Mr M J Volf & Mrs J L Volf

Meadowcroft Residential Care Home

Inspection report

Steam Mill Road
Bradfield
Essex
CO11 2QY
Tel: 01206 393879
Website: www.longfurrows.com

Date of inspection visit: 22 May 2015
Date of publication: 27/07/2015

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

Overall summary

The inspection took place on 22 May 2015 and was unannounced.

Meadowcroft Residential Care Home provides accommodation and personal care for up to 10 people who live with a learning disability or autistic spectrum disorder. The service does not provide nursing care. At the time of our inspection there were 10 people using the service.

A registered manager was in post 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.

Summary of findings

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the registered manager encouraged and supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

Summary of findings

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 was safe

Good

There were enough staff with the skills to manage risks and provide people with safe care.

People were safe and staff knew how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines as prescribed.

Is the service effective?
The service was effective.

Good

Staff received the support and training they required to provide them with the information they needed to carry out their responsibilities.

People's health, social and nutritional needs were met by staff who understood how people preferred to receive support.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service caring?
The service was caring.

Good

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were encouraged to be involved in decisions about their care with support and input from relatives .

Is the service responsive?
The service was responsive.

Good

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social and family relationships with people who were important to them.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service was run by a competent manager with good leadership skills and who was committed to providing a service that put people at the centre of what they do.

Staff received the support and guidance they needed to provide good care and support. Staff morale was high.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Meadowcroft Residential Care Home

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 inspection took place on 22 May 2015 and was unannounced. The inspection team consisted of two inspectors.

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 reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with two people who used the service. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager and three care staff.

We looked at four people's care records and examined information relating to the management of the service such as health and safety records, personnel records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

One person told us they knew how to keep safe because staff had helped them understand about danger. They said, "I do feel safe here."

Relatives who completed surveys as part of the providers quality monitoring processes did not have any concerns about the way their family members were treated.

Staff had received training in safeguarding adults and they were able to explain about the different types of abuse and knew how to recognise signs of harm. They understood the local authority's role in dealing with safeguarding issues. A member of staff told us they would go to the registered manager if they had any concerns or if they saw anything that they thought was abuse or poor practice. Staff were confident any issues they raised would be dealt with promptly. The registered manager had a clear understanding of their responsibility to report any suspicions of abuse to the local authority and also notifies CQC of any concerns that they have identified.

The registered manager explained that they had a responsibility to monitor and manage risks to keep people who live in the service safe as well as people who visit and staff who work there. The provider had systems in place for assessing and managing risks. They said, "Risk assessments are person centred to ensure we provide people with choice and control over their lives as much as they can with minimal risk." People's care records had risk management plans in place which identified risks and what measures staff needed to take to reduce and manage the risk. Members of staff were able to explain about areas of risk that had been identified for each person and what support was needed to manage the risk effectively. For example there were risks associated with people's behaviours, staff were alert to the signs of these behaviours and we observed that staff managed them well.

Staff followed safe practices when assisting people with their moving and handling needs, for example if someone required support to transfer from a wheelchair to a chair. We saw details about the use of the equipment such as which harness should be used for an individual when using the hoist. The instructions on how to use the hoist were clear and staff understood how to use the equipment safely.

The manager explained, "We use information gathered from observation, near misses and expert advice to to identify and implement the necessary changes to a plan of care and risk assesments to protect people." There were also processes in place to keep people safe in emergency situations. Staff were aware of emergency plans and understood what they should do in situations such as fires or electrical failures.

The provider had established recruitment processes in place that kept people safe because relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the member of staff was not prohibited from working with people who required care and support. The registered manager explained how they involved people in the recruitment process when employing staff as it was important to see how potential staff members interacted with people so that they employed the right staff.

We saw that all the service had sufficient staff for people to receive the support they required. People were supported to go out individually and their needs were attended to promptly. The registered manager was able to demonstrate how they assessed staffing levels taking into account people's assessed needs. Staffing levels were managed flexibly to that there were enough staff to for people to take part in both planned activities or to take people out individually, for example to go shopping.

The provider had systems in place for the safe receipt, storage, administration and recording of medicines. We observed a member of staff administering medicines. They explained to the person what the medicine was for and why they needed it. The medicine was checked to ensure it was the correct dose and was being given to the correct person before being administered. Medicines were securely stored and there were specific cabinets for controlled drugs, which required an enhanced level of secure storage. Records relating to medicines were completed accurately and stored securely. Where medicines were prescribed on an as required basis written instructions were in place for staff to follow. This meant that staff had clear guidelines about when these particular medicines should be given and when they should not.

Good

Is the service effective?

Our findings

A relative who completed a survey as part of the provider's quality assurance processes stated, "I feel that people are well looked after in a friendly home."

Staff received a variety of training to provide them with the knowledge to carry out their role. We saw staff had completed a range of core training that included moving and positioning, infection control, safeguarding, infection control and managing medicines. In addition staff had had training that related to the specific needs of people, for example epilepsy awareness, dementia and end of life care. Staff told us that they thought the training was good and gave them the information they needed for their work. We observed that staff carried out their roles confidently, providing care and support for people that met their needs as set out in their plans of care.

Newly recruited members of staff were supported through an induction period by the registered manager and senior staff. They were given time to get to know the care plans and people's needs and shadowed established members of staff until they were confident and competent to work independently. Members of staff told us they felt well supported and they received regular supervisions on a one-to-one basis and had a yearly appraisal of their performance.

Staff used their knowledge and training to develop good skills around communication. Most of the people at the service had complex communication needs and staff knew and recognised people's individual ways of making their needs known, such as how people communicated if they were unhappy or distressed. For example one person became quite vocal and staff were immediately receptive of the person's change of mood. Staff told us another person would tap their hand on the arm of the wheel chair if they were anxious. Staff knew the best way to support people at these times in order to reduce their anxiety.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision on their behalf. The registered manager explained, "There is a partnership of family and professionals to make decisions in the person's best interests."

Staff told us that they had received training around MCA and DoLS. They showed a clear understanding of how to put this into practice in the work place. The registered manager understood the their responsibility to make applications to the local authority for people as required by DoLS guidelines.

People received food and drink that met their needs and that they enjoyed. One person told us they liked the food especially roast dinner on Sunday. They said they could choose what they wanted for dinner and when they wanted a drink or a snack the care staff helped them to make it. People were offered a choice of snacks during the day. When people were unable to eat independently or tell staff what they would prefer for a snack, we saw that staff offered fruit and watched for their reaction so that they knew from the person's facial expression if they were enjoying it.

Staff carried out nutritional risk assessments to identify if there were any risks to people associated with their nutritional needs such as when a person had dysphagia which caused problems swallowing certain foods or drinks. People's weight was monitored so that any significant changes were picked up that may indicate the person had risks relating to their nutrition. If a risk was identified people were referred to relevant health care professionals such as a nutritionist or speech and language therapists so that a full professional assessment could be carried out.

Feedback from health professionals through the provider's quality assurance processes was positive. A health professional stated, "I always feel well supported when I attend. Staff and patients seem to have a good rapport and the atmosphere is always pleasant and welcoming." Another health professional stated, "If I had a relative [who required support] this is where I would want them to be." Care records confirmed that people saw a range of health professionals as appropriate to their individual health needs. For example we saw that people had appointments with dentists and opticians on a regular basis.

Good

Is the service caring?

Our findings

We spoke with one person who told us about a recent family bereavement. They said that the registered manager had told them about what had happened and took the time to explain to them what it meant. The person said, “Staff were caring and helped me smile again.”

Feedback from relatives confirmed that their family members were treated well by staff who were caring. One relative stated, “I am very satisfied with everything. [My family member] is the happiest I’ve seen for a long time.”

The registered manager explained that dignity, choice, empowerment, respect and compassion was at the forefront of the care that they provided. Staff received training in these areas so that people were involved in all aspects of their care and they were encouraged to maintain and develop independence.

We observed the care people received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. Staff were attentive to people's needs and were polite and courteous. People appeared relaxed and smiled at the care staff. When a member of staff was sitting with someone, if the member of staff needed to leave the room they explained to the person what they were going to do and that they would be back.

Care staff always acknowledged people when they went in to a room. We observed examples of good interactions between people and staff, including listening to people and where possible engaging with them in social conversations. Staff used whatever means of communication was appropriate for the individual such as touching their hands, maintaining eye contact and smiling. Staff knew people well and we saw that staff engaged in conversations about things that were important to people such as their family or going on holidays. If a person appeared to be anxious, staff knew how to cheer them up and addressed their concerns calmly and with patience.

Staff spoke with people in a kind and caring manner and they respected people’s choices. For example when staff asked people to choose something such as a drink, they allowed plenty of time for the person to make their decision. If someone trying to communicate something staff listened attentively until they understood what the person wanted.

We noted that staff were discreet and sensitive when checking with people whether they needed any support with personal care such as using the bathroom.

Good

Is the service responsive?

Our findings

People received individual care that was based on their assessed needs and was delivered in a way that put the person at the centre of the plan of care. The registered manager told us that people's needs and preferences were at the forefront of all their processes from care plans and risk assessments to staff training. Staff listened to people and involved them to the best of their ability to have control over their lives.

Care staff were able to describe the details of people's care plans and knew the needs of the people in their care well. Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. For example, one person could get anxious if it was noisy or other people were being loud. In these circumstances staff ensured the person was able to sit in a quiet place so that they could relax.

People had access to a range of pastimes and activities that they could take part in if they chose. Social activities were designed to meet the needs and wishes of individuals. One person was keen to invite us in to their room and show us their collection of DVDs which were displayed within easy reach. The explained about the films and programmes they enjoyed and said that staff understood when they wanted to stay in their room to watch television.

One person told us that when they wanted to go out staff took them to the shop so that they could buy a magazine.

Group activities that people could join in with were also popular and enabled people to socialise. We saw that people took part in wheel chair aerobics and they looked happy as they copied the movements and smiled at staff. Staff talked to each person in turn, using their name to engage their attention and encouraging them to join in.

We saw that staff asked people if they would like to spend some time outside as the weather was fine. Staff asked people's permission to apply sun cream to protect them from the sun. Staff observed people's body language such as hand gestures to know whether the person was happy to have the cream applied.

Some of the people were asked if they wanted to use the swings in the garden and the care staff looked for smiles or hand gestures for confirmation. Staff understood the signs the person made to communicate what they wanted. Their care plan clearly recorded the signs and signals that the person used for communicating their needs, so staff understood the person's individual way of communicating.

People were supported to maintain contact with family and friends. One person told us how staff helped them keep in touch with their family and that they had visitors sometimes which they enjoyed. Staff told us that some people had family members who kept in touch and they supported and encouraged those relationships.

The provider had a process in place to deal with concerns and complaints. People did not have the capacity to make formal complaints but we saw that staff listened to them. A relative stated in a survey, "I have no complaints." Where people did not have family members who were actively involved in their care they were supported by advocacy services or social care professionals who monitored the care and support provided. The manager explained how they used the process of dealing with complaints as a means to learn and to improve the service.

Good

Is the service well-led?

Our findings

The provider sought feedback from people and their relatives to improve the quality of the service. The registered manager told us that they sent out surveys to families, friends and health or social care professionals. We saw from the most recent surveys that there was positive feedback about the standard of care and how the service was managed. The provider made regular visits to the service to provide support and monitor the quality of the service.

The manager explained that their purpose was to put people at the centre of what they do and we saw this reflected in the way staff provided care and support.

Staff told us that morale was high and staff and management worked well as a team. A member of staff told us the registered manager was approachable and listened to staff's views. They said they would be confident they could go to the registed manager or the provider if they had any concerns and knew they would be listened to. There were a range of meetings for staff to exchange views and discuss care practices. These included care plan meetings as well as meetings with people who used the service who were supported to have as much input into the service as they were able. Staff understood their responsibilities and took them seriously. Staff were able to demonstrate to us that the welfare of people was their priority.

The registered manager carried out an extensive range of audits to monitor the quality of the service. Regular audits were carried out for areas including fire systems and emergency lighting, gas appliances, hoists and slings, and portable electrical appliance testing. Records relating to auditing and monitoring the service were clearly recorded.

There were systems in place for managing records and people's care records were well maintained and contained a good standard of information. The registered manager explained that all records were reviewed, assessed and updated according to changes in people's needs.

Care plans and care records were locked away in the office when not in use. People could be confident that information held by the service about them was confidential.