

Damson Care

# Damson Care - Merryfield

## Inspection report

20 Merryfield Close  
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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

At the last inspection in August 2015, the service was rated 'Good'. This full comprehensive announced inspection took place on 15 May 2018. The service continued to be Good.

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

Merryfield provides care and accommodation for up to three people with a diagnosis of a learning disability or autistic spectrum disorder. There were three people living in the home at the time of our visit.

The care service had been developed and designed in line with the values that underpinned the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of our visit a registered manager was in post.

People told us they liked their support workers and felt safe living at Merryfield. The provider's recruitment procedures minimised, as far as possible, the risks to people safety and during our visit two support workers on duty to keep people safe. Procedures were in place to protect people from harm and support workers had received the training and support they needed to be effective in their roles which included how to safeguard people from abuse.

Support workers knew people well and were knowledgeable about the risks associated with their care. Detailed risk assessments were in place to reduce and manage risks. Processes were in place to keep people safe in the event of an emergency such as a fire.

People received their medicines as prescribed and were encouraged to eat nutritionally balanced meals. People had access to health professionals, when needed, to maintain their health.

People were involved in decisions about how their home was decorated and we saw the home was clean and well maintained. Regular checks of the building and equipment took place to make sure they were safe to use.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of

Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

The atmosphere at Merryfield was relaxed and people's right to privacy was respected by support workers. People were supported to be as independent as they wished to be.

People were encouraged to maintain relationships important to them and had been involved in planning their care. Care plans were person centred and contained detailed information about people's preferences and daily routines.

People were supported to pursue their hobbies and interests and told us they knew how to make a complaint.

Support workers enjoyed working at the home and felt supported and valued by their managers. They had opportunities to attend team meetings and discuss their work practices and any developmental needs with their manager.

The management team completed effective checks of different aspects of the home to highlight any issues in the quality of the care provided, and to drive forward improvements.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Damson Care - Merryfield

## 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.

This full comprehensive inspection took place on 15 May 2018 and was undertaken by one inspector. We inspected the service because it had previously been rated 'Good', and it was time for us to return to check whether the rating continued to be 'Good'. We gave the service 24 hours' notice of our visit because it is small. We needed to be sure that someone would be available during the day so we could see and talk to them about the care provided.

Before the inspection visit we reviewed the information we held about the service. We looked at the statutory notifications that had been sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners. Commissioners are people who contract with the service, and monitor the care and support people receive when services are paid for by the local authority. They did not have any information to share with us.

During our visit we spoke with two people who lived at the home during our visit. We also spoke with the provider's deputy manager and two support workers.

We checked two people's care records and medication administration records. We reviewed two support workers records to check whether they had been recruited safely and were trained to deliver the care and support people required. We also reviewed health and safety records, as well as audits undertaken by the management team to assure themselves that people received a good quality service.

# Is the service safe?

## Our findings

At our last inspection 'safe' was rated 'Good'. At this inspection people who lived at the home continued to receive good safe care.

People told us they felt safe living at Merryfield. One person said, "It's safe because they (support workers) would sort out any problems."

Two support workers were on duty during our visit. This number was sufficient to keep people safe and respond to their needs in a timely way. The deputy manager told us there were no job vacancies and the turnover of staff was low. A support worker we spoke with commented, "Definitely enough of us, people are always safe."

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Relevant checks had been completed before support workers worked in the home. These checks included references and a Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions.

Support workers we spoke with were knowledgeable about the risks associated with people's care. We saw detailed risk assessments were in place to reduce and manage the risks. For example, one person on occasions displayed behaviours that could cause distress and harm to others. To reduce this risk support workers used a consistent approach to positively engage with the person which we saw successfully reduced their anxieties.

People were protected from the risk of abuse. Support workers confirmed they had received safeguarding adults training to understand what constituted abuse, and knew what their responsibilities were if they were concerned a person was at risk of harm. Support workers told us they would report any concerns to the deputy manager who they felt confident would act on their concerns straight away. No incidents of a safeguarding nature had occurred since our last inspection.

A system to monitor accidents and incident that happened in the home was in place. Records showed none had occurred since our last inspection.

We checked and found people received their medicines as prescribed. Medicines were securely stored and support workers were trained in administering medicines; their competence to do this safely was assessed every three months by a manager. Where people required medicines to be given to them 'as required' there were plans in place which instructed support workers on when these medicines might be needed.

We saw the home was clean and well maintained. Our discussions with support workers assured us they understood the importance of using personal protective equipment when providing personal care to people, to prevent or reduce the risk of infection spreading from one person to another.

People and support workers we spoke with knew what action they needed to take in the event of an emergency such as a fire to evacuate the building quickly and safely. Records showed the fire system in use at the home was tested weekly to make sure it was working correctly.

Regular checks of the building and equipment took place to make sure they were safe to use. A check in January 2018 had identified that the carpet on the stairs was frayed which presented a trip hazard. The deputy manager told us the carpet had been replaced within one week of the risk being identified.

## Is the service effective?

### Our findings

At our last inspection 'effective' was rated 'Good'. At this inspection people who lived at the home continued to receive good effective care.

New support workers were provided with effective support when they first started work at the home. They had received an induction which included shadowing more experienced colleagues and working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Support workers also had opportunities to complete additional qualifications, such as social care diplomas.

Support workers were confident the training they received gave them the knowledge and skills to meet people's needs. For example, one person had a catheter and a support worker explained they had received training to gain the skills needed to effectively support the person. For example, they knew how to identify if the person's catheter was not working correctly and this meant they knew when to contact the district nursing team to support the person.

Support workers told us they received regular one to one supervision [individual meetings] with their line manager which provided the opportunity to discuss work practices and any developmental needs. They also attended a 'handover' when they came on duty. These meetings ensured they had up to date information such as, how people were feeling and how they had chosen to spend their time. This meant people received the care and support they needed.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

All people living at the home had capacity to make decisions about their care. Support workers had received training in the MCA and demonstrated they understood their responsibilities under the Act.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was in the process of correctly applying for a DoLS for one person who lived at the home to the local authority (the supervising body).

People were encouraged to eat nutritionally balanced meals to maintain their health. People told us they chose what they wanted to eat which included having a takeaway meal every Friday night which they enjoyed. People were supported to make weekly trips to the supermarket to purchase their preferred foods

and we saw people helped themselves to drinks and snacks throughout our visit.

People were involved in decisions about how their home was decorated. For example, one person said, "My bedroom is nice, I keep it tidy." They invited us into their bedroom. We saw it was personalised with their treasured possessions such as music posters and their favourite football team memorabilia. Another person liked painting pictures and we saw pieces of their artwork were on display within the home.

People confirmed they received effective care, support and treatment from health professionals to maintain their health. One person told us, "I go the doctor and the dentist." People's care records showed us how the home worked in partnership with professionals such as psychologists and social workers to ensure people's changing needs were continually met.

## Is the service caring?

### Our findings

At our last inspection 'caring' was rated 'Good'. At this inspection people who lived at the home continued to receive good care.

The atmosphere at Merryfield was calm and relaxed. We saw support workers approached people with friendliness and encouraged people to have meaningful interaction with them. For example, we heard them deciding how to spend their time together and talking about their favourite footballs teams.

People told us they liked the support workers who provided their care and support. For example, one person pointed to a support worker and said, "I like him, he's my friend."

Support workers told us they liked working at the home and they enjoyed spending time with the people who lived there. One told us, "I love coming to work; I am proud that we offer a caring and stable family home for people."

Support workers we spoke with understood the importance of promoting equality and human rights as part of a caring approach. One told us, "We welcome everyone here; we are all different and diverse." We saw the provider had policies and procedures in place to ensure people were treated fairly and support workers had received equality and diversity training.

People's right to privacy was recognised and respected. We saw one person had a key to their bedroom door and they chose to lock it when they went out. They told us, "It's my room. No one goes in there." Another person chose to spend time alone in their bedroom and support workers told us they always knocked the person's bedroom door and requested their permission before entering.

People were supported to be as independent as they wished to be. For example, we saw a support worker gave one person verbal prompts which resulted in them being able to prepare themselves a hot drink. Where possible, support workers also involved people in tasks around the home to encourage them to maintain their everyday living skills such as mowing the garden lawn and completing laundry tasks.

Records showed people and their relatives were involved in planning their care. One person commented, "We have meetings about me."

People were encouraged to maintain relationships important to them and there were no restrictions on visiting times. One person explained they enjoyed receiving parcels containing small presents from their relative through the post and regularly speaking with their relative on the telephone. Another person told us they were looking forward to going on holiday shortly after our visit with their family members.

Confidential information regarding people was kept locked so people were assured their personal information was not viewed by others.

## Is the service responsive?

### Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people who lived at the home continued to receive good, responsive care.

We observed support workers were responsive to people's needs and had a good knowledge of how they preferred their support to be provided. Care plans were person centred and contained detailed information about people's preferences and daily routines. For example, one person liked to leave their bedroom curtains open at night time. They also slept on two pillows to ensure they were comfortable which resulted in them having a good night sleep.

We saw people's communication needs had been assessed and information included in their care and support plans was presented in ways which they could understand. For example, pictures were used. This was in line with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they need in a way they can understand.

A keyworker system ensured people were supported by a consistent named worker. Support workers told us communication in the home was good. For example, any changes in people's health or wellbeing were shared at a verbal handover meeting when they arrived for their shift.

People were supported to pursue their hobbies and interests. On the day of our visit we saw two people chose to go to a local park for a walk together. They told us they were looking forward to attending a disco at a local community centre during the evening. A third person chose to their time painting pictures and playing computer games in their bedroom. Support workers told us the person had recently joined a gym because they enjoyed exercising and meeting new people.

People had opportunities to put forward their ideas and suggestions to improve the service they received. We saw people's suggestions had been listened to. For example, one person had requested a new light fitting in their bedroom and we saw this had been provided.

People told us they knew how to make a complaint and told us they felt comfortable doing so. The provider's complaints policy was displayed on a communal noticeboard and within people's bedrooms. No complaints had been received about the home since our last inspection.

## Is the service well-led?

### Our findings

At this inspection, we found the home continued to be as well-led as we had found during the previous inspection. The rating continues to be good.

A registered manager was in post. They were also the registered manager for other of the provider's services and because of this they spent most of their time at the provider's office which was located nearby to Merryfield.

Despite this people told us they knew the registered manager well because they had lived at the home for a long time. One person described the registered manager as, 'a nice lady.' People told us they 'walked up' to visit the provider's office as part of an open door policy.

The deputy manager was responsible for the day to day leadership and management of the home. During our visit we saw they had a visible presence in the home and worked alongside support workers to support people. This approach ensured they had an overview of how support workers were providing care and support to people.

The deputy manager told us they felt supported by the registered manager because they were always available whenever they needed them to provide advice and guidance. A support worker commented, "If we need (registered manager) she is accessible, we can pop to the office or phone her."

Support workers spoke positively about their managers. One said, "I feel very supported and managers are very approachable. This is a great company to work for." Team meetings took place and support workers confirmed they had opportunities to contribute items to the agenda. This made them feel valued and listened to.

The management team completed regular checks of different aspects of the home. This was to highlight any issues in the quality of the care provided, and to drive forward improvements. For example, checks on cleanliness of the environment and people's medicines. These checks ensured the home was run effectively and in line with the provider's procedures.

It is a legal requirement for the provider to display their ratings so that people are able to see these. However, we found the rating was not displayed within the home. The deputy manager advised us this had been an oversight and assured us they would take action to resolve this immediately after our visit.