

SCL Care Limited

Meadowcroft Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Our inspection took place on 27 April 2006 and was unannounced. We last inspected the service on 12 October 2013 where we found the provider was meeting regulations.

Meadowcroft residential care home provides accommodation and care for up to 17 older people who may be living with dementia. The service does not provide nursing care

There was a registered manager in post at the time of our inspection. 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.

People told us they felt safe although we saw some occasions where staff used equipment to help people stand that may not have been appropriate. People said staff responded to their requests for assistance and there was sufficient staff available to keep them safe. Staff were knowledgeable about how to escalate any concerns about people's safety. People said they had their medicines when needed, with support from staff if required. Staff new to the service were appropriately checked by the provider before commencing work.

People's rights were promoted, and their best interests considered. People expressed confidence in staff who they felt were skilled, competent and able to look after them well. People had a choice of nutritious food and drink they said they enjoyed, and we saw any risks to people due to weight loss or eating were well managed. People's health care needs were monitored and promoted by staff.

People said staff were kind, caring and compassionate. People were treated respectfully and their dignity promoted. People's privacy was promoted by staff. People were able to make choices with the support of staff where needed, this in respect of their care and how they spent their day. People's independence was promoted.

People had involvement in planning their care and staff were knowledgeable about people's individual preferences. People were able to spend their time involved in activities they enjoyed with support from staff to do so. People felt able to complain and were confident issues raised would be addressed, but said they had no complaints.

People were confident in the provider, registered manager and staff, and told us the service was well led. There were systems in place to ensure people were actively encouraged to share their views, and where specific requests were made these were responded to. The provider had systems in place to monitor the quality of the service. Staff felt well supported by the provider, this meaning they enjoyed their job and were able to do it well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service is not consistently safe

People felt safe although there were occasions where equipment used to assist them may not have been appropriate. People said there was enough staff to keep them safe. Staff knew what abuse may look like and when to raise concerns. People said they had their medicines when needed. Checks were carried out on staff to ensure they were safe to work at the service.

Is the service effective?

Good 

The service is effective

The provider had ensured that people's rights were promoted, and their best interests considered. People had confidence in staff who they felt were skilled and competent. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted.

Is the service caring?

Good 

The service is caring

People told us staff were kind, caring and compassionate. People said staff treated them respectfully. People's privacy was consistently promoted by staff. People had choices given to them before and during the care and assistance staff provided to them. People's independence was promoted.

Is the service responsive?

Good 

The service is responsive

People were involved in the care and support they received and staff were knowledgeable about people's individual preferences. People were able to pursue pastimes that they enjoyed and were supported by staff to do so. People were able to complain and were confident issues raised would be addressed.

Is the service well-led?

Good 

The service is well led

People were confident in the provider and felt the service was well led. There were systems to capture and respond to people's experiences and monitor the quality of the service. People's views were listened and responded to where they made specific requests. Staff felt well supported to do their jobs well.

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.

The inspection took place on 27 April 2016 and was unannounced. The inspection team consisted of one inspector 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.

We reviewed the information we held about the service, including notifications of incidents the provider had sent us since the last inspection. The provider is required to tell us about certain types of incidents such as serious injuries to people who live at the service. We also heard the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service and three visitors. We also spoke with the provider, a senior manager, the registered manager, deputy manager, and two care staff. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at four people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at records relating to the management of the service. These included minutes of meetings with people, training records, complaints records, stakeholder survey records and the provider's self-audit records.

Is the service safe?

Our findings

We found the service had systems in place to manage most risks, for example risks from people's health. We saw these risks detailed in assessments with ways to keep people safe identified. Staff had a good awareness of these risks and how to keep people safe from harm with some exceptions related to assisting people to move. We saw one person assisted to transfer from wheelchair to easy chair in an unsafe way. We looked at people's moving and handling assessments and these indicated some people were moved with equipment that was reliant on their ability to stand, and from what we saw the person's ability to do so was variable. One person's care plan stated staff should use a stand aid hoist when the person was not weight bearing which would potentially put the person at risk of injury. We asked staff about which sling size they would use to transfer a person in a hoist and they made reference to use of a generic sling which indicated people were not assessed for the correct sling based on their individual requirements. We asked the registered manager and they were unable to demonstrate at the time that people had been assessed for use of slings in accordance with manufacturer's guidance, although the provider has confirmed since our inspection a check on this guidance has shown they were using the correct slings. The provider acknowledged people may be at risk and has, since our inspection informed us they have requested assessments from occupational therapists to reassess the use of stand aids for three people.

People said they had no concerns about their safety and felt they were cared for in a safe way. One person said staff, "Look after me very well making sure that I'm safe and well and staff talk to me if I'm worried about something". Another person said, "If I was worried or concerned I would talk to the staff or manager who I know would help me" and a third, "The staff are very good to me and help me if I'm worried about anything". Relatives also told us they felt people were safe, one saying, "I have no concerns about my relative's safety or well-being". A second relative told us, "When we have been here we have never heard staff raise their voices or do anything inappropriate".

People said staff were available when they needed assistance. One person told us, "If I press my call button staff come to me within minutes to make sure that I'm okay. Staff pop their heads round the door during the night to make sure that I'm okay". A second person said, "If I press my call button staff come straight away to see what I need". A third person told us, "If I ask staff to do something for me they normally do it right away. Sometimes if they are busy I will have to wait a short while but I don't mind that". A visitor told us, "They are hands on staff always trying to meet our relative's demands. If they are busy staff say that they will be back in a few minutes and they do come back". Staff told us they had time available to cater for people's needs and ensure they were safe. We saw there was sufficient staff to support people in all aspects of their daily living. For example staff were readily available to people in communal areas and we saw they responded quickly to people's requests for assistance.

We found people were supported by staff who knew how to protect them from abuse. The registered manager and other staff had a good awareness of how to identify different types of abuse and escalate any concerns if not acted upon appropriately. Staff told us they would not hesitate to escalate concerns about anyone's safety, and knew how and to whom to raise any potential concerns.

The provider had taken steps to ensure people's medicines were managed safely and administered as prescribed. People told us they received their medicines when they needed them. One person told us, " Staff give me my tablets and medicine every day and they have never missed giving it to me", another that, " If I have a headache or I'm in pain when I tell the staff they get me some paracetamol or something like that straight away". Relatives also confirmed people received medicines as needed one saying, "The medication is dispensed as agreed", another, "When I'm here I see the staff give my relative the medication that's needed". We looked at people's medicines records (MAR) and saw these were overall well recorded. Staff we spoke with that administered medicines were able to tell us how they would do this safely and confirmed they have received medicine training, with the registered manager having observed them to check their competence. We found one person was not risk assessed in respect of self-administration of medicine by injection but they were able to tell us how they did this safely and confirmed that they had support from staff. The provider informed us after the inspection that they had ensured risk assessments for self-administration were now in place.

We found that systems were in place to ensure that the right staff were recruited to keep people safe. Staff told us, and the records confirmed, they had had all the appropriate pre-employment checks including their Disclosure and Barring Service (DBS), references and qualifications before they started work. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had a good understanding of the MCA and the need to gain people's consent. We saw staff respected people's wish to make their own decisions. We saw people's capacity was considered and where there was possible restriction their consent was sought. Best interest decisions were made with the person and all other relevant parties, for example where a person had bed rails consent was sought. People told us they were able to make their own decisions and staff did not restrict them. One person said, "I can get up and go to bed when I want because the staff haven't got any restrictions on that kind of thing". Another person told us how staff had talked to them and agreed how they would manage their medicines, this so they were able self-administer these in the way they wished. We saw that the provider had a format for assessing people's capacity so that their ability to make specific and individual decisions could be considered. While this form was not in use at the time of the inspection the provider had told us since the inspection of their plans to re-introduce its use. We did however see that some people's care plans did, at the time of inspection consider how people's capacity would be considered in respect of their ability to make such decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had identified there were possible restrictions in place for some people, to promote their safety, and they had made the appropriate applications to the local authority for a DoLS authorisation. We saw the provider had systems in place to identify where people had representatives with power of attorney and what decisions they could legally make on behalf of the person.

People told us they experienced positive outcomes regarding their health and this was promoted in partnership with community healthcare professionals. One person said, "I was having problems with my eyes so the staff arranged for the optician to come and see me. I now have two sets of glasses so I'm really glad that the staff helped me. If I need to see my doctor or chiropodist staff are good enough to arrange this for me". Another person said, "If I need to see my doctor or other professional staff arrange this and tell me when they are coming". Visitors also told us they were satisfied with people's access to health care one saying, "My relative had a sore bottom and within weeks it had healed because they called in the district nurse to attend to the issue". A second visitor said, "My relative's health improved straight away when they had only been here a month or so". Another relative said, "The staff arrange for blood tests every week to maintain my relative's health and they weigh them monthly to make sure our relative hasn't lost or gained too much weight." We looked at people's care records and saw that any identified concerns in respect of people's well-being had led to involvement of the appropriate health care professionals.

People said they received a choice of good food and drink. One person told us, "The foods pretty good and

there's choices at each meal time", another that, "There's always plenty to eat and drink with nice fresh fruit if I want it. I do like the food here and the cooks a nice woman who asks me what I would like to eat and she explains it to me if I'm not sure what it is. If it's something I don't like she will find something different for me". A visitor said, "They make sure our relative is safe by providing good quality food with several choices". We saw people served their lunchtime meal and found people had a pleasant dining experience, with a relaxed atmosphere helped with light background music. We saw people had various choices and the meals were well presented, looked appetising and were hot. One person had requested a special meal the previous day and we saw this was catered for. We saw the staff were attentive to people's needs and people that needed dedicated staff support to eat were provided with this support. We saw where people were identified at risk of choking, their meals and drinks were prepared in a way that reflected advice sought from speech therapists. This showed that people had a choice of food and drink that was made available in a way that reflected their personal requirements of choices.

Risks to people's health due to weight loss were monitored, with staff recording people's weight, diet and fluid intake when this was identified as needed. We saw referrals were made to the person's doctor if necessary, for example, we saw where people had significant weight loss the GP was contacted. We saw that staff had provided the dietary supplements that were recommended. One visitor told us, "My relative is a poor eater but staff have worked very hard in encouraging my relative to eat so to the point that my relative has put on some weight".

We found staff were well trained and were knowledgeable about people's individual needs. People said the staff were able to provide them with care in a way that met their expectations. One person told us they were confident in, "Very good staff". A relative told us, "The way the staff perform their duties is good. They are competent so I feel they are well trained". We saw that systems were in place to ensure staff completed, and then updated training in core skills and knowledge. Staff felt well supported with training. One staff member said, "My knowledge has grown since I have worked here". Another member of staff told us about experiential training they had received in sensory deprivation and said, "It really opened my eyes as to what some people are dealing with" and helped them understand people's experience. We spoke with a newer member of staff who confirmed they had been well supported through their induction by the provider and staff.

Is the service caring?

Our findings

People who used the service were positive about the caring attitude of the staff. One person told us, "The staff are kind and they often stop and chat to me". Another person said, "The staff are good to me". A visitor told us, "The staff are outstanding in providing caring, loving and compassionate care. Even though my relative can't communicate, the staff say what they are going to do. While moving my relative they are reassuring, calm and observing how my relative is responding". Another visitor said, "The staff are caring, compassionate and they talk to my relative as if they are friends and not as a resident. If my relative has an accident they go to my relative's room. They don't just change the clothes they give my relative a shower to make sure they feel good and refreshed". We saw staff consistently approached people in a caring way, for example when speaking with people we saw they were friendly, respectful and polite.

We saw the staff consistently gave people choices, for example when we saw staff assisting people they always explained what they were going to do and waited for people to respond. One person told us, "When staff help me with my personal care they ask me what I want doing and they then help me". They also said "They then help me choose the clothes that I would like to wear on that day". A visitor told us staff, "Explain what's happening [to their relative] and they talk gently".

We saw there were good relationships between staff and people they cared for. We saw staff promoted people's dignity and consistently showed them respect when providing care and support. A visitor told us, "My relative is always clean and has the clothes that I bring in. My relative has never been dressed in anyone else's clothes". A visitor told us, "Each time we come the staff are always smiling and chatting with the residents". We saw staff greeted people when they came into a room, and there were numerous occasions where we saw people smiled and laughed with staff members.

We saw staff promoted people's privacy. One person told us when staff provided personal care, "They close the curtains and door to make it private for me". People's choice of having their bedroom doors closed was respected by the staff and we saw staff knocked on people's doors and asked before they entered the room. Staff were able to describe to us how they promoted people's privacy, for example ensuring they had their dressing gowns ready for them after a bath or shower.

People's independence was promoted. We saw people were able to move around the home independently when able. One person said, "I'm happy living here and the staff don't do a lot for me as I'm mostly independent and I'm mobile too. I do all my own personal care". Staff were knew how they could encourage people's independence and understood the importance of this for people's well-being. We saw staff encouraged people to be independent, for example by reassuring them when they were walking independently.

We saw people's bedrooms were personalised and had items on display people said were important to them. People said they liked their room's décor and they reflected their personal preferences. One person said, "My room is really nice and staff keep it clean for me. I have some personal belongings in there".

People told us that there were no restrictions on visiting, and this helped them maintain relationships with friends and family. One person said, "There are no restrictions about my relatives coming to see me during the day or evening so that's nice".

Is the service responsive?

Our findings

People said the care and support they received from staff reflected their expressed preferences and needs. One person told us, "Staff talk to me about what I need doing". Another person told us, "I have been here a long time and the staff know all about me and my past life". Relatives told us they were consulted about people's care so they could help staff understand people's likes and dislikes. For example we saw relatives were asked about people's life history when a person may not have been able to tell staff themselves. One visitor told us, "When they want to do something with my relative staff tell them what they want to do and how they are going to do it". We also heard people and their representatives were involved in decisions around moving into the service and planning the person's care before admission. One Visitor told us, "Before my relative came in the home we came and looked around. The manager and staff were very helpful, no pressure to bring my relative and I could come at any time to look around. I could ask as many questions as I needed. Staff talked about my relative's hobbies and interests, about their history and care needs". We looked at people's care plans and saw people's views had informed these so they reflected what was important for the individual. When we spoke with staff they were able to demonstrate a good awareness of what people's needs, likes and preferences were, for example a staff member told us how a person with dementia communicated with use of certain verbal expressions, and we saw this was documented so other staff would be aware of this.

We saw systems were in place to regularly review people's care records to ensure they were relevant and up to date. Staff told us how they would monitor people's needs so any changes would be captured and the information shared with other staff, this through handovers and records. One person said, "Staff talk to me about how I'm feeling and to make sure everything is okay". A visitor told us that, "Staff talk to me about any concerns that they may have or if the GP has been. The communication between us is very good". Another visitor said, "If there are any changes in my relative's health they will call me at home so we can discuss the situation". A third visitor said that, "If there are any changes to the [person's] care plan which is reviewed on a regular basis" staff would involve them.

The provider promoted people's involvement in pastimes they enjoyed. People told us about these pastimes and activities. One person said, "There are some activities that staff arrange which is good because it keeps me occupied. I do like to go out by myself and walk around and visit the local shops". Another person said, "There's some things to do each day, like today we all played skittles which is fun and we can laugh with the staff". A third person said, "There's a church type service every now and again, singers and people like that come and visit us to keep us from being bored. Staff do things for us as well like board games bingo and things like that". Visitors also confirmed that staff provided regular activity for people and said they enjoyed these. We saw upcoming organised events were advertised and there were numerous items on display such as posters, photographs and craft work people had undertaken that provided people with visual stimulation. We saw that people had access to appropriate activities during the course of the inspection, for example less able people were provided with sensory stimulation in the form of light displays and music. We saw that people's preferred pastimes were discussed at meetings. For example people had said they liked bible reading classes that had been held. The provider told us of how they saw promotion of activities as critical when considering the health of people with dementia. They told us about their wishing

star policy where if a person expressed a wish to complete a particular activity they would try and accommodate this. We also saw events were advertised that linked into community initiatives such as dementia awareness week and fit for life.

We saw people's views were sought through a variety of methods including meetings, questionnaires and one to one contact with the management. One person told us, "I think we have meetings now and again to talk about the home and what we think of it. Yes, I'm happy and content here". Another person said, "The manager comes and chats to me sometimes but it's mainly no, there's nothing I want to change". We saw staff sought people's views for example the cook came and talked to people at lunch time to make sure the meals were satisfactory and if there was anything they were not satisfied with. A visitor told us, "I have filled in questionnaires in the past to let the manager know what I think of the home". The registered manager showed us documented evidence of meetings with people and relatives as well as completed surveys forms. These records indicated that people were satisfied with the service they received.

People told us they knew how to complain and we saw information about complaints was available within the service. One visitor told us, "They talk to me to make sure that I'm okay and discuss any concerns", another, "If I have any concerns, worries or needed to complain I would talk to the manager and she would respect what I was saying and try to resolve the issues". People and their relatives were confident the management and staff would listen to any concerns they had, take them seriously and resolve any issues where possible. This showed that that people knew how to complain and the service would respond to matters raised.

Is the service well-led?

Our findings

The service had a long standing registered manager in post who was supported by a deputy manager who had also worked at the service for a number of years. The registered manager and deputy had a good understanding of their responsibilities. Both were able to tell us how they ensured they kept themselves up to day with current developments, whether national or local, and spoke of good support from the provider. The registered manager was able to summarise the provider's ethos for the service and what the expectations of them in achieving these were. The provider told us that they looked to involve the service with the wider local community, for example the registered manager had developed links with local schools. People living at the home were said to be positive about the contact they had with school children.

People told us they were happy living at Meadowcroft and visitors told us people were well looked after. One person said, "Yes it's a good home and there's nothing I can think of that I would want to change". Another person said, "I don't know how long I have lived here but it's very nice and I'm happy". A relative told us, "Marvellous, absolutely marvellous this home is. I feel the staff and the manager manage this home very well and there is nothing I would want staff to alter or change". Another visitor said, "Our relative has been here for some time and we are very pleased with the care that's provided. Staff are caring and kind and I'm happy with everything here so I can't think of anything that needs changing". A third visitor said, "Brilliant care place for my relative. I have been visiting my relative here for eight years and never had to complain or raise any concerns. You can't change a perfect home."

There were systems in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were recorded and monitored for trends and patterns, to inform how risks were managed. For example we saw falls were audited and the registered manager would look for any trends that may contribute to these. For example, we saw changes had been made to prevent one person slipping from a chair in one instance. We saw copies of weekly checklists the registered manager completed, and the provider showed us documented record of their visits where they checked on the quality of the service people received. While we did find some areas where there was scope for improvement the provider was responsive to comments we made and fed back on the improvements they were making shortly after our inspection. For example they said they had changed plastic beakers in use for light weight wine glasses that were more dignified for people. They also said they had consulted with the pharmacist to ensure medicine fridge temperatures were correctly monitored. People and relatives told us there were no changes they wished to see to the service, but we heard about some steps taken by the registered manager to requests people made. We saw that one person had asked for a particular meat with their meal in a meeting, which we saw was provided on the day of the inspection.

Staff we spoke with expressed confidence in the way the service was managed and said they were well supported by the registered manager and provider. They told us they received one to one supervision which involved looking at their strengths and areas where they could develop, this through reflection on their practice. Staff felt they received good support that helped them do their jobs well. One member of staff told us that the registered manager was, "Always around, always there for you".

Staff told us they felt able to raise concerns and while they all said they were able to approach the registered manager, they also said they would be able to contact the provider or external agencies and 'whistle blow' if needed. They were confident the registered manager, and provider would take the right action if they were approached. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public.

We found the provider had met their legal obligations, for example the registered manager, and provider were aware they were required to notify us and the local authority of certain significant events by law, and had done so.