

Midway Care Ltd

Merecroft

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 9 November 2016.

Merecroft is registered to care for up to nine people with mental health needs or learning disabilities. At the time of our inspection there were six people living at the service.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

We carried out an unannounced comprehensive inspection of this service on 2 September 2015 when we found that they were in breach of the law because the provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. The provider wrote to us to say what they would do to make the necessary improvements. At this inspection we saw that the actions required had been completed and the regulations were now met.

Relatives we spoke with said their family member had support from regular staff who knew them well. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, these focussed on supporting people's well-being. People were supported to receive their medicines by staff who were trained and knew about the risks associated with people's medicines.

Staff had up to date knowledge and training to support people living at the home. Staff always ensured people agreed to the support they received. The management team regularly reviewed how people were supported to make decisions. People were encouraged to make their own choices about the food they ate. Relatives told us staff would access health professionals as soon as they were needed.

We saw staff were caring and patient with people living at the home. Relatives told us staff had built positive relationships with their family member, and treated them with dignity and respect. They said they were welcome to visit whenever they chose to.

Staff told us how they sought people's views on how they were supported. The management team were developing further adaptations to support people to communicate their views. Relatives we spoke with knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken.

Staff were involved in regular meetings and one to one time with the management team to share their views and concerns about the quality of the service. Relatives and staff said the management team were accessible and supportive to them. The staff team were adaptable to changes in peoples' needs and knew

people well to recognise when additional support was needed.

The registered manager encouraged a culture of openness and inclusion for people living at the home and staff. The management team had systems in place to identify improvements and action them in a timely way.

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

People were supported by staff that knew how to provide care in a safe way. People benefitted from regular staff that knew them well and managed their identified risks. People had their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People were supported by staff who had regular training. When needed people, were supported to make decisions about their wellbeing. People chose the food they enjoyed, and were supported to maintain a healthy, balanced diet which offered them choice and variety. People and relatives were confident staff had contacted health care professionals as they needed to.

Is the service caring?

Good ●

The service was caring

Relatives thought the staff were caring and kind. People living at the home were treated with dignity and respect. People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive

People were involved in how they were supported by staff who listened and were adaptable to their needs. People were regularly asked for their opinions on the care they received. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The culture of the service was open and inclusive. The

provider and registered manager regularly completed checks to support continuous development.

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.

This was an unannounced inspection which took place on 9 November 2016 by one inspector.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We spoke with two people, and three relatives. We looked at how staff supported people throughout the day.

We spoke with three staff, the deputy manager and the registered manager. We looked at the care records for four people including medicine records, training records and other records relevant to the quality monitoring of the service such as visits from the provider.

Is the service safe?

Our findings

People who lived at the home showed us through their facial expressions and body language they were confident with the staff supporting them. We saw staff communicated in a relaxed way, and people were smiling and comfortable with them. Relatives we spoke with said their family members were safe. One relative explained how their family member's anxiety had decreased since living at the home. They went on to say how moving to the home was "The best thing that ever happened," for their family member because they had seen such a difference in their well-being.

The registered manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. They had a good knowledge of the people they supported and said they would know if people living at the home had any concerns. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated.

Staff we spoke with said they identified risks to people's safety and welfare. For example, the support people required with their own medicines and going out into the community. Staff explained how they managed risks to people while maintaining their independence as much as possible. One relative explained how staff had supported their family member to gain their independence safely. They went on to say how this was a gradual process that had made a real difference to their family member's life.

Staff we spoke with said they were an established team that knew people well. Any concerns during their shift would be acted on and passed on to staff during the end of shift meeting. One member of staff said, "We always know how people are from the start of our shift." Staff were aware of how to manage people's risks and these were reflected in the risk assessments for each person. One person needed additional support when out in the community. Staff we spoke with were aware of these risks and ensured this person had the support they required.

We saw there were sufficient staff on duty to meet people's needs on the day of our inspection. Staff we spoke with said there was consistently enough staff to support people with what they wanted to do. Relatives told us there were sufficient staff on duty to meet their family member's needs. One relative confirmed their family member was able to do things they enjoyed with staff support, consistently throughout the week. One staff member said, "We work flexibly so people can do what they enjoy." For example they explained how they had worked extra hours to support people living at the home.

The registered manager told us staffing levels were determined by the level of support needed by people. This was provided in a flexible way depending on what people living at the home wanted to do. The registered manager ensured there were sufficient, appropriately skilled staff to meet the needs of the people living at the home. Staff confirmed staffing levels were arranged around the interests of people living at the home and what people wanted to do.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. They explained how they did not work with people until their suitability was established.

The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people living at the home were not placed at risk through recruitment practices.

Some people needed support with their medicines. One person showed us their medicines and knew when they needed to take them. Relatives we spoke with said their family members were supported with their medicines in a safe way.

We saw people's care plans guided staff in how to support people with their medicines. For example, there were protocols in place for medicines that had been prescribed, "as and when needed," these gave clear guidance to staff about when they needed to administer them. Staff told us that these plans were updated when needed and staff were aware of any changes. Staff said they had received training about administering medicines and their competency was regularly assessed. They explained they felt confident when administering medicines to people. The deputy manager regularly reviewed people's medicine records to ensure that they were completed correctly and people received their medicines as prescribed. We saw medicines were kept and disposed of in a safe way.

Is the service effective?

Our findings

Relatives we spoke with told us staff were very knowledgeable about how to support people living at the home. One relative said about staff, "They really understand [family member] and have good knowledge about what they need to do."

Staff told us they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing a more experienced member of staff. Staff said they met all the people initially to get to know them. One new member of staff explained how experienced staff shared their best practice so they quickly got to know people well and how to meet their needs. They said this had been really useful to them and had improved their practice when supporting people at the home. They went on to say, they had received training in all areas of care delivery.

Staff explained how they received additional training specific to the people they supported, for example, autism. One member of staff said this training had improved their understanding and practice when supporting people using the service. Staff told us they felt well supported and had regular supervisions and opportunities to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. The registered manager told us they had a rolling program in place to ensure all staff remained up to date with their training. This training included the Mental Capacity Act 2005 (MCA); staff we spoke with were able to explain what this meant for people they supported.

The 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.

We saw staff consistently asked people for their consent before supporting them, and when they refused they respected people's decisions. Staff we spoke with told us they were aware of a person's right to refuse their support and explained how they manage this to ensure people's rights were respected. Staff were aware of who needed support with decision making and who should be included in any best interests decision for people. The registered manager had a good understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation. For example, one relative explained how they were involved in best interest's decisions relating to the health care for their family member.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff and the registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw the registered manager had taken appropriate action when needed, and reviewed these decisions regularly. The registered manager had made

appropriate referrals to the local authority when a DoL was in place.

People said they had choice about the food they ate and that the food was good. We saw people could choose what they wanted to eat, and they were supported to make choices. For example there were pictures of different types of food to ensure people were aware of what was available. Staff told us they promoted people's independence as much as possible. Staff we spoke with said they encouraged people to make healthy choices to ensure they were maintaining a healthy diet with both food and drink.

Relatives told us their family member received support with their all aspects of their health care when they needed it. One relative said, "They [staff] always involve health care professionals when they need to." Staff explained how they had involved other health agencies as they were needed in response to people's needs. For example, we saw people had attended the dentist and opticians regularly.

Is the service caring?

Our findings

We saw caring communications between staff and people living at the home. For example, we saw members of staff sharing the meal time with people living at the home. There was a lot of chatting and people 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 we spoke with said they were happy with all the staff who supported their family member. One relative explained how they had been included in choosing staff to support their family member. They went on to explain how all the staff who supported their family member brought different experiences to the interactions for their family member. For example different interests, which the relative said meant each day was different for their family member and was more stimulating for them. Another relative explained how their family member had progressed since moving to the home recently. They said their family member was more open and communication had improved greatly. They said, "[Family member] is so happy now, it was the best thing to happen."

We saw good relationships between staff and people living at the home. For example, one person talked about their trip out and how much they had enjoyed the experience. We spoke with the registered manager and she explained how each person had a dedicated team of staff to support people living at the home. She went on to say how she involved relatives in the choice of staff and monitored people's interactions with staff to ensure they were happy with the relationship. She said this was important because staff needed to build a relationship with people, and really get to know them to support them effectively. Staff we spoke with said this system worked well and they knew people they supported really well which enabled them to ensure they met people's needs.

Throughout our inspection we saw that people were treated with respect in a caring and kind way. The staff were friendly, patient and discreet when providing support for people. We saw that all the staff took the time to speak with people as they supported them. People's wellbeing was supported by positive interactions such as the use of non-verbal techniques to communicate. For example we saw the use of signs and symbols were available for some people to support them with choices. We saw a member of staff supported one person to prepare their meal and drink. This person was encouraged to do what they were able and staff only assisted when they needed to. We saw through their facial expressions and body language, they were confident with these tasks.

Relatives we spoke with said staff supported their family members to be as independent as possible. One relative told us how staff had listened to their family member's wishes and supported them to achieve their goals. For example, supporting them to do interesting things every day. This relative explained what a positive effect this had on their family member, they told us, "They are so much happier now." Another relative explained how their family member had access to technology so they could communicate every day. They went on to say how this was initiated by their family member and the relative said the regular communication was very reassuring for them.

Relatives said staff always treated them and their family member with dignity and respect. One relative told us, "They really listen and take on board what [family member] wants to do." We saw staff supporting people in a way that maintained their dignity. For example, we saw one person was offered discreet support when they needed it so their confidence with other tasks was maintained. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and always listened to people's views. One member of staff said about people they supported, "I am passionate about getting it right, so they [people] are as happy as possible."

Relatives we spoke with said they could visit when they chose. One relative said they could pop in whenever they liked and they were always welcome.

Is the service responsive?

Our findings

We saw people were involved in decisions about their care. For example, we saw one person choosing what they were going to do with their time and what they wanted to eat. This person was supported to make their own choices and be as independent as possible. Another person was provided with picture cards to support them to make their own choices about things in their life, for example meals and interesting things to do. The deputy manager explained they had attended additional training to improve communication for some people with signs and symbols. They went on to say that this was something they were working on with staff to develop further.

Relatives we spoke with said staff had good knowledge of their family member. One relative said "Staff really understand [family member], they listen and have taken time to get to know." They went on to explain how staff have worked at their family member's pace. Staff had increased their family member's independence and experience which they said had increased their family member's well-being. Relatives told us staff were adaptable to meet the needs of their family member.

Staff said they knew people's support needs could change from day to day, and knew people well enough to recognise when they required additional help.

Relatives told us they had been involved with how their family member was supported from the start of them arriving at the home. They also said staff kept them involved and up to date. One relative said how reassuring their relationship with staff was, they told us, "I am always included and involved and they really focus on [family member] to fully met their needs." Another relative said, "[Family member's] care needs are well met." Relatives told us they were involved with regular reviews to ensure their family member's needs were fully met.

We saw people's care plans focussed on what people wanted to achieve and the steps towards these goals. For example, one person had identified something they wished to achieve. Staff had documented steps they had taken to achieve this goal. Staff we spoke with said they worked with people to ensure care planning was focussed upon each person's life as a whole. This included their goals, skills, abilities and how they preferred to manage their health. Staff also said this was regularly reviewed with their keyworker to ensure people were happy with their support. Their keyworker was the member of staff people and their relatives chose to review how they were supported.

We saw some people did activities together and others chose things to do on their own. Relatives we spoke with told us their family member always had interesting things to do that they enjoyed. For example one relative said, "[Family member] goes shopping and for meals [out in the community with staff], they are always busy." They went on to say how their family member helped with house hold tasks and how much they enjoyed doing this. Staff we spoke with said there were organised activities such as trips out which were arranged for those who wished to attend. There were also pastimes that were specific to each person such as swimming and going to the gym. Relatives told us that their family members had interesting things to do with their time which were individual to them. One relative said, "They're always busy. They absolutely love

it there." Another relative told us how their family member regularly visited them at home. They explained staff were adaptable to support them with this.

The registered manager explained how they adapted paperwork to support people to share their views about the service and the quality of care through satisfaction questionnaires. We saw the results of these questionnaires for 2016 were positive. We saw where people had raised a question action had been taken to resolve. For example, additional garden equipment had been requested and funding was being raised to put in place.

Relatives we spoke with said they would know if their family member was not happy with anything. They told us they were happy to speak with staff or the registered manager about any concerns if they had them. One relative explained how the management team would acknowledge when things could have been done better and learn from this. The registered manager investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and resolved in a timely way. The registered manager was reviewing the arrangements in place for recording complaints and any actions taken to ensure all complaints were documented.

Is the service well-led?

Our findings

We inspected in September 2015 and found a breach in the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements to protect people who lived at the home. Following the inspection in September 2015 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.

Two relatives we spoke with said the home was well managed. They said they could always speak with the management team at any time, and they would always take the appropriate action. One relative explained how they had spoken with the registered manager at weekends and evenings when the need arose. Two relatives told us they were listened to by the management team and the staff supporting them.

The registered manager and the deputy manager knew all of the people who used the service and their relatives well. They were able to tell us about each individual and what their needs were. The registered manager told us it was important that each person was seen as an individual and looked at how they could support people holistically. For example, the registered manager explained how they had supported one person to move nearer their family member to improve their well-being.

Two relatives we spoke with told us the culture of the service was open and approachable. One relative said, "There is a no blame culture, they [management team] are always happy to review to see if things can be improved and lessons learnt." All the staff we spoke with were passionate about supporting people focussing on their abilities, and being responsive and adaptable in how this was achieved. One member of staff said, "We always listen to people and work with them to do what they want to do." Staff said they all communicated well and worked together to support people living at the home.

Staff said they were supported by the management team. They told us they could always speak to someone if they had any concerns. One member of staff said about the registered manager, "She is absolutely fantastic." Another member of staff said, "This is the best job I have ever had." A new member of staff explained how the registered manager and experienced staff had been very supportive to them from the start.

Staff told us they had regular one to one time with the management team, when they were able to share information and ideas. They said they felt well supported and listened to as a result of this. For example, one member of staff explained how they had worked with the management team to improve the well-being of one person living at the home. They had agreed steps to be taken and regularly reviewed the situation to ensure the outcomes improved.

Staff told us they always reported accidents and incidents. We saw documentation available for staff which was completed when needed. The management team investigated the incidents to ensure any actions that were needed were made in a timely way. The registered manager explained how they reviewed all incidents to ensure any trends were identified and action taken. For example, the registered manager said through

this process they had identified when one person did not work as well with one member of staff and had taken action to ensure this person was supported by another member of staff to improve their well-being.

The management team completed regular checks to ensure they provided quality care. The registered manager said they had identified where improvements were necessary. For example, we saw there were plans in place to make improvements to the garden by adding a sensory area. The deputy manager explained how the audits and quality assurance fed into an improvements plan which was regularly reviewed to ensure actions were completed. We saw the provider regularly completed checks to ensure people living at the home received quality care. These were used to identify any areas where improvements were necessary and would be added to the plan to drive through continuous development.