

# Caretech Community Services (No.2) Limited

# Meadow Acres

## Inspection report

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Harpenden  
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## Ratings

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

# Summary of findings

## Overall summary

Meadow Acres is registered with the Care Quality Commission as a care home without nursing. It provides care, support and accommodation for up to eight people who live with a learning disability. At the time of this inspection there were eight people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe living in the home and their relatives told us that the service gave them "Peace of mind" for their relatives. There were processes in place to ensure that staff knew about how to protect people from abuse and where to escalate concerns if they needed to. There were systems in place to assess risks to people's health and wellbeing which staff were aware of for each person.

Staff received training and development in order to be able to support people safely. Staff said that they had also been encouraged to undertake qualifications to develop them further in their roles. Some staff had received training specific to some of the conditions relevant to people who lived in the home.

There was a calm atmosphere in the home and staff responded to people in a kind and caring manner. Staff knew people well and were able to communicate with people individually based on their abilities. People had their privacy and dignity protected.

People were supported to have maximum choice and control of their lives 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us that they like the Registered Manager and found them approachable. People and their

relatives said that they had their feedback listened to and felt involved in the service. There were systems in place which supported monitoring the quality of the service provided in order to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 10 June 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Meadow Acres

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Meadow Acres is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 before the inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with four members of staff including care workers and the registered manager. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at training data and additional management information such as business continuity plans and improvement plans. We spoke with two relatives of people who used the service to gather their views.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse.
- People told us they felt safe and protected in the home.
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns in line with the provider's policies and processes.
- Staff knew about whistleblowing and confidently spoke about the process.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as for their specific mobility issues or accessing the community. They were put together balancing the need to keep people safe whilst also encouraging positive risk taking.
- Staff received training in how to safely support people to mobilise and we observed staff using correct techniques.
- There were behaviour management plans in place for people who were sometimes at risk of harming themselves or others when they became distressed. These had been put together with other healthcare professionals using their expertise and guidance. These were regularly monitored to ensure they were still effective for reducing the risks to people living in the home.

Staffing and recruitment

- People and their relatives told us that they thought there was a good, stable staff team.
- There were enough staff available to meet people's needs and be flexible with activities and trips in the community if people changed their plans.
- Robust recruitment checks were carried out before staff began working at the service. These checks included checks of their identity, qualifications and previous employment history and all staff had received a full criminal record check.

Using medicines safely

- Processes were in place to keep medicines securely and ensure that they were ordered, available when needed and administered in line with the prescribed guidelines.
- Staff received training in the administration of medicines and had their competencies checked on a regular basis to make sure they were able to safely administer medicines to people when they needed them.

- There was clear guidance in place for the use of 'as required' medicines which included in what circumstances they should be administered, the dosage and what side effects to look out for.

#### Preventing and controlling infection

- People were protected from the risk of infection. There were cleaning plans in place and staff were provided with training on the prevention of infections.
- There was personal protective equipment available which staff were seen using when they carried out personal care or were preparing food.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and understood the importance of doing so.
- The registered manager had a system for reviewing incidents and looking for patterns and trends. Actions were put in place to prevent incidents from occurring again and to keep people safe.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and monitored and care plans were put together in conjunction with other healthcare professionals to ensure they were following appropriate guidance for people's individual needs for example with mental health professionals and speech and language therapists.
- People were supported to develop their independence such as by the use of technology or mobility aids. For example, one person had recently begun using a voice activated device that allowed them to play their favourite music without having to ask for the help of staff. Another person had impaired mobility and had been supported to use a scooter to enable them to move around the home independently.
- Staff knew people's needs well and delivered care as detailed in their care plans.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included shadowing existing staff and getting to know people. Staff said that they were able to ask for additional support during that period if they needed to and were given enough training to carry out their roles when they began.
- Staff received regular training and supervision with the registered manager to ensure that their skills were up to date.
- Staff were given opportunities to gain qualifications and develop their roles. Some staff had completed additional training in areas which included conditions which affected people who used the service.

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

- People told us that they were able to access food and drink when they wanted to. They said that they were asked for their views on the menus.
- Menus were available in a pictorial format for people who had difficulty reading menus. People were able to choose from a healthy choice of meals which included fresh fruit and vegetables.
- People who were able to, said they enjoyed helping to prepare some of the meals.

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

- Each person had a hospital passport in place. This provided information for other healthcare services about what was important to the person and how to communicate with them when they needed to visit

other services. Staff attended appointments with people and when people went into hospital, spent the days with them to help them communicate with the hospital staff.

- People had access to other healthcare professionals based on their individual needs such as community nurses, community psychiatric nurses and speech and language therapists. Each person was registered with a GP.
- People had regular health checks with dentists and opticians to maintain their health.

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

- People's bedrooms, communal areas and corridors were spacious to allow enough space for any equipment such as wheelchairs and hoists to be used safely.
- People's bedrooms were personalised and decorated how people had chosen. People said that they had been asked how they would like them decorated.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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).

- The registered manager understood the requirements of the MCA and their responsibility to apply it within the home.
- Staff had received training and knew the principles of the MCA and how it applied to people in the home.
- Care plans were person centred and had taken account of people's ability to make decisions about their care.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Staff communicated with people based on their individual needs in ways that they understood. Some people were unable to communicate verbally, however staff knew what people were communicating by their body language or gestures.
- People's care records included personal information about them and what was important to them such as their religious beliefs. They were in pictorial formats so that people could understand them.
- We observed staff speaking kindly to people about things that they knew people responded well to and were important to them.
- Staff received training in equality and diversity to raise awareness of protected characteristics. Staff were aware of people's individuality and respected people's needs in relation to these.

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

- People were supported to be involved in decisions about their daily routines. We observed one person change their mind about their planned activity for the day and staff supported them to choose a different activity that they wanted to do instead.
- People were asked for their opinions on the service in meetings. They said that they were happy at the home and gave ideas for new activities and holidays that they wanted to go on.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's doors before entering and calling out to people to ask if it was ok to enter. Staff were discreet when supporting people with personal care.
- People were able to choose where in the home that they spent their time. There were three communal areas that people could use as well as their own bedrooms when they wanted some time alone.
- People told us that staff were kind to them and listened to them when they said they wanted to be alone. Staff said that they respected people's wishes when they said they didn't want to socialise in the home.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People were involved in planning their care and making choices about what they did each day. They were involved in reviewing their care plans and talked to staff regularly about what they wanted to do.
- People were encouraged to be independent which was reflected in risk assessments and care plans. They were supported to achieve goals that they had set for themselves and maintain as much control over their choices as possible. For example, one person had begun to use the commode independently at night which was something they had previously been unable to do and wanted more independence over in order to maintain their dignity.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who had communication needs had individual communication plans, which contained detailed information about how they communicated and how to ensure they understood what was being communicated to them.
- Information in care plans and policies was available in different formats such as pictorial so that people could understand them.

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

- People were able to frequently access the community for personalised activities. People told us they were supported to socialise with their friends and were able to maintain their hobbies. People attended day centres and other activities such as swimming at the local leisure centre or going for a meal and drink at the local pub.
- People were supported to maintain personal relationships. Staff made arrangements for them to spend time alone with their partners and families as well as including them in activities and parties within the home.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns if they were not happy about something. They told us that

they had not had to for a long time.

- There was a system in place for recording, responding to and monitoring complaints which followed organisational policies and procedures.
- People were encouraged to express their views as part of meetings, surveys and care reviews.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- Staff had discussed people's preferences for the end of their life with people and their families and had recorded where people had made specific arrangements.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff told us they found the registered manager approachable and that there was an open culture throughout the home.
- The registered manager told us that one of the values of the home was that it was 'homely'. People and staff told us that they felt this was an accurate reflection of what it was like to live and work in the home.
- People were treated as individuals and received care based on their preferences and choices. People had daily conversations with the manager and staff about what they liked to do.

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

- Staff were aware of whistleblowing and said that they would feel confident to raise concerns if they had any.
- The registered manager was aware of their responsibilities under duty of candour and had contacted people's families and other healthcare professionals when incidents had occurred and to put plans in place for preventing them happening again.
- The registered manager kept up to date with best practice guidance to drive improvement in the home. The registered manager shared knowledge and best practice with other registered managers at an away day every four months held by the provider.
- The provider supported the registered manager and carried out regular visits to assess the quality of the service and put action plans in place if shortfalls were identified.

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

- The registered manager carried out a survey with people who used the service, their relatives and healthcare professionals every year to gather their opinions on the quality of the service. They put together an action plan of any comments or feedback they received to make improvements to the service. The comments we viewed were very positive about the service.

Continuous learning and improving care

- Staff said that they were always looking for ways to make things better for people who lived at the home whether it was new experiences for them to try or improvements around the home.
- The registered manager had a quality monitoring system in place to ensure that the quality and safety of the home was regularly reviewed, and improvements were made where needed.

#### Working in partnership with others

- The registered manager worked in partnership with other organisations and healthcare professionals to provide care to people following best practice guidelines and current legislation.
- Action was taken in partnership with other organisations in relation to incidents where people were considered a risk to themselves or others such as putting behaviour management plans in place to reduce the risk of harm.