

# Midway Care Ltd

# Merecroft

## Inspection report

Seafield Lane  
Alvechurch  
Birmingham  
West Midlands  
B48 7HN

Tel: 01217069902  
Website: [www.midwaycare.co.uk](http://www.midwaycare.co.uk)

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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

About the service: Merecroft is service that provides accommodation and personal care for up to nine people. At the time of our inspection, nine younger adults were living in the home, some of whom may have a learning disability, or mental health illness.

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:

People continued to be kept safe and well supported. Staff had a good understanding of how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified and people and their relatives had been involved with decisions in how to reduce the risk of harm. There were enough staff on shifts to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care continued to be assessed and reviewed with relatives and healthcare professionals involved throughout. People were supported to have a healthy balanced diet and had food they enjoyed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

Staff treated people as individuals and respected the choices they made. People's care was delivered in line with their preferences, with any changes in care being communicated clearly to the staff team. 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 had access to information about how to raise a complaint.

The management team were approachable and effective. The checks the manager made to ensure the service was meeting people's needs focused upon people's views and experiences.

Rating at last inspection: At the last inspection in November 2016 the service was rated Good.

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.

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

## 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 ●

# Merecroft

## 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: One inspector undertook this inspection.

Service and service type: Merecroft 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and had submitted their application to become registered with us.

Notice of inspection: This was an unannounced inspection.

What we did before inspection:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. 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 inspection:

- We spoke with two relatives and two healthcare professionals. We spent time in the communal areas to chat with people and understand how people spent their day.
- We spoke with the two senior support workers and four support workers, the manager, the project manager and the area manager who had previously been the registered manager and maintained close

working links with the service.

- We looked at aspects of three people's care records, medicine records, nutritional information, incidents and accidents, residents and relatives meeting, staff meeting minutes and the complaints procedures.

# Is the service safe?

## Our findings

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

At our last inspection in October 2016 this key question was rated "Good". At this inspection the 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

- People were kept safe by staff who knew how to. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The manager took action and reported safeguarding issues when these were identified.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Staff supported people in a way which kept them safe but maintained their independence. For example, staff were aware of one person's risk of drinking any type of liquid. Staff ensured items such as cleaning products were kept out of reach of the person to prevent any harm.
- People received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff communicated information about incidents and accidents. The manager and provider monitored these events to help prevent further occurrences.
- Staff talked about learning from incidents that had happened in the home, and how they mitigated the risk of any incidents from happening again. A relative told us that since an incident in the home, staff had learnt from this and it had not been repeated.

Staffing and recruitment

- We saw there were enough staff to meet people's needs in a timely way. Staff told us there were sufficient numbers of staff on duty and one to one support for people was always covered.
- The manager understood people's individual support needs and what skill mix of staff was required to keep people safe. They told us, and staff and relatives confirmed, that agency staff were not used and any gaps in the rota were covered by permanent staff to ensure consistency and safety to people.
- The provider undertook checks on the suitability of potential staff before they began work.

Preventing and controlling infection

- The home was clean and well maintained. Staff followed their infection control training to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons.

# 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 our last inspection in October 2016 this key question was rated "Good". At this inspection the 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 care needs had been adequately assessed to ensure staff delivered care and support in line with their needs and associated risks had been explored. For example, staff were consistent with who they were providing one to one support with and what type of support people required.
- Relatives and healthcare professionals told us they were involved in people's care and were listened to. We saw from records and from speaking with staff that when people's care needs changed, these were always discussed with senior staff and the manager took action to ensure staff were supported to deliver the most up to date care following best practice.

Staff support: induction, training, skills and experience

- We saw staff were confident in their approach towards supporting people and demonstrated the knowledge and skills required to meet people's needs. Relatives told us they were very happy with the way their family members were cared for and were confident in the staff's abilities to support their family member.
- The provider had a comprehensive induction for new staff, and training ran throughout the year to keep staff up-to-date with best practice. There was a good skill mix of staff on duty at the time of our inspection.
- Regular spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way. Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as supporting people who may have behaviours that challenge.

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

- Support offered to people varied dependant on people's individual needs, and independence in meal planning, shopping and meal preparation was promoted. We saw people were given a choice of food to eat during the day and had access to drinks, fresh fruit and snacks if they wanted.
- Staff monitored people's weight to ensure this remained stable. Where people were on a specialised diet, staff were aware of how to meet their dietary needs.

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

- Staff encouraged and/or supported people to attend health appointments, opticians and dental appointments, so they would remain well.
- Staff understood people's health needs and gave examples of advice they had followed from their

doctors, so people would enjoy the best health outcomes possible. A healthcare professional told us, "The staff at Merecroft are very proactive. They have a very personalised approach to care and try their very best for the person."

#### 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). 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 had the appropriate legal authority and were being met.

- Staff had sound knowledge of the Mental Capacity Act principles and applied these to their practice.
- Mental capacity assessments had been completed in relation to significant decisions about people's care with the involvement of family members and healthcare professionals when decisions were made in the person's best interest.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. Where DoLS authorisations had been granted for individuals, the provider reviewed any associated conditions placed on these.

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

- People had their own rooms, which they could personalise to their tastes.
- People had appropriate space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished.

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

- People were at ease around staff, we saw staff spent time with people doing things that people enjoyed. Daily tasks were incorporated into people's daily routine to help promote a structure which reflected people's individual needs.
- Relatives told us there was a good sense of team work within the staff group, which came from the management leading by good example. Relatives felt this team work approach benefited their family members and improved their quality of life.
- Community professionals told us staffs' approach to their work was positive and staff put people at the heart of what they did. A community professional told us, "They [staff] have a very individual approach, they are very person-centred."
- We saw a number of warm, caring interactions between individual staff members and the people they supported.
- The staff we spoke with knew people well, and they prioritised people's needs and requests when performing their duties.
- Staff and management recognised the need to promote people's equality and diversity through their work. Staff told us, and we saw, managers working alongside staff and people and leading by good example.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and treated people with respect.
- Relatives told us their family members were treated with respect by staff and their privacy during personal care was maintained.
- People's confidential information was securely stored, to promote their privacy.

## 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 meet people's needs, preferences, interests and give them choice and control; 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

- Staff had spent time getting to know people to understand their likes and dislikes and incorporated this into the plans of their care.
- Relatives were involved in their family members' care and told us they felt listened to. One relative said, "There have been little things that have needed addressing along the way, but these are always dealt with quickly by the manager. They always keep me up to date with any changes."
- Assessments of people's care contained important details, which supported staff with clear directions about how to support people.
- Staff told us there was a very good level of communication and changes in care and support were shared amongst the staff group. Where additional guidance was required, this was shared with staff and the manager made checks to ensure staff understood the changes in the person's care needs.
- Staff told us, and we saw in people's care records they worked with and communicated well with other healthcare professionals who were involved in the person's care and support. Staff used reflective practice to ensure they were delivering care and support in line with best practice.
- Most people had use of their own vehicle to enable them to go out at times and places that suited their individual needs. Staff told us this was good, as it not only gave people freedom, but helped some people with positive sensory stimulation which benefitted their wellbeing.
- People had support to participate in a wide range of therapeutic, social and recreational activities, both at the home itself and in the local community. These included regular art therapy, physiotherapy, fun exercise and music-based sessions, sensory activities and meals and drinks out.

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's communication and information needs had been assessed.
- A range of communication tools and aids were used to support effective communication with individuals and ensure they had information in a way they could understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. This was also available in different formats, such as pictorial, to meet people's communication

needs.

- Relatives told us they knew how to raise a complaint if they needed to. Where relatives had raised a concern in the past, they told us this was dealt with appropriately and learning had taken place. Relatives felt management were very approachable and had good lines of communication.

End of life care and support

- People's care files had some information about whether end of life care had been discussed and whether people wished to be resuscitated in the event of a medical emergency. There was no person living in the home receiving end of life care at the time of this inspection.

# 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.

Planning and promoting person-centred, high-quality care and 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager de-registered on 09 May 2019 due to a promotion within the company. The new manager had worked at Merecroft for a year and had applied to the CQC to become the registered manager.
- People and their relatives knew the manager well and felt they listened and were responsive to their requests. They told us the manager listened and supported them to their satisfaction.
- Relatives felt the service was well run, by a management team who cared. Relatives had confidence in the service provided, with a relative saying, "[Manager's name] is very approachable, and he has some very good ideas to bring into the home."
- People and relatives were involved in the running of the service. Relatives told us they had regular reviews and surveys, and saw improvements were made when they had made suggestions.
- Equally staff told us they felt happy in the way the service was run. They told us they felt valued and that teamwork and communication was what supported them to carry out their roles effectively.
- Staff said they worked well as a team and felt supported by management in their role. Staff told us the manager was approachable and worked alongside them, which they valued as the manager gained a better understanding in identifying any areas that required review and for maintaining a good staff morale. All staff we spoke with were proud of the positive culture within the service.
- Staff held events which included people and their family members. For example, families were invited to celebrate Mother's Day. The manager told us it was a good day for families to meet each other and discuss the future of the home together.
- The manager recognised their responsibilities of duty of candour. Where incidents had happened, the person and, where applicable, their families were informed. We saw that the provider reported incidents such as safeguarding issues to the local authority and the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Management staff were clear about their roles. They monitored the performance of staff through supervisions and by working alongside staff to understand how they put their training and knowledge into practice. Team meetings and reflective practice with external healthcare professionals were also held to ensure all staff were consistent in their approach to the care and support provided, but also so staff were recognised for their hard work and efforts in supporting people.

- Audits of the service provision took place and an action plan had been developed to work towards improving any shortfalls identified. Where shortfalls were identified, such as clearer recording of best interest decisions, this work had had been undertaken and completed to a good standard.
- The manager and project manager told us how the provider supported and encouraged them to develop their management roles, and they discussed with us the courses they had enrolled on.
- The registered manager worked with other organisations such as people's doctors, psychiatrists, behavioural therapists where people required this support.
- The provider had their ratings from their last inspection displayed and met this legal requirement.