

Chigwell Homes Ltd

# Merrie Loots Farm Residential Home

## Inspection report

Merrie Loots Farm  
East Tilbury Road  
Linford  
Essex  
SS17 0QS

Tel: 01375673178

Date of inspection visit:  
22 November 2018

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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

We inspected the service on 22 November 2018. The inspection was unannounced.

Merrie Loots Farm Residential Home 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. The service accommodates 28 people.

On the day of our inspection 27 people were using the service.

At our last inspection on 11 and 12 April 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were enough staff to ensure people's needs were met safely and in a timely manner.

People were supported to manage their prescribed medicines by staff who were trained and had been assessed as competent to administer medicines. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs. Staff had the skills and knowledge to provide effective care.

People were supported by staff to have enough to eat and drink. People were assisted to have access to external healthcare services to help maintain their health and well-being. Staff worked within and across organisations to deliver effective care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans.

Staff treated people in a kind and friendly way. Staff respected and promoted people's privacy, dignity and independence.

People's individual needs were assessed and staff used this information to deliver personalised care that met people's needs. People were supported to engage in meaningful activity and with the local community. People's religious and cultural beliefs were respected and supported.

Staff supported people to have the most comfortable, dignified, and pain-free a death as possible. Staff worked in partnership with other professionals to ensure that people received joined-up care.

People's suggestions and complaints were listened to, investigated, and acted upon to reduce the risk of recurrence.

Staff liked working for the service. They were clear about their role to provide people with a high-quality service and uphold the service's values.

The registered manager sought feedback about the quality of the service provided from people. Audits and quality monitoring checks were carried out to help drive forward improvements.

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 ●

# Merrie Loots Farm Residential 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 comprehensive inspection visit took place on 22 November 2018 and was unannounced.

The inspection team consisted of 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.

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 used this information to assist with planning the inspection.

We also reviewed information that we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection visit, we spoke with eight people who used the service, and four of their relatives. We spoke with the registered manager, the deputy manager, three senior care assistants and one night care assistant. We also spoke to another regular visitor to the service. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records, staff training records and other records relating to the management of the service. These included audits, rotas and meeting minutes.

After our inspection two healthcare professionals wrote to us with feedback about the service.

## Is the service safe?

### Our findings

The service continued to safeguard people because there were processes in place to minimise the risk of avoidable harm. One person told us, "I definitely feel safe. It's the way [the service] is run. I get support from everyone. The staff are brilliant." A relative told us, "[My family member] has been here for many years. That speaks for itself. If I wasn't sure [my family] was safe, I would have [helped her to move] out years ago." Staff had received training in protecting people from abuse and knew who to contact if they had any concerns.

Systems were in place to identify and reduce the risks to people who used the service. Staff had assessed hazards to people's health and wellbeing and measures were in place to minimise the risk of harm occurring. People had individual risk assessments and care plans which had been reviewed and updated. Identified risks included assisting people to move, choking, falls, and poor skin integrity. Staff were aware of the measures used to support people with these risks. For example, assisting people to move regularly and the guidance on safe moving and handling techniques. One relative told us staff checked their relative hourly and assisted them to regularly move which helped prevent pressure sores. They said, "Amazingly [my family member] has never suffered a bedsore while being here." A healthcare professional told us staff worked very hard to reduce the risk of people developing pressure ulcers. They said this was, "Proving successful and is evident by the very low level of these in the home." Staff had carried out routine safety checks, such as electrical and legionella checks to support people's safety.

The provider employed enough staff to make sure staff could meet people's assessed needs. This included sufficient staff to enable them to offer flexible support to people, which met daily changes to individuals' needs and preferences. One person told us, "When I pressed my buzzer accidentally, [staff] came flying through the door. I could not be in a better place. It is wonderful." The registered manager followed robust procedures to ensure new staff were suitable to work at the service. Staff confirmed they had to wait for the registered manager to receive all the required satisfactory checks before starting work at the service.

People received their prescribed medicines safely. Staff gave people their prescribed medicines safely, and on time. People confirmed they received their prescribed medicines on time and that staff offered them pain relief when they needed it. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were regularly carried out to check medicines were being managed in accordance with good practice.

The environment was clean and tidy and staff knew how to prevent the spread of infection. However, some equipment and areas of the service were in poor condition making them difficult to clean. For example, a hoist and toilet frame had areas of rust, skirting boards were badly chipped and vinyl flooring in the dining room was split and cracked. The registered manager told us these areas were being addressed as part of a refurbishment programme and some areas of the service had already been redecorated. Staff undertook training and promoted infection prevention and control procedures. A relative told us, "This place never smells. If there are spillages, they are cleaned up very quickly." The registered manager ensured there was enough personal protective equipment (PPE) available and that staff used this when they supported people with personal care.

Staff knew how to record accidents and incidents. The registered manager responded appropriately to these and took any necessary actions. For example, people's falls were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.



## Is the service effective?

### Our findings

People had their needs assessed before they began using the service to check that their needs were suited to the service and could be met. People praised staff for the care they received and said staff understood and met their needs.

The provider offered training in a range of topics. Staff had received the training they needed so they could do their jobs well. A relative told us, "The staff are very well trained. I speak very highly of them." A healthcare professional agreed with this saying, "All staff are trained very well." Staff members received regular individual supervision so they could discuss their performance and development needs with their line manager. They told us they felt well supported and were very happy working at the service. The provider supported staff to work towards nationally recognised qualifications. Staff members had received additional training in their areas of interest and about people's specific needs, for example, skin care and end of life care.

People were supported to eat and drink enough and maintain a balanced diet. People made positive comments about the food. One person said, "The food is good." Another person who had just finished their lunch told us, "That was lovely." A third person said, "The food is lovely, fresh and well cooked." Risks to nutrition and hydration were assessed and people were offered the support they required. A relative told us their family member had to follow a special diet to keep healthy. They said, "[Staff] do understand... They are good at managing [my family member's] diet. The staff give us advice on what things not to bring in such as chocolates." People were frequently offered hot and cold drinks and snacks between meals including biscuits and fruit.

People were supported to access health care appointments. One person told us, "[Staff] have taken me to the doctor and dentist." Another person told us they saw a chiropodist monthly. Records showed people had also had access to a dentist, optician, speech and language therapist (SALT) and dietician. Staff at the service told us they worked closely with other organisations to make sure people received care and support that met their needs. For example, they regularly took advice from a health care team who specialised in reducing the risk of people falling.

The layout of the communal areas created a homely atmosphere. As one relative commented "It may look a little untidy at times, but it is really homely – not like a hospital." The premises and environment met the needs of people who used the service and were accessible. Some areas of the service had benefitted from redecoration. However, the registered manager had recognised there was a need for this to continue and the registered manager had an action plan to address this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work. They gave people choices in as many aspects of their lives as possible and asked consent before providing care and support to the person. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives, healthcare professionals and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. For example, one person told us they could go out whenever they wanted. They said, "[Staff] let me come and go as I please, but they have given me a mobile phone so I can contact them if I have a problem."

## Is the service caring?

### Our findings

The service remained good at caring for people and staff showed they genuinely cared about the people they were supporting. One person told us, "The [staff] are very kind." Another person said, "[The staff] are very understanding. My key worker is very helpful." People told us they liked the staff and we saw staff display empathy to people's situations. One person said, "[Staff] have been very considerate. They are very sensitive to my circumstances. They have definitely been kind." Healthcare professionals also praised staff. One commented that the staff always treated people with, "Compassion, professionalism and kindness."

People and staff all got on well together. The relationships between them were friendly and caring. We saw staff knelt down so they were on the same level when they spoke with people, making sure they got their attention before speaking. We heard staff tell people what they were going to do before they assisted them and gave people clear directions. Staff treated people as individuals. One relative said, "[The staff] are very caring here. I am quite happy and I am sure [my family member] is happy too. Even if [my family member] is not coherent, the staff still converse with [them], they never give up, and they still carry on chatting." Another relative described the staff as "angels" and said staff "always stop and have a chat" with their family member. A regular visitor to the service commented how staff had taken the time to speak clearly and slowly with a person. They said how, over time, staff had learned to recognise the person's communication pattern and thereby help the person to communicate with them.

Staff supported people to retain their independence for as long as possible. One person told us, "[Staff] encourage me to be as independent as possible." Another person said, "Staff have been fantastic in helping me to get back on my feet... The staff here have really helped me through. The staff are very sensitive to my changes in mood, and know how to deal with it."

Some staff had lived in the area and worked at the service for a long time. This meant that people and staff knew each other well. Staff recognised quickly when people were not well and provided additional support including involving other professionals if required. All staff told us they would be happy for their own family members to be cared for at this service. Healthcare professionals commented on the positive atmosphere. One said, "The home is warm, friendly and always welcoming."

Staff supported people to maintain existing relationships by welcoming visitors into the service. Staff supported two people to care for their pets within the service and they clearly got much comfort from this. When necessary, people had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

People had their privacy, dignity and independence promoted. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

## Is the service responsive?

### Our findings

The service continued to provide care and support that was responsive to people's needs. None of the people we spoke with were aware of their care plans, but all said the staff consulted them about their care and that the care provided, met their needs. One person told us, "[Staff] do understand my needs." A healthcare professional said that staff, "Provide exceptional care." Another healthcare professional told us staff, "Give really good personal care... The carers do an amazing job at looking after [people] and they should be proud of all the hard work that they do." People's support plans broke down each aspect of the care and support the person needed. This meant that staff had detailed, personalised guidance on how to meet each person's needs.

People were supported to follow their interests and take part in meaningful activities that were socially and culturally relevant. One person was supported to attend their chosen place of worship and another told us a religious leader visited regularly to conduct communion services. A third person's face lit up with delight when we talked with about how staff had supported them to celebrate Diwali with decorations and cook their favourite meal. The person's visitor explained how staff had "really gone out of their way" to do this. People spoke highly of entertainers who visited the home and the various art and craft sessions they attended. One person told us their "job is to feed the chickens" that lived in the grounds of the service. One relative commented, "Although [my family member] is very disabled, the staff make sure that [they are] included in all the activities... They have really tried to be inclusive." A healthcare professional commented that staff, "Work hard to engage [people] with activities, music and arts and crafts."

People knew how to raise concerns about the service. Each person had an allocated key worker who was the first point of contact for any concerns. The provider had a complaints procedure staff followed. Records showed the registered manager had investigated a complaint and had worked with the complainant and had effectively resolved the concern. Following an investigation by the Parliamentary and Health Service Ombudsman the provider had updated their policies and we were assured they had robust processes in place and to manage concerns and complaints and to ensure people are given the information they need.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences or wishes and staff were knowledgeable about these. People's families had been involved in working with their loved one and the staff at the service to ensure people's wishes were supported. Relatives had sent cards thanking staff for the care provided to their family members at the end of their life. One relative wrote, 'Thank you so much for making [my family member's] last months' happy and comfortable and for all you help. You do a fantastic job.' Some staff had received training in end of life care from a local hospice and shared their knowledge with other staff members.

# Is the service well-led?

## Our findings

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.

Records we held about the service, and looked at during our inspection, showed that the provider had not sent all required notifications to the Care Quality Commission (CQC). A notification is information about important events that the provider is required by law to notify us about. However, the provider had recognised this and appropriately notified the CQC of these events following our inspection.

People made positive comments about the registered manager, the senior team and how the service was managed. One person said, "[The service is] well run." People described the registered manager and senior team as, "very good", "fantastic" and "lovely". Relatives also praised the registered manager, saying, "Yes, [the service is] well run. I wouldn't want [my family member to live] anywhere else" and, "I could not speak more highly of this place." Healthcare professionals also praised the staff and registered manager. One commented, "I find the staff, management and home in general nothing short of wonderful."

The registered manager and senior team were hands-on managers who led by example. They knew people and staff well. They picked up on any issues and deal with them quickly. Staff felt well supported through regular staff meetings, supervision and informal contact. The registered manager and the staff team were committed to providing the best service possible.

The provider had a system to ensure that staff delivered a high-quality service, which met people's needs and kept them safe. People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service in various ways. Staff chatted daily with people while they were supporting them, and with relatives when they visited. Each person had a named staff member (key-worker) who met with them to discuss their care and support. Staff reviewed support plans regularly and the provider sent an annual satisfaction survey to everyone involved with the service. The survey responses were mostly positive. However, some people commented that the service needed redecorating and a programme of refurbishment had started.

Senior staff carried out audits on various aspects of the service, such as medicine management, care plans and health and safety, to check that staff were following the correct procedures. External members of the provider's staff carried out regular visits to the service and wrote a report of their findings. This ensured that the service continued to learn and improve.

The service worked in partnership with other agencies, particularly the local healthcare professionals, to provide joined-up care to people. One healthcare professional told us, "The [staff] are always very helpful and knowledgeable about the [people's] social and health needs. They are always very involved with the nurses and often will ask us to check things ... they highlight changes in [people's] conditions so that their

needs are met." The service had good links with the local community including the local church.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.