

Approach Community Homes Limited

Merrimore House

Inspection report

39 Avenue Road
Hunstanton
Norfolk
PE36 5HW

Date of inspection visit:
07 June 2016
08 June 2016

Date of publication:
08 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 7 and 8 June 2016 and was unannounced. Merrimore House is a residential care home providing personal care and support for up to six people, who live with a learning disability. On the day of our visit five people were living at the service, although one person was away.

The home has had the current registered manager in post since March 2013. 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 felt safe living at the home and staff supported them in a way that they liked. Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. Individual risks to people were assessed by staff and reduced or removed. There was adequate servicing and maintenance checks to equipment and systems in the home to ensure people's safety.

There were enough staff available to meet people's needs and additional staff were available if required.

Medicines were safely stored and administered, and staff members who administered medicines had been trained to do so. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Where they had not received training, they were given enough guidance and information to properly care for people. Staff received support from the registered manager, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Staff members understood the MCA and presumed people had the capacity to make decisions first. Where someone lacked capacity, best interest decisions had been made.

People enjoyed their meals and were able to choose what they ate and drank. Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. People's needs were responded to well and support was always available. Care plans contained detailed information to support individual people with their needs.

A complaints procedure was available and people were happy that they did not need to make a complaint. The manager was supportive and approachable, and people or other staff members could speak with her at

any time.

The home monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by enough staff to meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely stored and administered to people when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff members received enough training to provide people with the care they required.

The registered manager had acted on recent updated guidance of the Deprivation of Liberty Safeguards and staff had access to mental capacity assessments or best interests decisions for people who could not make decisions for themselves.

Staff worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Is the service caring?

Good ●

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

Is the service responsive?

The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed.

People were given the opportunity to complain and these were investigated and responded to.

Good ●

Is the service well-led?

The service was well led.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been taken that addressed any issues raised from the completion of the audits.

Staff members and the registered manager worked with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Good ●

Merrimore House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 June 2016 and was unannounced. This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information available to us about the home, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with four people using the service during this visit, and we also spoke with the registered manager and one care worker. We spent time observing the interaction between staff and people living at the home. We looked in detail at the care records for four people, and we also looked at the medicine management process and records maintained by the home about staff training and monitoring the safety and quality of the service.

Is the service safe?

Our findings

People told us that they felt safe living at the home and would know who to contact if they were worried about anything. Their responses were immediate and enthusiastic, and it was clear that people felt the home was a safe place for them to be.

The provider had taken appropriate steps to make sure the risk of people experiencing abuse was reduced. The registered manager and staff member we spoke with understood what abuse was and how they should report any concerns that they had. There was a clear reporting structure with the registered manager responsible for safeguarding referrals, which the other staff member was aware of. They told us that they would also report concerns immediately to the local authority safeguarding team or other agencies, such as the police, if needed. These contact details were available in the staff room and on the notice board outside the office for everyone at the home to see. Staff members had received training in safeguarding people and records we examined confirmed this.

The provider had reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as was required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; accessing public transport, going out of the home alone, using kitchen utensils and evacuation from the building in the event of an emergency. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. We discussed one person's risk of going out alone with the registered manager and found that risks to the person had been appropriately identified and actions taken to reduce these.

We saw during our visit that some people who lived in the home displayed behaviour that might challenge or upset others. The registered manager and the staff member were able to describe the circumstances that may trigger this behaviour and what steps they would take to keep other people safe. We looked at the care records for two people regarding this and saw that the information staff members had told us matched what was written in their care records. Therefore any staff members who were less familiar with a person's needs would have information to help them care and support that person appropriately.

Servicing and maintenance checks for equipment and systems around the home were carried out. The registered manager confirmed that systems, such as for fire safety, were regularly checked and we read records to support that these were completed. Maintenance checks were completed each month and several areas, such as the kitchen and a bathroom, had been renovated and redecorated since our last inspection. This ensured the safety and security of the home.

All four of the people that we spoke with told us that a staff member was available at all times to support them if this was required. They told us that having this enabled them to participate in events and

entertainment outside the home.

There were two full time staff members working at the home, who both worked a three day on (including sleeping at night), three day off shift pattern. Before this inspection we noted that the provider was advertising for a part time staff member for the home. The registered manager confirmed this, although they and the staff member also confirmed that there were enough staff to meet people's care and support needs. The registered manager explained that two bank staff and the provider's representative, who used to be the manager of the service, were also available if additional staff were required and to cover leave or unplanned absences.

We found that the arrangements for the management of medicines were safe. Medicines were stored safely and securely in a locked room for the safety of the people who lived in the home.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found detailed guidance for staff on the circumstances these medicines were to be used. However, we found that one prescription for a PRN medicine did not have this detail written on the medicine administration record. The registered manager amended the record at the time of our visit.

Is the service effective?

Our findings

Both the registered manager and staff member told us that they had received enough training to meet the needs of the people who lived at the service. The staff member said that they had completed a mixture of practical hands on and online training. They said that one course had shown them how to positively manage behaviour that may challenge others. This course had given the staff member more confidence and they were able to look at situations with, "A different perspective". We checked their training records and saw that they had received training in a variety of different subjects including, food hygiene, infection control, safeguarding adults, and managing violence and aggression.

The staff member told us that they had regular supervision meetings with the registered manager and felt well supported to carry out their job. The registered manager told us that the support came in different forms, such as formal meetings, telephone conversations and reflective practice discussions, in which they could raise any issues they had and where their performance was discussed. Records were kept of these discussions and the staff member was able to see these whenever they wanted.

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. People can only be deprived of their liberty so that they can 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 checked whether the service was working within the principles of the MCA. The registered manager provided us with an explanation of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions as much as possible. The staff member was also clear about what the MCA meant. Both the staff member and the registered manager told us that they had received training in this area. We saw evidence of these principles being applied during our inspection visit. For example, people were observed to be supported by the staff to make decisions about the care they received.

We saw that care records for two people noted that they lacked capacity to make their own decisions in some areas. Mental capacity assessments had been completed for those decisions that people had difficulty making and one person's social worker had been involved when one assessment had shown the person had variable capacity to make the decision in question. Best interest decisions had been completed and information about how best to support people had been written into care plans. We saw for one person that this also included information that staff should consider so that other areas of the person's life were affected as little as possible.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of

their liberty. One application had been submitted to the local authority, although no confirmation of authorisation had been made at the time of our visit. The staff member and registered manager were aware of DoLS and the actions they needed to take if they had to deprive someone of their liberty in their best interests.

People told us that they were able to choose what they had for meals and usually did this the day before the meal and when shopping was ordered. We were told by three people that their meals were always, "Good" and that the registered manager and the staff member cooked well. We saw that the evening meal was a social affair, with conversation around the table and each person helping prepare the meal, lay or clear the table afterwards.

People were provided with a choice of nutritious food. We observed people enjoying the food that they ate, with most people asking for second helpings. The registered manager explained that people were asked during a weekly meeting what they wanted for dinner for the forthcoming week. Each evening people would then be asked what they would like to eat the next evening and if necessary they would be reminded of what food was available and what had been discussed the previous week. We saw this in practice and that all of the people living at the home were able to agree or disagree if they wished. The registered manager also told us that although people were able to get a takeaway each month, meals at the home were usually freshly prepared.

Records showed that people's weight was recorded and this enabled staff to take the necessary action if there were any concerns. We saw that people were able to eat at their own pace and move to or remain wherever they wanted to eat. Staff members sat with people who needed help and encouraged people to eat independently if they were able.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. We found evidence that people saw specialist healthcare professionals when they needed to. For example, one person had been referred to a psychologist to help them overcome a recent event. Other people's records showed that they had their care needs reviewed by a range of health care professionals, including the local GP, district nurse, dentist, and optician.

Is the service caring?

Our findings

All of the people we spoke with were happy with the staff members and the care they received. They told us the best things about the home was that they were supported to live how they wanted, they could take part in the activities they wanted and that they were safe and happy there. They told us that staff helped them, they were kind and that they knew how to support the people living at the home.

During our inspection we heard and observed lots of laughter when people joked and talked with each other. They were relaxed with the staff who were supporting them. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. The registered manager and the staff member knew people well and spoke with people in different ways to ensure the person they were speaking with understood their meaning.

Both of the staff were polite and respectful when they talked to people. They made eye contact with people and we observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, the registered manager demonstrated a good knowledge about how one person communicated and how to ensure the person could communicate clearly with staff.

Staff involved people in their care. The staff member told us that they would never make people do anything that they felt uncomfortable doing. They added that if they felt a person was making an unwise choice, the staff member would let them know of the risks so that they could decide for themselves. We observed the registered manager asking people what they wanted to do on the days following our visit. People were given choices about what to eat, drink and where to spend their time within the home. We saw that people were able to complete personal care tasks when they wanted to throughout the day and this was not limited to first thing in the morning. From our observations it was clear that people were consulted about their care at all times.

There was information in relation to the person's individual life history, likes, dislikes and preferences written within the person's care records. From our conversations with staff it was clear that they regarded each person who lived at the service in a very positive, meaningful and individual way. They were able to tell us in detail about all of the people living at the home.

We noted that not everyone was able to access support from an advocate, if they wanted this, although all of the people had someone they could go to who would support them. We discussed this with the registered manager, who has advised that they have discussed with people the possibility of an independent advocate since our visit.

People were encouraged to be part of the community. Most people living at the home attended a day service or worked in a voluntary capacity during the week. When not attending these most people were able to go out to the local shops or into the town as they wished. One person told us how they liked to go for walks in the town and this helped to calm them and the staff member told us how they and people living in the home went out for meals.

We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. People living at the home were very independent and the support offered to them was largely to prompt and encourage this. We saw that the registered manager spoke with people often to discuss how their day had gone, talk about any difficulties they had, and asked people what they wanted to do later in the day or the next day. When people deferred to the registered manager and said they were happy to go along with what the registered manager thought should happen, they were gently but firmly guided to make their own decisions. The registered manager told us that it was important for people to be able to do this as they left the home to travel independently and would need to be able to make decisions without deferring to another person.

We saw that the staff office was always locked when a staff member was not present, as were other doors to people's own rooms. One person told us, "We all have keys to our rooms", which gave people a sense of security when they were not present.

Care records indicated that where people still had contact with their families, this was encouraged and people could visit when they wanted.

Is the service responsive?

Our findings

People told us that staff members took care of them well and that they received the care they needed. All of the comments from people and their visitors were positive. One person said, "They [staff] look after us and help us do what we want to", while another person told us, "They help me when I forget things". People told us that they were usually occupied during the day. One person said, "I go to [name of day service]", and another person told us, "We went to the speedway".

The care and support plans that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, communication, nutrition and with behavioural or emotional needs. There was detailed information that guided staff to what was important to that person, their daily routine and what activities they enjoyed. Staff members told us that care plans were a good resource in terms of giving enough information to help provide care.

We observed that staff were responsive to people's needs. They encouraged people to drink when they indicated that they were thirsty, to eat when they were hungry and to attend to personal care if this was required. Care records were written in a way that promoted people's wishes and preferences. The registered manager and staff member were able to demonstrate a good knowledge of people's individual preferences. For example, we saw that it was documented that one person could become distracted and then have difficulty completing routine tasks. We saw this person being guided to carry out personal care and chores around the home, which was part of their daily routine, instead of focusing on a staff member.

One person told us how they liked to spend time with electronic devices, playing games or watching films and another person showed us DVDs that they enjoyed watching while they were at the home. People were able to decide what they did independently or alone, what they did with other people while at the home, and what they did when they were out of the home. All of the people we spoke with told us about the wide range of activities they took part in each day. These included going out to watch events, such as speedway and monster truck derbies, or visiting the local town for a meal or an ice-cream.

Staff members told us that information was available for people if they wanted to make a complaint. The registered manager told us that complaints were immediately dealt with and the issue was discussed during staff handover so that it did not happen again.

A copy of the home's complaint procedure was available outside the office and provided appropriate guidance, including information in an alternative format, for people if they wanted to make a complaint. There were appropriate details about other organisations to contact if a complaint had not been resolved. The service had received no formal complaints in the past 12 months, although we saw that informal complaints were recorded. We saw that actions had been taken to resolve both of these complaints at the time they were made.

Is the service well-led?

Our findings

People told us that they were happy living at the home. One person told us, "This is a nice place" and another person said, "I like it here". They told us that there were regular meetings for them and that they had been asked for their views on the running of the home. This kept them up to date with proposed changes.

During our observations, it was clear that the people who lived at the service knew the registered manager and the staff member who were supporting them. People told us that they spoke often with the registered manager and they were happy that the staff member and the registered manager were approachable and that they could speak with them at any time. They were enthusiastic in their responses when we asked what they thought of the registered manager. This varied from, "She's very nice" to, "She's a laugh" and other positive comments. They felt that staff members were happy and friendly, and that they got on well.

The staff member spoke highly of the support provided by the whole staff and provider team. The staff member told us, "I love it. I couldn't fault it" and, "I enjoy what I do and I'm treated very fairly". They told us the registered manager was very approachable and that they could also rely on any of the provider's representatives for support or advice. We observed this during our inspection when the staff member visited the home during our inspection visit. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

Staff said that they were kept informed about matters that affected the service through supervisions, meetings and talking to the registered manager regularly. They told us that they were involved in the running of the home and that they were given additional responsibilities in relation to this. The staff member had been involved in reviewing and rewriting some of the home's policies and procedures, and consequently was able to provide clear information about actions to take in particular circumstances. This ensured that staff knew what was expected of them and felt supported.

The home has had the current registered manager in post since March 2013. The registered manager confirmed that she was given support by the provider's representatives and that this was available at any time if the need arose. They had daily telephone conversations with the provider's representatives and this was expanded when they visited each month. The registered manager also told us that support was available from managers employed at the provider's other locations and they could contact an 'on call' manager to discuss issues.

The registered manager completed audits that fed into the organisation's quality monitoring report. For example, we found that people's care records were regularly audited to ensure they had been completed correctly and contained accurate and up to date information about people's needs. Health and safety audits were also completed each month and showed that where issues, such as renovation and redecorating needs, had been identified, action had been taken to address them. We also saw that the provider's representative visited each month to complete an audit of their own. This included people's views of the care and support they received, and an audit of records held at the home. We saw that where issues had been identified, information was also available to show how these had been rectified.

An annual survey had been completed for people living at the home and their relatives in June 2015. We found that everyone at the home was happy living there and there were no concerns raised. No questionnaires had been returned by people's relatives.

We found that incidents had been reported to us and to the local authority as required. This showed that the registered manager acted openly to ensure people living at the home were safe. All of the information about how the service was monitored and people's views of the home showed that there were effective processes in place to assess and monitor risks to people and to develop and improve the service.