

Random inspection report

Care homes for adults (18-65 years)

Name:	Merlewood
Address:	52 Park Lane Great Harwood Lancashire BB6 7RF

The quality rating for this care home is:	three star excellent service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Marie Dickinson	1	6	0	6	2	0	1	0

Information about the care home

Name of care home:	Merlewood
Address:	52 Park Lane Great Harwood Lancashire BB6 7RF
Telephone number:	01254885355
Fax number:	
Email address:	sharonclough@nas.org.uk
Provider web address:	www.autism.org.uk

Name of registered provider(s):	National Autistic Society
Name of registered manager (if applicable)	
Mrs Sharon Clough	
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0

Conditions of registration:								
The maximum number of service users who can be accommodated is: 6								
The registered person may provide the following category of service only: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD								
Date of last inspection								
Brief description of the care home								
Merlewood is registered with the Commission for Social Care Inspection to provide personal and social care for up to 6 adults with a learning disability aged over 18 years.								

Brief description of the care home

Merlewood is a detached property located on a busy main road in a popular residential area, within walking distance of local shops and bus routes. Parking is available at the front of the home.

Merlewood had been decorated and furnished to meet the needs of service users, being mindful of the specific needs of those with Autistic Spectrum Disorder.

A range of communal ground floor space was available. People using the service have their own bedroom, and share bathing facilities. At the rear of Merlewood is a large secure garden.

Fees for the cost of a weeks care at Merlewood is according to assessed needs.

There was information available to potential users of the service advising them of the home and giving them details about the type of service they could expect.

What we found:

The visit to the home was unannounced. An Annual Quality Assurance Assessment (AQAA) was received yearly at the Commission from the service that enabled us to complete a service review. From the information we received the outcome of the reviews indicated the service had continued to provide excellent outcomes for the residents living in the home. Residents were at home on the day of inspection.

Records maintained showed care plans was written in a person centred way. This meant the principle of individuality was respected and residents were cared for as they wished and required. Their wishes and aspirations were accounted for. The key working system used meant residents had continuity in their care by staff teams. Residents' best interests were recorded. This showed who would help make decisions on their behalf where they lacked the capacity to do this independently, and provided staff with guidelines to follow. Focus was placed on residents' best interest and in supporting them to maintain their independence. There was sufficient instruction to help residents according to their need and wishes recorded on assessment and reviews.

Healthcare needs had been properly assessed and healthcare was monitored very well. Residents had health action plans included in their care plan. There was evidence all healthcare issues were considered and routine health checks arranged. Records showed how this was managed. Residents were registered with a General Practitioner and had regular routine health screening appointments. There was also evidence of other professionals being involved in resident's healthcare needs and measures taken to ensure residents were comfortable with any procedure that may be required

All new staff employed within the scheme was given an induction training program. The induction covered the basic principles of care such as the right to privacy, dignity and respect. As continuing professional development all staff was very well trained to care for people with autism and in other topics relevant to their work.

Medication storage was secure and tidy. Medication administration records were up to date, and all staff responsible for this task had been trained.

Residents in the home were supported to communicate any issues they may have they were unhappy about. This meant relatives staff and management could act in their best interest and speak up on their behalf. The complaints procedure was accessible and user friendly for the people who use the service and visitors to the home.

There were up to date policies and procedures for staff reference and training provided in Safeguarding Vulnerable Adults. Staff were also trained to respond appropriately to physical and verbal aggression. All staff is required to attend three day training in the ethics of, and around managing challenging behaviour. Residents were assessed using the Deprivation of Liberties Safeguard (DOLS), to ensure that given residents limited capacity, there were no elements to deprive them of their liberties. The management has shown it is quick to act and work well with other agencies for the protection of the residents.

Risk assessments for residents had been carried out with written guidelines for staff to

follow and manage identified risk safely. These covered all aspects of daily living for health and welfare. Good financial management protected residents from exploitation.

What the care home does well:

Residents benefited from good care planning. Where residents lacked capacity to make decisions, people who would act in their best interests were identified. This meant residents were very well supported, and good communication methods used in helping them understand as much as possible and to make their needs and wishes known.

The high standard of residents' health care plan helped them to receive the correct support from medical professionals and understand what was happening. They were registered with a General Practitioner and had regular routine health screening. Medication was managed safely.

The complaints procedure and the way the home was managed made it very easy for residents and other people to raise any issues or concerns. There were no complaints made against the home.

Staff were trained in adult protection, and were also trained to respond appropriately to physical and verbal aggression and fully understand the use of physical intervention as a last resort. All staff is required to attend three day training in the ethics of, and around managing challenging behaviour. Residents were given formal assessments to ensure their liberties were not being deprived, using the Deprivation of Liberties Safeguard (DOLS). The management has shown they are quick to take action and work with other agencies for the protection of the residents.

Risk management was very good.

What they could do better:

There were no areas identified for improvement in resident health, personal care and protection. The service continues to provide excellent outcomes for the residents.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Reader Information

Document Purpose:	Inspection Report
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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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