

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Merle Boddy House

55 Norwich Road, Dereham, NR20 3AX

Tel: 01362694643

Date of Inspection: 19 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Management of medicines</b>	✗ Action needed
<b>Safety and suitability of premises</b>	✗ Action needed
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Mid Norfolk Mencap
Registered Manager	Mrs. Helen Luxon
Overview of the service	Merle Boddy House is a residential home provided by Mid Norfolk Mencap. It supports up to 10 people with learning disabilities and/or autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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"I am happy living here." "I like it." were comments received by a person using this service. We were told by staff of the way choices were offered such as what to drink, if they required sugar and what they would like to do at the weekend. We noted the methods used to ensure choices were available to people who were unable to communicate verbally and noted the respect given by staff as tasks, care and support were carried out.

People were provided with a choice of suitable and nutritious food and drink. The menu we saw showed balanced and nutritious meals for the week of this inspection, which we were told by one person were liked. Dislikes were written on menu's to ensure staff were aware of what and what not to offer.

Medication procedures were in place for the majority of management of medicines but some concerns were found in the administration process for creams and eyedrops. The home did not have a method of recording returned medication.

The home was undergoing structural changes and although beneficial, risks had not been assessed/identified/recorded while the work was taking place. Some appliances within the home had not been serviced as required.

Staff who worked in the home had suitable training opportunities and were offered support and supervision at appropriate times to ensure they had the competency to carry out their role.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 07 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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On the day of this inspection visit the home had only nine people living there. These nine people had lived in this home for a number of years and were well known by the staff team. We discussed methods of communication used with both the manager and staff members that would ensure people were involved in planning the care and support that was appropriate for them.

People expressed their views and were involved in making decisions about their care and treatment. We saw evidence written within care plans of the methods used to involve people in the planning and day to day support they required. Picture formats were in each plan that would be understood by some of the people living in the home. We were also given examples of the methods used for people who were unable to communicate verbally. These included gestures and signing that was recognised by the individual. We were told by one person living in the home that they had meetings at the weekends and could discuss what they wanted to do during the forthcoming week. This person told us, "I am happy living here." "I like it."

The staff we spoke with also told us about the house meeting that were held every Sunday to enable people to voice their opinions and how they were offered choices such as what to do in the evenings and what meals they would prefer. One person told us about their holiday by the sea and how much they enjoyed it.

As people returned from their daytime activities on the afternoon of this inspection we noted the smiles and reassurances given to each person by members of staff as they arrived home. A choice of drinks was readily available and those people were asked if today they would 'like sugar or not'. We noted that staff were aware of those people who would drink too quickly so made sure the temperature of the drink was suitable and that the person was observed drinking. Plans for the following day were discussed such as where to go as it was a weekend and decisions were made about the best options to choose. There was plenty of staff on duty and this meant that time could be offered to each person as they arrived home. This ensured they were listened to and given the

support they required.

The manager informed us of the active family members who regular attended the home to offer ideas and support that helped staff tailor the needs for the people who may not be able to express their views. Information supplied by the family was seen as recorded in the individual care plans.

Each person had their own bedroom that could be locked by them if required. One vacant room was about to be occupied by a person moving into the home over the following few weeks. The room was in the process of being decorated and refurbished. The manager and staff told us this person had chosen the carpet they wished to have. This person was visiting the home regularly and extending their stay each time to enable the transition of moving house to be at a pace suitable for that person. This showed us that people were offered support that involved them and that choices were available.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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As people arrived back home on the afternoon of this inspection visit the menu was discussed with those who wanted to know what was for tea. Although choices had been made previously there was still flexibility offered to ensure people had choices at the time of the meal. We saw on the printed menu that there was a note about people's likes and dislikes and that an alternative meal was available.

People were provided with a choice of suitable and nutritious food and drink. The menu we saw showed balanced and nutritious meals for the week. The manager told us that some people at the home were particular about what foods they would and would not eat and how different methods had been introduced to try and offer a balanced, healthy diet. We were given examples of how fruit smoothies had been introduced that were enjoyed and ensured people were receiving a healthy diet.

We looked at three weight records that had been recorded weekly showing that these people's weights were well balanced over the past twelve months. The manager discussed with us the need to get specialist advice when a person was having problems with their diet. We saw the advice given and the methods used by staff to ensure the person could eat and drink suitable foods.

We spent time talking with the manager about the meal time process. The home, during an evening meal, had been through a difficult time earlier in the year when an emergency had arisen. The risks had been identified and written within this person's care plan that showed this incident could occur. The home had taken action to reduce the risk and staff had acted appropriately at the time of the incident. This showed us that the home would act on swallowing concerns and would take relevant steps to ensure people ate safely.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have all appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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During this inspection we spent time looking at the medication management within the home. We went into three bedrooms to look at the storage of the medication and the methods used to administer the medication. We found that medicines were kept safely. Each bedroom had a suitable locked medicine cabinet that stored all the medication for that person. The keys were held by the staff member responsible for the medication administration with no person living in the home managing their own medication.

The manager shared with us the outcome of a 'Boots Pharmacy Advice' visit that had taken place on 25 March 2013. A report was available for us to read with a few recommendations made. The home did not hold controlled drugs at the time of our inspection so a recommendation was made to plan for the correct storage and specific register to be obtained for any future use. The manager told us they had plans to include the management of controlled drugs as part of the refurbishment of the home.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at the medication administration record (MAR) that corresponded with the name and room the medication was stored in. We noted that the medication had been administered the morning of this inspection and that the staff member administering the medication had signed the chart correctly. The medication in the cabinet corresponded with what was recorded on the MAR chart.

A concern we found during this inspection was the missing date on opening tubs of creams and tubes of medication such as eye drops. We found the tubes half empty with the dispensed date stamped on one tube as three months previous to this inspection date. Eye drops should be discarded after a month of opening and to ensure the drops were within date a recording of when they were opened should be made. We found three tubes for different people during this visit as undated when opened. This told us that not all medication was used safely.

Medicines were not disposed of appropriately. We found that there was no process in place to ensure that medicines were disposed of appropriately. We asked the manager to

provide us with the homes medication returns record. When we reviewed the records we saw that the last recording was in 2006. The manager stated that the home rarely had medication returns however, we could not be confident this was the case as no evidence could be provided which confirmed no returns had needed to be made to the pharmacy. As there were no records of unused or returned medications we could not be confident that correct auditing was taking place and that the home would be able to track medications if this should be required.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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We spent time during this inspection walking around the home discussing development of the service. The home was in the process of being altered and building works were in progress. The changing of all doorways downstairs had commenced to ensure wheelchairs could be used when required. The home had also secured the laundry facilities as risks had been identified for people living in the home wandering in to the room unsupervised. A new wall and key pad door was now in place.

Although the improvements will benefit the home for the people who live there the manager had not completed any written risk assessments while the building work was in progress and workmen were in the home. Due to the structural work taking place and builders being in the home potential risks should have been recorded and reduced or removed if possible to protect anyone living or visiting the home. However the manager did tell us that visual risk assessments were carried out and that safety barriers were in place and doors kept locked in areas the builders were working in. (There were no contractors on site on the day of this inspection). We noted that the bedroom planned for the new person about to be admitted was in the middle of being improved and some plumbing work and redecorating was being carried out. Again no written risk assessments had been completed. The manager did tell us they had tried to ensure the work was carried out when all people who lived in the home were out of the building but this was not always possible. We were also told that great consideration was given when choosing the right builders to be in the home when quotes were obtained but nothing was recorded.

We looked at the records held for the servicing and maintenance of the building. We noted that fire drills and fire alarm testing was recorded regularly. The water temperatures were recorded with no concerns identified. However we did find that both the electrical testing and gas boiler servicing were out of date. The electrics had not been tested since 2006 with a recommendation on the certificate issued of a re test in 2009 and the gas boiler had not been serviced since installation in 2010. The manager acted immediately and contractors were contacted and booked during our inspection visit.

The home had received a visit from the environmental health department on 17 January

2013 and the kitchen had received a food hygiene rating of the highest score of five.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The manager was able to give us a full account of the training and supervision offered to staff that enabled them to carry out their job competently. We looked at the training achieved and the training planned for the coming months.

There was a record for all staff who had completed their training and who were due an update on statutory courses such as moving and handling and health and safety. We saw the list of staff who had completed the mental capacity act and deprivation of liberty training with 25 out of the 30 of the staff team attending in February and March 2013. We were told that staff got the opportunity to book one of three dates to attend a course and then action would be taken if they had not kept their training up to date.

The staff member we spoke with told us that within the staff team seven members had the national vocational qualification (NVQ) level three with four more staff working towards that award. The rest of the staff held NVQ two except for two recently recruited staff members.

One newly recruited staff member told us of the support and training they were offered. We saw the programme of induction and were told by the manager it was a suitable induction offered by an experienced training agency. We spoke with two other staff members who felt the training offered gave them the tools to do their job. We were told about various topics covered such as dementia care and mental capacity plus relative training offered by the community nurse designated for people with learning disability.

The manager shared records with us of five staff members who had recently had a one to one supervision session. We noted the topics discussed and issues that had arisen that were being monitored and recorded. The dates for these sessions were booked approximately six to eight weeks apart which was confirmed as correct by a staff member. The manager told us that now the home had a full quota of senior staff, supervisions for all would be planned and booked in advance. This told us that staff were supported and supervised appropriately.

Staff were able, from time to time, to obtain further relevant qualifications. The manager told us that specific training for an individual need would be sourced. We talked about the training on exercises offered by a physiotherapist for staff to follow and the instructions/training offered for the management of seizures. This told us that training and

knowledge given to the staff team would build competence and benefit the people living in the home.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> The provider did not have procedures in place to ensure medication was administered or disposed of safely.  Regulation 13 Outcome 9.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety and suitability of premises</b>
	<b>How the regulation was not being met:</b> The provider had not ensured that the servicing of all appliances was up to date and safe to use. Nor had they identified and recorded all risks. Therefore not all people living, working or visiting the home were protected against potential environmental risks.  Regulation 15 Outcome 10

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 June 2013.

CQC should be informed when compliance actions are complete.

**This section is primarily information for the provider**

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – 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.

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**Moderate impact** – 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.

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**Major impact** – 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

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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