

Alphagrange Limited

Merrivale Farm

Inspection report

Eastwood
Ledbury
Herefordshire
HR8 2RN

Tel: 01531670220

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Merrivale Farm is a residential care home near Ledbury providing personal care for up to eight people with learning disabilities or autistic spectrum disorder in one adapted building. At the time of our inspection, there were seven people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Staff were clear how to identify and report any potential abuse or discrimination involving people who lived at the home. The risks associated with people's individual care needs had been assessed, recorded and plans put in place to manage these. Staff arrangements at the home ensured people received safe, person-centred care. Any accidents or incidents involving people were reported by staff to the management team, who took action to keep people as safe as possible. People had the support they needed to take their medicines safely and as prescribed. Measures were in place to protect people from the risk of infections.

People's individual care needs were assessed and reviewed to achieve positive outcomes for them. Staff received training and ongoing management support to enable them to work safely and effectively. People were involved in decisions about what they ate and drank, and they helped to produce the home's weekly menus. Staff and management worked in partnership with a range of community health and social care professionals to ensure people's care needs were met. People had the support they needed to attend medical appointments and routine health check-ups. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and compassion, and were committed to people's continued happiness and wellbeing. People were encouraged to express their views about their care, and these were listened to and acted on. People's rights to privacy, dignity and independence were understood and promoted by staff. Staff recognised the need to avoid any form of discrimination in planning and delivering people's care.

People received personalised care and support from staff who knew them well. People's care plans were individual to them, and staff confirmed they read and followed these. People had support to participate in a range of social and recreational activities, based around their interests and preferences. People and their relatives knew how to raise any concerns or complaints with the management team. People's wishes and choices about their end of life care were explored with them.

The management team promoted a positive and inclusive culture within the service, based upon open communication with others. People, their relatives and community professionals had confidence in the management of the service. Staff felt well-supported and valued by the management team. The provider had quality assurance systems and processes in place to enable them to monitor and address the quality and safety of people's care.

Rating at last inspection

The last rating for this service was Good (report published 7 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Merrivale Farm

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Merrivale Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with the owners, registered manager and three care workers.

We reviewed a range of records. This included three people's care records, medicines records, staff training records, and two staff recruitment records. We also reviewed incident and accident records, selected policies and procedures, and records relating to the safety of the premises and management of the service.

After the inspection

We spoke with three relatives and three community health and social care professionals about their experiences of people's care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and going out and about with staff. One person said, "I do feel safe and secure here. I like the routine, know the staff and residents well and I enjoy my lifestyle."
- People's relatives had confidence staff would protect their loved ones from any form of abuse or avoidable harm.
- Staff received training in, and understood, how to identify and report potential abuse involving people who lived at the home. They told us they would immediately report any concerns of this nature to the management team.
- The provider had procedures in place to ensure any abuse concerns were reported to relevant external agencies, in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- The risks associated with the premises, equipment and people's individual care needs had been assessed and plans were in place to manage these. This included consideration of people's current health needs, their mobility and any risk of falls, their behaviour support needs and the support they needed in the event of an emergency evacuation of the home. A relative praised the measures the provider had put in place to ensure their loved one was safe, in view of their limited awareness of potential hazards.
- Staff confirmed they read and followed people's care plans and risk assessments to help them stay safe.
- Staff were kept up to date with any changes in the risks to people through good communication with the management team and effective staff handover procedures between shifts. One staff member explained, "We [staff] would definitely be kept up to date with any changes, and we can get hold of people's care files at any time."

Staffing and recruitment

- People told us staff were available to give them support whenever they needed this. People's relatives felt staffing arrangements at the home reflected their loved ones' care needs. One relative told us, "Staffing levels are fine. They [staff] know they've got to be with [person] all the time."
- Staff told us there was always the right number and skills mix of staff on duty to safely meet people's individual care needs.
- The provider followed safe recruitment practices to check prospective staff were safe to work with people who lived at the home.

Using medicines safely

- People and their relatives told us staff provided the level of support people needed to manage and take

their medicines safely.

- The provider had systems and procedures in place to ensure people received their medicines as prescribed. People received their medicines from staff who were trained in the provider's medicines procedures and who underwent annual medicine competency checks.
- Staff maintained accurate and up-to-date records of the medicines they administered. They were provided with written guidance on the expected use of people's 'when required' (PRN) medicines.

Preventing and controlling infection

- The provider had measures in place to protect people, staff and visitors from the risk of infections.
- Staff, assisted by the people who lived at the home, maintained standards of hygiene and cleanliness throughout the home.
- The provider supplied staff with appropriate personal protective equipment (e.g. disposable gloves and aprons), and staff were clear when to use this.

Learning lessons when things go wrong

- The provider had procedures in place to enable staff to record and report any accidents, incidents or unexplained injuries involving people who lived at the home. Staff confirmed they understood how to follow these procedures.
- The management team reviewed all accident and incident reports and took action to reduce the risk of things happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the home, the management team met with them and their relatives to assess their individual care needs and requirements. People's needs and choices were then kept under review to enable staff to provide effective, person-centred care.
- The registered manager told us they kept themselves up to date with current legislation and best practice guidelines through, for example, reading the Care Quality Commission's newsletters, further training and attending local registered managers' forum meetings.
- The owners worked alongside staff in providing people's day-to-day care, enabling them to monitor whether staff work practices reflected their expected standards.

Staff support: induction, training, skills and experience

- People, their relatives and community professionals had confidence in the knowledge, skills and experience of staff. One relative told us, "Having met all the staff on many occasions, I am confident they are more than up to the job."
- Staff spoke positively about their induction experience with the provider, and the ongoing training and support provided to enable them to succeed in their roles. One staff member told us, "I feel our staff training is extremely good. I was a bit anxious about [person] having dementia. Straightaway, they [provider] arranged dementia training to guide us. This training taught us lots of coping mechanisms."
- Staff told us they had regular opportunities to meet with a member of the management team, on a one-to-one basis, to receive constructive feedback on their work and raise any additional training or support needs. The registered manager informed us they were currently reviewing staff supervision procedures, to ensure these meetings took place on a consistent basis.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had enough to eat and drink at the home, liked the meals on offer and were involved in decisions about what they ate and drank. Staff met with people every Sunday to plan the home's menu for the coming week. One person told us, "The food is very nice and we choose our menu."
- People's relatives confirmed staff helped their loved ones maintain a healthy diet. One relative told us, "[Person] was quite overweight when they went there [the home], and is much better now. They eat properly, and they don't have any unhealthy stuff."
- People were supported to enjoy their meals in relaxed, social atmosphere.
- The provider had procedures in place to identify and address any complex needs or risks associated with people's eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked effectively with a range of community health and social care professionals to ensure people's care needs were monitored and met.
- The community professionals we spoke with talked very positively about their productive working relationships with staff and management. One professional told us, "They [staff and management] always come back to you on any issues following any conversation with them. Everything we ask of them is dealt with. They are totally on the ball with it all." Another professional said, "They [staff and management] are trustworthy. I know they will see things through."

Adapting service, design, decoration to meet people's needs

- People told us they were comfortable in their home, and enjoyed the home's extensive grounds and rural location.
- One person showed us around their self-contained flat, and the personal belongings on display within this, with clear pride.
- Since our last inspection, the provider had built a large multi-purpose 'garden room' within the home's back garden. We saw one person enjoying this space, as they listened to their favourite music with staff. Another person showed us how the new garden room gave them additional space to display and read their books.

Supporting people to live healthier lives, access healthcare services and support

- People confirmed staff helped them to arrange and attend health appointments, and sought prompt medical advice and treatment if they were unwell.
- People's care files included information about their medical history, current medical conditions and the role of staff and community healthcare professionals in ensuring their health needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed staff listened to them and respected their right to make their own decisions. One person told us, "I feel in control here; staff listen to my decisions."
- Staff understood people's rights under the MCA. Formal mental capacity assessments and best-interests decision-making had been carried out in relation to proposed decisions about people's care.
- Applications for DoLS authorisations had been made where appropriate. The registered manager reviewed any conditions on DoLS authorisation granted, in order to comply with these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, their relatives and community professionals praised the kind and compassionate approach staff and management took towards their work, and the caring relationships they developed with people. One person told us, "They [staff] are very nice, helpful, friendly and cooperative." A community professional said, "The care they [staff] give people is exemplary. The trust you can see between people and staff is excellent."
- We saw staff had developed a positive rapport with each of the people who lived at the home, and that people did not hesitate to engage staff in conversation or request their help.
- People's relatives commented on the benefits of low staff turnover at the home, and how well staff knew the people they supported. One relative told us, "They [staff] know exactly what each person needs."
- Staff understood the need to promote equality and diversity through their work, and spoke positively about the provider's willingness to adapt to people's individual needs and requirements. One staff member told us, "They [provider] would not discriminate against anyone. If we had someone with a different faith, they would be fully supported."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff listened to their views and involved them in decisions that affected them.
- People's communication needs were assessed, and staff were provided with guidance on how to promote effective communication with individuals.
- The registered manager confirmed they would help people access independent support and advice about their care, including local advocacy services, as needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff understood and promoted people's rights to privacy, dignity and independence.
- People spoke to us with pride about how they contributed towards the running of their home on a daily basis. One person said, "I saw wood, do the horses' water, help with edging, peeling vegetables and bonfires in the garden. I enjoy working here on the farm."
- People's care plans included information about people's skills and abilities, to ensure staff understood how to promote their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, their relatives and community professionals confirmed staff provided people with consistent, personalised care and support shaped around their individual needs and requirements. One community professional told us, "They provide very, very personalised care. It's very much run like it's their [people's] home."
- People's care plans were individual to them and contained information about their personal history and preferences, in addition to clear guidance for staff on how to meet their care needs.
- People and their relatives were involved in care planning and care review meetings. One relative told us, "I am very involved at every stage of [person's] care, and they [staff] very much value my input."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team understood the need to assess and address people's communication and information needs.
- We saw the provider produced key information in alternative, accessible formats to aid people's understanding. This included the use of picture-based menus and the development of a pictorial complaints procedure.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People confirmed staff supported them to pursue their hobbies and interests, and to spend time in ways they found stimulating and enjoyable. One person described their passion for collecting music and books, which staff helped them pursue by enabling them to visit local charity shops.
- The home had its own minibus, enabling people get out and about on a regular basis. This included cooking classes at a local college, personal shopping trips, picnics, cycling, bowling, snooker, and meals out.
- Staff helped people to identify and take advantage of work opportunities. One person described how they enjoyed their weekly work at a local charity shop.

Improving care quality in response to complaints or concerns

- People told us they would speak to staff if they had any worries or concerns about their care.
- People's relatives were clear how to raise any complaints with the management team, but explained they

had not needed to thus far.

- The provider had a complaints procedure in place to ensure all complaints were handled fairly and consistently.

End of life care and support

- At the time of our inspection visit, no one at the service was receiving end-of-life care.
- Staff had taken steps to explore and record people's end-of-life wishes and choices with them and their relatives, in order that these could be addressed at the appropriate time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they enjoyed a good quality of life at the home and were very satisfied with the overall standard of care and support provided. One person said, "I like the lifestyle, togetherness and security; it's difficult to put into words. I am very, very happy and very contented."
- People's relatives and community professionals praised the provider's caring and person-centred ethos, and the homeliness of the service. One relative told us, "The place is like a family and has a lovely atmosphere. It's not a business to them [owners]. We feel like we're their [owner's] friends." Another relative said, "The service is run like it's their [people's] home and they are living as part of a family."
- Staff spoke about their work at the home with clear enthusiasm, and a sense of shared purpose with the management team. One staff member told us, "There's never a day that I don't want to come into work. I love my relationships with staff and people here, and I always go away feeling rewarded."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager recognised their responsibility to be open and honest with people and their relatives if things went wrong with the care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear what was expected of them at work.
- The owners and registered manager communicated well with staff and worked alongside them in providing people's day-to-day care and support. This ensured there was a shared understanding risks and any quality issues at the service. A staff member explained, "As members of staff, we are all extremely close and we sit down and talk. I know that if there were any issues, we would sit down and thrash them out."
- We found some of the provider's written policies and procedures were in need of review or further development, to ensure they were sufficiently robust, comprehensive and up-to-date. The registered manager acknowledged this issue, and explained they were currently receiving support from the local authority in this regard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People, their relatives and community professionals spoke positively about their relationship and

communication with an open and approachable management team. One person told us, "[Registered manager] is a very nice lady. She's friendly, kind and on the ball." A relative said, "They [management team] are such kind, professional and lovely people. They always put the residents' needs first."

- Staff felt well-supported and valued by the management team, who welcomed their views on how to improve people's care. One staff member told us, "[Registered manager] and the owners are very supportive of the staff and allow the staff to come up with ideas and be involved in things. It's very democratic here."

Continuous learning and improving care

- The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality and safety of people's care. This included the ongoing monitoring of any accidents, incidents, safeguarding issues or complaints, and monthly audits in relation to the health and safety at the service and the management of people's medicines.

- The provider distributed annual feedback forms to people, their relatives and professionals involved in their care, as a further means of inviting their views on the service. Any feedback received was analysed to identify potential areas for improvement.