Meadowcroft Health Care Limited

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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 inspected the service on 13 November 2017. Meadowcroft Health Care Limited 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. Meadowcroft Health Care Limited provides accommodation and personal care for up to 24 people with varying support needs including nursing and mental health care needs. Accommodation is provided in three buildings. On the day of our inspection 19 people were using the service.

At our last inspection in August 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

People continued to receive a safe service. People who used the service and their relatives told us they felt safe and well cared for. Staff knew how to support people to remain safe and the registered provider had systems and processes in place to keep people safe from abuse and avoidable harm. Risks associated to people's needs had been assessed and planned for and people were involved in these decisions. The environment including equipment was checked to ensure they were safe. There were sufficient staff available during the day but night time staffing levels and deployment required further reviewing. Safe staff recruitment checks were carried out before staff commenced employment. People received their prescribed medicines safely. Infection control measures were in place.

People continued to receive an effective service. 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 supported this practice. People were supported by staff that had received an appropriate induction and ongoing support and training. Developments were in place to improve mental health awareness training for staff. People's nutritional needs were assessed and planned for and people received a choice of meals and drinks. Systems were in place to share information with external services and professionals when required. People received support to maintain their health. The adaptation and design of the home met people's needs.

People continued to receive good care. People who used the service and relatives, spoke positively about the approach of staff whom they said were kind, caring and compassionate. People were involved as fully as possible in their care and treatment and staff respected their privacy and dignity. Independence was promoted and staff had a good understanding of people's diverse needs, preferences, routines and personal histories. People were supported to access independent advocacy service when required.

People continued to receive a responsive service. People who used the service received opportunities to contribute to their assessment and reviews of their care and treatment. People's care plans focussed on their individual needs, creating a person centred approach in the delivery of care and treatment. Further work was required to support people with identifying and achieving their future goals and aspirations. People had access to the registered provider's complaints procedure and were confident about using this.

People's end of life wishes had been discussed with them.

The service continued to be well-led. An open and inclusive service was being developed; the registered manager had a clear vision and goal of how to continually improve the service. Staff felt listened to and supported to raise concerns and issues with the management team. People who used the service and relatives received opportunities to share their views and experience of the service. Audits were carried out and action plans put in place to address any issues which were identified.

Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Meadowcroft Health Care Limited

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 checked 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 a comprehensive inspection that took place on 13 November 2017. The inspection team consisted of one inspector, a specialist advisor who was a registered nurse and an 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.

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 plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care people) of the service.

On the day of the inspection visit we spoke with three people who used the service about their experience about the service they received. We also used observation where appropriate to help us understand people's experience of the care and support they received.

We spoke with the registered manager, the provider's representative, a nurse employed at the service, an agency nurse, the cook, a housekeeper, one team leader, three care workers and an activity coordinator. We looked at all or parts of the care records of seven people along with other records relevant to the running of the service. This included the management of medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing

complaints.

After our inspection visit we contacted two relatives for their feedback about how the service met their family member's needs. We also received feedback from an external healthcare professional.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. One person said, "I've not seen any bad things happen, I feel safe here." Relatives were positive their family members were safe.

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination. Staff told us they had received training to support them in keeping people safe and training records confirmed this. The registered provider had safeguarding policies and procedures in place to guide practice. From our records we were aware safeguarding issues had been appropriately reported and responded to. People had access to safeguarding information that informed them how to report any concerns. This meant there were systems and process in place to safeguard people from abuse.

Relatives were positive about how risks were managed, they said their family member was involved as fully as possible and they were consulted. Relatives advised whilst some restrictions were in place such as the frequency of smoking, this had been openly discussed and agreed with people. Some people also required support to access the community and we saw how people were asked if they wanted to go out.

Staff were knowledgeable about risks associated with people's needs and spoke confidently how they supported people to remain safe but equally respecting their choice and control. One staff member said, "People have individual risk assessments that support us and are kept up to date. We also use handover meetings to talk about any new risks and what we need to do to support people."

Individual risk assessments were completed on areas such as nutrition, moving and handling and skin care. We found information provided for staff was supportive and informative, providing clear guidance and direction. We saw examples where people had been involved in discussions and decisions about how risks were managed, this included people signing care records as a method to show their agreement.

The registered provider had policies and procedures such as whistleblowing to support staff to raise any concerns confidentially. Staff disciplinary procedures were also used when concerns were identified about poor care and treatment. People's care records were stored securely and information was shared with relevant external professionals where appropriate.

Individual plans were in place to support people in the event of an emergency requiring people to be safely evacuated. Checks were completed on the internal and external environment and premises, including equipment. We found these checks were up to date and the environment and equipment seen was appropriate and in working order.

Where people had been assessed as requiring support to manage any behaviours this had been planned for. Positive behavioural support plans provided staff with clear and detailed information of how to support people safely using best practice guidance.

Some people commented about the frequent use of agency staff. One person said, "They (registered provider) have a lot of relief staff, they normally know me well." Relatives were positive about the staffing levels and availability of staff. One relative said, "I think the staffing levels are fantastic, there are always staff around, you see them spending time with people."

Staff told us they generally felt staffing levels were sufficient during the day but raised some issues with the amount of staff available at night. The registered manager told us how they reviewed people's dependency needs and said this informed them of the staffing required. The registered manager agreed to speak further with staff about their concerns and review the night-time staffing levels and deployment of staff to ensure this continually supported people to remain safe. The registered manager told us of the action they had taken to recruit permanent nursing and care staff. They had recently appointed a number of new staff including a clinical lead, these staff were at different stages of taking up their roles but the action taken was positive and responsive.

Safe recruitment processes were in place to ensure only staff suitable for their role were employed at the home. Staff had received training in health and safety and their understanding and competency was discussed in staff meetings and one to one supervision meetings.

People who used the service and relatives raised no concerns about how medicines were managed. We found the ordering, storing and management of medicines followed best practice guidance. Nursing staff had responsibility for administering medicines and medicine administration records gave nurses all the required information to administer people's prescribed medicines safely. This included respecting people's personal preferences of how they took their medicines. Some people lacked mental capacity to consent to the administration of their medicines and these were given covertly (without the person's knowledge in food). The principles of the Mental Capacity Act had been correctly followed, including seeking agreement from the GP and advice from the community pharmacist. Protocols were in place for medicines to be given as and when required for pain relief or anxiety and behaviours.

The registered provider had a system in place to audit and check medicines management and this was found to be up to date. Nursing staff were up to date with their medicines management training and the registered provider had a medicines policy and procedure to guide practice. People were supported to have their medicines reviewed by external healthcare professionals.

The home was found to have good standards of cleanliness and hygiene. The registered provider had a prevention and control of infections policy and procedure based on best practice guidance. Staff had received appropriate infection control training and were aware of action required to manage any risks. Cleaning schedules were in place and found to be up to date and provided housekeeping staff, with clear guidance of what was required to maintain good standards of cleanliness. Staff had also received training in food hygiene and understood the principle of safe food handling.

The registered provider had systems and processes in place to effectively manage accidents and incidents. Staff were aware of their responsibility to respond to any incident or accident. Records confirmed appropriate action was taken such as investigating incidents to help prevent them happening again. The registered manager was responsible for reporting accidents and incidents to senior managers to show what action had been taken to mitigate further risks. This meant there was continued oversight at all management levels.

Good

Is the service effective?

Our findings

People received care and treatment based on their holistic needs. People spoke positively about staff understanding their needs. Relatives were equally confident staff met people's needs effectively and told us how they and their family member were involved in the pre-assessment stage. One relative said, "I can't speak highly enough of the staff, they are very knowledgeable and aware of mental health needs and the impact it has on people."

Assessments had been completed prior to people moving to the home to ensure staff could meet people's individual needs. Care records were personalised and included information about what support people required. The registered provider had policies and procedures in place that were in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff. The registered manager was developing increased communication and support from external healthcare professionals to achieve effective outcomes for people. An example of this was how staff had sought external advice and support to support a person to manage a particular mental health condition that impacted on them daily.

Assisted technology was used effectively to promote people's independence. For example, some people required close observations to monitor their health and well-being. The use of sensor mats were used to alert staff when people were up and walking around independently.

Staff were positive about the induction, ongoing training and support they received. A senior staff member told us about the probationary period and the ongong training. They recognised how staff had different skills which they saw as positive saying, "So you can use staff to the best of their abilities." Staff records confirmed staff had received an appropriate induction and ongoing opportunities to discuss and review their work. We noted the training plan for staff did not include training in mental health needs. We discussed this with the registered manager who said they were already aware of this. They showed us correspondence with the registered provider's senior managers about further areas of training they required the staff team to complete. Plans were being developed to improve staff training. Consideration of the staff skill mix ensured there was an appropriate level of experience and skills within the staff team.

People were positive about the choice of meals. One person said, "You can choose from a menu the food is reasonable." Another person said, "I'd give them (staff) ten out of ten." This person told us about a specific dietary requirement they had and said staff knew and understood what this meant for them. Relatives were positive about the meal choice and quality. One relative said, "The quality of the food is very good, choices are offered and respected."

Due to the needs of people and the layout of the building it was not appropriate to observe people's lunchtime experience without disturbing them and disrupting the meal. Staff told us they observed protected meal times. This meant their priority was to remain with people throughout the lunchtime period and not be distracted.

Assessments had been completed with regard to nutritional needs and consideration to religious and cultural needs in menu planning. Where additional support was required appropriate care had been put in place. For example, food supplements were given to ensure people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care records. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition. The cook had information that informed them of people's nutritional needs. Food stocks and storage were found to follow best practice guidance. Where concerns were identified about a person's weight appropriate action was taken such as contacting the GP for advice and guidance.

Hospital transfer forms were in place to ensure information was available to other clinicians in the event of requirement for medical treatment. In the event of a person transferring to another placement, the registered manager said a discharge plan would be developed to ensure all required information was shared appropriately.

Relatives were positive staff took action in a timely manner to respond to any healthcare needs. One relative said, "[Name of family member] was only there a few days and staff had made health appointments, they picked up on the problems straight away and got them sorted."

People's care records demonstrated people were supported to access local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes, information was available to staff to ensure they provided the appropriate care. Care records confirmed staff worked with external healthcare professionals such as community psychiatric nurses, speech and language therapists and dieticians to improve people's health outcomes. We found examples where people's health care plans had been discussed and agreed with them. An example of this was the frequency a person smoked. The person understood the health risks and chose to continue to smoke but at an agreed frequency to lessen the impact of their health being affected.

The layout and design of the home provided people with a choice of areas to relax and spend time. This included communal areas and spaces for privacy and to meet with their friends and relatives. A cinema room and activity room was available for people and a pleasant and secure garden.

We observed people were asked for their consent before care was provided. Where people made unwise decisions this was respected and acted upon, records of the decision were made and signed by the person.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS), we found people were protected appropriately under the MCA.

Staff showed they understood the principles of the MCA. Care plan records showed capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves. Fluctuating capacity was also considered and planned for. The registered manager had submitted DoLS applications for assessment to the supervisory body where required. Where authorisations had been grated information was in people's care records to inform staff. One person had conditions attached to their recent authorisation and these were in the process of being acted upon.

Some people's mental health needs could affect their mood and behaviour and they required support from staff to manage this effectively. Staff had received appropriate training in physical intervention; the

registered provider had a restraint policy and procedure to support staff that was based on best practice guidance. Staff were clear about the use of restraint as being the less restrictive option and told us how they used divisional techniques as a method to effectively support people. Where physical intervention was used this was low level and staff were able to describe this to us.

Good

Is the service caring?

Our findings

People who used the service spoke positively about the approach of staff. One person said, "They (staff) help you, they talk to you." Another person said, "The staff are nice, they are here 24 hours." Relatives were complementary of staff and how the service had a high regard in treating people with respect and compassion and recognising people's differences. One relative said, "The quality of staff is excellent, they show such great compassion, for [family member] to have settled so well it's reflective of the staff that I would describe as 'incredible'."

The atmosphere of the home was relaxed and calm; it was apparent from talking with the staff and registered manager this approach was important to meet people's mental health needs and well-being that could easily fluctuate. We observed how a person became increasingly agitated resulting in them becoming very angry and shouting out loudly. We observed during this incident that staff remained calm, quiet and did not address the behaviour directly but spoke positively to the person.

People told us staff were approachable and spent time talking with them about what was important to them. We saw staff engage positively with people, asking how they were, picking up on any changes of emotion in a sensitive manner. We observed a positive, warm and caring interaction between a staff member and person using the service. During their conversation the staff member held the person's hand, who appeared to have enjoyed this by their verbalisation and smiles.

Staff spoke positively and respectfully about the people they supported, clearly demonstrating a good understanding of people's preferences, personal histories, routines and what was important to them. We observed staff used good communication skills, showing a good awareness of people's sensory needs and communication preferences. One staff member said, "Every person is different and we respond to people's individual needs whilst respecting we are all equal." Our observations of staff engagement with people, found staff showed a genuine affection and respect in the way they spoke with people.

We asked staff how they met the needs of people who identified themselves as being lesbian, gay, bisexual or transgender [LGBT]. A staff member told us they provided care and support that was based on a person's individual needs and preferences. They added whilst there was no person currently using the service that identified with this group, they gave examples of how they had supported people in the past. The registered manager said the service had a commitment in treating all people equally and without prejudice and discrimination.

Relatives told us they felt staff had developed positive relationships with their family member and that staff included them as fully as possible in their care and support. One relative said, "It can be difficult to motivate and get [family member] involved, but staff never give up but go back and try again."

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager gave examples of how people had been supported to access this support, showing an understanding and

commitment of the importance of this support for people.

The registered provider ensured staff attended training in equality and diversity, person centred approaches to support and customer care and communication, to develop their knowledge, skills and understanding to provide high standards of compassionate care.

People who used the service told us staff respected their privacy and dignity and promoted independence. One person said, "They (staff) know what they are doing, they are marvellous, friendly, I'm a lot happier here than (previous placement), they treat people properly, how they should be treated." A relative said, "Staff are so respectful to [family member] and us as relatives, the staff are brilliant, I can't speak highly enough of them."

People's care plans were focussed on the individual person and provided staff with guidance that promoted dignity, respect and independence at all times in the delivery of care and support. This meant the registered provider was clear about the standards of care people should expect from staff.

Staff were able to explain to us the principles of good care, and the impact it could have on people if they did not adhere to this. Some staff were dignity champions that meant they had a commitment in ensuring people were treated with dignity and respect all times. These staff acted as good role models for other staff, and ensured dignity was at the forefront in the delivery of care. We saw the registered provider's dignity champion certificate was on display. This meant the registered provider had pledged their commitment and people who used the service and visitors knew what to expect from staff.

During our inspection we saw how staff responded in a caring and responsive manner when people experienced physical pain or emotional distress. For example, we observed a person say to a staff member they had some pain, the nurse was immediately called and spoke to the person in a kind and respectful way, asking them to show where the pain was and offered advice and a homely remedy.

People were encouraged to remain as independent as possible and care plans detailed what elements of care and support people were able to either complete or assist with. Staff spoke positively about the importance to promote people's independence. One staff member said, "It's important to encourage people's independence, it's good for their self-esteem and future goals."

People's personal information was stored securely and staff were aware of the importance of confidentiality. The registered provider had a policy and procedure that complied with the Data Protection Act. The registered manager told us through staff recruitment they were trying to develop a more diverse and representative staff team.

People's friends and relatives were able to visit them whenever they wanted to. Staff confirmed this and told us people's relatives and friends were able to visit them without any unnecessary restriction.

Good

Is the service responsive?

Our findings

People who used the service and their relative or representative where appropriate, received opportunities to contribute to the planning of their care. A relative told us, "Before [family member moved] we were all involved in saying what support was needed and went through lots of information about needs, what was important and the information staff needed to know."

People's care records confirmed a pre-assessment had been completed and care plans developed that informed staff of their support needs. Care records confirmed there had been an holistic approach to assessing and understanding people's needs. Information available for staff gave clear detailed guidance about their diverse needs, routines, preferences and what was important to them. Staff told us they found information provided helpful and supportive. Care records showed people were invited to participate in an annual review meeting of their care and treatment.

People were asked about their interests and hobbies to enable staff to support them to continue and develop these. One person told us how they had been supported with their like for baking. This person said, "I wanted some baking materials and they (staff) took me out and got it for me so I can bake here (in the house) so I can bake a cake and share it with everyone." Another person said, "I do painting and decorating" they showed us some art work they had done, printing on canvases and card making. Relatives told us how their family member's mental health impacted on their motivation to participate in activities; however they also said staff consistently tried to motivate them by offering different activities.

Some staff were specifically employed to support people with activities of their choice. A staff member told us how personal activity planners had recently been developed with people, as a positive step in involving and encouraging people to be active. Records confirmed what we were told but did not always reflect what people's interest and hobbies were. For example, a staff member told us how one person enjoyed playing a particular musical instrument; however this was not recorded on the person's plan. When we pointed this out to the member of staff they told us the plan had only recently been introduced, and required further work to ensure it fully reflected the person's interests. We also noted people's goals and aspirations for the future had not been identified. The registered manager acknowledged this and said there were plans in place to upskill activity staff, to be able to provide opportunities for daily living and plan with people their hopes and dreams for the future.

The home had a mini bus and used taxi's to support people on community activities. During our inspection visit we saw people were supported out into the local community and an art activity was provided. We noted there was a selection of current magazines available for people. A weekly activity planner was available advising people of activities available throughout the week, these included activities in the community such as bowling and indoors coffee mornings. Themed days were also planned that included 'Children In Need' fancy dress, a Christmas bake off and
Nottingham Winter Wonderland visit.

We saw examples where staff were responsive to people's support requests to either go out in the

community or in the garden. We observed two people in the garden and one person asked staff, "Can I have a cigarette please?" The staff member went straight away with the person and supported them to have a cigarette. Additional people with staff support joined the others in the garden for a cigarette. Staff were seen talking with people in a calm, kind and respectful way. People were supported to maintain contact with people important to them this included staff supporting visits with friends and relatives where required.

Some people had sensory and communication needs. Care records provided staff with guidance and support of how to support people with their individual needs. We observed some people had unclear speech, staff were seen to be tuned in to their communication needs, able to interpret what they were saying or wanting. This demonstrated good active involvement in decision making.

A complaints policy and procedure was in place, this was displayed and presented appropriately for people and discussed in resident meetings. People told us they would know how to complain if they needed and were confident to do this. One person said, "A fortnight ago I complained because there was a kettle with a hot handle, they (staff) thanked me and said I did the right thing, you only have to ask."

Staff were aware of their role and responsibility in responding to concerns and complaints. We reviewed the complaints log and found that all complaints had been responded to in a timely manner and in accordance to the complaint procedure having been thoroughly investigated and resolved. The registered manager said they also considered complaints for themes and patterns and if required would include this on the homes improvement plan that was in place.

People's care records demonstrated their preferences and choices for their end of life care had been discussed with them.

Good

Is the service well-led?

Our findings

The home had a registered manager who had been in position a short while. 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.

Some people who used the service were not sure who the registered manager was. Relatives spoke positively about them, saying they were approachable and very supportive.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Staff said the registered manager was making improvements and had clear standards and expectations. One staff member said, "The manager has a good background in mental health and this helps in understanding the behavioural issues here. They are approachable and listen."

External feedback raised some concerns with the reliance on agency nurses to cover shortfalls in staffing and how this had impacted at times on communication between professionals and the management team. The registered manager was aware of this and was confident in the recent recruitment of permanent nursing staff this would improve. We found the registered manager to be open and transparent during our inspection visit, showing an understanding and commitment to continually drive forward improvements. This included having a clearer vision of what the service wanted to achieve for people such as more of a focus on rehabilitation and greater social inclusion.

As part of the registered provider's internal quality assurance checks annual satisfaction surveys were sent to people who used the service, relatives, staff and professionals. The last survey was completed in 2016. The registered manager was in the process of sending out annual surveys for 2017. A suggestion idea box was available for people to share any feedback and quarterly resident meetings were arranged as an additional method to include people in the development of the service, this was also used as a way of making people aware of their rights and expectants and to share information about changes within the service.

The registered manager told us they used staff meetings, one to one supervision meetings and observations to assure themselves staff were appropriately supported to provide effective care and treatment They advised they had identified staff needed to be further trained in specific mental health conditions and had raised this with the provider's training department. They were aware of the staff teams' strengths and areas of development. The registered manager had substantial experience in mental health service and their knowledge and experience was apparent. They told us how they kept up to date with developments such as new legislation and best practice by reviewing relevant NICE guidance to keep their knowledge and awareness up to date. The registered manager said they felt well supported and there were clear lines of communication and management t structure within the organisation.

There were a range of different meetings with heads of department. This meant that staff got sufficient support from the management team and time to discuss their roles and responsibilities. We noted meeting records did not always detail action that was required, by whom with timescales. The registered manager said they were aware of this and had recently introduced clearer and more informative tools to record meeting discussions and actions. We saw examples of these that confirmed what we were told.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service. The provider's representative also completed additional audits. The registered provider had an improvement plan, this included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.

The service had submitted notifications to the Care Quality Commission that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety. The ratings for the last inspection were on display in the home and available on the provider's website.