

**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

Tel: 01254885355

Date of Inspection: 16 January 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## 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

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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 16 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We were unable to speak with people who used the service, because they could not always give their verbal opinions on the service they received. However, we considered people's overall experience of the service and perceived they were mostly satisfied with the care and support provided at Merlewood House.

At the time of this inspection the service was not providing personal care in the community.

People were being involved as far as possible in planning and consenting to their support and were enabled to make decisions about matters which affected them. They were supported to access resources and activities within the community and keep in touch with others.

People were supported to make choices, try new experiences and develop independence skills.

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

People were provided with a good standard of accommodation, to promote their comfort and well-being.

The arrangements for staff recruitment helped to ensure people experienced, safe, appropriate support.

People had records which helped to promote good communication and ensured the monitoring of people's well-being and accountability.

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

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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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or support, they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

During the inspection, we observed support workers sensitively consulting with people on various daily living activities and responding in accordance with their decisions.

Support workers told us how they involved people with daily routines and in planning their weekly activities. They explained how they encouraged people to make their own decisions. Support workers had a good understanding of the need to offer choices and promote independence. One support worker said, "Our first port of call is, assume people have capacity to make decisions, so we seek their opinions on consent".

We found individual contracts of residence were in use. These covered arrangements for agreed support, and the terms and conditions of the placement.

People using the service had opportunities to express their views and opinions about their care and support. This included being involved in making decisions about their individual care needs and choices. We found people had been involved in their care reviews and their care records were written in a person centred way. This meant people were consulted and involved with influencing decisions about their care and support.

We found processes were in place to assess and monitor people's capacity to make decisions. Care records included a general assessment of the person's mental capacity and their ability to make their own choices and decisions. The managers and support workers had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards, so they knew the action to take if a person was unable to make decisions for themselves. There were policies and procedures in support of these practices. This had helped ensure people were appropriately supported with making 'best interest' decisions.

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

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**Our judgement**

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The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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During the inspection we observed staff effectively supporting people with their chosen activities and daily routines. Support workers told us about the things people who used the service were able to do for themselves and gave us examples of the various activities they were involved with. There were activity programmes in place for people using the service, which included lifestyle planning and individual learning and development plans. People were being supported to pursue their individual interests, so they could develop their experiences, skills and abilities.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We found care plan records were written in a person centred way. This meant they identified people's needs, abilities and choices. They detailed the actions staff needed to follow to respond to people's preferred routines, support needs and goals. One support worker told us, "The care plans include the right information, it's really important for us to follow these guidelines to provide good support".

Records and discussion 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 records. They confirmed people's healthcare needs were monitored and that they were getting appropriate attention from medical professionals. We found systems were in place to formally review peoples' care and support needs.

Risks to peoples' wellbeing and safety were being identified and managed, in a way that took account of enabling their choices and their right to take risks. We found there were risk assessments and specific support plans in place to manage and positively respond to peoples' needs, chosen lifestyles, activities and behaviours.

**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 meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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We looked around the home and found all areas were clean and in good order. The design and layout were suitable for the needs of the people accommodated. We found people using the service had been supported to personalise their rooms. Careful consideration had been given to providing an environment which was beneficial to the person's needs and wellbeing.

There was a communal lounge, a separate dining room and a room equipped to offer sensory stimulation. People had access to an enclosed garden area which included a furnished summer house.

The décor, furnishings and furniture were of good quality, functional and contemporary in style. Consideration had been given to providing suitably subdued colour schemes and lighting.

There were fire safety procedures displayed in various locations around the home. Each person using the service had a PEEP (personal evacuation plan). Records showed fire drills and fire alarm tests had been carried out and fire safety risk assessments had previously been completed.

Arrangements were in place, to ensure the general maintenance and upkeep of the home was effectively managed for the wellbeing and safety of people using the service, staff and visitors. There were records available which showed the on-going servicing of equipment and fittings, including certificates in relation to gas and electrical safety.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for and supported by suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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During the inspection, we observed positive and meaningful interactions between people using the service and staff. We found there were enough staff on duty to respond to people's needs and provide support. Staff spoken with considered there were mostly enough staff at the service to provide care and support in response to people's individual needs and choices.

We examined the recruitment records of the two most recently appointed staff. We found appropriate recruitment and selection procedures had been followed. The records showed all the relevant clearance checks had been carried out, prior to the recruits commencing work at the service. Policies and procedures were available to guide and support the recruitment practices.

Staff spoken with confirmed that appropriate recruitment processes had been carried out. They told us this had included face to face interviews, completing application forms, obtaining references and carrying out appropriate clearance checks.

Staff were enabled to attain recognised qualifications in health and social care. Records showed training in various relevant topics had been provided. Further training, including nutrition awareness was being arranged. This meant staff had developed and updated their knowledge and skills to deliver care to people safely.

Staff told us they were happy working at the service. They considered they received appropriate training and supervision. They said staff meetings were held on a regular basis and the managers were approachable and supportive.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and support because appropriate records were maintained.

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## **Reasons for our judgement**

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The care records we looked at were found to be well kept, clear and accurate. The information in care plans was detailed and we found people were referred to in a respectful and dignified manner. Care records included various risk assessments which provided guidance and instructions on how risks were to be managed. Processes were in place to monitor, review and update records.

Support workers explained their involvement with accessing and contributing to care notes and records, which they considered included appropriate information. One support worker told us they had been given guidance on writing daily reports and said they were to be, "Reflective, factual, accurate and in detail".

Confidential and personal records were kept safe, but were accessible when needed. There were policies available to promote confidentiality of information and guidelines on keeping records for the correct length of time. Policies and procedures also provided instructions on dealing with requests for accessing records made under the Data Protection Act 1998.

The provider may find it useful to note, that we initially found a discrepancy in the information available in relation to the electrical wiring test certificate. However this matter was rectified during the course of the inspection. We were also unable to find a date on the fire safety risk assessments. This meant we could not assess the credibility of these records. The person in charge agreed to pursue this matter.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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