



# Review of compliance

<b>Merrie Meade Residential Home Limited</b> <b>Merrie Meade Residential Home</b>	
<b>Region:</b>	South East
<b>Location address:</b>	3 Watergate Road Newport Isle of Wight PO30 1XN
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	August 2011
<b>Overview of the service:</b>	Merrie Meade Residential Home is registered with the Care Quality Commission to provide the regulated activity: Accommodation for persons who require Nursing or Personal Care. The Provider is Merrie Meade Residential Home Limited. The Nominated Individual is Victoria Emsley and the Registered manager is Mrs. Diane Butcher.

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

## Our current overall judgement

**Merrie Meade Residential Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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 27 July 2011, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

People told us that they were treated well by the staff and said that staff were kind. They said that they were happy living at Merrie Mead Residential Home and said that they had no concerns. They also told us that they knew how to make a complaint if they needed to and were confident that the home would respond appropriately to any concerns that may be raised.

The people we spoke with confirmed to us that they were consulted about the care and support they receive and said that they had no concerns about the staff at the home and said the staff were kind and caring.

Staff members told us that they liked working at the home and said that they were well supported by management. They also told us that the staffing levels were sufficient and said that they all worked well together as a team.

### What we found about the standards we reviewed and how well Merrie Meade Residential Home 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**

People are treated with respect and dignity and their individual choices and preferences are acknowledged.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

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

There is an effective care planning and risk assessments in place to ensure that people receive suitable, safe and appropriate care and support to meet their needs. The home provides appropriate activities.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

#### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People benefit from an environment that is clean safe and well maintained and this promotes the dignity, choice and privacy for the people who live there. However the lack of an emergency contingency plan and incomplete audits of people's personal possessions could place people at risk.

Our judgement is that the service is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.

#### **Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

Specialist equipment is provided to maximise the independence of people.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

#### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The staff numbers deployed during the day and night are currently sufficient to meet the needs of people.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome

#### **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

People we spoke with told us that they were well treated and said that staff were kind and caring. One person said "the staff are great and will do all they can to help me"

##### Other evidence

Staff we spoke with told us that people are encouraged to make their wishes known and people are listened to and their privacy and dignity is respected.

We observed staff supporting people and they were consulted as much as possible. We saw that staff spoke to people in a friendly and respectful manner using their preferred form of address and staff were seen to knock on people's doors before entering. We saw that there was a good rapport between staff and people and everyone appeared to get along well together.

The Nominated Individual told us that staff are provided with training with regard to equality and diversity. Staff spoken with confirmed that they have received training and understood that each person should be treated individually.

##### Our judgement

People are treated with respect and dignity and their individual choices and preferences

are acknowledged.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

## 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

People told us that they were aware that they had a plan of care and understood that the plan was in place to help staff give them the support they needed. People said that they were satisfied with care and support they receive. Comments included; 'You can have a bath and shower when you want,' and 'the staff are always around to help'. 3 people said that they are able to go out independently for walks and shopping trips

##### Other evidence

We looked at plans of care for 4 people and these contained information about the person's care needs and also had information on how person wanted their support to be given. Care plans viewed were comprehensive documents and provided good information for staff. Care plans seen provided information on the following; Communication, mobility, diet and fluids, washing and dressing, medication, promoting independence and life skills, personal care needs, tissue viability, end of life care, spiritual and cultural needs and activities and social needs. Care plans had details of people's abilities and needs and also had information on how needs are met.

We also saw risk assessments in place and these covered areas such as; use of wheelchairs, diet, pressure care, mobility, falls and going out into the community. Risk assessments contained information for staff on the degree of risk and also gave information on how any risks could be minimised.

We saw that care plans were reviewed monthly and any change in people's needs were brought to the attention of other staff in their daily records and also in the staff

communication book.

We saw that recording took place in the mornings, afternoons and evenings and this provided evidence of care delivery and gave a brief outline of how the person had been.

In the older persons section there was a list of activities that take place and these included; armchair aerobics, slide shows, visiting entertainers, ball games sewing and reminiscence sessions. In the younger persons section people were more independent and some people went out into the community independently. One person was planning a trip to Derby to see her sister and another was going over to Portsmouth to see their mother.

We saw an activities folder in both sections of the home and these detailed what activities had taken place and also showed who took part and also detailed those people who had made a decision not to be involved.

Care staff said that there is a good range of activities including films, music, entertainers, quiz and trips out to shops, cafes and to outdoor attractions.

### **Our judgement**

There is an effective care planning and risk assessments in place to ensure that people receive suitable, safe and appropriate care and support to meet their needs. The home provides appropriate activities.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

#### Our findings

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

People we spoke with told us that they were very happy living at the home and said they had no concerns about the safety and suitability of the premises.

##### Other evidence

The home is an extended older property and is divided into two separate areas. One area provides accommodation for younger people who have mental health problems and the other area provides accommodation for older people and people who have dementia.

The younger adults live in the original part of the home and this has 17 single bedrooms 9 of which are ensuite. There are also 2 double rooms but these are currently only occupied by one person. There is a lounge, separate dining room and small quiet lounge, with a computer for the use of people, and this was donated to the home for the use of the people who live there. There is also a patio area and we observed that this was well used by people.

Older people live in a purpose built extension to the rear of the home and in this part of the building there are 11 bedrooms 10 of which are en suite. There is a large lounge/dining area and also a large enclosed rear garden with a wheelchair ramp to provide good access to the garden.

On the day of our visit we looked around the home and found that it was decorated to reflect the individual needs and tastes of the people who live there. Communal areas were comfortable and fixtures and fittings were in a good state of repair. We found the

home and its grounds appeared to be safe and secure. Although people had brought their own possessions into the home there was not a clear inventory of these items so it was not always clear what belonged to the individual person and what was the property of the home.

The Nominated Individual told us that there is a plan of maintenance for the home and that there are regular checks of the environment. We were told that if any defects are found the maintenance person is called and the defect is rectified on the same day that it is reported. We were also told that all relevant checks as regards electrical systems, heating, safety and building facilities are carried out. Although the home was well maintained there was not an emergency plan in place for foreseeable emergencies to ensure the needs of the people who use the service will continue to be met during and after the emergency.

Staff told us that they had no problems with the environment and that the home had a nice feel to it and that any problems were quickly resolved.

### **Our judgement**

People benefit from an environment that is clean safe and well maintained and this promotes the dignity, choice and privacy for the people who live there. However the lack of an emergency contingency plan and incomplete audits of people's personal possessions could place people at risk.

Our judgement is that the service is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).

\* Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

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

People told us that they had the equipment they needed to meet their needs.

##### Other evidence

specialist equipment was provided to meet the individual needs of people.

The Nominated Individual told us that the home has a range of equipment to meet people's assessed needs and these include: A portable hoist, a stand aid, wheelchairs, pressure relieving equipment, sit on scales, a passenger lift to access all areas of the home, call bells in all rooms and 3 people in the older persons section of the home have hospital beds.

Staff told us that when using any equipment people are given clear instructions in a manner, which they can understand. They said that they explained what they were doing so people understood what was going on.

##### Our judgement

Specialist equipment is provided to maximise the independence of people.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

## Outcome 13: Staffing

### 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 sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

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

People who we spoke with had no concerns about the staffing levels at the home; they told us that staff were around when they needed them.

##### Other evidence

We looked at the staff rota for the week we visited and this showed that each section of the home had its own staffing rota.

In the older persons section of the home we found that between 0800 – 2000 there are a minimum of 3 members of staff on duty and between 2200 and 0800 there are 2 members of staff on duty and both are awake throughout the night. The night staff are also backed up by a member of staff who is on call if needed.

In the younger adults section of the home there a minimum of 2 staff members on duty between 0800 – 2000 and between 2000 – 0800 there is 1 member of staff on duty who works a sleep in shift between the hours of 2230 - 0630 but is on call. This person is also backed up by a member of staff who is on call if needed.

In addition to these staff hours the Nominated Individual is at the home most days and provides help and support to staff. The manager works flexibly 40 hours a week. The home also employs 2 cooks who work a total of 63 hours per week, 2 cleaners who work 30 hours per week and a maintenance man who works flexibly 30 hours per week.

Staff spoke with said that the staffing levels were sufficient and confirmed that additional staff are deployed when required. Staff said that they all worked together as a team. The Nominated Individual told us that staffing levels are kept under review to meet people's changing needs.

**Our judgement**

The staff numbers deployed during the day and night are currently sufficient to meet the needs of people.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises  <b>Why we have concerns:</b> People benefit from an environment that is clean safe and well maintained and this promotes the dignity, choice and privacy for the people who live there. However the lack of an emergency contingency plan and incomplete audits of people's personal possessions could place people at risk.  Our judgement is that the service is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# 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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

<b>Document purpose</b>	Review of compliance report
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