

Midway Care Ltd

Merecroft

Inspection report

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13 January 2021

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Ratings

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

Overall summary

About the service

Merecroft provides accommodation, care and support for up to nine younger adults with mental health needs, a learning disability or autism. There were nine people living at the home at the time of our inspection.

People were accommodated in a house with their own bedrooms and communal facilities. One person's accommodation was located in a separate bungalow on site. A large garden provided personalised areas for people's enjoyment, including sports facilities.

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

People looked happy and relaxed in the home. Relatives we spoke with said their family members were safe. Staff were trained in safeguarding people from abuse. They understood how to recognise the signs of abuse and how to report any concerns to keep people safe.

There were sufficient numbers of staff to ensure people's care needs were met. Many people required one-to-one staff support and this was provided. The provider carried out checks on prospective staff to ensure they were suitable to work with people.

Potential risks to people had been identified and staff understood how to support people safely. People received their medicines from staff who had received training to administer medicines safely. Staff followed good infection control practices to reduce the risk of infection.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The management team were working to further develop a person-centred approach to each person's care and support. We observed people making choices about, for example, where they spent their time and whether they wanted to engage in activities.

Staff were complimentary about how the registered manager was developing the service. Staff were clear

about their roles and responsibilities and told us teamwork had improved. The provider and registered manager were developing their audits, and putting action plans in to place to further enhance people's experience of care.

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 (published 04 July 2019).

Why we inspected

We received concerns in relation to the safety of people living at Merecroft and how their risks were managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Merecroft

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Merecroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 13 January 2021.

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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spent time with people to see how they were supported by staff.

We spoke with four people's relatives about their views on the care provided. We spoke with nine members of staff including the registered manager, senior care workers, care workers and the provider's representative. We also spoke with one visiting health professional.

We reviewed a range of records. This included four people's care records and a sample of medication records. We looked at three staff recruitment files and systems for staff supervision. A variety of records relating to the management of the service, including audits of the service and action plans arising and policies and procedures, were reviewed .

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, staff training information, incidents and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Since our last inspection there had been a change to management. The registered manager had been dividing their time between two locations. However, the provider and registered manager advised us during inspection they would be dedicating their time purely to Merecroft to drive improvement in the service.
- Staff told us, and the registered manager acknowledged there had been times where staffing levels had been low. Relatives acknowledged new staff members had started but told us this had not impacted on people's safety.
- New staff had recently been employed. The provider carried out checks prior to employment to ensure suitability to care for people. These included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions.
- The registered manager and staff told us recruiting new staff can be challenging due to the location of the service.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff that understood how to keep them safe. Staff knew how to recognise signs of abuse and what action to take to report concerns.
- Staff told us they had received training when they started employment and refresher training.
- Staff were aware of the provider's safeguarding policy and where they could access this. Staff we spoke to said they would be confident to raise any concerns and were assured the registered manager would take appropriate action to protect people, should this be needed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. One staff member told us people's care plans and risk assessments gave enough information to keep people safe.
- People had positive behaviour support plans in place. These included information about what made people anxious and what to do to de-escalate any potential conflict to keep people safe and enhance their well-being. The provider had recently appointed a new head of positive behaviour support who will be working with the staff team to develop more personalised plans and increase staff knowledge.

Using medicines safely

- Staff had received appropriate training in the administration of medicines and regularly had their competencies assessed to make sure they were managing medicines in a safe way.
- Records included protocols for 'as and when' [PRN] medicines. These were clear and easy for staff to follow.

- Staff knew what to do in the event of a medicine error and had access to the policies and procedures required for the safe management of medicines.
- Processes were in place for auditing of medicines. Senior staff and the registered manager regularly checked people received their medicines as prescribed.
- The provider was following safe protocols for the receipt, storage and disposal of medicines.
- We found no evidence of harm to anyone, however, further action was required to ensure stock of liquid medicines and creams quantities were consistently recorded to ensure best practice was followed. The registered manager assured us they would take action to remedy this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- The provider had plans in place to promote safety through the layout and hygiene practices of the premises. We spoke to the provider regarding a few minor refurbishment requirements such as the wall in the corridor where the plaster had cracked and some chips on the kitchen cupboard doors. The provider had identified these and assured us these would be addressed.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff had the opportunity to reflect on people's changing needs and were kept updated through the staff communication book.
- Staff gave us examples of learning from incidents and how they reduced the risk of incidents happening again.

mitigated the risk from the incident happening again.

- The management team reviewed all incident reports, carried out debriefs and considered lessons learnt. New behaviour incident reporting forms had been introduced to support these processes.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives told us there had been a lack of stable management of the service for a period, but that this had now improved since the current registered manager had been in post. One relative told us they were impressed with the standard of staff saying, "They [staff] are very good, [I am] delighted with staff."
- Staff spoke positively about management. They told us they felt supported by the registered manager. The majority of staff told us they received enough information and guidance to work safely and effectively.
- Staff told us the registered manager had improved the quality of care since coming in to post. One staff member told us, "[Registered manager name] listens and understands the importance of knowing the people and providing person centred care...[registered manager] spent the day working alongside us [staff] to fully get to know [person's name] and understand their needs."
- The registered manager was aware of their responsibilities to report any event and incidents to external agencies including the Care Quality Commission.
- The provider understood their responsibilities in sharing information with families following any incidents.
- As legally required to do the provider was displaying their CQC rating of their last inspection in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager checked people received care based on their assessed needs and preferences. The results of these checks were used to drive improvement in the care provided.
- Staff we spoke to understood their roles and responsibilities. Managers monitored performance of staff through supervisions and by working alongside the staff team.
- The registered manager acknowledged where the service had required development and how people's care had now been enhanced.
- The provider had performance plans in place to ensure any actions from quality audits were addressed.
- The registered manager felt supported by the provider to meet people's needs, and drive through improvements in people's care.
- Staff had been given information to understand people's needs and how they were expected to provide care to people. Most staff acknowledged this equipped them to support people safely.
- Staff told us communication across staff teams had improved. They gave us examples of how more effective teamwork had ensured people received the care they needed.

- Staff told us poor wi-fi reception was adversely affecting completion of some training. The provider and registered manager were in the process of resolving this issue.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had used technology to remain in contact with their relatives during the pandemic.
- Relatives told us they were kept updated and involved in their family members care and support.
- During the pandemic the registered manager had introduced visitors' surveys and put safe processes in place to support people to keep in touch with their families. The survey invited visitors to, for example, rate the welcome received on arrival, staff's behaviour and whether their temperature had been taken and recorded.

Working in partnership with others

- The provider worked with the local authority and other health professionals to develop the service further.
- During the pandemic staff told us they had worked remotely with the GP to ensure people's health needs continued to be met.
- An external health professional gave positive feedback about how staff followed advice provided and were complimentary about the recording of people's needs. This helped to plan for people's future care.