

Salutem LD BidCo IV Limited

Meade Close

Inspection report

1-2 Meade Close
Urmston
Manchester
Lancashire
M41 5BL

Tel: 01617468301

Website: www.salutemcareandeducation.co.uk

Date of inspection visit:

08 November 2023

09 November 2023

10 November 2023

Date of publication:

22 December 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

About the service

Meade Close is a care home and provides the regulated activity of personal care to people who require support with physical and sensory impairments, communication difficulties, moderate to severe learning impairments, complex physical and mental health needs and/or Autism. At the time of our inspection there were 9 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The service gave people care and support in a safe and clean environment that had been adapted to meet their physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to take part in activities and pursue their interests. The registered manager was working with families and staff to further improve this area to ensure people lived fulfilling lives.

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.

Right Care:

The service had enough staff to meet people's needs. We have made a recommendation about positive behaviour support and person-centred care in the effective domain of the report. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

There was an open and transparent culture within the management team with a clear focus on improving the home. It was acknowledged short term and long-term sickness had impacted on the quality of care and plans were progressing to recruit new staff and to embed a new senior team. People and those important to them, including advocates, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Report published 22 May 2023).

Recommendations

At our last inspection we recommended implementing RESTORE2 as a tool to assist in recognising health conditions likely to deteriorate. A programme of training had been implemented promptly after the last inspection.

Why we inspected

We received concerns in relation to poor leadership, safeguarding concerns, medication issues, shortage of staff and maintenance of equipment and premises. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. We have found evidence the provider needed to make improvements and the provider had a clear plan in place to achieve this.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meade Close on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Meade Close

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Meade Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meade Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection. One inspector attended unannounced on the final day of the inspection.

Inspection activity started on 8 November and ended on 14 November. We visited the care home on 8, 9 and

14 November.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 5 relatives about their experience of the care provided. We spoke to 11 members of staff, including 2 registered managers, the deputy manager and 8 care staff. 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, including 4 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment and we examined supervision records for multiple staff. A variety of records relating to the management of the service, including quality assurance were reviewed.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection we recommended the provider implement RESTORE2 as a tool to assist in recognising health conditions likely to deteriorate. RESTORE2 is a physical deterioration and escalation tool for health and care settings that provides an early warning score which helps staff to recognise when a person may be deteriorating or at risk of physical deterioration. The training for this model was now mandatory within the home.

- There were shortfalls in care plan recording. The home had implemented a new electronic recording system and were also inducting new staff. Staff were not always keeping accurate, complete and up-to-date records. There was a clear action plan in place to remedy this issue and the impact was on some aspects of quality and not safety.
- Care plans and risk assessments identified the risks involved in the delivery of care to people and gave clear guidance on how to reduce the risk of avoidable harm.
- The home had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electric and regular checks of fire safety equipment.
- The home managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Staffing and recruitment

- There were enough staff to meet people's needs at the time of the inspection.
- The home had continued to experience difficulties in relation to staff absences since the last inspection. This put additional pressure on the home during a period when they were also recruiting. The needs of people had also increased since the last inspection and the number of staff required had increased from 4 to 7. Use of agency staff had increased and was close to 20% of total staff hours in recent weeks.
- Staff expressed concerns about the impact of short-term staff sickness. One staff member told us, "There are good staffing levels except when people call in sick. Quite a lot recently." The registered manager had clear processes in place to manage this effectively.
- The staff team was also being restructured to include an additional senior and they had also recruited a new deputy manager and a new registered manager prior to the inspection visit.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.
- We observed many positive interactions between people and staff and there was a calm and positive atmosphere throughout the inspection.

Using medicines safely

- Systems and processes were in place to manage medicines safely.
- There were competent staff on duty to administer medicines.
- The home ensured people received their medicines as prescribed. Medicines were recorded appropriately, and stock monitored and checked regularly.
- Staff were not always recording when thickener powder was added to drinks for people who were at risk of choking. The registered manager took immediate action to remedy this issue.
- Staff made sure accurate information about people's medicines was available when people moved between care settings. Medicines and staff accompanied people when admitted to hospital.

Systems and processes to safeguard people from the risk of abuse

- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.
- People had access to independent advocacy. Independent advocacy provides a vital safeguard to ensure people's rights are upheld.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- Staff had completed infection control training. This was supported by appropriate policies and procedures.

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 we rated this key question good. The rating for this key question has remained good. 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;

- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to people moving into the home.
- Care and support plans contained all the required information to provide safe care.
- Staff received training in person centred care and Positive Behaviour Support (PBS). Not all staff had completed PBS training and plans were in place to ensure this was completed in the New Year.
- The registered manager agreed further work was needed to ensure people had more personalised care and support. Care plans needed to focus more on promoting people's independence, their strengths and to reflect their goals and aspirations more clearly. Data was not being consistently collected to support this practice. People received kind and caring support but person centred care is vital to ensure people can maximise their quality of life.

We recommend the provider refers to current guidance on positive behaviour support and person-centred care.

Staff support: induction, training, skills and experience

- We received mixed feedback about the training provided to staff. Three out of 5 family members we spoke with expressed concerns about the level of training provided. They said, "They start off with the basic training with moving and handling - I don't think they have specialised knowledge...I would like to see more specialised training, it would give staff more confidence. I would like to see more specialised training for people working with people with a disability."
- Clear training plans were in place and training was up to date. Staff were positive about the induction, training and support they had received. One staff member said, "I enjoyed the induction. We went through each individual care plan. I spent 1-1 time with each person. The training has been really good. I really enjoyed the moving and handling."
- The home checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The supervision documentation reviewed was to a high standard.

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

- People's needs were met by the decoration, design and layout of the home. This included communal areas, personalised rooms and aids and adaptations to make bathrooms and toilets accessible and safe. Sensory assessments were being considered for individuals where needed and not covered by the initial admission assessment.

- We received feedback from staff about the need for redecoration, as some areas of the home needed to be more modern and homely. The registered manager explained some work had recently been completed and there was an ongoing programme of refurbishment.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support them to live healthy lives.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People could have a drink or snack at any time and staff recorded food and fluid intake where required. Electronic care planning enabled families to have oversight of this issue if they chose to.
- Any concerns about weight loss were reported to external professionals as required.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. We observed some very positive interactions between people and staff during mealtimes. Staff were very attentive and considerate.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. The registered manager had made appropriate applications for DoLS authorisations.
- Best interests meetings took place when people were unable to make their own decisions. This helped to ensure decisions were made in people's best interests and minimised the use of restrictions.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Work was in progress to restructure the staff team. The registered manager had been in post for 1 month and was being supported by the previous registered manager. The deputy manager was moving to a different role within the organisation and a replacement had been recruited and was due to start after the inspection. An additional senior staff member was also being recruited. These changes were still in transition and needed to be fully established and sustained. It had impacted on aspects of quality but not safety. People were not at risk of harm, but families had raised concerns about the quality and consistency of the care provided.
- The registered manager had introduced quarterly meetings with families, but attendance had been low. The registered manager agreed to explore different ways to engage with families and a survey was sent out to all families after the inspection to explore this further.
- The ongoing issues with staffing, care planning documentation and the need for more person centred care was impacting on the quality of care provided. The management team were aware and plans were in place to drive further improvement.
- We made a recommendation in the effective domain about the need to review best practice guidance around positive behaviour support to ensure care was more person centred.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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; Working in partnership with others

- The registered manager had demonstrated an open and honest approach and was clear about the requirements of the duty of candour and had notified the CQC and safeguarding teams of any accidents and incidents as appropriate.
- We received good feedback from the local authority about the positive atmosphere in the home and the transparency of the management team.

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

- We observed a calm atmosphere in the home throughout the inspection. The interactions between staff and people were warm, friendly, respectful. Staff told us, "Yes, I love it. I love working with the people here. I

have time to enjoy their company. Yes, they are well cared for. I observe good bonds between people and staff."

- The vast majority of staff told us they felt valued and were happy with the support they received. They said, "Yes, I feel valued. There is good supervision in place to support the role" and "I feel valued. I feel very much supported."
- Regular team meetings were in place.

Working in partnership with others; Continuous learning and improving care

- The service continued to work collaboratively with the local authority and other stakeholders.
- Action plans were in place and good progress had been made in addressing areas identified for improvement. There was a clear vision for the direction of the service, and this was supported by the governance processes in place.