

# Midway Care Ltd

# Merecroft

## Inspection report

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Date of inspection visit: 2 September 2015  
Date of publication: 26/10/2015

### 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 

### Overall summary

Merecroft provides accommodation and personal care for a maximum of eight people who have a learning disability. The home with accommodation arranged over two floors. There were two flats downstairs and six bedrooms upstairs. There were five people living at the home at the time of our inspection.

This inspection took place on the 2 September 2015 and was unannounced.

At our last inspection on 4 December 2014 we asked the provider to take action to make improvements to protect people who lived at the home. The provider was not meeting two of the Regulations of the Health and Social

Care Act 2008. The provider had not worked within the Deprivation of Liberty Safeguards (DoLS) and had not ensured there were enough staff with the appropriate skills and knowledge to effectively meet people's needs. Following this inspection the provider sent us an action plan to tell us what improvements they were going to make. At this inspection we saw that the actions required had been completed and these regulations were now met.

The provider is required to have a registered manager in post. The provider had taken action and there had been three managers in post since our last inspection. The new

# Summary of findings

manager was in the process of registering with us. 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. The new manager had started a few weeks prior to our inspection.

The provider managed the risks to people by making sure the home environment and equipment were regularly maintained and serviced. People had their needs and risks assessed. People who lived at the home and their relatives said they felt safe and staff treated them well. Relatives told us staff were kind and caring and thoughtful towards people. We saw positive interactions between staff and people who lived at the home; we saw people were treated with kindness. Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these

Checks had been completed on new staff to make sure they were suitable to work at the home. The new manager had recently increased support to staff with meetings and a commitment to encourage staff to be involved in improving the quality of the service provision. Staff understood their roles and responsibilities and felt that the new manager was trying to make things better for staff and people who lived at the home.

People had their prescribed medicines available to them and these were administered by staff who had received the training to do this. Relatives and staff told us people were supported to access health and social care services to maintain and promote their health and well-being. We saw one person supported to visit a GP on the day of our inspection. We saw when people needed additional support to meet their health needs a referral was made to the right health care professional so that people remained healthy and well.

Relatives concerns had not been consistently carried forward through the different managers through the leadership of the provider. One relative told us that they had asked for regular updates on their relative; however this had not consistently been completed. People and relatives were getting to know the new manager. Relatives told us they felt they were approachable and they were hopeful that the new manager would provide some consistency to improve the effectiveness of the communication between relatives and the management team. Relatives knew how to make a complaint and felt able to speak with the staff or the manager about any issues they wanted to raise.

We found that the leadership of the provider had not ensured identified improvements were completed through the many changes in management. There was an inconsistent approach by the provider to overseeing the improvements needed to increase the quality of the service. Action plans were not fully completed to ensure the quality of the service was improved for people who lived at the service.

The new manager, deputy and area manager all expressed a commitment to introduce a range of checks to make sure the quality of the services people received were of a good standard. The new management team had started to carry out these checks and had identified some of the key areas to directly improve people's experience of the care provided at the home. Such as improvements to the home environment and staff support. At the time of this inspection there was limited evidence to determine whether these improvements were effective and would have a sustained positive impact on the quality of care people who lived at the home received.

See what actions we asked the provider to take at the end of the report.

# Summary of findings

## 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

People and their relatives told us that they felt safe and staff were able to tell us what actions they would take if they had any concerns about the people they supported. People were supported by staff who provided their individual care needs safely. Relatives were happy with the support available to their family members.

Good



### Is the service effective?

The service was effective

Some people were subject to restrictions on their liberty, authorisation had been sought to ensure that any restriction was appropriate. People had choices within a balanced diet. People had access to health professionals when they needed to.

Good



### Is the service caring?

The service was caring

People were supported by staff who showed they were really passionate about how they supported people living at the home. People and their relatives were involved in how they were supported.

Good



### Is the service responsive?

The service was responsive

People and their relatives were confident that they received the care and support they needed. Staff knew when people's needs changed and shared information with other staff at daily handover meetings. People told us they were aware of how to make a complaint and were confident they could express any concerns.

Good



### Is the service well-led?

The service was not always well led.

People had not benefitted from a consistent management approach that was led by the provider. The manager was aware that further improvements were needed to ensure the service was well led for the benefit of people who lived at the home.

Requires improvement



# Merecroft

## 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 was planned to check 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.

As part of our inspection we checked information held about the service and the provider. We looked at information we held about the provider to see if we had received any concerns or compliments about the services people received. We also looked at information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority (who commission services from

the registered provider) for information in order to obtain their views about the quality of care provided at the home. We used this information to help us plan our inspection of the home.

We spoke with one person who lived at the home and three relatives. We also spoke with the new home manager, deputy manager, area manager and operations manager and five members of staff. We did this to gain people's views about the care and to check that standards of care were being met.

We observed care and support people received in communal areas of the home. We looked at the records of five people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of seven members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

# Is the service safe?

## Our findings

People who lived at the home showed us through their facial expressions and body language they were comfortable with staff. Staff communicated well when supporting people. We saw staff and people chatting happily with each other. Relatives we spoke with said their family members were safe. One relative told us, "I have a lot of confidence in the staff that work with my [family member]." Another relative said, "They (staff) manage my [family member] really well, everything seems much calmer now, and my [family member] is always happy to go back there after we take them out."

Staff we spoke with were able to tell us how they would ensure people were safe and protected from abuse. One member of staff said, "We all work together to keep people safe." They said they would report any concerns to the manager and take further action if needed. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Staff said they knew the people they supported and they would be aware if a person was in distress through their body language and actions. Procedures were in place to support staff to appropriately report any concerns about people's safety.

We looked at how the staffing levels were managed at the home. We saw there were assessments completed to measure the amount of support needed for each person to support their health and wellbeing. The manager told us that staffing was arranged around the needs of each person. Each person had their own team of staff to support them. For example, some people chose to get up earlier than others, so members of their staff team would be on duty when they got up. Staff we spoke with told us they started earlier to support those people. We saw this was reflected on the rotas we looked at.

There had been a turnover of staff and the manager was in the process of recruiting new staff to ensure people were supported by staff who knew them well. We spoke with a new member of staff and they confirmed that they had not started until appropriate checks had been completed. We saw that appropriate checks were completed to ensure that new staff were suitable to work with people at the home.

We asked staff how they supported people with their individual risks to their health and wellbeing. They were able to tell us about what support people needed to go out into the community safely, and to manage on going health concerns. Relatives told us their family member had their needs assessed and their risks identified. Staff were able to contribute to the safe care of people by giving information to their colleagues at handovers, or as it arose during the shift. They said they would discuss each person's wellbeing at handover and raise any issues they had observed. For example, any concerns about a person's health which may have resulted in a doctor being called. Staff told us they were aware of the risks for the people they supported.

We saw there were arrangements in place to ensure people received medicines when they were needed. Relatives told us they were happy with how their family member's medicines were managed. One relative said, "They (staff) manage the meds well, there are regular reviews with the psychiatrist." Medicine records we looked at showed people had received their medicines as prescribed by their doctor. One staff member told us, "Medicines are always on time." Some people had medicine prescribed on an 'as and when required' basis. We saw there was guidance in place to support staff to know when to administer these types of medicines. Staff we spoke with were able to say when these medicines should be administered and with confirmed they had appropriate training to do this. We saw staff followed the provider's guidance or something similar to promote safe medicine practices.

# Is the service effective?

## Our findings

At our last inspection we found that arrangements for ensuring that people were not deprived of their liberty unlawfully were not always in place. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us an action plan explaining how they would make these improvements.

At this inspection we found improvements had been made. Applications to the local authority had been completed to ensure people were only deprived of their liberty in the least restrictive way. However some of the staff we spoke with did not fully understand the impact of these restrictions on the people they supported. These staff had completed the relevant training however they had not been involved in the process so they could understand the impact to people they supported.

At our last inspection we found that arrangements for ensuring there were enough appropriately trained staff to effectively meet people's needs were not always in place. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us an action plan explaining how they would make these improvements.

At this inspection we found improvements had been made. Most staff had received the appropriate training and there were clear plans in place to ensure all staff including new staff were fully trained. There were some gaps in training with existing staff; however we saw plans in place to have all staff fully trained over the next few months. We spoke with a new member of staff and training had been arranged before they started supporting people. The manager was overseeing the training plans with the deputy manager to ensure they were completed. The manager was continuing to monitor the rota's to ensure there were consistently enough fully trained staff on duty 24 hours a day. One relative said, "The staff are well trained and know what they are doing, they are so enthusiastic about what they do, it's great." Staff we spoke with told us that the training they

completed supported how they delivered the care to people. For example, one member of staff said how they had completed training specific for the person they supported and this had helped them communicate with the person in a more effective way.

All staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA). We looked at how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the manager had completed this process when it was needed. We spoke with staff about the action they took when they considered the people they supported did not have capacity to make decisions about certain aspects of their care. Staff told us how they would share this information with the manager, be involved in assessment and involved other people such as the person's representative or a medical practitioner in the decision. For example, one member of staff explained how they involved relatives and the GP to support concerns raised about one person's medicines so the decision was made in the person's best interest by people who knew them well. One staff member said, "Everyone's best interest is put first."

We looked at how people were supported with food and drink. Relatives told us their family members had enough to eat and drink. One relative said, "They (staff) really understand about offering a balanced diet." Another relative said, "There is always plenty of food to choose from, and they will guide my [family member] to make healthier choices." Staff used pictures of meals to enable people to make their own choices and be involved in their own menu planning. Staff confirmed meals were planned on a nutritional basis and they showed they had a good knowledge about what people liked and what support needs people had relating to food and meal times. We saw that appropriate referrals had been made to professionals when needed to support people with eating and drinking.

Staff supported people with their health needs so they could be met by the right professional at the right time. Relatives told us they were confident that their family member would have medical support when they needed it. One relative said, "They (staff) would always call a GP if needed and let me know so we could work things out together." Another relative said, "I am always informed if

## Is the service effective?

there are any health concerns.” A further relative told us that their family member had been supported by other health professionals with on going reviews that involved them too.

# Is the service caring?

## Our findings

We saw caring communications between staff and people living at the home. For example, we saw a member of staff supporting one person to get ready to go out. There was a lot of chatting and the person showed through their facial expressions and body language they were enjoying the interaction. Another person said they were happy, and we could see by their facial expressions they looked happy.

Relatives told us that staff were caring. One relative said, “[Family member] has good connections with staff.” Another relative said, “They (staff) really understand my [family member].” A further relative told us how their family member’s key worker (the main member of staff that led with their relatives support) really took pride in ensuring their family member was dressed age appropriately, which they were really pleased about.

Staff were knowledgeable about people’s preferences and how they liked to spend their time. Staff told us they used aids such as hand held computer and picture aids to support people’s preferred communication. We saw that these communication tools were recorded in people’s care records to support staff knowledge. We saw staff involving people in their care. For example, we saw one member of staff discussing what clothes to wear outside with one person, describing their choices clearly so the person was able to be involved with the decisions made. Relatives told us they were involved in sharing information about their

family member to support their care needs. One relative told us, “I am always involved, I talk to staff all the time.” Staff confirmed they regularly contacted relatives to update them what was happening with their relative.

One relative told us their family member’s room showed their interests and was a very personal space. Relatives said the facilities were brilliant and were a really good environment for their family member.

Relatives told us they could visit whenever they liked. They said they were always made welcome by staff. One relative told us, “I am always welcome; staff are really friendly and always offer me a drink.” This ensured that important relationships were maintained for people living at the home.

We saw that people were treated with dignity and staff talked to people appropriately. We saw staff respected people’s right to refuse support. For example, one person did not wish to take part in one activity, we saw that this was respected and the staff member made further suggestions and the person chose to do something different. Staff told us they maintained people’s dignity by always asking people’s permission to help them and ensuring doors were closed when personal care was being supported. Staff told us they promoted people’s independence as much as possible. For example, staff said that one person would help clean their room and launder their clothes.



# Is the service responsive?

## Our findings

Relatives told us their family members went out into the community on a regular basis. One relative said, “They (staff) always make sure my [family member] can go out and about.” Another relative said, “They are always up to something, gym, cinema, parks always busy doing what they enjoy.” We saw people were able to access the community for pastimes they were interested in. Staff told us they knew what people liked to do and that this was involved in their care planning.

Relatives said they would speak to staff or the manager about any concerns. One relative said, “I would always contact if I was concerned and we would work it out together.” Another said, “I would raise any concerns straight away.”

The provider had a complaints policy in place. This information was available to people and their relatives. The complaints policy showed how people could make a complaint and what would be done to resolve it. However, because the new manager had only been in post for a short while we were unable to measure how open they were to complaints in practice and what learning would be put in place as a result. We saw there had been one complaint logged and actioned by a previous manager. This complaint was on going at the time of our inspection. The manager told us they would be continuing to meet with the person who had complained to fully resolve the issues.

We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. Staff we spoke with were able to tell us about the individual needs of each person as well as any health conditions that affected their care. We looked at three people’s care plans and found they reflected what the staff had told us about people’s needs. The manager and the deputy told us they were reviewing all care plans to ensure they were focussed on each person as an individual. Relatives said they contributed to staff knowledge about how to support their family member and attended regular reviews when they could.

Relatives told us that staff provided caring and responsive approaches to meeting their family member’s needs. For example, one relative said, “They (staff) really know how to manage difficult situations; because they know my [family member] so well.” We saw staff supporting people by being responsive to them. For example, we saw staff supporting people to be where they wanted to be in the home. We saw staff members supporting people in a way that was consistent and individualised to that person.

Staff we spoke with described how they provided care that responded and met people’s needs. One member of staff said, “All of us make this happen.” Another member of staff told us, “We always look at care plans, and communicate really well with each other and the relatives.” One person needed to see the GP on the day of our visit, staff were aware of this appointment and why this was needed because this information had been shared with them.

# Is the service well-led?

## Our findings

There were systems in place to monitor the quality of the service. We saw there were regular visits by the provider and action plans completed to improve the service. However there were improvements that had been identified but not consistently carried forward by the provider through each change in management. One example of this was the results of the pharmacy audit which had not been carried forward by the provider and completed through the changes in management. Another example was related to people who were subject to restrictions on their liberty. Although authorisation had been sought to ensure that any restriction was appropriate some staff we spoke with were unclear of the impact to the people they supported. There was no consistent monitoring or checking to ensure staff had effective knowledge to inform their practices. A further example was the measures put in place to monitor the administration of medicines were completed inaccurately. Daily counts of all medicines were completed, and we found that some of these counts did not reflect the correct amount of medicine held at the home. There was no effective safety net to ensure people received medicines when they needed to.

We found that some records were not completed to ensure risks were appropriately managed. Whilst this had not impacted on the person's care because the staff we spoke with were aware of how to manage the risk. There was a potential risk if new members of staff were not made aware and therefore they would not be able to take the appropriate action if needed. We spoke with the manager and she said she would review all the risk assessments to ensure the correct information was available to all staff to manage people's identified risks.

The provider had not ensured that all the actions required to improve the quality of the service had consistently been completed or monitored.

### **This was a breach in the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw at our last inspection that there were few interesting things for people to do within the communal environment for people's social wellbeing. At this inspection we saw that there had been no improvement to

this. Relatives we spoke with told us there could be more things to do in the home. We saw the lounge environment was very bare. We spoke with the manager and she told us about plans to improve the inside and outside space to allow more potential for people to enjoy hobbies and past times at the home. The manager had not been able to put her new ideas in place at the time of our inspection, but was working on an action plan to ensure this work was completed.

The provider had taken steps to have a registered manager in post. However there had been three managers in post since our inspection. The new manager had been involved in the home for a few weeks when we inspected and was in the process of applying to become a registered manager.

Relatives told us they were concerned about the number of different managers that had been in post over the last year. One relative said, "We need some consistency, staffing has really improved, but we are still impacted by the manager changes." Another relative told us, "All the managers have been great but the lack of consistency with manager's impacts on how things are done." Relatives informed us that although the service had improved overall but they were concerned about the effect of the changes in management on their family members. One relative said that new managers would start sorting concerns out one way and then there would be another new manager and things would change again. They told us this made communication difficult. The relatives we spoke with were hopeful that this would be the last new manager for a while and the service would start to benefit from some management consistency. Relatives that had met the new manager told us they had confidence in her and that she had shown she would communicate openly.

The provider had not consistently shown effective leadership to ensure improvements were completed. At our last inspection the manager that was in post told us about setting up regular coffee mornings for families to drop in and have access to the manager for information sharing and support. We found that this initiative had not been carried forward by the provider to keep families involved through the changes in management. This was an example of the inconsistent communication between the provider and the different managers. We spoke with the manager and she wanted to improve communications with relatives however there was no action plan in place at the time of this inspection to complete this.

## Is the service well-led?

Relatives we spoke with said there concerns were not always actioned by the different managers that had been in post. One relative told us they had requested weekly updates by email about what was happening with their family member but this had not been achieved regularly in the last year. They said they would continue to request this with the new manager.

We spoke with the manager and she said that the home was a, “work in progress, I would not have come if I thought I could not do the job.” She also told us staff were working really well and areas such as the lounge and garden “Just needed some love.” We also met with the new deputy and the new area manager. All had been in post a short time. They had lots of ideas on improving the service for people living at the home, and reassured us they were committed to seeing the improvements through. However at the time of our inspection there were no action plans completed with time scales to ensure action would be taken.

Therefore because of the newness of all members of the management team we were unable to measure the effectiveness of any possible planned improvements on the quality of the service provided.

Staff we spoke with said they liked the new manager. She had set up staff meetings and staff said they felt supported and listened to. The new manager had started a suggestion book. Staff had made suggestions which were discussed in the team meeting and the actions agreed by the staff and manager were completed. Staff told us the new manager was supportive to their needs. One member of staff said, “Extra staff can come and take over if a difficult situation affects you.” Staff we spoke with were aware of the whistle blowing procedures, how they would raise concerns about other members of staff or managers within the service. They were confident they would use them if they needed to.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. Regulation 17(1) (a)