

# Caretech Community Services (No.2) Limited

## Meadow Acres

### 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

Meadow Acres is registered with the Care Quality Commission as a care home without nursing. It provides care, support and accommodation for up to eight people who live with a learning disability. At the time of this inspection there were eight people using the service.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living in the service. Risks to people's lives and well-being were appropriately planned for and managed. People who used the service told us there were enough competent staff to provide them with support when they needed it. Concerns in relation to medicine storage in warm weather had been acknowledged by the registered manager and systems were being implemented to address this.

Staff had received appropriate training, support and development to help them carry out their role effectively. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received appropriate support to maintain healthy nutrition and hydration.

People told us and we observed that they were treated with kindness by staff who respected their privacy and upheld their dignity.

People were given the opportunity to feed back on the service and their views were acted on. People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests. People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The registered manager had created an open, transparent and inclusive atmosphere within the service. People, staff and external health professionals were invited to take part in discussions around shaping the future of the service. There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Meadow Acres

## **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 comprehensive inspection was carried out by one inspector on 22 May 2017 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service. An up to date provider information return (PIR) had been submitted 31 March 2017. 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.

During this inspection we spoke with two people who used the service, relatives of three people who used the service, three support workers, a social care professional and the registered manager.

We reviewed two people's care records, two staff personnel files and records relating to the management of the service. 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.

# Is the service safe?

## Our findings

People told us they felt safe living in the service. One person said, "I do feel safe here, they look after me very well." Relatives of people who used the service told us they believed people were safe living at Meadow Acres. On relative said, "Indeed I do feel it is safe there, I am quite satisfied with the care of my [relative.]"

People were supported by staff who demonstrated to us that they understood how to keep people in their care safe. This included how to recognise and report abuse.

Risks to people's safety and well-being were identified and control measures were put in place to reduce these risks. For example, activities of daily life such as walking in the community, bathing and showering and using the minibus. Risks associated with people's individual health conditions were assessed and control measures included specific training sessions for staff to give them the skills and understanding to support people safely. A social care professional told us how a person had been supported to do activities in the way they liked but with support to minimise the risks to the person's health and wellbeing.

People told us and we observed that there were enough staff available to meet their needs. One person said, "I think there are enough staff." Relatives told us that there had always been plenty of staff around at the various times of day that they had visited. The staffing level was under continuous review by the management to ensure there were enough staff to meet people's changing needs.

The provider operated safe recruitment practices and records showed appropriate checks had been undertaken before staff began to work at Meadow Acres. The registered manager told us that people who used the service were involved in the interview process; we discussed ways of recording this involvement.

People received their medicines at the appropriate times and in accordance with the prescriber's instructions. We checked a random sample of boxed medicines against medicine administration records and found that the amounts of tablets in stock agreed with records.

People's medicines were stored in locked cabinets within their own rooms. If medicines are not stored properly they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. The temperature of storage is one of the most important factors that can affect the stability of a medicine. We noted that temperatures were monitored however; this was done first thing in the morning and in the evening when ambient temperatures were cooler. We checked four medicines storage facilities and found that three exceeded the recommended maximum temperature of 25 degrees centigrade. The registered manager acknowledged this and immediately put arrangements in place to change the monitoring system and we were confident that appropriate action was being taken to ensure people were not placed at risk

# Is the service effective?

## Our findings

People told us and we observed that they were supported by appropriately skilled and knowledgeable staff. One person said, "Oh yes they know what they are doing." A relative told us that they thought staff had the right skills they needed to care for people safely. They also said, "They also have all the right equipment, it is really not an easy job and they do it very well."

Staff told us that they had the training and support they needed to carry out their role effectively. Staff and records confirmed that they received the appropriate training to help them support people with specific health needs. Records demonstrated that staff received appropriate supervision and appraisal, and that these sessions were focused on encouraging and supporting good practice. Staff told us that they were offered the opportunity to request training and discuss career progression.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who used the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. Where people did not have capacity to make decisions we noted that best interest meetings were held involving relatives and health and social care professionals. DoLS applications had been made to the local authority and authorised where appropriate. Discussions with staff and observations demonstrated they understood MCA and DoLS and how these procedures applied to the people they supported.

People told us the food at Meadow Acres was good quality and that they enjoyed the food provided for them. One person told us, "We have meetings to choose meals, I like curry and naan bread best, we sometimes have spaghetti bolognese and I really like trifle, rhubarb crumble and rice pudding." This showed us that people enjoyed a varied diet that they enjoyed.

Staff and the registered manager had a good working relationship with external health professionals such as GPs and district nurses. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's well-being. A social care professional told us that people were, "supported extremely well" at Meadow Acres. They said that one person had received a high level of support which enabled them to overcome difficulties they had encountered previously in their life.

## Is the service caring?

### Our findings

People told us and we observed that staff were kind and caring towards them. One person said, "I really enjoy living here, the staff are really kind, all of them, even the driver." Another person said, "I really like it here, the staff are lovely."

We observed staff interacting with people in a thoughtful and considerate way. For example, sitting with people and engaging them in conversation. Staff showed interest in the people they supported and we noted that people were comforted by their presence.

People told us that they were involved in making decisions about their care. Where people were unable to participate in the planning of their care we noted that relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

People told us that their privacy was respected by staff. However, we noted that the office where people's personal and private information was stored was left open when staff were not present. Since the previous inspection a key pad lock had been installed to help staff to keep people's information safe but this was not always used.

People were encouraged by staff to remain as independent as possible, which upheld their dignity and respect. People's care plans included information about what they could do for themselves and how staff could support this to maximise people's independence. For example, one person's care plan detailed what aspects of their laundry the person was able to do such as transfer laundry from washer to dryer, to fold their laundry and put away when it was dry. This reduced the risk of people being over supported and losing their skills.

The staff and management team empowered people to be as independent as possible. For example, two people who had previously relied upon staff to support them to mobilise by means of wheelchairs had been supported to learn to use mobility scooters. The two people were now able to access the garden independently and to move around the home as they wished without staff support. The registered manager told us that one person was now able to go out with family members independently without the need for staff to be continuously present.

The registered manager gave us an example where external advocacy was being sought to support a person with some important decisions that they did not have the capacity to make for themselves.

## Is the service responsive?

### Our findings

People told us that staff knew them well. One person said, "I am looked after here very well, they [staff] help me." Relatives told us that they were particularly pleased that people's care was centred upon them as individuals and not just as a group. One relative praised the staff team for the way people were supported to maintain family relationships. They told us, "They bring [Person] home occasionally so that they are able to see all of the family, it's very nice."

People's care records contained personalised information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people in the way they wished. For example, one person's care plan stated that it was important for them to look nice, be dressed nicely and to have their hair washed and styled according to their choice. On the day of the inspection we saw that the person was smartly dressed and we observed staff style their hair at the person's request.

Care plans were kept under regular review, a person who used the service told us of a forthcoming review meeting and that their family members had been invited to attend. They told us, "They ask me if I am happy here and if there is anything else I would like to do."

People were supported to engage in meaningful activity to avoid the risk of under stimulation. One person showed us their activity planner. They said they liked the fact that there was something to look forward to each day. For example, they went bowling, went out for pub lunches, walks around the park and to the day centre. Activities also took place within the home such as art sessions and hand massage with a manicure. Another person told us, "I go to the church hall, I go for coffee with my [relative] and I go bowling."

The staff and management team listened to people's concerns and we noted that complaints were managed appropriately in accordance with the provider's policy and procedure. Relatives told us that they would be comfortable to raise any concerns with the registered manager and confident that any issues would be dealt with appropriately.

We also saw records of compliments received by the service. For example, one compliment received from a relative stated, "As a family we are made to feel extremely welcome and we feel able to speak to any members of staff with any issues." This showed us that people were confident to raise anything that may concern them.



## Is the service well-led?

### Our findings

Relatives of people who used the service told us that the home was well managed. One relative said, "As far as I am concerned it is very good there and well run." Another relative told us, "The home is well run, I am confident that [Person] is in good hands, I have no concerns."

There was a registered manager working at the service. 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 registered manager promoted a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service, staff and external health professionals by means of survey questionnaires.

The registered manager oversaw a programme of regular audits to assess the quality of the service. These included such areas as the kitchen, health and safety, medicines, infection control, fire, slings, bedrails and wheelchairs. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

Daily records were maintained to give an overview of people's lives and events that affected them. We saw that these were completed at the end of each shift however, the information was very limited such as, "Slept well, no issue." We discussed with the registered manager how this level of recording did not paint an accurate picture of people's well-being and demeanour. The registered manager acknowledged this and undertook to work with the staff team to improve the quality of record keeping.

The registered manager had a working action plan in place detailing the actions they had taken and intended to take in response to the local authority contact monitoring report and the provider's internal compliance review. This demonstrated to us that the management team were committed to continual improvement.