

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

Merlewood House

52 Park Lane, Great Harwood, BB6 7RF

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Date of Inspection: 17 January 2013

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

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Staffing	✓ Met this standard
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Complaints	✓ Met this standard
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Details about this location

Registered Provider	National Autistic Society
Registered Manager	Mrs. Sharon Clough
Overview of the service	Merlewood House provides care and accommodation for up to six people. The home is a detached adapted property. All bedrooms are single. There are shared bathing facilities and communal rooms. There is an enclosed private garden. The home is in a residential area within walking distance of local shops and bus routes. Merlewood House is also registered to provide personal care in the community.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We carried out a visit on 17 January 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with staff.

What people told us and what we found

We considered people's overall experience of the service and found they were satisfied with the care and support provided at Merlewood House.

People were being involved as far as possible in planning their support and were enabled to make decisions about matters which affected them.

People were treated with respect and valued as individuals, they were supported to make choices, try new experiences and develop independence skills.

People were supported to access resources and activities within the community and keep in touch with friends and relatives.

People were getting support with healthcare needs and they had access to ongoing attention from health care professionals.

We found the staffing arrangements were sufficient in ensuring people received effective care and support.

There were systems in place to help support an effective complaints process.

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

More information about the provider

Please see our website 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

Our judgement

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.

Reasons for our judgement

We found the people living at Merlewood House were involved as far as possible in making decisions about their individual support needs, including lifestyle choices and community involvement.

The approach to care planning and support was person centred. This meant people were involved as much as possible with processes for planning and responding to their individual needs, abilities and preferences. People and families were involved with ongoing reviews of care and support needs.

It was apparent from discussion and observation, that people using the service were being supported and encouraged to develop skills and try new experiences. We found people were being supported to maintain family contact and access meaningful activities within the local area and further afield.

During the inspection visit we observed positive and respectful interactions between people using the service and staff. Staff spoken with explained how they supported people to be as independent as possible. They told us how they involved people in making their own choices and decisions. They described how they promoted privacy and dignity in response to people's individual needs and circumstances.

The quality assurance systems provided people using the service and their relatives, with an opportunity to complete satisfaction surveys about the services provided at Merlewood. We looked at examples of completed surveys, which showed people had been asked for their views and opinions of the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and their support and treatment was planned and delivered in line with their individual care plan. The manager explained the care planning systems were under review and that a more person centred care plan was to be introduced.

Records showed people's healthcare and general wellbeing was being monitored and responded to. Staff told us they were aware of people's individual needs and the information in their care plans. They confirmed people's healthcare needs were monitored and that they were getting appropriate attention from medical professionals. We found there were records in support of this practice. Systems were in place to formally review people's care and support needs.

Risks to people's wellbeing and safety were being identified and managed, taking account of enabling their choices and their right to take risks. We found there were specific support plans and strategies in place to manage and positively respond to people's behaviours.

People were being supported to pursue their individual hobbies and interests, so they could develop their experiences, skills and abilities. There were flexible activity programmes in place for people using the service, which included individual learning and development plans. During the inspection we observed staff sensitively supporting people with their chosen activities and individual care needs.

The service had organisational policies for dealing with various situations and keeping people safe. This meant there were arrangements in place to deal with any foreseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Information we hold about Merlewood house told us they had effectively dealt with any allegations, incidents or suspicions of abuse.

Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the homes' protection policies and procedures. They knew what to do if they had any concerns and indicated they would have no hesitation in contacting the relevant agencies if required.

Staff told us they were not aware of any poor practice at the service. They had access to a 'whistle blowing' (reporting poor practice) procedure. The local authorities safeguarding 'flowchart' procedure was available; this provided details of the alert referral process and the designated telephone contact number.

Records and discussion showed arrangements had been made for staff to receive training in safeguarding, abuse and protection. Staff had also received training in dealing with 'challenging behaviour' and 'low arousal approaches'. The manager expressed a practical awareness of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards processes.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Processes were in place for new employees to receive initial induction training. We found records of staff induction training were readily available at the service. Arrangements were in place for staff to obtain nationally recognised qualifications in health and social care. Records showed training in various relevant topics had been provided and further training was being arranged. The provider may find it useful to note that although nutrition was covered in staff induction training, this topic was not included in the programme of ongoing staff development. This meant they may not have up to date knowledge on nutrition, hydration and healthy eating.

Systems were in place for staff to receive an annual appraisal and regular one to one supervisions. Staff spoken with confirmed they had received individual supervisions and an appraisal. We were told staff meetings were held regularly and that the managers were approachable and supportive.

We found there was sufficient staff on duty to meet people's needs. Staff spoken with considered there were enough staff at the service to provide care and support in response to people's individual needs and choices.

Each person's support and development needs were considered as part of their initial assessment and within the care planning review process. The manager explained that staff support arrangements had been tailored in response to each person's agreed care package. Staffing provision was being planned and arranged in response to people's known needs and preferences. There were on-call management support systems in place within the organisation. We found arrangements were in place to ensure staff were available to cover for holidays and sickness.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People using the service, their relatives and representatives were enabled to express and discuss any concerns, during the regular care review meetings. They were also consulted on their experience of the service within quality assurance surveys. The observations of peoples' interactions and specific behaviours, also formed a basis of ongoing monitoring of people's satisfaction with aspects of their daily living.

We found a 'user friendly' version of the services' complaints procedure was on display in the home. This showed the action people could take if raising a concern, with an indication as to how issues would be investigated and responded to. A summary of the complaints procedure was also included in each person's care records/service agreement. Policies were available to support and guide an effective complaints process.

We found there were suitable systems in place for recording and managing complaints and concerns. Records of complaints records seen, indicated any concerns formal and informal were taken seriously and were fully investigated.

Staff spoken with had an awareness of the services' complaints systems; they told us how they would respond if people using the service, or their representative were to make a complaint. The provider may find it useful to note, that although staff felt they could advocate for people using the service, we found their role in supporting people to make a more formal complaint was unclear. This meant people may not always get the help they need to raise a concern.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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