

Mr M J Volf & Mrs J L Volf

# Meadowcroft Residential Care Home

## Inspection report

Steam Mill Road  
Bradfield  
Manningtree  
Essex  
CO11 2QY

Date of inspection visit:  
12 September 2017

Date of publication:  
16 October 2017

Tel: 01206393879

Website: [www.longfurrows.com](http://www.longfurrows.com)

## 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

This inspection took place on 12 September 2017 and it was unannounced.

Meadowcroft Residential Care Home provides accommodation and personal care for up to 10 people who live with a learning disability or autistic spectrum disorder. The service does not provide nursing care. At the time of our inspection there were 10 people using the service.

At the last inspection, the service was rated good and at this inspection we found the service remains good.

There was a registered manager in post. 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 a safe service and were protected from the risk of harm. There were enough staff that had been safely recruited to help keep people safe and meet their needs. People received their medication as prescribed.

People were cared for by experienced, supported and well trained staff. The service supported people to have as much choice and control over their lives in the least restrictive way possible. People received sufficient food and drink to meet their needs and preferences and their healthcare needs were met.

Staff knew the people they cared for well and were kind, caring and compassionate in their approach. People were encouraged and supported to remain as independent as possible. Staff ensured that people were treated with dignity and respect and their privacy was maintained at all times.

People were fully involved in the assessment and care planning process. Their care plans had been regularly reviewed to reflect their changing needs. People were encouraged and supported to participate in a range of activities to suit their individual interests. Complaints were dealt with appropriately in a timely way.

People were positive about the quality of the service. The care manager, registered manager/provider and staff were committed to providing people with good quality person centred care that met their needs and preferences. There were effective systems in place to monitor the quality of the service and to drive improvements. The service met all relevant fundamental standards.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# 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 inspection took place on 12 September 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we 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 spoke with three people, three relatives, the registered manager, one health and social care professional and four members of staff. We reviewed four people's care files, three staff recruitment and support files, training records and quality assurance information.

## Is the service safe?

### Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People told us they felt safe living at the service. One person said, "I feel safe when they hoist me and when they help me." A relative said, "It is totally positive and very welcoming, the staff are very honest and caring. [Name] lives in a wonderful place." Staff demonstrated a good understanding of how to protect people from the risk of harm. There were clear policies, procedures and guidelines for staff to refer to when needed and safeguarding issues had been dealt with appropriately. Risks to people's health and welfare were well managed. We saw how staff supported people with their mobility when walking around the home. There were risk assessments and management plans in place to minimise any risks to people's health, safety and welfare. Staff described to us how they kept people safe.

People told us there were sufficient numbers of staff to meet their needs. One person said, "There is always someone around when I need someone to help me." Information confirmed that there were enough staff to care for people safely, and staff told us there were enough of them to enable them to spend individual time with people. The service had a robust recruitment process in place where all of the appropriate checks had been carried out before staff started work.

Medication was well managed. We carried out a random check of the medication system and observed a medication round. We found that the system was in good order with clear completed records and we saw that medication was administered appropriately. People told us, and we saw that they received their medication in good time and that staff didn't rush them. Staff had been trained and had their competence to administer medication regularly assessed. People received their medication as prescribed. We observed that the staff member left the keys to the medication cupboard unattended for a few minutes. We fed this back to the registered manager, and recommended that this practice is reviewed.

The service was clean and hygienic and the care manager had carried out regular checks to ensure that infection control practices were adhered to.

## Is the service effective?

### Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains good.

People were cared for by staff who said they felt supported and valued. Staff told us, and the records confirmed that they had regular supervision and appraisals. One staff member said, "[The registered manager] is really good, they are so supportive. We have regular supervision sessions and team meetings. Another staff member said, "[The registered manager] observes you fairly regularly but she doesn't put you on edge, just works alongside you and watches what you do." People told us they felt that staff were well trained. Staff said, and the information confirmed that they had received a wide range of training appropriate for their role which had been regularly updated.

People were cared for by well trained staff. The assessment process which was completed before people moved into the home, considered the current skill mix and training of the staff and the registered manager used this information to look at what specialist training may be needed. The registered manager explained, "I really think about the skill mix of this team. I know my staff very well. For example, [staff member] is really good at doing this with [name] and another staff member may be better at doing that."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. Staff had been trained, and they demonstrated a good understanding of the MCA and DoLS and appropriately described how they would support people in making decisions. Where necessary, DoLS applications had been made to the local authority.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. The lunchtime experience was pleasant and the tables were laid out nicely with place mats, cutlery, condiments, and cloth serviettes with napkin rings. People were given the choice about where they wanted to sit and eat their meal. People told us they enjoyed the food, and were supported to make their meals when they wanted to.

Mealtimes were used as an opportunity to build relationships between people and we heard friendly chatter between people and staff throughout the mealtime. Most people were able to eat their meal independently; however, two people required support to make sure they could eat safely and staff members provided it in a polite, kind and sensitive way. People's information included detailed professional guidance instructing staff about the best way to help people to eat safely.

People's weights were monitored to ensure they had enough food and drink to keep them healthy. People told us, and the records confirmed that staff supported them to attend routine health appointments to help them maintain their health. One health professional said, "There are very friendly staff and they are helpful."

The home is clean and tidy. They are really good. I like the atmosphere it's calm."

## Is the service caring?

### Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating remains good.

People told us they were treated with dignity, respect and kindness by all staff and we saw kind and compassionate care being delivered throughout our visits. One person said, "The staff were nice. They are lovely." Another person told us, "All of the staff are good, and I feel safe with them." Staff provided people with a supportive and caring place to live.

Staff promoted people's independence and encouraged and supported them to retain this as much as possible. We saw people being appropriately supported to move around the service during our visits. One person was blind and staff stood next to them and gently helped them to walk around. As they walked together we could hear staff give verbal encouragement. For example, we are walking through a door way, here is your seat can you feel for the arm rest.

People told us they were actively involved in making decisions about their care and support. Staff told us that relatives were kept involved in people's care, with their consent. One person said, "I make my own meals when I want to, and I go to bed when I want to." People's care plans provided good information about their preferences and described how they wanted staff to care for them. One relative said, "We are aware of [Names] care plan and have been involved in it."

There was a good mix of male and female carers and people were given the choice about who they wanted to support them. Staff told us that they looked at ways they could encourage people to develop. For example, one staff member explained about a person who had recently moved in they said. "[Name] is blind and we were told that they didn't speak. One day I was beat boxing with them and they started to sing a nursery rhyme, that's how we found out that they understood what we were saying and could say some words. We are working with this and trying to encourage them to speak more." Beat boxing is a type of street slang for making a drum sound / beat with your mouth.

People told us they were supported and encouraged to maintain relationships with their families and friends. The care manager told us that visitors were welcome at any time and people confirmed this. Where people did not have family members to support them to have a voice, they had access to advocacy services. An independent advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.



## Is the service responsive?

### Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating remains good.

People's needs had been fully assessed before they moved into the home and their care plans had been devised from the assessment process. Care plans had been regularly reviewed and updated to reflect people's changing needs. They described people's likes and dislikes and provided information about their background to help staff to care for people in a way that they preferred. The care plans included detailed risk assessments to inform staff how to minimise risks to people's health and well-being. People told us that they were happy with their care plans and they felt that staff met their needs appropriately.

Some people were seen to be enjoying activities such as sewing, reading and listening to music. Although there was an activities schedule most people chose what they wanted to do on the day. Some people told us that they watched films, and listened to music. People were supported to practice their faith to ensure that people's religious needs were met. One person told us, "Sometimes I spend time in the garden, or in the quiet lounge."

People told us that the care manager and the registered manager/provider took their concerns seriously and resolved matters quickly. One person said, "I have never had any reason to complain, but I did I would speak to [registered manager] and they would deal with it." A relative said, "I have had no reason to make a complaint. It's a wonderful set up it and I have nothing but praise for the team. They are very good at communicating with me, any problems they discuss it with me straight away." There was a complaints process in place to make sure that any complaints would be processed correctly and responded to appropriately. There had been no complaints received over the last twelve months.

## Is the service well-led?

### Our findings

At this inspection we found that the service still provided people with a well led good quality service and the rating remains good.

There was a registered manager in post. The registered manager/provider and the manager promoted an open, positive person-centred culture. Staff shared their vision to provide people with high quality person-centred care. There was an open and inclusive culture where people, their relatives and staff felt they could raise issues with management at any time. One relative described the registered manager as being, "Good, friendly, and accommodating."

People said they were encouraged to give their views and opinions and the records showed that regular meetings took place where the food, the care and activities were discussed. People had also been asked for ideas about how they felt that the service could be improved. Staff told us, and the records confirmed that they had taken part in regular meetings where they had the opportunity to raise any issues such as training, care practices and health and safety.

The quality monitoring system was effective. The provider and the registered manager carried out a monthly self-audit to check on a range of areas such as the environment, staffing, infection control, health and safety and care planning. Regular checks of the medication system were carried out to ensure that people received their medication correctly. A health and social care professional said they felt the service was well led and that staff provided people with good quality care.

The registered manager carried out annual quality assurance surveys where feedback had been sought from people who use the service, their relatives and interested professionals. The 2017 survey was positive and where improvements were needed the registered manager had an action plan in place and was working towards addressing the issues raised.

People's personal records had been stored safely in locked offices when not in use but they were readily accessible to staff, when needed. The care manager and the registered manager/provider had access to up to date information. This was shared with staff to ensure that they had the knowledge to safeguard people, protect their wellbeing and provide them with a good quality service.