Midway Care Ltd

Merecroft

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Merecroft is a residential care home providing regulated activity personal care to up to 9 people. The service provides support to younger adults with mental health needs, learning disability and/or autism. The main house accommodates 8 people and there is a self-contained bungalow in the grounds which provides separate accommodation for 1 person. At the time of our inspection there were 8 people using the service.

People's experience of the service and what we found:
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People's needs were assessed, and care plans were developed with them, and their relatives where required. These were currently being reviewed and updated. People's safety risks were considered. However, some areas of risk needed further developing in relation to guidance to support staff to effectively record, monitor and escalate any concerns. Cleaning of the environment required further enhancing in some areas, to ensure effective infection prevention and control measures. People were supported by staff that were trained to carry out their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff enabled people to access specialist health and social care support in the community. Staff supported people to maintain relationships that were important to them and engage in activities they enjoyed.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. There were enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff understood their individual communication needs. The manager was passionate about enhancing people's communication further to ensure they had the appropriate communication tools and approaches to fully be able to express their needs and wants. People could take part in activities and pursue interests that were tailored to them. The management team explained their challenges in relation to recruitment, and recruiting staff who were able to drive.

Right Culture: The provider's systems and processes to monitor quality and safety required embedding and sustaining. There had been changes to staffing and the management team. The new manager and provider had identified some improvements were needed and action was being taken to address these. A local authority visit had identified improvements were required. The management team were working with the

local authority through these actions. Management were open and visible and were committed to developing people's care further. Staff knew and understood people well, were responsive, and supported their aspirations to live a quality life of their choosing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 12 February 2021).

Why we inspected
The inspection was prompted in part due to concerns received about staffing, management and care for people that lived there. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

Follow Up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Merecroft

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection team consisted of 2 inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors and a specialist advisor in learning disability carried out the inspection on the second day.

Service and service type
Merecroft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Merecroft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was on planned long term leave and will be deregistering with CQC. A new manager was in post and will be applying to register with CQC.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 2 people who lived at the home about their experience of the care provided and 5 relatives. We spent time observing interactions between people and staff to help us understand the experience of people who could not speak with us.

We spoke with 8 members of staff including the manager, deputy manager, operations manager, head of operations, lead positive behaviour support practitioner, senior care staff and care staff.

We reviewed a range of records that related to people's care and the management of the service. This included 3 people's care records, which included risk assessments, people's medication files, 2 people's epilepsy care plans and 1 person's positive behaviour support plan. We also looked at other documents such as, training, quality assurance records, accidents and incidents, policies and procedures, and 3 staff files in relation to recruitment were reviewed. The manager sent us documentation we asked for.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection
- We could not always be assured the provider was following effective infection control measures.
- For example, documentation monitoring cleaning schedules were not consistently completed.
- We identified areas of improvement were needed in the kitchen and laundry. We discussed this with the provider who demonstrated it had already been identified in their service performance plan.
- Refurbishment was underway during our inspection; the communal lounge and sensory room were being renovated.

Assessing risk, safety monitoring and management
- Risks to people had been assessed and corresponded well with care plans and risk assessments.
- However, we identified guidance for staff in relation to bowel care monitoring was not detailed enough. This meant staff may not know what actions were required to manage and mitigate risk and how to escalate any concerns. We discussed this with the management team who assured us they would review and update these, where required for people.
- In addition, we identified people's safety could be enhanced further by wardrobes being secured to the wall to ensure risks to people's safety was mitigated. The manager immediately took action to address this on the first day of our inspection.

Learning lessons when things go wrong
- The provider had a procedure for the reporting of incidents and accidents but, until recently had not always learnt lessons when things had gone wrong.
- Managers had recently received updated training and this had been shared with staff in supervisions and staff meetings. Recent incident entries showed improved reporting and detailed actions taken.
- The positive behaviour support lead had access to the electronic records and could monitor any accidents and incidents offsite. This enabled them to be able to respond and provide support to the service without delay.

Staffing and recruitment
- Staffing arrangements met people's needs and commissioned hours. The provider used agency staff where needed. To minimise the impact and promote continuity of care for people regular agency staff were used whenever possible.
- Relatives raised no concerns about staffing levels. However, they said there had been a turnover of staff. One relative said, "We have mixed feelings about the staff, there seems to be a lot of staff turnover, with new

faces all the time, including the management, all staff seem to be changed regularly. Recently things seem to have settled down, we do have confidence in the staff and their ability to look after our [family member], and in the management." Another relative said, "Staff seem to know my [family member] now, although there have been an awful lot of staff and management changes over the last couple of years, my [family member] needs continuity of familiar staff, which has not always been the case in the past."

● The management team were open about the challenges they experienced with recruiting staff but told us the recent recruitment drive had been more successful and they had employed 3 new staff.

● The provider carried out recruitment checks before employing new staff to ensure suitable staff were employed to work with vulnerable people. These checks included proof of identification, references, the right to work in the UK and Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● People were supported to receive their medicines safely. Staff were trained and regularly had their competency assessed to ensure they continued to handle medicines safely.

● Medicines were stored safely. They were stored in locked cabinets located in people's own rooms. Each person had a medication folder which had a pictorial front page and a description of how they like to take their medication.

● Staff had detailed guidance of how and when to administer prescribed medicines, including 'as and when' PRN medicines. The management team understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed in line with these principles. Records showed the use of PRN medicines were minimal.

● The manager carried out monthly medication audits to ensure people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

● There were systems in place to protect people from risk of abuse. Staff received safeguarding training and told us what they would do if they suspected someone was being abused. One staff member said, "I've never had to report any concerns, or seen anything of concern. If I had any concerns I would go to the managers, if concerns were about the managers I would go higher."

● People and relatives told us they felt safe. One person said, "I like living here, I like the staff here, I feel safe at the home." A relative told us, "I generally feel confident about the staff looking after my [family member]."

Visiting in care homes

● People were able to receive visitors without restrictions in line with best practice guidance.

● We spoke with families who were visiting on the day of our inspection. They confirmed they were able to visit their loved ones. One relative said, "I visit [person's name] regularly whenever it suits me." Another relative said, "I can visit when I want to."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs
- People's individual needs were met by the adaption, design and decoration of the premises.
- The environment was currently being renovated. This included repainting the lounge, and a complete renovation of the sensory room.
- Plans were in place to update the garden area to encourage people to make further use of the outdoor space.
- Some people living at the home showed us their bedrooms. These were well decorated and personalised to their tastes and preferences.
- People had access to a communal lounge and kitchen/dining area and a large outside space.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Care plans and subsequent risk assessments were holistic and person centred. They included detailed information on people's care needs and preferences.
- Care plans were in the process of being reviewed and updated during our inspection.

Staff support: induction, training, skills and experience
- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- The provider ensured staff had essential and specific training such as, equality and diversity, fire training, first aid, manual handling, person centred care, autism awareness, learning disability, epilepsy, positive behaviour support training and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The manager told us the expectation was all staff complete the Care Certificate within 3 months of starting.
- The manager showed us the system they had in place to monitor staff training and ensure all staff remained up to date with their training.
- Staff received support in the form of regular supervisions with either the manager or the deputy manager. Staff told us they felt supported. One staff member said, "I feel supported in my role. Any difficulties I can speak to [deputy manager], have known them longer, or [manager's name]. They will listen and try to resolve."

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink enough to maintain a balanced diet.
- Staff cooked the meals for people living at the home. The menu was displayed on the wall in the kitchen.

Staff completed training for food safety.
● Staff knew people's preferences or dietary needs and supported them appropriately. People were not restricted with food and drink and were able to access when they wanted with staff support. For example, we observed people going to the fridge and cupboards with staff and helping themselves to what they wanted.
● One person told us, "My key worker knows me very well, and understands what I need, today I am going shopping to get the ingredients to make a pizza for my tea, I like my food here and have a lot of choice."
● Relatives confirmed they had no concerns in relation to food and drink. One relative said, "[Person's name] loves the food at the home and has a choice of what to eat or drink."
● We identified people's weights were not being consistently monitored to ensure they remained stable, and people remained well. We shared this with the management team. They assured us they would address this immediately and ensure people were being regularly weighed where this was a requirement.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare services when required. Care records had information on people's visits with healthcare professionals such as GPs, chiropodist, and dentists. Relatives told us they had no concerns about their family members accessing healthcare services.
● Care plans demonstrated the provider had made referrals to external health professionals where needed. For example, where people's needs had changed, contact had been made with speech and language therapy (SALT) and counselling from the learning disability team.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● Staff made sure people had maximum choice and control over their lives and supported them in the least restrictive way possible.
● Where people lacked mental capacity to make certain decisions about their care, mental capacity assessments were completed. Where people needed support to make some decisions these were made in people's best interests.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were well supported.
- We observed positive interactions between staff and people. People were relaxed, comfortable and engaged well with staff.
- One person told us, "Staff here know what I like and they listen to me when I need to talk to them. They know how to treat me well." Another person told us, "I tell staff what I like and what I do not like, they help me with shopping, I like to draw a lot in the day as well as painting, staff help me with this. I do not like to mix with other people living here, I like to be on my own, staff look after me when I need their help. I do not go into the lounge very often as I like to be by myself."
- Relatives confirmed their loved ones were treated well. Comments included, "Staff are very caring and lovely; the staff really understand [person's name] and their needs." "I am happy with the staff here in looking after my [family member's] needs and requirements."

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views and make decisions about their care.
- Most relatives told us they were involved in making decisions and planning of their family member's care. However, one relative told us they did not feel involved in the planning of their family member's care.

Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity, and their privacy was respected.
- A relative told us, "Staff have improved a lot recently, with my input staff know my [family member] needs, likes and dislikes, I believe staff treat [family member] with respect and dignity, [family member] does have a very set way of doing things and staff have recognised this."
- Staff encouraged people to do as much as they could and wanted to do for themselves. One person said, "I love my bedroom, staff help me to keep it clean and tidy."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care had been developed in collaboration with individuals and those important to them. People's history, preferences, likes, dislikes, lifestyles, and interests were known.
- People had comprehensive and detailed support plans in place. People also had positive behaviour support (PBS) plans, PBS is a person centred framework for providing support to people with a learning disability or autism who may display behaviours that may be challenging or distressing for themselves or others.
- One-page profiles were in place detailing important information about the person, such as how to support and what is important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans. These detailed their preferred methods of communication and described how people express if they are happy, sad, frustrated or in pain.
- For example, one person used pictorial support on their calendar. We observed the person complete their planner of activities for the morning by selecting the pictures they wanted from a picture library.
- Staff had received communication training.
- Staff knew people well, what they liked, did not like, and what they were expressing. For example, for people who were unable to verbally express their needs and wants, staff understood what they were communicating through their body language, expressions, and behaviours.
- The manager told us how they plan to enhance people's communication further. This included use of more visual aids and signs to enhance people's engagement and understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be involved in activities they enjoyed.
- One person told us, "I like going to the gym, and to the farm once a week." Another person said, "I like to paint and write things in my notebook and do baking, I like to watch DVDS in my room, and watch YouTube and Netflix on my own TV, I know who to talk to if I have a problem. I do not like to mix with the other people here, staff are always on hand if I need something."

● We received mixed feedback from relatives in relation to activities. One relative said, "Staff know that [person's name] likes to keep to themself, however I wish staff would do more for [person] on a 1:1 basis around the home to try and get [person] involved more with activities and other people, or even perhaps into the community on a 2:1 basis on a more regular basis than is currently happening." Another relative said, "[Person's name] is supposed to go out every day into the community, but due to drivers, (lack of and age of some staff) this did prevent [family member] from going out, this has since been partially rectified. [Person's name] loves trampolining, crafts, and walking, staff help [person] very well with these things."
● People were supported to maintain relationships with their families. People's families visited them, and people went home to their family home. In addition, people were supported to keep in touch with family through the use of technology. One relative told us, "[Person's name] likes to go on their iPad and will facetime us occasionally."

Improving care quality in response to complaints or concerns
● The provider had procedures in place for when concerns were raised to ensure they were reviewed and investigated. One relative told us, "No complaints made, if I had cause to do so I would contact management straight away." Another relative said, "I have not officially made any complaints, but any small niggles I might have I will talk to management who would solve any issues for me."
● There was accessible pictorial information for people living at Merecroft so they knew how to raise concerns. One person said, "I do not have any problems but if I did, I would talk to a staff member."

End of life care and support
● None of the people were in receipt of end of life care and support during our inspection.
● Staff had received training in end of life care. However, people's wishes and preferences were not recorded. The management team had identified this and assured us these would be developed with people, and those important to them, to ensure people's wishes and choices were recorded and respected at the appropriate time.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been some recent changes in the provider's management structure, there was a registered manager in post at the time of our inspection. However, they were on long term absence and would be deregistering with the CQC.
- The new manager and operations manager had identified areas of improvement which required embedding to establish and further improve the provider's governance systems. This meant some improvements in the day to day running of the home and provider oversight were not yet fully embedded. For example, further developing and monitoring cleaning schedules was required.
- Further information was needed to be added to governance meetings to demonstrate any actions which had been taken, who these were allocated to and what timeframes had been given. The management team told us they were increasing their frequency of audits to address the shortfalls in a timely manner.
- Staff were clear about their roles and responsibilities and what was expected of them at work. One staff member told us, "I love my job and feel valued and supported in my role."
- Relatives told us things had started to improve and make a difference to the quality of care. One relative said, "Things are a lot better with the staff structure and management team now." Another relative said, "I know the management team, if I have any issues, I feel I would be listened to, and the appropriate action taken. All homes have some sort of issues, none are perfect overall I think the home is on the right track, and I would recommend this provider to others."

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

- People and staff had been involved in the running of the service.
- Relatives were actively involved in their family members lives and had opportunities to feedback about the care provided. For example, during regular conversations and through reviews however, they told us they had not recently received any newsletters or surveys. We shared this with the management team who told us this was currently being actioned and surveys were due to be sent out in the beginning of November.

Continuous learning and improving care; Working in partnership with others

- The management team were open and transparent and engaged positively during the inspection, welcomed feedback, and were committed to continuously learn and improve care.
- The management team told us they were working with the local authority on their current action plan to address shortfalls identified during their visit.

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

● The manager was passionate to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

● The manager was accessible, approachable and was genuinely interested in what people, staff, relatives, and healthcare professionals had to say to develop the service and improve people's quality of life.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● There were systems in place to apologise to people, and those important to them, when things went wrong.