

SCL Care Limited

# Meadowcroft Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Meadowcroft Residential Care Home is a residential care home providing personal and nursing care to up to 17 people. The service provides support to younger people and older people, some of who may be living with dementia. At the time of our inspection there were 15 people using the service.

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

Systems were not effective in ensuring medicines administration was completed effectively. Medicines stock was not always accurate, and medicines were not always stored safely.

People were safe living at the service, staff understood how to keep people safe from the risk of abuse. Where people were at risk, assessments had been completed and staff were aware of the management plans in place to keep people safe. There were enough staff to support people safely and recruitment had been completed following safe procedures. Infection prevention control procedures were in place and when things went wrong there was a process in place to learn from these incidents.

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.

People and their relatives were involved in the service and there were processes in place to ensure staff received support. The provider had systems in place to learn and improve the service and they worked in partnership with other agencies. People were supported by staff who understood their needs and the atmosphere at the home was calm and people were happy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection.

The last rating for this service was good (published 7 December 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement

We have identified breaches in relation to governance arrangements for medicines administration at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Meadowcroft Residential Care Home

## **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

This inspection was carried out by 1 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.

#### Service and service type

Meadowcroft Residential Care Home 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. Meadowcroft Residential Care Home 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.

#### Notice of inspection

This 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 and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 5 staff, including the registered manager, senior care, and care staff. We looked at a range of records including 4 peoples care plans and 4 peoples medicines administration records. We also looked at a range of management records including 3 staff recruitment files, training records and quality audits.

# 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.

### Using medicines safely

- Medicines stock counts were not accurate. Medicines stock checks showed records did not match the amount of stock of people's medicines at the home. Records showed people had received their medicines as prescribed and the registered manager told us they would investigate the concerns.
- Medicines were not consistently stored safely. Some medicines were found stored in unlocked rooms for example, people's bedrooms and bathrooms. The registered manager moved these items immediately to a locked storage area.
- Medicines administration guidance for staff did not consistently include all the manufacturer's instructions to guide staff in safe administration of topical patches applied to people's skin. Despite this people had their patches applied correctly. The registered manager told us they would speak with their pharmacist and ensure all records were updated with the correct instructions.
- People told us they had the support they needed with their medicines. One person told us, "The staff give me my tablets, I can't remember what I have, but there have never been any problems."

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. One person said, "I feel very safe here, there are plenty of staff and they are kind and helpful." A relative told us, "It is great here, it is the same staff all the time, I feel like they know, [person's name], that is why they have settled down so well here."
- Staff had received safeguarding training and were able to recognise the signs of abuse and could describe how they would ensure this was reported and investigated.
- There were systems in place to monitor safeguarding concerns and learn from any outcomes and share these with staff.

### Assessing risk, safety monitoring and management

- People and their relatives told us any risks to their safety were considered by staff supporting them to keep them safe. One relative told us, "We have no concerns about, [person's name], when we go home, we know they are safe."
- People had risks to their safety assessed and plans put in place to meet these. Risks relating to moving and handling, nutrition and skin integrity had been considered and plans put in place for staff, any changes to these risks were noted and management plans updated.
- Staff understood how to protect people using the risk management plans as a guide. We saw staff following the management plans to keep people safe when undertaking transfers and supporting people with meals.

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

- 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. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- People and their relatives told us there were always staff around to support them. One person told us, "The staff are always around and look out for me, they can't do enough for you." Another person told us, "There are adequate staff to keep us all safe, they know us and listen. They respond promptly when I press my buzzer."
- Staff told us there were enough staff to support people safely and our observations supported this, people did not have to wait for support.
- Staff were recruited safely. Checks were in place to ensure staff were suitable to work with people. This included the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- People and their relatives felt the home was clean. One person told us, "The home is clean and tidy, there is always someone working away to keep it nice."
- The provider had systems in place to prevent the spread of infection including the use of personal protective equipment.
- The home was clean and there was a process in place to ensure everywhere was well maintained.

#### Visiting in care homes

Visitors were able to come to see people freely.

#### Learning lessons when things go wrong

- Systems were in place to learn when things went wrong. The provider reviewed all incidents and accidents. Actions were taken to make people safe and any themes identified were also considered for learning and preventing reoccurring incidents.



# 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

- Systems had not identified where medicines were not stored safely. Systems were in place to check medicines storage however despite being completed these had failed to identify and action when medicines were not stored in a secure location. This meant there was a risk people could gain access to medicines which were not prescribed for them.
- Staff had not followed the medicines policy to accurately record medicines stock when medicines were delivered to the home. This meant stock checks were inaccurate on the day of the inspection as staff had not followed procedures and left people at risk of not having their medicines in stock.

The provider had not ensured oversight of the medicines administration systems was effective and this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acted to secure medicines straight away and confirmed the steps to ensure this would not happen again.
- The provider investigated the stock count and found staff had not followed procedures due to the new stock being delivered late into the shift. The registered manager confirmed actions had been taken to address this with staff.
- other audits were in place and effective in ensuring the service was safe. These included, care plan audits, bed rails and checks on people's daily records.

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

- People and their relatives told us they were happy with the home. One person told us, "I wouldn't change anything, I am happy here." A relative told us, "I think the home is well run, the staff treat the residents like family."
- We saw the atmosphere at the service was calm and relaxed and there was a positive culture amongst staff. One staff member told us, "Very homely and I think a loving staff group, really nice place and I love working here, this is a lovely home with a very friendly environment, and we all get on as a team."
- Staff told us they felt supported by the management team and told us they were happy working at the service. One staff member told us, "We do get support we can speak to the seniors and the registered manager about any concerns, we are always given support and this includes practical support with people for example when someone is perhaps end of life or expressing anxiety driven behaviours."

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

- The registered manager was aware of their responsibilities under the duty of candour and could demonstrate they had acted with openness and transparency when things went wrong.

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

- People and their relatives were engaged and involved in the service. One relative told us, "I have completed questionnaires and I do think they listen to what is said."
- The registered manager told us, "We do surveys to find out what people's experience of the service is every month, we analyse the results every three months, and we give people feedback through our notice boards." We saw the results of the surveys showed 100% of people completing said they were happy with staff and any concerns were addressed.
- Staff told us they were engaged in the service and could raise any concerns they had or suggestions during their staff meetings. One staff member said, "Team meetings look at how we can make improvements, any concerns are also discussed, and any new things or things not done properly, and we can address it."

Continuous learning and improving care

- The provider had systems in place to learn and improve the care people received. The registered manager told us, "There is a learning approach in place we have best practice meetings and management meetings to review any new practice."
- Meetings were held to discuss practices in the home and share any learning. We saw meetings had been held and discussions about reminding staff about procedures for medicines administration and domestic routines.

Working in partnership with others

- The provider had systems in place to work in partnership with others. We saw there were regular ward rounds carried out where a doctor or nurse visited and checked on people's health.
- People were referred to relevant health practitioners when needed. Care plans included the advice of the practitioners and staff followed this when supporting people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place were not effective in ensuring medicines were managed safely.