

# Review of compliance

Mid Norfolk Mencap Merle Boddy House	
<b>Region:</b>	East
<b>Location address:</b>	55 Norwich Road Dereham Norfolk NR20 3AX
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	Merle Boddy House is a service provided by Mid Norfolk Mencap. It offers a service to up to ten people who have a learning disability. It is registered to offer accommodation to persons who require nursing or personal care.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Merle Boddy House was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 April 2012, talked to staff and talked to people who use services.

### What people told us

We visited Merle Boddy House on 10 April 2012 and spent some time talking with five people during the afternoon on their return from various activities. Although the majority of the people living in this home had little speech as part of their communication they were able to use body language and signs. We noted the positive conversations held between staff and the person that offered the time for the person to choose what they would like. The five people we observed and spoke with were content and relaxed with the staff members who were with them.

The people who lived in this home had been there for a number of years. Although they were unable to tell us about their care and welfare we observed good support and encouragement from the staff team. People who lived there reacted well to the encouragement and carried out their tasks happily with jovial banter taking place.

We did not speak directly to people about how they were protected from abuse but we did ask one person if they felt safe. They replied with a hug, eye contact and a smile.

The time we spent with the people after they had returned from their various activities gave us a good impression that they were happy with their lives. We saw positive body language and plenty of smiles. One person showed us their new bedroom. They told us, in their way, they were pleased with their new bedroom. They made it clear they liked their special blanket on the bed and that they were happy with the staff who supported them.

### What we found about the standards we reviewed and how well Merle Boddy House was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was compliant with this regulation. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was compliant with this regulation. People experienced care, treatment and support that met their needs and protected their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was compliant with this regulation. People who use the service were protected from abuse. The provider responded appropriately to allegations of abuse.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was compliant with this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was compliant with this regulation. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We visited Merle Boddy House on 10 April 2012 and spent some time talking with people during the afternoon on their return from various activities. Although the majority of the people living in this home had little speech as part of their communication they were able to use body language and signs. We noted the positive conversations held between staff and the people and that staff allowed them time to choose what they would like. The five people we observed and spoke with were content and relaxed with the staff members who were with them.

##### Other evidence

A staff member we spoke with during this visit was able to give clear examples of how people who lived in the home made their decisions. We were told of the regular house meetings attended by everyone and held weekly, the way menu's were decided upon and how individual needs were met according to choice. Many choices and ways of working with individuals were carried out through picture formats. We saw the menu choice for that evening meal on the notice board and records of who liked what to eat.

The home had bedrooms for each person with no one sharing. At previous inspections rooms were shared. This had enabled more choice in how the people liked to have their own rooms and also offered more space. We noted the individualised way some

rooms had been decorated. We were told more decorating according to choices was still to be carried out now each person had their own room.

Although we did observe good interactions between staff and people who live in the home the provider may find it useful to note that dignity was not always preserved. This was compromised when people, who had eaten their lunch a number of hours previously, had their faces wiped, on request from the senior staff member. The method used and the way it was carried out in front of all the people in the room was not dignified.

We noted many pictures around the building showing how people spent their days and how involved they were. Due to the needs of some of the people a routine was necessary to help behaviours and the individuals well being. A number of examples were shared with us as to how this was managed. For example we discussed the lay out of the building and how alterations to that layout created concern for one person. We discussed how this was managed and the risks identified.

We saw the individual pictorial newsletters written by each person living in the home that were sent to families and friends to keep them up to date with the progress of each person living in this home.

#### **Our judgement**

The provider was compliant with this regulation. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

The people who lived in this home had been there for a number of years. Although they were unable to tell us about their care and welfare we observed good support and encouragement from the staff team. People who lived there reacted well to the encouragement and carried out their tasks happily with jovial banter taking place.

##### Other evidence

During our visit we looked at three care plans chosen at random. We noted that the information about each person was centred on them. It had a profile/pen picture of the care needs seen at a glance at the front of the care plan. Throughout the folder we saw plans of care and risks assessments attached to the plans that highlighted where a risk was identified and the action to take to eliminate the risk as much as possible. We saw the dates that showed the plans had been regularly reviewed and changes that had been updated and signed. For example one person had lost weight which had been identified during the monthly checks. The action was recorded to show how the concern had been raised with dieticians and more fortified, higher calorie foods had been introduced. The weight chart we saw showed the weight loss at the end of last year and then the balanced weight gain which had now stabilised.

We discussed with staff the health care support that is provided both within the community and in the hospitals. On the day of our visit one person was having an outpatients appointment and was escorted by a staff member, who on return reported and recorded the visit. We were given a good example of how another person required support during a difficult time when staying in hospital. This person was offered one to

one support by a home staff member to make the stay in hospital as easy as possible. We noted another person had a monitor in their room for the sound to be heard by staff of a person who may be having a seizure when asleep. The care plan told us that this person was prone to night seizures and needed closer monitoring through the night.

The care and welfare of each person was reviewed annually by social workers to ensure the support offered was still appropriate. No one had moved on from Merle Boddy House for a number of years and everyone appeared to have their needs met appropriately.

We were given very good examples and saw pictures of how people were encouraged to live life to the full. We discussed the sailing, horse riding, holidays and concerts attended plus the visits home and involvement with family members.

**Our judgement**

The provider was compliant with this regulation. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not speak directly to people about how they were protected from abuse but we did ask one person if they felt safe. They replied with a hug, eye contact and a smile.

##### Other evidence

The home has recently had to manage a concern regarding the safeguarding of the vulnerable people living in the home. It involved other professionals from the County Council who followed the action taken by the home. The report received by us showed that the home had acted appropriately and fully to ensure the risk identified was acted upon. The professionals involved also sent us a report to state the home had responded and acted quickly and appropriately.

The staff spoken with told us they understood and had received training on the protection of vulnerable adults. They knew who to contact and what to record and report on. Each staff member wrote a report on any incident or accident to look for patterns and then methods to support that person with their needs.

Although we did not check the personal money locked in the safe we did talk through the very rigid procedure used by the home that involved two signatures with all transactions undertaken, receipts held of all purchases and staff's responsibility when handling people's money. We also spoke with the senior staff member who told us how the monthly audits on all accounts were carried out.

#### Our judgement

The provider was compliant with this regulation. People who use the service were protected from abuse. The provider responded appropriately to allegations of abuse.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the service but their responses did not relate to this outcome.

##### Other evidence

The personnel files stored in the office contained information that showed us how much training the staff members had undertaken. The folders were a little untidy with loose paperwork making it difficult to find relevant information. We noted a planned training programme that told us who had received training and who hadn't. The staff member spoken with told us that they had received training regularly and any current need for training was identified and delivered. We were given an example of the dementia training that had recently taken place and told that all the staff had a certificate from the National Vocational Qualification in care at either level two or level three.

We asked to see the records of staff supervision that showed recently completed sessions held for most of the staff team. The manager informed us following this visit that records were available showing, prior to May 2011, that supervision was carried out six monthly and since May 2011 this had been increased to three monthly. We were informed by the senior staff member that the senior team were now taking responsibility for staff supervision and that future dates were planned for these sessions with all staff.

Another staff member told us the team worked and communicated well together. They supported each other with any complex needs. We were also told that they could ask any senior staff member or the manager for support if or when it was required.

Although the manager was not available on the day of this visit, contact was made the following day when we were informed that all staff had an annual appraisal. The records, we were told were stored at the main office. The staff spoken with, were content with the support they received and felt able to ask for help or training when required.

**Our judgement**

The provider was compliant with this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

The time we spent with the people after they had returned from their various activities gave us a good impression that they were happy with their lives. We saw positive body language and plenty of smiles. One person showed us their new bedroom. They told us, in their way, they were pleased with their new bedroom. They made it clear they liked their special blanket on the bed and that they were happy with the staff who supported them.

##### Other evidence

The staff member who showed us around the home told us about the many audits that were carried out regularly to ensure the home was managed safely. There were checks carried out by management/trustees from the company on a monthly basis to monitor the audits. Although we did not look at these records during the visit the conversation with the manager on the following day confirmed that audits were checked and improvements monitored when required.

We did note the (PAT) Portable Appliance Testing stickers on electrical equipment that showed they had been checked in the last year. One extension lead was missing a sticker and was to be removed and then acted upon straight away before being used again. We also noted that the fire extinguishers were within date of their next service.

The manager and senior staff member told us that views were not formally requested from people who used the service, or their families, friends or staff, professionals or stakeholders but that various other methods were used. For example families were

regularly invited to the home for special events and care reviews were held annually where the quality of the support to the individual was discussed. Regular newsletters were used to inform and update families and friends on the progress both of the individual and the development of the service. The provider may find it useful to note that some form of quality monitoring to all interested parties of Merle Boddy House would be a good method of obtaining the views on the quality of the service and assist in improvements.

The home, we were told, had an open door policy that could be used by anyone who had a concern or a complaint. We had not received any concerns or complaints about this home prior to this visit.

**Our judgement**

The provider was compliant with this regulation. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA