

## 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 

### Overall summary

We inspected the service on 19 August 2015. Meadowcroft is registered with the Care Quality Commission to provide accommodation for up to 20 people with varying support needs including nursing and mental health care needs. On the day of our inspection there were 17 people living at the home.

The home had a registered manager. 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

At the last inspection in October 2013 the provider was meeting the essential standards of quality and safety required of them.

Due to the complex needs of the people living at Meadowcroft we were unable to gather people's views directly about the service they received. Instead we spent time observing practice, including daily routines and staff interactions. We saw staff providing safe and effective care. Staff understood their roles and responsibilities. They were confident that they could recognise and report poor or abusive practice.

Staff were very positive about the support and training they received. They told us that they had received training specific to help them meet and understand the needs of the people they supported. One staff member told us that training gave them a 'good insight'. Everyone we spoke with demonstrated that they knew people well. They told us that care plans were detailed and helped them to offer consistent support. Staff told us that communication was a strength of the service provided. Staff working at all levels understood the need to work closely with colleagues to ensure that people received consistent support.

Staff gave examples of how people had developed new skills and gained in confidence since living at the home and this had positively impacted their quality of life.

Staff told us that by recognising certain triggers (which they all were aware of) they could redirect people and reduce likelihoods of incidents occurring.

Staff received good handover of information at the start of their shifts. This meant that they could continue activities started on previous shifts but also have a good insight into each person's needs. One staff member told us that consistency was paying off and good communication was meaning that people were better

supported to remain relaxed and calm. They told us that the reduction in the number of incidents of challenging behaviour demonstrates this. Records reflected that this reduction had happened.

People received their medicines safely and medicines were stored and recorded appropriately.

People were provided with sufficient food and drink to maintain their health and wellbeing, and the standard of food provided was good.

People were supported to receive any health care they needed and any advice provided was acted upon. Support plans to manage behaviours that challenged were detailed and enabled staff to offer effective and consistent support.

Staff treated people with respect and kindness and listened to their wishes. We saw that people's requests for help and support were responded to.

People had opportunities to follow their individual hobbies and interests although motivation was a challenge to staff. Group activities were arranged although, again, participation was hit and miss.

People's care needs and individual preferences were assessed and kept under review. Care and support plans were very detailed to enable staff to follow guidance enabling a consistent approach.

Information about who people could speak with if they wanted to raise a concern was available. Staff knew the complaints procedure and we saw it had been effectively used in the past.

People living at the home and the staff team had opportunities to be involved in discussions about the running of the home and felt the registered manager provided good leadership. There were systems in place to monitor the quality of the services provided.

# 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.

People could feel safe because the provider had systems in place to recognise and respond to allegations or incidents. This meant that the risk of abuse was minimised

People received their medicines as prescribed and medicines were managed safely.

Staffing levels were sufficient to meet people's needs and offered flexible support.

Recruitment procedures were good ensuring that only people suitable to work with vulnerable people were appointed.

Good



### Is the service effective?

The service was effective.

People were involved in planning their care and were encouraged to make their own choices and decisions.

People enjoyed their meals with offered choice and variety to ensure people received a healthy and balanced diet.

Training gave staff the skills and knowledge to effectively support people who used the service.

Good



### Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People's privacy and dignity was respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People's health was monitored and responded to appropriately when needs changed. Support plans were very detailed to ensure staff could support people consistently and respond to individual needs.

Activities were responsive to meet people's needs.

People who used the service were comfortable to approach the manager and members of the staff team with any issues. Complaints were dealt with appropriately.

Good



### Is the service well-led?

The service was well-led.

The registered manager encouraged openness and involvement throughout the service and all staff had opportunities to review and discuss their practice regularly.

The registered manager and the provider were approachable and sought the views of people who used the service, their relatives and staff.

Good



# Summary of findings

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to make changes and improvements.

# 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 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 12 August 2015 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about.

The inspection team consisted of one inspector, a specialist nursing advisor who assessed people's nursing needs 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.

During the inspection we met with people that used the service but did not speak with them formally due to their complex support needs. We spoke with the registered manager, six care staff, including a senior staff member and two health care professionals. We looked at all or parts of the care records of four people that used the service along with other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

# Is the service safe?

## Our findings

Due to the complex needs of the people living at Meadowcroft we were unable to ask direct questions about their views and experiences as to whether they felt safe. However we spoke in detail with staff and visiting health and social care professionals. They told us that they considered people to be safe. We saw people interact with staff in a relaxed way and people took control of how they lived their lives. For example we heard people tell staff what they wanted to do and where they wanted to go. Staff responded to some quite challenging questions in a consistent and calm way. People were confident to approach staff and on numerous occasions we saw staff sitting and speaking with people. Our observations suggested that people were not afraid of staff and were confident to interact with them to ensure that their individual needs were met.

Staff told us that there were protocols in place to ensure that people were supported safely and consistently. They said that they had received good training to enable them to adopt a consistent approach that reduced people's anxieties and made them feel safe. They also gave us examples of equipment used to keep people safe while maintaining people's independence. For example one person had equipment in place to protect them from falls at night time.

Staff told us that they had received training to protect people from abuse. In conversations with us staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the different types of abuse people may experience and knew the signs to watch for to indicate this was happening. They also understood the process for reporting concerns. Senior staff knew how to refer incidents to the local authority safeguarding team if needed. The registered manager told us how they had made referrals and worked with social care professionals to keep people safe. We had also received reports from the provider that reflected this.

Staff showed a good understanding about promoting people's rights and choices while keeping them safe. They told us how people's safety was their priority but that they

also supported people to remain independent. They told us how they worked closely with health and social care professionals to ensure people were safe and the health professionals we spoke with confirmed this.

Assessments of risks to people's health and safety were carried out and recorded in support plans. We saw assessments of a range of risks including, identified behaviours and for one person, the risk of falling, choking and developing pressure ulcers. We found that assessments were very detailed and documented consistent response approaches as well as identifying triggers for staff to look out for. Staff told us that these assessments, and their regular review, were invaluable to ensure people remained safe.

We saw that accidents and incidents were well recorded, monitored and reviewed. This meant that the team could learn from them and make the service safer as a result. For example the provider took action to install equipment to keep one person safe when they were in their room unsupported.

The registered manager, and senior staff updated support plans to keep people safe. They also reviewed records to identify any changing behaviour to enable them to take appropriate action to ensure people's safety and wellbeing. For example one person had recently been displaying anxiety and the staff team worked together to identify triggers and put processes into place to help reduce these anxieties. This protected the person and others living with them. We saw how the monitoring of incidents also led to medication reviews. Again staff told us that the changes made had had a positive impact on the health and welfare of the person supported.

People did not raise any concerns about how they were supported with their medicines. We saw that arrangements for the management of people's medicines were safe. Staff that administered medicines had received training and had their competency assessed. There were policies in place that reflected best practice and guidance. Records overall were very good and were adequately detailed to reflect people's needs. We identified a minor omission in recording practices and senior staff immediately told us what action would be taken to ensure additional support and retraining.

At the time of our inspection we saw that there were sufficient staff available to safely monitor people discreetly

## Is the service safe?

and respond to requests for support. Staff had the flexibility to change plans when people changed their mind about what they wanted to do without it negatively impacting on the plans of others living at the home. Staff told us that they often worked in twos although they could also work independently. One staff member told us, “We are encouraged to use our initiative, which is good as we can adapt to situations as they arise. No two days are the same.” Another staff member said, “Yes there are enough staff. It’s good at the moment and there has been a super improvement recently.”

We looked at the recruitment files of three staff who had recently started working at the home. We saw that required information was available to demonstrate that only suitable staff were recruited. This ensured that people were

supported by staff who had been properly vetted to check they had the right attributes to care for people and ensure their safety. The registered manager was fully aware of their role in relation to ensuring safe recruitment practices were followed. We saw how the provider oversaw the recruitment process to check that the people were safely recruited in line with the provider’s policies and procedures.

Procedures were in place to protect people in the event of an emergency, such as a fire. We saw how regular checks and routine maintenance of the home environment and equipment ensured people could be kept safe. We saw records that demonstrated this and staff told us of procedures to follow to raise issues that required attention.

# Is the service effective?

## Our findings

One person who used the service told us that they liked the staff who supported them. We saw staff interact positively with people while offering one to one support and in communal areas. Staff told us, “We provide person centred care. It’s all about the individual here; it’s all about what they want.” One staff member told us, “We are a good team and people are well supported.” Another staff member said “It’s very much about the team here and we all like the team work that goes on.”

Staff felt well trained to carry out their roles effectively. One staff member told us, “There is plenty of training. We have the basics and then extra.” Another staff member said that the training gave them ‘a good insight’ into their role. In conversations staff were very knowledgeable about the needs of the people they supported. They understood behaviours and demonstrated a consistent approach to supporting people. One staff member told us that if they identified a training need they could ask for it. They said that they would be confident it would be provided. One staff member told us they had requested training in relation to an identified health condition that one person had been diagnosed with. This had been implemented and the staff member said it had given them a better understanding of what the challenges were for the person and how they could offer them effective support.

We saw records that showed how training opportunities had improved since the appointment of the registered manager. The registered manager told us that they had a plan to ensure that all outstanding training was completed within an identified timescale. They told us that they had targets to meet and they could demonstrate, through the records they showed us, how they were working to achieve these. We saw audits carried out by the provider that had identified training as an area where improvement was required. They had acted to address this.

Staff felt well supported by each other and by managers. One staff member told us, “I am proud of my team. We support each other and cover when they need help. There is always someone to talk to and the new manager is really good.” Another staff member said, “We all work well together, now more than ever.” Staff told us that communication was the key to offering effective support. They said that, “Daily planning is essential when supporting this client group. Plans are constantly changing

and we need to offer consistent support.” We saw how staff did this during our visit to ensure that people’s changing needs were accommodated. Staff told us that they had met with senior staff to discuss their work and training and also how they were feeling and coping with the demands of the job. They told us that this helped them to develop both personally and professionally. The registered manager showed us a plan of supervision. The plan identified that staff had regular structured opportunities to meet with senior staff. In addition staff told us that they could speak with senior staff anytime. One staff member said, “The manager is really approachable.” Staff told us that they supported each other during staff induction as consistency and getting to know the complex needs of the people who lived at Meadowcroft was essential for new staff. Staff told us how they did this by having staff to shadow them and through effective communication.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. There were a number of such arrangements in place at Meadowcroft. We could see through records that restrictions were identified and referred appropriately to ensure the home was acting appropriately when they were necessary. We also saw dates identified for when restrictions were due to be reviewed. Staff told us that they had received good training to support them to recognise restrictions and to give them an understanding of the Mental Capacity Act 2005 and DoLS. In conversations with us they could demonstrate how they had put this knowledge into practice. Overall records to support restrictions and best interest’s decisions were good. A visiting health professional considered that even more in-depth knowledge for staff in this area would be beneficial however they were happy with the way the MCA had been implemented for the person they were visiting.

Staff told us that they had received training to use restraint ‘as a last resort’ when supporting people at key times. They told us that the training was effective and that plans were clearly detailed and easy to follow. Staff told us that there had been no recent incidents where restraint had been used and records supported this. Staff told us that they



## Is the service effective?

used techniques less and less as they got to know the people they supported. They considered this to be an area where improvement has been made and they were justly pleased with this.

Three people told us that they liked the meals at Meadowcroft although no one wanted to discuss this further. One staff member told us, “All our food is home cooked here and we use local items as much as possible, like our great butcher. For lunch it’s one frozen and two fresh veg each time.”

We discreetly observed lunch time and saw it to be a relaxed occasion. Six people sat together in the communal dining room. We saw people had their preferred places to sit and had already chosen what they ate for the day. We saw that the meals looked wholesome and appetising. The registered manager told us that they used fresh and locally sourced produce. This reflected what staff had told us.

Staff were aware of people’s dietary needs and preferences and we saw these recorded in the care plans that we looked at. We saw that staff had introduced a book to collate feedback about the meals provided. We saw entries suggesting that people had enjoyed their meals. The latest entry read, “Everything looks lovely. It was very nice.” We saw that the menu had two options and staff said that if a person did not want either then the cook would make something else. We saw that one person’s nutritional needs had been assessed and as a result staff were trying to encourage them to increase their calorific intake. Records

showed what the person had eaten and their weight was being monitored. Staff told us how they had to promote healthy eating while recognising that people would prefer to ‘take the easy option’. This showed that staff were aware of the rights of people to make decisions and choices about their diet and their responsibilities to promote effective care.

Staff told us that they worked closely with health care professionals and records supported this. We saw detailed notes documenting the outcomes of health care appointments. Staff also told us that they received updated health information at the start of each shift to ensure everyone was clear about offering the required support. We spoke with two health professionals who told us that the staff provided good quality care and support. They said that they were currently working with the provider to reassess a person who used the service as their health needs had changed. They told us, “This is the best I’ve seen [name].” They spoke positively about the way that they had worked with the staff team to monitor and review the person’s changing health care needs. They considered that people received effective care.

Staff told us how they monitored behaviours to identify when a person’s health needs changed. We saw how they recorded changes to demonstrate this. Health professionals told us that records were helpful when assessing changes and monitoring ongoing health issues.

# Is the service caring?

## Our findings

Due to the complex needs of the people who used the service we had limited opportunities to ask people about how they were treated. However we did spend time sitting watching staff interactions with people. We saw these to be wholly positive. We saw examples of staff being kind and sensitive. We saw staff responding appropriately to certain behaviours and acting swiftly to support people when required. We saw them offer discreet redirection when necessary and heard them explain patiently when they could not do what had been requested of them. Visiting professionals described the staff as being 'brilliant' commenting that they always thought of the person they were supporting. The registered manager spoke highly of the staff team saying, "They are here for the people who live at Meadowcroft and it shows." They had no concerns about the quality of the care and support provided.

People were supported to express their views and be actively involved in making decisions about their care and support. Staff told us how they listened to people and acted in accordance with their wishes. They told us that they had to be flexible because people often changed their minds about the support they wanted (and needed). Staff said they were able to accommodate people's decision and choices. One staff member told us that sometimes a person would ask for assistance with personal care and other times they would be independent. They said it depended on how the person was feeling on the day and they recognised this. This flexibility enabled people to make decisions and remain in control of how they lived their lives.

Throughout our inspection we saw people treated with dignity and respect. Staff were polite and courteous. Staff were very aware of their voice tone and body language as they told us that these could have an impact on people's mood and behaviour. A visiting health professional told us, "Dignified support is offered." We saw that 'Equality and Diversity Support Plans' were completed and reviewed. Staff were aware of these and promoted them. We saw staff treating people with kindness and consideration. They spoke to people gently and at times engaged in light hearted conversation. People responded positively to this.

We saw how staff catered for people's individual likes and preferences. For example, one person had a preferred place to sit at lunch time and this was supported. Other people preferred not to eat with the main group and so arrangements were in place for them to have their meal kept warm until they were ready to have it in their room. Staff were flexible enough to meet people's individual needs.

We saw people's religious beliefs and individual preferences and lifestyle choices were recorded in their care plans. We also saw that people's significant family, friends or professionals were identified and their contact details documented. Although we did not see anyone visiting the home on the day of our inspection we saw how two people had regular visits to visit family and staff supported these visits. We also saw how the registered manager continually invited family and friends to visit for social events.

Staff were aware to people's life histories. They had an understanding of how people's life experiences had impacted upon the person they were. They spoke to us of such situations with empathy and understanding.

# Is the service responsive?

## Our findings

Staff knew the people they supported very well. They talked to us about people's life histories and about their plans and hopes for the future. Staff told us about how people had grown and developed personally while living at Meadowbrook and they felt proud of this.

All of the staff we spoke with were confident that they could meet people's needs. They told us that they had enough staff to be able to make plans and change them as necessary to accommodate people's changing needs. Staff had the knowledge and skills to meet people's needs consistently and appropriately. They told us that communication was the key to offering responsive support that was focussed around people's individual needs. A staff member told us, "Boundaries and structure is most important." They felt confident that this is what they could offer at all times. Given the support needs of the people who used the service staff supported them mainly on an individual basis. People's daily routines had been developed around individual needs and wishes. We saw how routines were important to people and how staff worked to ensure that people were able to maintain their preferred routines unless they chose not to. We saw that records were kept to show when people had declined offers of help and support.

Staff told us that they were able to offer responsive support when people became anxious and upset. They told us how they followed agreed guidelines and protocols which were appropriate.

One person told us, "Its ok here." They did not give any more detail but said 'yes' staff met their needs.

The registered manager told us how they considered people's individual needs at the time of their initial assessment and they also had to consider the needs of the other people living at the home. They said that compatibility was an important consideration and in discussions staff confirmed this. We saw how reviews of people's care and support took place regularly to ensure that the staff team continued to be able to meet those needs alongside those of the others who used the service.

People had a plan of care that covered all aspects of daily living and these were very detailed. We looked at three care plans in detail. There was evidence that plans were reviewed when needs changed. One person needed to be

regularly repositioned to ensure they remained comfortable and did not get sore. We did not see evidence that staff had implemented a record to demonstrate how they made regular checks and turns for this person although staff said that they did this. The senior staff member agreed to implement these records immediately. We met a health and social care professional on the day of our inspection. They were working with the home staff and the registered manager to reassess one person and help them to find alternative accommodation. They told us that they were happy with the level of interaction they had with the home to facilitate this process. They spoke positively about the records available to demonstrate the person's abilities and support needs.

We saw how staff met people's changing needs. Staff told us that people regularly made decisions and then changed their minds. They told us that they had the resources and flexibility to support this. We saw examples of this during our visit.

On the day of our inspection we did not see any structured activities taking place although a small group of people had gone out for the day. Staff told us that it was a challenge to encourage people to take part in activities. We saw that a number of social events had been arranged that invited people's family and friends. The registered manager told us that these events were not well attended but they kept trying to encourage people to be involved. Staff told us how they arranged for everyone to have the opportunity to leave the home at least once a day. They told us how people were often reluctant but then later changed their minds. They told us how they kept offering the activities just in case people reconsidered. We saw how staff supported one person to go to the shop straight after lunch. This showed how staff were able to respond to people's needs and wishes at all times.

Some people chose to spend time in their room. We saw how staff supported this and they regularly checked on the person to ensure they were ok. Some people preferred to eat meal in their rooms and this was also supported. We saw care plans documented this preference and the reasons why. We looked at minutes of meetings that discussed activities and gave people opportunities to identify things they would like to do as a group. Individual preferences were also documented.

We saw the complaints procedure and a record of complaints made and their resolutions. The registered

## Is the service responsive?

manager told us that there had been no complaints about the service since their appointment. We saw that historical complaints resolutions were documented to demonstrate that the complaints had been taken seriously and resolved.

Staff told us that they were aware of the complaints procedure and they shared it with people who used the service. We saw how people who used the service were happy to approach staff when they were unhappy and we saw staff manage issues informally to people's satisfaction.

# Is the service well-led?

## Our findings

People did not share their views with us about the running of the home or the quality of the service provided. However we saw how the registered manager had tried to gather people's views and experiences. We saw how the provider had sent out quality assurance questionnaires to people. Responses had been very low but outcomes had been collated to identify any areas where improvement could be made. Staff told us that people tended to share their views informally and so that is how they tried to gather views. For example the food quality book was completed daily to give an oversight into people's satisfaction about the quality of the food provided.

We also saw minutes to show that meetings were held with people who used the service, with relatives and with staff to discuss the running of the home.

Staff spoke positively about the current registered manager. Staff told us that the registered manager was approachable and knowledgeable about the people who used the service. They told us that this was 'reassuring'. They told us that she was supportive and always listened to them. Staff had structured opportunities to meet with the registered manager and discuss their role, their training and their professional development. One staff member said, "We are supported at work and also if we have personal problems." They told us that this extra support had made them feel valued as an employee.

The registered manager told us that the provider regularly reviewed the service and the management of the home. They told us about audits and visits to ensure policies and procedures were being adhered to. The registered manager told us that they were required to produce action plans following visits and that these were also monitored. We saw the home's latest action plan that was detailed and identified timescales for actions. We saw how areas such as training and supervision had improved over recent months and this had had a positive impact upon staff who felt well trained and well supported.

The registered manager told us that they felt well supported in their role and explained their priorities for action. They told us that they felt they had the skills to provide effective leadership within the home. We saw minutes of team meetings where the registered manager

had shared information, explained changes and reviewed practices. These records supported what staff told us and demonstrated that the home was well led by the registered manager.

We saw how the registered manager made sure that the environment was appropriate and well maintained. Records showed that repairs and maintenance tasks were regularly carried out and were overseen by the registered manager. This meant that people could live in a well-run and well maintained home. We saw how checks were made to the environment and to equipment to ensure it remained safe and suitable. Records showed that remedial actions were taken promptly when repairs or maintenance were identified.

We saw how accidents and incidents were monitored for trends and how care plans were updated following changes. This meant that staff could have access to up to date information to enable them to provide a good service. The registered manager had used this data to identify people who were at increased risk of injury.

There were systems in place to monitor the quality of the service provided. We saw how 'compliance audits' carried out by the provider had identified issues and had taken action to address them. The registered manager told us that they had been brought in with a clear brief to make identified improvements. They were able to show us how they had achieved this and recent compliance audits reflected improvements. This showed the provider was proactive in identifying issues and making changes to improve the quality of the service provided.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

The home had regular visits from senior managers within the organisation who liaised with staff and people who lived at Meadowcroft to monitor the quality of the service provided. We saw records of these visits. Records showed how improvements had been noted over recent months.

We saw how the registered manager involved the people who used the service in the running of it. We saw that various committees were attended by people using the service. For example, the health and safety committee last met in February 2015 and minutes reflected service user

## Is the service well-led?

representation. We also saw that residents' meetings were held and in July 2015 holidays and one to one time were discussed. These meetings reflected people's involvement in the running of the service.

Visiting professional told us that they thought the home was well run and had been satisfied with the service that the home had provided for the person they had been monitoring. A health care professional told us, "Leadership is stronger now."