request. A staff member told us, "That is how it should be," and spoke about the importance of listening to what the person wanted and responding straight away.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when the person needed their space and privacy and respected this. Staff provided examples of how they ensured the person's dignity when supporting with personal care.
- Care records had just been updated to state what the person was able to do for themselves. This ensured staff did not take away the person's independence by carrying out tasks which the person was able to do, sometimes with encouragement, themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A shared goal of staff and professionals was to ensure the person's life had meaning. As part of ensuring this, a care plan had been put together, drawing information from the person, family member, health and social professionals, and other significant people who were important to them. Feedback from professionals showed staff were eager to accept advice and support, to ensure they achieved the best outcomes for the person.
- A professional said staff were learning to understand the person and using information they gained to develop the person's care plan. The person's care plan had just been updated to reflect any changes in their health, behaviours, well-being and setting goals.
- Staff encouraged and supported the person to participate in their chosen social and leisure interests on a regular basis including going for walks. Care records and minutes of meetings described a range of activities being planned and introduced at the person's pace.
- Feedback from professionals and the person's relative, showed areas of the person's life which had improved from the support given by staff. Comments included, "Good work has been done," which staff needed to continue to build on.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were trained and were skilled in supporting the person by using personalised communication systems, which we observed being used during the inspection.
- The communication used by the person was continually being reviewed by staff and Speech and Language Therapist to ensure it was tailored to the person's needs.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learnt lessons from the results, sharing the learning with the whole team as part of continually driving improvements.

End of life care and support

- Systems were in place, if the need occurred, to ensure a personalised end of life care plan. This would be completed using feedback from the person, staff and significant people in the person's life, along with support from specialist health professionals and palliative care team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The majority of staff demonstrated the provider's values of putting the person's welfare first. Although supervision, training and competency checks were in place, improvements were needed in monitoring staff's practice. This was to ensure when a situation occurred, staff's training 'kicked in' and they instinctively knew what to do to support the person safely.
- The provider following their own investigations and concerns raised by professionals had acted during the inspection. This included refresher training for staff, changes to the staff team, and ensuring the right mix of experienced and less experienced staff on each. The systems put in place needed to be embedded, to ensure staff were continually providing quality, safe care.
- One professional described the management's willingness to learn, which would drive the required improvements.
- At the time of the inspection, the new manager had just taken over, and had submitted their application to be registered with the CQC. The manager has experience in the role and what was expected of them, as they were already registered with the CQC to manage two other services.
- Staff told us they felt supported by the manager and senior management team. One staff member spoke about the support they had been given with their career progressions, and training to take on their extra responsibilities, "I was as given training and a lot of support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care.

- When things had gone wrong in the service, the manager and provider's senior management had kept the person's relative, external agencies and the CQC updated on what had happened, and actions taken. However, feedback we received, showed the provider's communications systems could be improved. This was to ensure all involved were kept updated in a timely manner.
- Investigation records demonstrated a 'Lessons learnt' approach with management sharing with staff, what had gone wrong, and actions taken to address it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was constantly working with external agencies to ensure good outcomes for the person.
- Care records and minutes of meetings showed the management were constantly engaging with the

person, their relative, and health and social care professionals. Further work was also being undertaken, to engage with different organisations / community resources to support the person in accessing a range of social activities.

- The manager showed us their comprehensive 'power point' induction, which was given to all staff, to support them in understanding their role. Feedback forms were used to support the manager in making any improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risk to the person's safety were mitigated through effective management of risk.