

Accomplish Group Limited

Maycroft

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Maycroft is a residential care home providing accommodation and personal care to up to six younger adults that live with learning disabilities. At the time of the inspection five people lived at the home.

People's experience of using this service:

We found improvements had been made in the areas we rated as requires improvement following our previous inspection in March 2017. We also found the breaches of regulations that were issued had been met. However, we found improvements were required to ensure best interest decisions were recorded to ensure the records reflected the rationale for the decisions made on behalf of people.

People were supported by staff who were aware of the risks to them and knew how to keep them safe from harm. People appeared comfortable in staff presence and sought staff out by going over to them and holding their hand. People received their medicines as needed.

Recruitment processes were in place to ensure staff were safely recruited. Staff wore aprons and gloves to prevent the spread of infections. Systems were in place to analyse any accidents or incidents for patterns and trends, and to enable measures to be put in place to mitigate any identified risks.

Staff knew people well and had received training which provided them with the skills to support people safely and effectively. Staff felt supported in their role and were kept up to date with changes in people's care needs. People were supported to choose what they had to eat and drink and to make healthy choices where appropriate in order to maintain a balanced diet. Staff were aware of people's healthcare needs and how to support them to maintain good health.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. We saw staff routinely obtained people's consent before providing support. An accessible safeguarding and complaints procedure was in place for people and their visitors to refer to if needed.

Relatives described staff as 'caring, friendly, and dedicated'. We saw support was led by people and not by the staff, and people were encouraged to be as independent as possible.

People were supported to participate in activities that were of particular interest to them, as well as trying new opportunities.

Staff were confident the improvements made to the culture and the new training they had received had made a positive difference to the support provided to people. Staff felt the registered manager was approachable and provided good leadership and direction. Audits were completed to ensure the registered

manager and provider had oversight of the service.

Quality audits were in place to ensure the registered manager and provider had oversight of the service and to ensure the service provided was meeting people's needs. Records were not in place to support all of the best interests decisions made for people to clearly reflect the rationale for the decisions made for people. Staff were motivated and committed to ensuring people received support that met their needs and aspirations.

Rating at last inspection: At the last inspection the service was rated as 'Requires Improvement. (Report published 16 June 2017).

Why we inspected: This was a planned inspection.

Follow up: We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Maycroft

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an inspection manager.

Service and service type:

Maycroft is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback.

We briefly spoke with all five people, and observed the way staff provided support to all five people that lived at the service. We also spoke with four relatives, deputy manager, shift leader, senior and a support worker, and the registered manager. We reviewed a range of documents and records including the care records of three people, three medication administration records, two staff files and training records. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- A relative we spoke with told us, "The staff know what risks to be aware of and they manage these in [person] best interests".
- People were supported by staff that had worked at the service for a long time and were therefore knowledgeable about any risks associated with supporting people to keep them safe. For example, staff knew about people's medical conditions and how this impacted on the environment when they used areas of the home.
- Records were in place to guide staff on how to support people and any anxiety's they may express.

Systems and processes to safeguard people from the risk of abuse

- A relative we spoke with told us, "I think [person] is safe the staff make sure of this, and if we had any concerns we would raise these".
- Staff confirmed they had received training and were aware of their responsibilities to report and act on any concerns. A member of staff said, "If I witnessed any abuse I would not hesitate to report it. Although some people may not be able to tell us something is wrong they would make us know through their facial expressions and changes in their behaviours. I am confident management would listen and take action".

Staffing and recruitment

- A relative we spoke with said, "There always seems to be enough staff, and [person] gets to go out and do what they want, I have no concerns about the staffing levels".
- From our observations there was sufficient staff on duty to meet people's needs and to enable people to go out to places they enjoyed.
- Records confirmed that all of the required recruitment checks had been completed before staff commenced working in the home. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people.

Using medicines safely

- A relative we spoke with told us, "[Person] receives their medicines when they need them, and the staff do not rely on medicines to control any behaviours which is good".
- Records we reviewed were completed to confirm people received their medicines as prescribed. Protocols were in place to guide staff on when to administer medicines that were 'as required'.
- Staff had received training in how to administer medication and confirmed management observed their practice to ensure they remained competent in this area.
- Where medicine incidents had occurred an investigation had been undertaken and action taken to reduce the risk of harm for people.

Preventing and controlling infection

- Staff told us and we saw they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.
- Infection control audits were in place to monitor the standards in the home.

Learning lessons when things go wrong

- Improvements had been made since our last inspection and the registered manager advised us this was driven by the previous inspection and the breaches of regulations that were issued. The registered manager advised us, "Lessons were learnt following the last inspection things have improved for the better for people".
- Systems were in place to learn lessons from any incidents or accidents that had occurred in the home.

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

Good: People's outcomes were consistently good, and observations of people and feedback from relatives confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity, and were being deprived of their human rights the appropriate authorisations were in place. There was no conditions attached to people's authorisations. Staff knew who and why people had a DoLS in place.
- A relative we spoke with said, "The staff do ask [person] consent before supporting them. [Person] would not do anything they didn't want to do. We have had best interests meetings in the past, and I am consulted about decisions being made which is good".
- We saw staff worked in accordance with the principles of the MCA and sought people's consent before providing support. A staff member said, "I always explain what support I would like to provide and ask the person if this is okay. For those people who aren't able to tell me verbally I look for visual signs such as a smile, or the person taking my hand or going to get their coat. If people didn't want to do something they would soon let us know".
- We saw people moved freely around the home and areas such as the laundry were locked to keep people safe.

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

- A relative we spoke with told us, "The staff do involve us and they listen to us about [person] needs and preferences".
- People's care records had been reviewed and updated since our last inspection, and people's needs were clearly reflected in their plans to enable staff to support people effectively and safely. The care records took into account any protected characteristics under the Equality Act, and information about who was important in people's lives.
- The home have not had any new admissions for a while but the registered manager assured us that the pre-admission assessments would be holistic, and would include a compatibility assessment taking into

consideration the people that already lived at the service.

Staff support: induction, training, skills and experience

- A relative we spoke with told us, "Staff know what they are doing, I have confidence in them, they have the skills for their role".
- Staff told us they had positive training opportunities in areas applicable to the needs of the people they were supporting. Staff have recently completed active support training which focuses on how people can be enabled to be independent. Staff told us, "This training was really good and has made me think and support people differently. It was really good thought provoking training".
- Staff told us they felt supported and had access to supervisions and appraisals to enable them to discuss their role and career progression.

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

- A relative we spoke with told us, "The staff make sure [person] eats a balanced diet and the food they enjoy. The staff keep us informed about any changes to their weight or diet and if any changes need to be made and the reasons for this".
- People were supported to eat and drink and maintain a healthy diet where possible. Staff supported people if they were able to make their own meals. Staff had a good knowledge of people's preferences and used visual aids to assist people to make choices about the food they wanted to eat.
- Where concerns were identified records were in place to monitor people's intake and their weight was kept under review.

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

- A relative we spoke with told us, "The staff arrange any appointments as needed and I either attend or a staff member will provide us with feedback about how it went. [Person] healthcare needs are met".
- Staff worked with people's consultants, and healthcare professionals to ensure people received support that met their needs. Any recommendations made by professionals were implemented by staff. For example, staff followed the recommendations for one person from the Speech and language therapist in relation to the texture of food that should be provided.
- Records showed when healthcare professionals had been contacted in support of people's health. For example, any appointments people had attended such as the GP were recorded and the outcome shared with staff and people's loved ones as appropriate.

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

- There were areas of the home that required remedial work to be undertaken due to damage to certain walls in the home. We saw these had been identified and raised with the provider for this work to be undertaken.
- People had access to specialist equipment to enable staff to meet their needs. For example, a ceiling tracking hoist was available in people's bedrooms and the bathroom.
- Staff supported people and consulted their loved ones when making changes to their bedrooms which we saw were personalised to meet people's needs.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A relative we spoke with told us, "The care is excellent, the staff support [person] with respect, they are amazing and make sure all of their needs are met".
- From our observations we saw staff spoke with people with utmost respect. People responded to staff in a positive manner by smiling and holding staff hands, and saying words which indicated their contentment.
- People's diverse needs were recorded and staff provided support to people to ensure these were met.

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

- A relative we spoke with told us, "The staff know how to read [person] expressions and body language, so they know from this what their answer is when they ask them questions about what they want to wear or food choices".
- We saw support was led by people. One person led staff to the place they wanted to go to indicate their needs and staff followed this lead. For example, we saw a person lead staff to their room indicating they wanted to go back to their bedroom.
- We saw staff ask people their choices throughout the day in respect of what they wanted to eat, drink and how they wanted to spend their day.
- Staff had a good knowledge about how people expressed their views, for those people that could not verbalise, this was through their body language, for example, facial expressions, and using sounds.
- Information about how people communicated was also reflected in people's care records for staff to refer to.

Respecting and promoting people's privacy, dignity and independence

- A relative we spoke with said, "The staff ensure [person] dignity and privacy is maintained. They also encourage [person] to do things for themselves even if it is to wash some areas of their body".
- We saw where possible people's independence was promoted, for example, people were encouraged to make their own lunch or to hold their own cutlery to eat their meal.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; or giving people privacy in their rooms.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative we spoke with told us, "The staff meet [persons] needs, and they are very happy in the home. We are happy with the support provided and staff do everything to ensure [person] has a good quality life".
- People were supported by a stable staff team that had worked at the service for a number of years. Our observations supported that staff had built good relationships with people and knew their likes, and dislikes.
- People had good links with family and friends and staff supported people to maintain this. For example, sending family birthday cards, maintaining contact with people's loved ones about their wellbeing.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with were able to describe people's preferences and how they liked to be supported.

Improving care quality in response to complaints or concerns

- A relative we spoke with told us, "If I have any concerns I would not hesitate to raise them, and I am confident I would be listened to, and action would be taken".
- Staff knew how to support people to make a complaint. A staff member told us, "I would know if something was upsetting someone, I would advocate on their behalf if needed and make a formal complaint.
- An easy read complaints procedure was available for people to use.
- Systems were in place to record complaints and to analyse these for any patterns and trends. The registered manager advised they had not received any complaints since our last inspection.

End of life care and support

- People's end of life wishes was noted. The registered manager advised that people's family had or would make arrangements in people's best interests.
- There was no one currently receiving end of life care.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found that some care plans did not accurately reflect all the best interest's decisions that had been made for people. For example, in relation to monitoring people's healthcare needs. Action was taken and evidence was provided to us following the inspection to demonstrate the rationale for key decisions that had been made but this was in response to us identifying this shortfall in the records. However, when we spoke with the registered manager and staff they were able to provide a detailed rationale for decisions that had been made, and therefore there was no impact on people.
- Records were not in place to guide staff on how to support people who had their medicines in a specific way. However, when we spoke with staff they were able to tell us the procedure and therefore there was no impact on people.
- We saw body maps were not in place to guide staff on where creams should be applied to ensure consistency. Staff were able to tell us this information but records were not in place at the time of our inspection. The registered manager confirmed following our visit these had been implemented.
- Staff understood their roles and responsibilities and were confident in the registered manager.
- There was a good communication maintained between the management team and staff.
- Staff felt respected, valued and supported.
- The latest CQC inspection report rating was on display by the entrance of the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- A relative we spoke with told us, "Things have improved for the better, and continue to improve. The service is well managed and the atmosphere has changed. The manager is open and transparent and is having a positive influence on the home".
- The staff strived to ensure care was delivered in the way people needed and wanted it.
- The registered manager was keen to ensure a culture of continuous learning and improvement. Since the last inspection they had ensured staff had completed training which focused on providing people with person centred support.
- The culture of the home had improved and the focus was more of an inclusive one where people were encouraged to do as much for themselves as possible.
- The registered manager provided effective leadership and guidance to staff and was also an autism

champion.

- The registered manager worked alongside staff and supported people. This gave the registered manager opportunities to monitor staff practices to ensure the support provided was enabling, respectful and reflected good practice and recent training.
- The provider and registered manager had quality assurance systems in place in order to maintain oversight of the service and to identify and address any shortfalls.
- The registered manager promoted an open culture within the service and was able to describe the actions they would take and how discussions would take place in management team meetings and staff meetings to ensure the service learnt from any incidents that occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative we spoke with told us, "I am involved, and attend the reviews and then we receive a survey for feedback every year. I know if I wanted a meeting to discuss [person] they would arrange this straight away".
- People's care was reviewed with them, their loved ones and key professionals to ensure it continued to meet their needs, wishes, and their diverse needs.
- Feedback questionnaires were sent out regularly to gain feedback from external people such as relatives, professionals and staff. Where areas for improvement were received, actions plans were devised to address the issues.

Working in partnership with others

- The provider worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service.