

As U Care Ltd

# Merwood Rest Home

## 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

Merwood Rest Home is a residential care home for 16 older people. The home has an accessible garden area, a range of communal rooms and a dining area. The home has rooms on two floors which are accessible via stairs or a lift. At the time of the inspection visit there were 15 people who lived at the home.

There was a registered manager in place. 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People we spoke with told us they felt safe living at the home. We found people were protected from risks associated with their care because the registered provider had completed risk assessments.

People told us there were enough staff on duty and staff came quickly to any requests for support. We reviewed medicines administration and documentation and found this to be safe. We looked around the home and found it was clean, tidy and maintained.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We found the home was pro-active in supporting people to have sufficient nutrition and hydration. One person told us, "The food is very nice. They come round with a menu every morning. It suits our tastes."

We received consistent positive feedback about care provided at Merwood Rest Home from people who lived at the home and their relatives. Staff understood the needs of people they supported and it was apparent trusting relationships had been created.

We saw people engaging in activities positively with staff. During the morning of the inspection visit we observed people taking part in chair exercises.

We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to.

People who lived at the home and relatives told us the home was well led. The registered manager had clear visions around the registered activities and plans for improvement moving forward. They were receptive to feedback and keen to improve the home and worked with us in a positive manner and provided all the information we requested.

Further information is in the detailed findings below.

## 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 remains Good.

Good ●

### Is the service effective?

The service remains Good.

Good ●

### Is the service caring?

The service remains Good.

Good ●

### Is the service responsive?

The service remains Good.

Good ●

### Is the service well-led?

The service remains Good.

Good ●

# Merwood Rest 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 checked 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.

Merwood Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Merwood Rest Home accommodates 16 people in one adapted building. Accommodation is on two floors with a passenger lift for access between the floors.

Before the inspection visit we contacted the commissioning department at Blackpool Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the home.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

The inspection visit took place on 07 November 2017 and was unannounced.

The inspection team comprised of one adult social care 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 home. The expert-by-experience had background knowledge of caring for the elderly.

During the time of inspection there were 15 people living at Merwood Rest Home. We spoke with a range of people about Merwood Rest Home. They included five people who lived at the home, three relatives, the

registered manager and three staff members.

We closely examined the care records of four people who lived at the home. This process is called pathway tracking and enables us to judge how well the home understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe living at the home. One person said, "I'm very safe, yes. I'm safer than I would be at home because if I fall here, there'll be someone around who can help." Another person told us, "I feel quite safe and if I didn't I'd speak to the staff." One relative told us, "They are as safe as can be."

We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to. We observed staff working in ways to minimise risks to people throughout the day. For example, staff ensured people had access to their mobility aids in line with their documented risk assessments.

The service has a 'zero tolerance of bullying and harassment policy' for both staff and residents. Systems were used to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure people were protected from abuse.

We looked at how accidents and incidents were being managed at the home. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. The documents we viewed were fully completed and had information related to lessons learnt.

People told us there were enough staff on duty and staff came quickly to any requests for support. Comments included, "Never a problem staff are always coming in and out all the time." And, "There is always enough staff around to look after you." We looked at staff rotas which showed staffing levels to be adequate to meet the needs of people safely. On the day of the inspection there were three carers, the registered manager and the cook on duty.

The home uses the Proactive Care System (PCS). We looked at medicine administration records of people who lived at Merwood Rest Home. Records showed medicines had been signed for. We checked this against individual medicines packs which confirmed all administered medicines could be accounted for. This indicated people had received their medicines as prescribed and at the right time.

We looked around the home and found it was clean, tidy and maintained. The management team employed designated staff for the cleaning of the premises. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, water temperatures, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept. We could see any repairs or faults had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well-maintained

environment.

## Is the service effective?

### Our findings

People we spoke with told us, "I'm perfectly happy with everything, everything is super." And, "I have the highest regard for this place."

We found holistic assessments were carried out by the registered manager before any person being accepted into the home. Assessments took place to ensure people's needs could be met by the home. People's initial assessments had been used to create their care plan. Individuals and their relevant family members if appropriate had been consulted during the assessment process.

The home has an intercom system that allows people to speak with staff from their bedrooms to communicate their needs effectively. This also allows staff to respond to the needs of individuals in a timely manner.

Care practices observed during our visit confirmed people had their needs met in a consistent and timely manner. We saw staff worked well together and had a good understanding of people's needs.

We found staff felt they received adequate training in order to care for people effectively. We observed staff put their training into practice while delivering care to people. We saw new staff were required to complete a number of training courses and complete some shadowing with other staff members before working unsupervised.

We reviewed staff supervision and appraisals at this inspection and found these were taking place and recorded. Staff told us they felt supported. They were able to access informal support from other staff members and management in between supervisions.

We found the home was pro-active in supporting people to have sufficient nutrition and hydration. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences. Staff regularly consulted with residents on what type of food they prefer and ensure foods are available to meet peoples' diverse needs. People told us, "The food is very nice. They come round with a menu every morning. It suits our tastes." Another person said, "You get a choice of what you want to eat."

The Food Standards Agency had awarded Merwood rest Home their top rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

Documentation was shared with other professional's about people's needs on a need to know basis. For example, when a person visited the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

People had access to external healthcare professionals in order to maintain their wellbeing. People's healthcare needs were carefully monitored and discussed with the person or family members as part of the

care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

We looked at the premises and found it was suitable for the care and support provided. There was a lift which serviced the building and all rooms could be easily accessed. The registered manager had an outbuilding which they had converted into a shop for the residents to access and make their own purchases.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. The home provided a service to people who may have an impairment of the mind or brain, such as dementia. At this inspection, we found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files.

## Is the service caring?

### Our findings

We received consistent positive feedback about care provided at Merwood Rest Home from people who lived at the home and their relatives. People we spoke with told us, "The staff are great and I see them helping people, ever so gently." And, "The staff are exceptionally kind and remarkably patient."

Staff understood the needs of people they supported and it was apparent trusting relationships had been created. We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact.

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Staff respected people's dignity and privacy. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering.

## Is the service responsive?

### Our findings

People we spoke with told us they felt staff were responsive to their needs. One person told us, "There's all sorts going on. We have a singer and you get your nails done." Another person told us, "The staff all know my routine and I am supported with this if I need it."

We saw people engaging in activities positively with staff. During the morning of the inspection visit we observed people taking part in chair exercises. We spoke with the registered manager about activities and they told us they had links with the local community to provide activities. One person told us they had books delivered from the local library every three weeks.

The provider had taken steps to meet people's cultural needs by ensuring support was available for people to access local amenities that supported particular ethnic and cultural groups. We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs.

Each person had a care plan that was tailored to meet their individual needs. We saw care records were written in a person centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person centred. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs.

People told us they were encouraged to raise any concerns or complaints. The home had a complaints procedure on display next to the visitor's book. Additionally they had a box where people could post any concerns, complaints or compliments anonymously.

We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. One relative told us, "I would be confident in making a complaint."

One person told us about a time they had made about the conduct of a staff member. They were happy this complaint was listened to and acted upon. They said, "I told the manager she said 'I'll sort that' and she did. It hasn't happened since."

We saw, from care records, staff had discussed people's preferences for end of life care. This meant the provider would know what the person's preferences were and to respect these on death. At the time of our visit, no one living at the home was receiving palliative or end of life care.

## Is the service well-led?

### Our findings

People who lived at the home and relatives told us the home was well led. One person told us, "The manager is very good and helps you a lot. If I want anything, they're always there to help me." And, "The manager is always available whenever you want." Staff we spoke with told us, "I love my job the staff team are all brilliant." And, "The support from the manager is great; I can talk to them about anything."

The home had a registered manager in place. 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.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

We found the registered manager was familiar with people who lived at the home and their needs. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a personalised way.

Documentation was shared with other professional's about people's needs on a need to know basis. The registered manager and staff made appropriate referrals to other professionals. We saw documentation that advice was sought and followed from external agencies.

We looked at policies and procedures about the running of the home. These were in place and reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

We saw quality audits, such as those in respect of the environment and equipment had been carried out. Areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records we saw.

Records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure records were of a high quality and consistent with procedure.

We found minutes of meetings were retained and staff confirmed they had meetings, so they could get together and discuss any relevant topics in an open forum. Residents meetings were held monthly and people's views were sought around issues that affected them such as activities, staffing and meals.

The registered manager had clear visions around the registered activities and plans for improvement

moving forward. They were receptive to feedback and keen to improve the home and worked with us in a positive manner and provided all the information we requested.