

Merrycare Limited

Merrifield House Residential Care Home

Inspection report

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Tel: 01604705654

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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 inspection took place on the 24 May 2017 and was unannounced.

Merrifield House provides accommodation for older people requiring support with their personal care. The service can accommodate up to 44 people. At the time of our inspection there were 42 people living at the home.

The service had a registered manager. 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 received care from staff that were kind, compassionate and respectful. Their needs were assessed prior to coming to the home and individualised care plans were in place and were kept under review. Staff protected people's dignity and demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

There were appropriate recruitment processes in place which involved the people living in the home and people felt safe and secure. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

There were sufficient staff to meet the needs of the people; staffing levels were kept under review to ensure that people's needs were met in timely way.

There were systems in place to monitor the quality and standard of the service; action was taken to address any shortfalls. The provider and registered manager were visible and encouraged feedback, actively looking at ways to improve the service.

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 felt safe; staff understood their roles and responsibilities to safeguard people and were supported by appropriate guidance and policies.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good ●

The service was caring.

People received their support from staff that were friendly and treated them with kindness and compassion.

People were treated as individuals and staff respected people's

dignity and right to privacy.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome at any time.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met

Staff knew people well and there were activities which took into account people's interests.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The views of people's experience of their care and support were actively sought to enable the provider and registered manager to look at ways to continually improve the service.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality assurance audits were regularly completed by the registered manager and monitored by the provider to ensure that standards were maintained.

Merrifield House Residential Care Home

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 unannounced inspection took place on 24 May 2017 and was undertaken by one 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. In this instance our expert-by-experience had cared for a relative and supported them to find an appropriate care setting to live.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted social and healthcare professionals who visited the service, and commissioners who fund the care for some people using the service, and asked them for their views.

Before the inspection, the provider completed a Provider Information Return (PIR.) 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 took this information into consideration as part of our judgement.

During our inspection we spoke with nine people who lived in the home, 11 members of staff including five care staff, an activities co-ordinator, a housekeeper, a cook, a team leader, the registered manager and provider. We were also able to speak with five relatives, a hairdresser and a student on placement who were visiting at the time of the inspection. We observed the interactions of people with staff and undertook general observations in communal areas and during mealtimes.

We looked at care records relating to four people and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, feedback from surveys and arrangements for managing complaints.

Is the service safe?

Our findings

People looked relaxed and happy in the presence of the staff. The people we spoke with all said they felt safe in the home. One person told us "I really do feel safe here, they are all very good to me here." Another person said "The night checks (observations undertaken by staff at night) make me feel safe here."

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date safeguarding policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the registered manager or provider and if they were not satisfied with what happened they would report the incident directly to the local authority safeguarding team or Care Quality Commission. We saw that the registered manager had contacted the local safeguarding team when any concerns had been raised. There had been no safeguarding investigations as a result of contact with the local authority.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided; for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. There was an electronic records system in place which ensured that all aspects of people's care was kept up to date which enabled the registered manager to monitor people's general health and well-being and keep them safe.

People told us that they felt there was a sufficient number of staff. The staff we spoke to said they felt there were enough staff and that staffing levels depended on the needs of the individual people. We saw from staff rotas that staffing levels were increased at key times in the day, for example in the morning when people needed assistance more staff were deployed to ensure no one was kept waiting for assistance. One person told us "If I buzz for assistance someone usually comes straight away, sometimes I have to wait a little; it depends who else needs help." At the time of the inspection there were sufficient numbers of staff to meet people's needs safely and timely.

People were able to call staff to assist them by using the call bell system in the home, with bells in each room. We observed that staff responded promptly to call bells and had ensured that when people stayed in their own room they had access to their call bell.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at Merrifield House.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. We observed that staff spent time with people explaining their medication and ensuring they had

taken their medicines. One person told us "I take medicine to help me manage the pain. I think they have got it balanced now. I do get it when I need it and I always get my tablets when I need; the G.P. sees me regularly to review my medication." Medicine records provided staff with information about a people's medicines and how they worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicines were stored securely. Daily checks and weekly audits of the medicines were undertaken by the registered manager and team leader; any issues identified were rectified in a timely fashion to ensure medicine errors did not happen. There was a system in place to safely dispose of any unused medicines.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications to relevant organisations had been made. The provider collated the information around falls and accidents/incidents and took action as appropriate.

Is the service effective?

Our findings

People received support from staff that had the skills and experience to meet their needs. All new staff undertook an induction programme which was specifically tailored to their roles and experience. Newly recruited staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. In addition to in-house training and on-line based training all new staff shadowed more experienced staff over a period of time until they were assessed to be competent in their role. New staff did not care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection control.

Staff had regular supervision and a programme for appraisals was in place. The staff training program was focused on ensuring they understood people's needs and how to safely meet these. All staff had completed the training they needed and there was regular updated training available to help refresh and enhance their learning. Staff were encouraged to undertake further specialist training. The registered manager told us that, three staff, including the registered manager, had recently completed a foundation course in end of life care. The aim was to improve staff practice and enhance their knowledge in recognising and supporting people at end of life. We read a comment from a relative of a person who had recently died 'We can't thank you enough for all that you did for [name of relative]. It made a challenging time for us easier to manage knowing they were well looked after and you supported us too.'

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. People were involved in decisions about the way their support was delivered. Staff sought people's consent before they undertook any care or support. If people were unable to give their consent the registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were regularly assessed for their risk of not eating and drinking enough; staff used an assessment tool to inform them of the level of risk which included monitoring people's weight. If a risk had been identified a daily record was kept which demonstrated that staff monitored people's fluid and food intake. If there were any concerns about people not getting enough nourishment referrals had been made to the dietitian and speech and language therapist for advice and guidance. We saw that food was specially

prepared for those people who had difficulty swallowing and fortified drinks were given to those people identified as being at risk of malnourishment. People were encouraged throughout the day to drink enough to stay hydrated, hot and cold drinks and ice cream were offered.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and the cook was able to offer alternatives if someone did not like what was on the menu. The menu was varied regularly and adapted to the changing weather climate. The cook told us "I only have to ask [name of provider] for ingredients and we add new dishes to the menu." People's views on the food were varied but overall people were happy with the choice and standard of the food. Some of the comments made included "Excellent food here I think; it is not what I would eat at home but never the less its good food. Soup and sandwich at tea time which I like." "It's acceptable; it is not always well cooked, they could do so much more with the ingredients." "I like the food; I think it is great not to have to think what to cook each day and to have someone get it ready for you. Its ok for what it is."

There were systems in place to monitor people's health and well-being. A GP visited each week and the provider had recently recruited a former District Nurse to enhance their ability to monitor and support people's health. People confirmed they saw the GP if they needed to and had access to an optician, dentist and chiropodist. A relative told us "They really are excellent looking after [relative] health. They are not too good today, so they have left them to rest in their room. They get the G.P. out to them no bother at all. They always let me know between my visits how they are and they really get to know you as the relative, what you are anxious about. Health is very well looked after here."

Is the service caring?

Our findings

There was a warm and friendly atmosphere around Merrifield House. People looked happy and relaxed around the staff. One person said "The girls are patient, kind and caring." A relative commented "You are always made to feel very welcome and offered a drink." Another relative said "I always see the girls cheerfully going about their tasks, they always speak politely to everyone; I think they are a nice group of people."

Staff knew people well. We observed some good interactions between the staff and the people living in the home. Staff sat with people and chatted with them. People said that they felt the staff understood their needs and preferences. One person said "The staff who have been here a long time know me well; I can't fault them."

People's individuality was respected and staff responded to people using their chosen name. Staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. People told us that staff were always very keen to protect their dignity and described to us how they were kept covered during personal care and encouraged to do as much for themselves as possible. Staff spoke politely to people and asked people discretely if they needed any assistance. People's confidentiality was maintained, staff knew not to talk about people in open communal areas. A number of people commented how respectful and polite the staff were with them.

People were encouraged to express their views and to make choices. Care plans included people's preferences and people's end of life plans. People confirmed that their wishes were respected and staff involved them in decision makings and choices. Everyone we spoke to said they got up and went to bed when they chose. One person said "They go out of their way to ensure that they do what you are happy with, especially the manager; they got me this bed and my first pair of crocs because I couldn't get my shoes on anymore with my dressings on my legs."

We could see that people had been encouraged to bring in personal items from home to help them feel more settled. People's rooms were light and bright and reflected people's individuality. One relative told us of the plans the provider had in place to modify the bathroom for their relative to enable easier access to it as their needs changed.

The registered manager was aware that if people were unable to make decisions for themselves or had no identified person to support them that they would need to find an advocate for them. There was information available about advocacy.

Visitors were welcomed at any time and those that we spoke with said they always felt welcomed. We observed visitors being offered drinks and made to feel welcome. One relative told us "We can come whenever we like, sometimes we just pop in as we are passing coming back from the motorway; we are always welcomed and offered a cup of tea."

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. The registered manager explained to us that they went out to meet with people and their family if appropriate. This enabled them to gather as much information about the person as possible and to assess the level of support they needed. People were encouraged to visit the home if possible before making the decision as to whether to live there. We saw that the information gathered was used to develop a person centred care plan which detailed what care and support people needed and their likes and preferences.

The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. There was information about a person's life, hobbies, interests and relationships prior to coming to the home. This was particularly important to help staff to effectively support people living with dementia. Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. An electronic record system was in place which ensured that staff were kept up to date with people's needs and enabled the registered manager to closely monitor people's wellbeing. Care plans were reviewed on a regular basis and adjustments made if people's care needs changed.

People were encouraged to follow their interests and join in any activities being offered. The home had an activities co-ordinator who had spent time with people to look at what activities they may like to do individually or in a group. On the day of the inspection we observed a number of people take part in a music and movement session and a game of golf putting in the garden. In the afternoon a motivational worker came in and held a Quiz which the staff supported people to take part in. We saw that outside entertainers came in to the home and local schools were encouraged to visit. A number of people who preferred to stay in their rooms did feel that they could do with more activities being offered to them in their rooms. A local spiritual leader visited each month or as and when required and people went out to various clubs nearby such as the Women's Institute and Art group.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. People told us they had no concerns with raising any issues with any of the staff. One person told us "The manager pops in from time to time to see me and I raise anything I feel with him then." Relatives told us if they had any concerns they were happy to speak to the registered manager or provider and were confident issues would be resolved.

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager and provider were seen around the home and were very approachable. We saw that people were comfortable and relaxed with the managers and all the staff. The staff demonstrated an understanding of all aspects of the service and the people living at Merrifield House. A relative commented "There is no doubt the manager is exceptional; he is so involved in the residents he really cares about my [relative] and how they are feeling."

The provider was proactive in encouraging feedback from people and their families about their experience of living in the home which helped drive continuous improvement. Regular meetings, audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content. Comments from a recent survey included 'Very happy, we consider ourselves lucky to have found such a good environment'; 'Always exceptionally clean and odour free.' 'On the whole it is extremely good and I am well looked after.'

The culture was open and transparent this was demonstrated through the way the provider and registered manager worked with staff and supported them to strive to deliver the best possible care. Staff meetings included opportunities to share experiences and work together to develop best practice. Staff were encouraged to develop their knowledge and practice. People were involved in the recruitment of new staff which helped the provider to employ staff with the approach and understanding that the people in the home liked.

The provider continuously looked at ways to develop the environment for people and had invested in upgrading areas and improving the access to areas for people. They were mindful of the changing needs of people; plans were in place to enable people to remain as independent as possible with access to facilities and equipment that would support them.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. Staff understood their responsibilities in relation 'whistleblowing' and safeguarding and there were up to date policies and procedures to support them.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were kept and well maintained. Records were securely stored to ensure confidentiality of information.

Quality assurance audits were completed by the registered manager. The provider made regular visits. The audits and visits helped to ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls, actions had been carried out to address and resolve them.

The home encouraged visits from different organisations such as local schools and churches and families were encouraged to visit. A Coffee Morning was held each month for families and social events were held for people and their families.