

Developing Lives Services (2000) Limited

Meyrick Lodge

Inspection report

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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 unannounced comprehensive inspection took place on 12 May 2017.

Meyrick Lodge is a care home registered to accommodate a maximum of six people with learning disabilities. At the time of the inspection five people were living at the home.

There was a registered manager employed at the home. 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 were, "Happy" living there and relatives gave positive views about the home and the care and support their relative was given.

People told us they felt safe at the home. Staff had been trained in safeguarding adults and were aware of the types of abuse and how to identify, prevent and report abuse. There was an effective, inclusive system of training in place for staff, people and their relatives.

Plans were in place on how to support people in the event of an emergency.

Staff were friendly, kind and caring and gave individual, person centred care to everyone living at Meyrick Lodge. There were robust recruitment practises in place to make sure that appropriate staff were employed to support people.

People's needs were assessed and areas of risk were assessed and reviewed to ensure peoples' safety. Support was offered in accordance with people's wishes and their privacy was protected. Staff knew people well and understood their physical and personal care needs and treated them with dignity and respect.

Staff and people told us they felt the staffing levels were appropriate to meet people's needs. Staffing levels were planned and adjusted to make sure people were given individualised care.

People's medicines were securely stored and managed and people were supported to take their prescribed medicines.

Staff were knowledgeable about the Mental Capacity Act 2005 and its principles and understood how people living at Meyrick Lodge preferred their care and support to be given.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Systems were in place to support people with budgeting, shopping and cooking. People's health needs were monitored which included appropriate referrals to health professionals when required.

People were supported to take part in a range of activities, hobbies and work placements to maintain their independence and promote a healthy lifestyle. People could choose where they spent their time.

People told us they were happy to raise any issues or concerns with the manager and felt confident they would be listened to.

The service was well led with a clear management structure and an open, friendly culture. There were systems in place to promote a continuous drive for improvement.

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 safe. Staff knew how to recognise and respond to abuse correctly. They understood the procedures in place to safeguard people from abuse.

Risks were assessed and steps taken to make sure people were supported safely.

There were robust recruitment systems in place and appropriate numbers of staff employed to meet people's needs.

Good 

Is the service effective?

The service was effective. Staff were well trained and knowledgeable about people and received ongoing support from senior staff who had the appropriate knowledge and skills.

People were fully consulted and gave consent regarding how they were supported and cared for.

People's nutritional needs were met. People were offered choice and appropriate support in budgeting, shopping and cooking to make sure they stayed healthy.

People accessed the services of healthcare professionals as appropriate.

Good 

Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and were knowledgeable about how people preferred their care and support to be given.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People told us that staff were kind, caring and supportive.

Good 

Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's support plans and records were kept up to date and reflected people's preferences and choices.

People were encouraged to take part in the domestic running of the home as well as taking part in a varied schedule of activities that were meaningful to them.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Good ●

Is the service well-led?

The service was well led.

Staff felt well supported by an open and accessible management team, felt comfortable to raise concerns if needed and confident they would be listened to.

Observations and feedback from people and staff showed us the service had a friendly, supportive, person-centred culture.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Good ●

Meyrick Lodge

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 comprehensive inspection took place on 12 May 2017 and was unannounced. Two CQC inspectors completed the inspection. At this inspection we found the provider was meeting the regulations.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked healthcare professionals and the local authority who commission the service for their views on the care and service given by the home.

During the inspection four of the five people who lived at Meyrick Lodge were away from the service at various day centre and community placements. One person was available during the day and we spent time speaking with them. We spoke with the manager, deputy manager and two support workers. Following the inspection visits we spoke with one person's relative.

We observed how people were supported in communal areas and looked in depth at two people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rotas, staff recruitment, supervision and training records, policies, premises maintenance records, staff meeting minutes, quality monitoring reports and medicine administration records (MARs).

Is the service safe?

Our findings

People told us they enjoyed living at Meyrick Lodge and felt safe living there. Following the inspection visit we spoke with a relative who told us they were happy with the care and support given to their relative at Meyrick Lodge.

Staff had received training in safeguarding adults during their induction and refresher training was scheduled when required. We saw certificates and records to confirm this training had been completed. The manager spoke knowledgeably about safeguarding procedures and had notified the commission following any safeguarding concerns they had raised as required by the regulations.

Each person had detailed risk assessments completed to cover a wide range of activities and health and safety issues, such as a risk of administering their own medicines, accessing other resident's bedrooms at night and the use of sunscreen and effective nail care. The risk assessments were clear and outlined possible hazards, the likeliness of occurrence, how to implement the measure of managing the risk and clear instructions for staff on how to take action to manage the risks. This helped ensure people were supported to take responsible risks as part of their daily lifestyles with the minimum restrictions.

People were supported to maintain their independence and make their own daily choices such as budgeting for their shopping and doing their laundry and tidying their bedroom. Risk assessments and support plans explained how someone may become anxious or stressed and how staff should respond. Staff had been given training on supporting people in these situations. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

There was a system in place for dealing with emergencies such as a fire or having to evacuate the premises in an unforeseen emergency. People had personal evacuation plans completed which were located in an easily accessible central point. There were processes in place to ensure the premises were maintained safely. Regular checks were completed and maintenance certificates seen for a range of topics such as: fire safety equipment and fire panels, electrical testing, lighting systems and gas safety. The service had a current legionella certificate that confirmed the home was free from legionella. Legionella are water borne bacteria that can cause serious illness.

There was a system in place to monitor and review any accidents or incidents that took place. Records of incidents and accidents were detailed and covered the type of accident, how and where it happened and included an action plan for staff to identify if there had been any circumstances that had acted as a trigger for the reaction or incident. This ensured learning from the incident would be taken forward to help prevent re-occurrence. The manager completed a monthly analysis on all accidents and incidents to check if any patterns or trends were developing and if possible preventative action could then be taken.

The manager gave us examples where working with people and helping them overcome their anxieties had led to a major reduction in the amount of incidents taking place. For example, one person had a phobia of needles and needed regular blood tests. The manager told us how they accompanied the person to their

blood test and also had their blood taken at the same time which had reassured the person and led them to being able to give blood calmly and without anxiety.

Through our observations and discussions with people, staff and relatives we found there were enough staff with the right experience or training to meet the needs of people. The manager, in collaboration with funding authorities, assessed staffing requirements and some people had one to one funding in place. On a daily basis, the manager ensured appropriate staffing levels were in place depending on people's needs and occupancy levels. The manager said they had agency staff they could call on from their company's recruitment agency if they were short staffed due to annual leave or if staff were needed to accompany people to appointments or community events. The same agency staff were used on a regular basis to ensure people living in the home received continuity of care by people they knew. We saw the staff rotas for the three weeks preceding our inspection visit, which included the week of our visit; they correctly reflected the levels of staff on duty during our visit.

There were robust recruitment policies and procedures in place that were being followed. The manager said people who lived at Meyrick Lodge were included in the recruitment process and had taken part in the interview process, asking their own questions and taking notes. Their views on prospective staff were also taken into account before staff were employed at the service.

We looked at the recruitment files for three members of staff and found that the relevant checks had been completed before staff started working at Meyrick Lodge. These included up to date criminal record checks, fitness to work questionnaires, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

We looked at how people's medicines were managed and checked the storage and stock of medicines. Medicines were stored securely and administered correctly. There was system in place to ensure people's medicine was administered safely when they were away from the home. We reviewed people's Medication Administration Record (MAR's). We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people. The records showed people had been administered their medicines as prescribed by their GP.

There was a system in place should people need to have their medicine administered covertly, for example given in food or drink. At the time of our inspection no one at the home needed to have their medicines administered covertly.

People had their allergies recorded and guidance on the use of 'as required' (PRN) medicines. The provider had a system of 'PRN' information sheets and a 'PRN' policy was available which gave staff clear guidance.

There was a system of body maps in place to ensure people's prescribed creams would be applied correctly. The body map guided staff on where to apply the prescribed cream.

Records showed and staff told us that those that had responsibility for administering medication had received medication training to ensure they could administer medicines safely. Regular competency checks were conducted on staff who administered medicines to ensure they administered people's medicines safely and correctly.

Is the service effective?

Our findings

Following our inspection visit we spoke to a relative of a person living at Meyrick Lodge. They spoke positively of the support and care given by the staff. They said, "I'm really pleased with how the staff are looking after [person]. They have done really well, and all the staff know what they are doing, I really can't fault them at all". A health professional commented on the positive changes seen in a person since they moved into Meyrick Lodge. They stated the person's incidences of challenging behaviour had greatly reduced and they stated, 'I can only attribute this to the skill of the staff team at Meyrick Lodge. They have provided my client with absolute consistency, in staffing, responses to their behaviour and weekly activities that are structured'.

We spoke with two members of staff about their recruitment and induction. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they supported them independently. Staff had a good understanding of their role of providing person centred care and support to people and told us they were given opportunities to develop in their role.

People were supported by staff who were trained to deliver care and support safely and to an appropriate standard. The manager told us and records showed all staff completed an induction training programme which led to the care certificate, which is a nationally recognised induction qualification. The provider encouraged relatives to attend training sessions; the manager told us they found this was an effective way to build good working partnerships with families. They said by including relatives in the training sessions, they understood the type of support that was needed to provide safe, effective, individualised care for each person living at Meyrick Lodge.

We saw the provider's training schedule which showed staff completed core training such as, moving and handling, mental capacity and decision making, infection control and food safety. Records showed staff were provided with training to ensure they could effectively support people with their individual needs, for example additional, specific training was offered such as, breakaway techniques, death, dying and bereavement and dialectical behaviour therapy (to assist people in managing their emotions and behaviour). Staff told us, "I'm doing my NVQ, the training is good and specific to our role for example I've completed autism training".

People living at Meyrick Lodge were encouraged to take an active part in their learning and development in order to promote their independence. A variety of practical life skills were taught which covered subjects such as; money management, computer skills, time management, time telling, cooking, cleaning and gardening. Basic skills were also taught, these included, numeracy, literacy and shapes and was taught with pictorial aids to provide effective learning for people. Where people had the ability they were involved in core training such as, infection control, food hygiene. First aid, fire awareness and women's health. One person had recently become a 'Fire Officer', they proudly told us, "I'm the fire officer and I get everyone out if there is a fire, I tell them where to go", they then showed us where the fire meeting point was. The manager told us by involving people and their families in the training it promoted, confidence, community involvement, peer working, team building and partnership working.

There was a clear programme of supervision in place. The manager explained they were revising the method of annual appraisals for staff. As Meyrick Lodge was a new service many of the staff had not completed a full year at the service. The manager confirmed written annual appraisals would be completed on all staff. Records showed regular supervision meetings had been conducted and we reviewed a selection of these. The supervision meetings were regularly completed and detailed with staff given the opportunity to raise ideas, concerns or development requests on a face to face basis. Staff told us they valued the support and guidance given to them by their manager and colleagues and said they got on well as a team.

Staff told us and records showed they had been trained in the Mental Capacity Act (MCA) 2005. Staff demonstrated they had a good understanding about people's mental capacity and were knowledgeable about the circumstances when making decisions that were in a person's best interests should apply. People told us and records showed that they were consulted about matters relating to their care. Records showed staff had asked people for their consent and where possible people had signed their care plans. People and their relatives told us they were involved in discussions about their care, support and any associated risks. Records showed individual choices and decisions were documented in people's support plans, which showed the person at the centre of the decision had been supported in the decision making process.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. The manager told us all of the people living at Meyrick Lodge had a DoLS application in place. We reviewed in depth two people's DoLS. Some people had conditions on their DoLS, we reviewed these conditions and saw they were correctly reflected in the person's care plan and were being adhered to.

People's dietary needs were assessed with people's likes, dislikes and allergies recorded in their support plan. People could choose what they wanted for their meals and could prepare meal themselves or ask for support from the staff. Each person was allocated a day each week that they were responsible for preparing the main meal for people if they wanted to. Staff then supported the person to prepare and cook the meal and snacks. People bought their own choice of snacks, and healthy snacks such as fruit and yoghurt were readily available throughout the home. People were monitored on a regular basis for any unexplained weight loss or gain and support plans put in place for any resulting dietary changes.

Where possible, people were supported and encouraged to do their own shopping and make their menu decisions for the week. A weekly meeting was held where people made decisions about what meals they would make for the following week so they could plan and budget for the weekly shop. People showed us the weekly planner that was in a clear pictorial format on the wall in the sensory room. The pictorial display had photographs of the people against a pictorial sign stating where and when they could plan to do their jobs. Jobs covered a variety of daily living tasks such as, cleaning, laundry, shopping, washing up and emptying the bins. Completion of these tasks promoted people's independence and enabled them to move forward in preparing them for independent living.

Staff told us kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and its equipment. The kitchen had received a grade 5 rating from the local environmental health authority.

Records showed the provider involved other health professionals where appropriate and in a timely manner, for example, GPs, chiropodists and opticians. People were either supported to visit the health professionals or some, such as the chiropodist, visited the home on a regular basis and got to know the

people well. Staff spoke knowledgeably about each person's health needs and demonstrated a good awareness of how to manage people's individual health needs.

People's rooms were bright, airy and personalised with their own posters and personal possessions. Each bedroom had a 'wet room' en-suite facility. People had made their own choices about how their bedrooms were decorated, what colours the walls were painted and had chosen their own duvet covers and curtains. Throughout the home posters and guidance information was displayed in an "easy read" pictorial format, this ensured people living at the home could put their views across and feel involved in the running of the home.

Is the service caring?

Our findings

Relatives told us they found staff to be kind, caring and friendly. One relative said, "I really can't fault them, I'm really pleased with everything".

We received written feedback from a health professional that stated, 'I would recommend Meyrick Lodge, for several reasons...when visiting the interactions between staff and people are wonderful to observe' and 'The home is always a 'fun' place to visit, there are always activities happening and laughter and conversation between staff and residents'.

Relatives said they appreciated the managers 'open door' policy and were made to feel welcome whenever they visited. They told us, "We are always kept informed and involved with [person] support, the staff know [person] really well and [person] has settled in so well".

Staff treated people with respect, listening to them and offering support in a friendly and caring way. Staff knew people well and spent time chatting to them and interacting in a positive, friendly and respectful manner. Staff spoke clearly when speaking with people and care was taken not to overload the person with too much information at one time.

People responded well to staff and actively sought them out to talk to; this demonstrated people were relaxed and comfortable with staff. Staff supported people patiently and kindly and did not appear rushed.

We saw people were able to express their views and were involved in making decisions about their care and support to promote their choices and independence. We saw where possible people had signed their support plans and care records to show they had been involved in making their own choices and decisions regarding what they wanted to do and how they wanted their support to be given. During our inspection visit all of the people spent time away from the home, taking part in a range of activities that they enjoyed such as craft work, shopping or their work placement or day centre.

People's privacy was respected. Staff asked permission before entering people's bedroom. There were communal areas within the home where people could spend time together, watching television or listening to music. If people wanted quiet time they were able to go into their bedroom or into the garden in the warmer months.

Staff spoke respectfully about people and demonstrated a good understanding of how to maintain people's dignity. For example, respecting people's wishes to dress themselves but ensuring they were available should they need support with choosing their clothes. Personal care needs were discussed discreetly and people were supported with their personal care in private.

Is the service responsive?

Our findings

We received positive written views regarding the service from a health professional, these stated, 'Both the manager and deputy manager provide regular updates and inform me of all [person's] achievements. I am given regular feedback about visits and how they are progressing'. A relative told us, "The transition into the home worked really well, in fact everything worked really well...it was so nice it was all new so [person] could settle in with everyone else being new as well, everyone is so friendly and they all look after [person] so well".

People's care and support needs had been assessed before they moved into Meyrick Lodge. This meant the provider was able to meet the needs of people they were planning to admit to the home. This information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. People had individual 'transition plans' which were tailored to accommodate their specific needs when moving from a previous residence into Meyrick Lodge. For example, one person needed a period of months to transition into the home calmly and safely whereas another person moved in over a period of a week, which they preferred.

Assessments and pictorial support plans were completed for all people. The pictorial records enabled people to interact with their care and support and gave them choices on how they preferred to be supported and what they wanted to do. The assessments showed the person and their relatives had been included and involved in the process wherever possible.

Staff demonstrated a good knowledge and understanding of people's care, support needs and routines and could describe how each person preferred their care to be delivered. Support plans were reviewed monthly or sooner to reflect any changes in people's care. Support plans were person centred and gave detailed guidance for staff to follow, for example specific instructions on how to communicate with the person and how to interpret signs of anxiety, agitation or distress. One person had a diagnosis of epilepsy. They had an epilepsy care plan that gave staff clear instruction and guidance to follow in order to manage their epilepsy. Relatives and people living in the home had taken part and been fully involved in the epilepsy training the service had run. The manager told us by involving everyone in the training it had been a very effective method of ensuring the correct knowledge was shared.

People received care that was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to ensure their preferences and wishes were identified and that they were kept involved in their on-going care and support. The manager said although people had keyworkers, all the people knew they could speak to any member of staff at any time, they did not have to wait for their keyworker if they were not available. We observed people were happy to approach any members of staff if they wanted support or assistance.

Key workers met with their individual person each month and discussed areas that were important to the people such as, what had they done in the month, what did they want to do in the following month, things they had enjoyed and any changes in their support plan. For example, one person had wanted to buy a

hamster cage that month and attend a birthday party in the following month.

People were supported in promoting their own independence and community involvement. The provider supported people to take part in a varied and wide range of activities which included accessing the local community, shopping, day centre visits, swimming and trips into the town and parks. One person really enjoyed using trampolines; we saw they had their own large trampoline in the garden which they used when they liked.

We saw there was a pictorial complaint form available in the home for people to complete if they were unhappy with any aspect of living at the home. The form went through all the stages of how to make a complaint. The manager told us people were given support to make a complaint where they needed assistance. A detailed complaints procedure was also available for relatives which gave the correct contact information for the local authority and the Local Government Ombudsman if people wished to make a complaint. Relatives we spoke to told us they knew how to complain if they needed to and felt confident their concern would be listened to and acted upon.

The manager told us about a complaint they had received which had been fully investigated and concluded, however the complaint had not been recorded in their complaints log. We discussed this with the manager who confirmed they would ensure all complaints were fully recorded in the future.

The service had opened during January 2016; we discussed with the manager how this process had been managed. They told us, " We had to build professional, friendly and trusting relationships with the local authorities and other care providers to ensure new residents would be identified to move into Meyrick Lodge...we all work our utmost to ensure a person centred, risk free, well led transition. Some residents needed a lot of support, we worked very closely with a multidisciplinary approach, ensuring a person centred, risk free move. We received a lot of praise from the local authority and the resident received an award from the Mayor of Bournemouth – 'Celebrating Success', congratulating them on their successful move into Bournemouth".

People were supported to maintain relationships with their family. Relatives we spoke with confirmed they were kept fully informed and up to date on their family member's progress and were welcome to visit the home whenever they wished.

Is the service well-led?

Our findings

People, relatives and staff expressed confidence in the home's management. Staff spoke positively regarding the management of the home and said, "The manager is very supportive, we all work as a team". Another member of staff expressed they were happy with the training provided and levels of staffing and told us, "There is good morale here, I'm well managed and I would give the manager 10 out of 10, we all work very well together". A health professional gave positive written feedback and stated, 'The staff within the home appear well supported by the management team...the parents of any clients also feel this way'. They also commented about the positive effect the managers 'open door' policy had on relatives. These meant relatives could approach the manager at any time about any concerns or anxieties and had confidence they would be listened to and concerns addressed.

Our observations during our inspection showed there was an open, honest and supportive culture at the home and the service was inclusive and promoted an independent, positive approach to people and their needs. The manager felt the service listened to people well and respected their views and choices in order to lead as independent a life as possible.

There was a system for reviewing the quality of the service provided to people. A quality service survey had been completed during October 2016. The questionnaires had been sent out to relatives and health professionals. People who lived at the service had a pictorial version given to them they could complete if they wished. We saw the questionnaires that were to be used for seeking people's thoughts and feedback on the service provided. The questionnaires had been positively completed and stated; agreement that staffing levels were appropriate, staff were friendly, kind and respected people's dignity. People expressed satisfaction with the food and personal care, communication was good and there were varied activities for people to access.

Comments taken from the questionnaires included; 'I think Meyrick Lodge is a lovely home. It is well managed and clients are supported effectively with their needs. Meyrick Lodge has a really lovely feel' and 'Continuity of care remains a very positive aspect of care provided, care planning is person centred' and from a speech and language therapist, 'They have carried out all recommendations made'. A health professional commented, 'A big thank you from me for working so openly with us and for providing such a lovely service and home for people'.

Regular staff meetings were held and minutes were completed so that everyone could see who had been present, what had been discussed and what actions agreed. Staff told us communication within the home was good and relatives commented they were always kept involved and had a good understanding about the service that was provided.

Records showed and staff told us a variety of audits were completed on topics such as, finance, health and safety, environmental, medicines and care planning to ensure a process of continuous improvement was adhered to. Action plans were detailed and actions clearly recorded where corrective actions had been completed.

The manager undertook their responsibilities to provide notifications to the Care Quality Commission (CQC) as required by law, regarding significant events such as serious injuries and incidents.