

Lifeways Inclusive Lifestyles Limited

The Merchant's House

Inspection report

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Prenton
Birkenhead
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Tel: 01516456280

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Merchants House is a care home providing support for up to six people over the age of 18. The house is a large Victorian building that fits in with other houses in the local area. People living there each have their own bedroom and share communal living space. There is off road parking available for several cars and an enclosed back garden people can access.

Improvements had been made since the last inspection in relation to supporting people in a person-centred way, supporting people to stay safe, minimise the risk of abuse, and maintaining a safe environment. Improvements had been made to the systems in place to monitor the quality and safety of the service and to sharing information with relevant organisations. Improvements had also been made to the training staff received and the providers oversight of that training.

Further improvements are needed to how people are supported with dignity and respect. We have therefore given a requirement related to this.

We have made three recommendations in relation to recruitment checks, training records and continuing to improve how they support people in line with the principles of Registering the Right Support.

The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service and what we found

The service didn't consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Improvements had been made in the way people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. This was an on-going process within the home with room for further improvement.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons: Although a number of improvements had been made to the environment of the home this was a work in progress with parts of the provider's action plan still underway. Other aspects of the building such as the use of a staff toilet in a prominent position, a large menu board nobody used and labels on people's furniture detracted from creating a homely environment as opposed to one which appeared

institutional.

We saw an improvement in the culture amongst staff at the home. Staff were more aware of their body language and of the need to provide support as unobtrusively as possible. There was room for further improvement, particularly around ensuring written and spoken language was respectful and promoted people's dignity.

People were protected from abuse and the risk of harm. Changes had been made to the staff team and to people living together at the home. This had created an opportunity for making improvements to the support individuals received and to the environment. Robust checks of the environment were undertaken to make sure it was safe. Risks to people were clearly identified and staff followed agreed procedures to support people to stay safe in as unobtrusive a way as possible. There had been no use of restraint with the home within the six weeks prior to the inspection.

Plans had been implemented and were underway to increase the opportunities people had for becoming more independent, make more choices and have more control over their home and their daily lives.

People received the support they needed with their physical and mental health and with their medication.

A settled staff team were available to support people. Staff had received training to enable them to understand people's individual support needs. Recruitment checks were in place and generally followed. Staff felt supported by senior staff and the provider.

A registered manager was working at the home who was knowledgeable and enthusiastic about the service provided. They were open and honest with other agencies about how the home was operating and had clear plans for continuing to make improvements to the service.

Clear systems were in place to improve the quality of the service and check improvements were maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was Inadequate (14 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made in one area and the provider was still in breach of regulation 10. We found improvements had been made and the provider was no longer in breach of regulations, 9,12,13,17 and 18 and regulation 18 (Registration Regulations 2009)

This service has been in Special Measures since 19 January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on

the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Caring section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Merchant's House on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

The Merchant's House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

Two Inspectors carried out this inspection.

Service and service type:

The Merchant's House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at an action plan sent to us by the provider following our last inspection. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection:

We met with the three people who used the service and spent time observing the daily support they received

to find out about their experience of using the service. We spoke with six members of staff including the registered manager, members of the management team and support staff.

We looked around the environment and reviewed a range of records. This included care and medication records belonging to the people living there and recruitment files for three members of staff. We also looked at records relating to the safety of the service, staff training and quality assurance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection the provider had failed to take steps to ensure that the environment was safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to robustly assess the risks relating to safeguarding service users. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record of the care and treatment provided to service users. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 12, 13 and 17.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Preventing and controlling infection

- Physical restraint had not been used at the home at all in the past six weeks. This was an improvement on the findings of our previous inspection.
- A system was in place for recording any incidents or accidents that occurred. These had been regularly reviewed by senior staff and the provider.
- The registered manager and provider co-operated with safeguarding investigations and were honest about their findings.
- Records relating to people living at the home were completed and reflected the support people had received.
- Staff received training in understanding and recognising potential safeguarding incidents. They knew how to report concerns and told us that they would not hesitate to do so.
- Detailed risk management strategies were in place to minimise or act upon risks for individuals and any emergencies that may arise.
- Regular internal and external checks were carried out to check on the safety of the building and equipment. This was an improvement since the last inspection.
- Since the previous inspection improvement had been made to the way in which laundry was managed. This reduced the risk of cross infection occurring.
- A number of actions had been completed following an audit of infection control in October 2018 reducing

the risk of cross infection within the home.

- Staff used colour coded equipment and disposable gloves and aprons when needed.

Learning lessons when things go wrong

- Following the last inspection, the provider and registered manager compiled a detailed action plan and had met or were actively working towards meeting all the improvements they identified.
- A number of improvements had taken place at the home which benefitted people living there. This included improvements in how staff supported them, to the environment and increased opportunities to learn and retain independent skills.
- Regular checks and audits were carried out to quickly identify where things had or may go wrong and action is taken.

Staffing and recruitment

- People got support from staff who knew them well. No agency staff have worked at the home within the past two months.
- Changes within the staff team included no longer having 'teams' of staff working the same shifts. This increased the opportunities for staff to learn from each other and reduced the risk of different routines being developed by staff.
- There were sufficient staff available to provide the support people needed in all areas of their lives.
- Recruitment files for two staff had all the required checks undertaken before commencing work. One did not have a second reference. The registered manager has since informed us that they are following up on this.

We recommend that the registered provider review their procedures for ensuring all recommended recruitment checks are carried out prior to new staff starting work at the home.

Using medicines safely

- The temperature of the medication room was checked regularly. This was an improvement from our previous inspection and meant that staff could quickly note and take action if the room temperature became outside of the recommended range.
- Medication was recorded, stored and administered as prescribed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; Delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to do all that is reasonably practical to assess and mitigate risks to service user's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 12.

- Records relating to people's health and the support they needed were accurate and up to date.
- People were supported to try new things and to become more involved in daily life within their home. For example, one person had helped staff plan and install a small pond and make improvements to the garden area.
- People received support with their interests and hobbies as well as to meet their physical and mental health support needs. People had support to go out and about in their local community and spend time at home doing things they enjoyed.
- The provider took an approach called 'positive behaviour support' (PBS) to support people with their daily lives. Staff had received training in both the overall approach and how to implement it with individuals. Clear records were kept, and care plans provided detailed guidance for staff to follow.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who needed the protection of a DoLS had one in place. Staff were aware of people's DoLS and the restrictions this may place upon the person.
- The registered manager was aware of the need to hold best interest meetings for people when needed. They were in the process of arranging these.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support, training and professional development to enable them to carry out their duties. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 18.

- Staff told us that they felt supported by senior staff. A member of staff told us that they felt the home now had, "a stronger staff team." They also said they had undertaken, "many training courses in the past few months."
- Staff had received one to one supervision with senior staff and dates for an annual appraisal were being set. Supervisions and appraisals enable staff and their manager to discuss how they are doing in their role, plan future training and provide support for staff.
- An up to date list of staff was available. This tallied with a list of training staff had undertaken which was an improvement on the last inspection.
- Records of training were not completely up to date. However, they showed that staff had received training applicable to their role. This included training specific to individuals they supported.

We recommend that the registered provider puts a system into place to ensure up to date records of staff training are available within the home.

Adapting service, design, decoration to meet people's needs

- A large refurbishment plan was underway at the home. This included updating en-suite shower rooms and decorating people's bedrooms and communal areas. Further plans included making a sensory room and continuing with re-decoration.
- Improvements also included, moving some pictures and photographs to heights people could see, removing bars from windows and people choosing their decor with family help.
- The improvements made had helped to make the building feel and look less institutional however, there were areas that could be further improved. We pointed out a very large menu board in the dining room was not needed and labels had been applied to one person's bedroom drawers that did not benefit the person. These were removed during the inspection. Televisions housed in large wooden boxes on the wall were obtrusive and staff advised they had considered ways to disguise this. Gloves and aprons scattered around the home also detracted from the homely appearance.

We recommend that the provider continues to look at ways to make the home appear more, 'ordinary' and less institutional.

Supporting people to eat and drink enough to maintain a balanced diet

- Since our last inspection improvements have been made to the support people received with food and drink. This included facilities available in the dining room for people to make a drink or snack.
- People were supported to take part in menu planning and staff knew how to offer food choices to people via sign language.

- People were supported to monitor their weight and try new foods. A recent event had included Mexican food to try. One person told us that they had begun eating a new food after many years of eating the same diet. Staff also told us this and were clearly proud of the support provided to the person to give them the confidence to do this.

Supporting people to live healthier lives, access healthcare services and support

- Care records showed that people were supported to make and attend appointments and see relevant health professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had worked with other agencies to find more suitable homes for some of the people who used to live there. This had included providing information and meeting staff from other agencies, working alongside them to get to know people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to ensure people received support that protected their dignity and respected them. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 10.

We had noted at the last inspection that the provider was not always following the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence, inclusion and enabling people to live as ordinary a life as any citizen.

- The way in which people's care notes were written had improved and were more descriptive of the person's day and the support they received. However, there was room for further improvements
- We saw several examples of written or spoken language which created a sense of staff being 'in charge' and an expectation of people doing 'as told'. Examples included the use of words such as 'refused' and stating staff 'control' a person's medication. We also heard a member of staff saying to one person, "We will go and get a snack in a minute, you have to behave, stay calm, good girl. I have to write this first." Again, the use of word such as 'behave' and 'girl' indicated an imbalance of power and was not respectful.
- A bathroom on the ground floor was a designated, 'staff toilet.' We asked why staff needed a separate toilet and did not receive a satisfactory explanation. Having a designated staff toilet, especially in such a prominent position can be seen to promote staff needs over those of people living there.
- Improvements had been made to the way in which people were supported with their independence and everyday life skills. This included the introduction of facilities for making snacks and drinks. A washing machine and dryer had been fitted for one person to use so that they could do their own washing using domestic machines. We heard them asking a member of staff for help with their washing and this was quickly provided.
- Care plans in place to help people stay safe contained agreed restrictions on their privacy. Staff were able to explain how they followed this in the least intrusive ways. Best Interest meetings were being arranged to revisit these restrictions and check they were the least restrictive options.

Supporting people to express their views and be involved in making decisions about their care

- We heard staff offering people choices such as how to spend their time and acting on the person's response. People were supported to take part in hobbies and interests of their choosing.
- People attended meetings about their care and where appropriate their relatives were involved in helping them make decisions. For example, choosing décor for their bedroom.
- A tenants meeting had been held in April 2019 and people invited to give their views.
- People had made more choices within their own home. This included choosing menus, décor and deciding how to use shared spaces.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to provide care and treatment that met the person's needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 9.

- Three people who were living at the home during our last inspection have since been supported to move to a place that can better meet their needs and/or choices. Staff at The Merchants House provided support to people during this process.
- Detailed care plans were in place for people. These provided guidance to staff on the things people liked, how they communicated and how to help them stay safe.
- Staff offered people support to spend their time as they chose. This included choosing how to spend time at home and when out and about.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used appropriate methods of communication with people. This included giving people time to process information and responding positively to both the verbal and non-verbal ways people communicated.
- Information on how people communicated and how they may use non-verbal methods to demonstrate their views or feelings was clear within people's care plans.
- Staff were able to explain how they used non-verbal communication to support one person to make everyday choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support at home to increase their everyday life skills and become involved in the running

of their daily lives and their home. Examples of this included, being involved as much as possible in making the garden area more attractive and planning improvements within their house.

- People received a number of 'community hours' each week where they had support from one or two members of staff. On the day we visited everyone living at the home went out locally with their individual staff. People went out to do activities they enjoyed such as shopping, collecting or for lunch.
- At home people sat with their staff and together enjoyed arts and crafts, a favourite TV programme or their preferred music.
- People received the support they needed to regularly take part in a number of different hobbies and interests they had.
- People were supported to maintain contact with their families. On the day we visited one person was sitting with their staff making a Father's Day card. A member of staff reminded another person it was soon Father's Day and discussed how they may like to get in touch with them.

Improving care quality in response to complaints or concerns

- Information about how to raise a complaint was available to people within the home. A policy was available to guide staff on how to deal with any complaints received.
- We looked at the log of complaints received since December 2018. All had been investigated and responded to appropriately. This indicated that complaints were listened to, taken seriously and acted upon.

End of life care and support

- Nobody living at the home was currently receiving end of life care.
- The registered manager advised that training for staff in end of life care would be organised if needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have systems in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17.

- Systems had been introduced and were followed within the home for checking on the quality of the service provided. Where areas for improving had been noted these had been / were being acted upon.
- The provider had implemented support for staff at the home and a number of senior staff visited to undertake quality assurance checks. This had led to a series of actions being planned and implemented to improve the quality of the service.
- The registered manager was clear about their role and had a detailed knowledge of the people they supported and of where further improvements were needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to notify the commission of incidents that occurred whilst carrying out a regulated activity. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager had informed the commission of reportable incidents in a timely manner. They also made safeguarding referrals to the local authority when appropriate.
- The registered manager was open and honest with relevant organisations about their findings at the home and areas that required improvements.
- The provider had put together a comprehensive action plan for outside agencies that detailed their findings at the home and plans to improve the service they provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improvements had been made to the culture within the home. Staff practices were less institutional and changes to the environment made the building appear homelier. However on-going work to the culture of the home is needed to ensure people are consistently treated with respect and empowered. This includes ensuring practices within the home consistently meet the principles of Registering the Right Support.
- Individual books had been introduced to record how people had spent their day and the support they had received. There was no space to record the person's views of their day or the information written about them, or to acknowledge that they had been informed of the contents. The registered manager told us they would raise this at provider level. This would help to rebalance the relationship between staff and people living there and give people more control over their lives.
- Improvements had been made to how people were involved in making decisions about how their home looked, how they spent their time and how their home operated. This had included holding resident's meetings and individual discussions with people. As people gain in confidence and the home settles down from a period of change we would expect to see increasing opportunities for people to be engaged and involved in running their home.
- On-going work is needed to ensure the environment of the home is less institutional and supports people to live as ordinary a lifestyle as possible.

Continuous learning and improving care; Working in partnership with others

- Relevant training was provided to staff including in specialised areas relating to the people who lived at the home. Training was monitored to ensure staff were up to date and receiving appropriate training for their role.
- Accidents and incidents were regularly reviewed for any future learning that reduce the risk of them recurring.
- The provider and registered manager monitored the service regularly via a series of visits and reports from staff so that any areas of concern were quickly noted and acted upon.
- The provider and registered manager had worked with outside organisations to plan improvements to the home and individuals living there. This had included supporting people to move on, engaging with safeguarding meetings and compiling and acting upon action plans.
- The registered manager regularly attended meetings held by the provider and the provider attended presentations organised by the local authority to increase their learning. The registered manager advised us that they did not attend local authority registered manager meetings but intended to do so. This would help them to keep up to date with local and national changes to good practice guidance and the legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider did not always ensure people received support that protected their dignity and respected them.