

Mercers

Mercers

Inspection report

14 Serpentine Walk
Colchester
Essex
CO1 1XR

Tel: 01206570226

Date of inspection visit:
28 November 2018

Date of publication:
27 February 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Mercers 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 care home provides care and support to people who have complex needs including mental health, learning disability and needs related to the Autistic Spectrum.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. 'Registering the Right Support' CQC policy.

People's experience of using this service:

Staff had a good knowledge of how to keep people safe from avoidable harm and risk assessments were in place for staff to follow.

People were supported to take their medicines in a safe way.

Staff were recruited safely and appropriate checks were carried out before they started work at the service.

Training for staff had not always completed and not all staff had undertaken the Care Certificate where required to ensure they had the skills knowledge and experience to deliver effective care and support to people using the service.

Staff had a good understanding of key pieces of legislation and when they should be applied including the Mental Capacity Act 2005.

Where lessons were learned, feedback was provided to staff to ensure continuous improvement took place throughout the service.

Quality assurance processes did not always effectively identify issues in the service to ensure sufficient oversight of the service. Although audits were undertaken further work was needed to ensure themes and trends were identified and managed. The inspection found improvements had been made but the provider and registered manager need to ensure improvements are sustained and continue to drive improvements forward.

People received care and support based on their individual assessment, needs and preferences.

People were supported by staff who understood the need to ensure person centred care and to respect and listen to people. The registered manager ensured consistency in staffing to enable positive relationships between staff and people.

People were well cared for by staff who treated them with respect and dignity.

Systems were in place for people to raise complaints and concerns.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and could talk to management at any time, feeling confident any concerns would be acted on promptly. More information is in the full report

Rating at last inspection: Inadequate (report published 30 June 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection.

Follow up:

We previously inspected Mercers on 12 March 2018 where the service was rated 'Inadequate' and placed in special measures. This was because there were significant shortfalls in the way the service was led. People's safety and welfare was compromised where the provider did not have robust and effective quality monitoring and assurance processes in place to identify potential risks to people. Risk assessments had not been carried out thoroughly particularly in relation to individual's choking and to risks within the physical environment. Necessary maintenance work and health and safety precautions had not been taken within the home to protect people from risk of harm. The cleanliness of the service had been neglected and improvements were required regarding infection prevention. People were not supported to have maximum choice and control of their life. Risks had not been assessed to ensure that the least restrictive option had been considered and ensure people's freedom was respected. There had been a lack of oversight of the service by the provider and the registered manager to ensure the service delivered was of a good quality, was safe and strived to continuously improve.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Mercers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors conducted the inspection.

Service and service type:

Mercers is a care home that can accommodate up to seven people who have complex needs including mental health, learning disability and needs related to the Autistic Spectrum. At the time of inspection there were six people living at the service, five people lived in the main building and one person in a separate building across the road. 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:

This inspection was unannounced and took place on 28 November 2018.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with 2 people using the service and 5 staff including the provider, registered manager, senior care staff and care staff. We observed the support provided to people. We

looked at records in relation to people who use the service including three care plans and five medication records. We looked at records relating to recruitment, training and systems for monitoring quality and safety.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The provider had effective safeguarding systems in place. Most staff had received training in safeguarding and had a good understanding of what to do to make sure people were safe. They told us they had received training in safeguarding and how they had used this to protect people. One staff member said, "I am aware of the policies and procedures including whistleblowing. Our priority is to ensure people are safe."
- Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed. One staff member told us, "They went through all the checks with me. I had to wait to get my Disclosure and Barring Service (DBS) certificate back before I could start work with them." Another staff member told us, "I already had a DBS but the manager completed another one and I had to give two references. My interview was with the registered manager and provider asking me scenarios around abuse and medication to assess my knowledge and suitability for the role".

Assessing risk, safety monitoring and management

- At our last inspection on 12 March 2018 we found that care was not always safe because the provider had not done all that was reasonably practicable to mitigate all risks for people associated with choking. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made.
- Risks to people had been assessed and were safely managed. People had detailed risk assessments linked to the risk from swallowing/eating difficulties (dysphagia) and those at risk of choking. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. One staff member said, "Managing risk doesn't mean preventing people from doing things, it's about managing the risk so that they can do what they want to."
- Other areas of risk for people had been assessed and management plans implemented. These included, infection control and risks associated with people's mobility.
- Emergency evacuation plans were in place which included guidance for staff to follow in the event of an emergency and were individual to each person's needs.
- Maintenance checks were completed and equipment was maintained. These checks included gas safety, hoists and slings

Staffing levels

- Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed.
- There were sufficient numbers of staff at the service. One staff member told us, "There are enough staff because we have two members of staff to support two people. We then have four members of staff for everyone else." A visiting professional told us, "Yes there are enough staff. The first time I came there was

only a couple of people at home but always staff around to support them and me". Where there was need for cover other workers and agency staff were called. This meant people received support in a timely manner and felt they could rely on staff to help them meet their needs.

- The provider maintained a rota and ensured there were enough staff on shift at all times.

Using medicines safely

- Medicines were safely administered. People's medication records confirmed they had received their medicines as prescribed. We carried out a stock check of medicines and found that stock levels held were correct.

- Medicine errors were investigated and action was taken where needed. We saw one incident regarding an error where one person drank another person's liquid medication. The service took immediate action to ensure that the person was safe and undertook an investigation into the incident. Because of this, new procedures were put in to place to prevent this happening again and staff were all aware of the new processes. A senior staff member told us, "As a result of this error, we reviewed the practice and installed individual medicine cabinets in people's rooms so staff could administer medicines in their room, reducing the risk of further errors".

- People received support to manage their 'as and when' required medicines. Where people exhibited behaviours that may challenge others and put people at risk of harm 'as and when' medication was in place. Protocols and procedures were in place for staff so they knew how to respond to people and administer 'as and when' appropriately. Staff received training in medicines administration and their competency was checked every six months.

Preventing and controlling infection

- The service had measures in place to prevent infection. Staff wore personal protective equipment, such as gloves and aprons, when necessary and understood the principles of infection control.

- Staff had received training in infection control. Since the last inspection, the service has updated their infection control policy and staff are aware of this. A senior staff member told us, "There are good cleaning schedules now in place for daily, weekly and monthly deep cleans. The environment looks and smells so much better since the last inspection.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Following concerns around risk management, the service employed a senior member of staff with specific experience of risk management. As a result of this, systems were now in place to mitigate risks to people where needed and staff's understanding of managing risk had improved.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People's needs were assessed before admission to service. These assessments were comprehensive. They covered people's physical and mental health needs as well as their background. One staff member told us, "Everything you need to know or do is in the care plan." Another told us, "If we notice a change in someone, the care plan would be updated."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff had a clear understanding of their role and what was expected of them. Training was completed face to face and included medication administration and safeguarding. The provider and registered manager understood staff needed training and development and staff told us they had the training and skills required to do their role. The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received a comprehensive induction programme. Inductions included learning about the role, introduction to infection control, health and safety procedures, care plans, and meeting people in the service. A senior member of staff said, "I should have had a two-week handover from the previous senior but this didn't happen. However, the registered manager and owner have been very supportive throughout my induction and I have been able to talk through any issues. I read all the policies and procedures and all the care plans to familiarise myself with people's needs." Another member of staff told us, "It was a good induction. My first week was shadowing and reading care plans, risk assessments and meeting service users and getting to know them."
- Staff had regular supervision and an appraisal system was also in operation. Staff spoke highly of the support they received from the registered manager. One member of staff told us, "I have monthly supervision with the manager and the senior as well. I can express myself, tell them how it's going and bring up any issues that I want to."

Supporting people to eat and drink enough with choice in a balanced diet

- People received support to maintain their independence and prepare their own meals. The service promoted healthy eating and monitored people's weight, where appropriate. One staff member told us, "People are supported to choose, prepare and cook their own meals. People were involved in creating their own meal planners". A visiting professional told us, "(Person) is now eating properly as they never ate properly when they were at home, and their medical condition is now under control because of

the diet". Where appropriate the service coordinated care with nutritionists and dieticians to ensure people received appropriate support to stay healthy.

- People could choose what they wanted to eat and could do so when they wanted with some people requiring supervision from staff due to risks. The fridge, freezer and cupboard were sufficiently stocked with fresh fruit and vegetables. There were pictorial recipe books and a food planner on the wall in different formats dependant on people's communication needs.
- Staff were given information to support people with food and drink. One person's medical condition meant staff needed to monitor their fluid intake to avoid dehydration. Staff had guidance available to them in the kitchen and recorded the person's fluid intake on a chart.

Providing consistent, effective, timely care within and across organisations

- Staff communicated effectively with each other. One staff member told us, one of the methods they used to communicate was a daily shift handover in place between staff so they know what is happening with people and any changes.
- A key worker system was in place for people. This role has set responsibilities including supporting people with employment, education, leisure and healthcare."

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

- People's rooms were personalised, accessible, comfortable and decorated with photos. The registered manager told us people had been involved in choosing the decorations and objects in their rooms. We saw that people's rooms reflected their personal interests and preferences.
- Significant improvements had been made to the environment. However, we found some minor issues that needed to be addressed. Where the new toilet had been installed this did not cover the flooring, and the exposed cement around the base, and ridge of the old lino, posed a potential risk for spreading infection. The wooden strip around the edge of the flooring in the conservatory was coming away from the floor and wall, creating a potential trip hazard. The hallway flooring had black marks in the entrance.

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

- People were supported to maintain good health and were referred to appropriate health professionals as needed. A visiting professional told us how staff identified and supported a person with their health concerns. They told us, "Staff found out that the person had a potentially life-threatening condition before moving into the service, but they had not gone to any appointments. They (staff) immediately took action and supported the person to get fast tracked to hospital, and checked out."
- People had detailed notes in their health folders so that staff and or visiting health care professionals could access information they might wish to know about the person's needs.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this

practice.

- Staff continued to have a good understanding of the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with enough information to enable this in a format which met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible. One staff member told us, "Mental Capacity is about making choices. A person for example can makes decisions and we encourage them to make good decisions but sometimes they make bad ones but it's their decision, for example, they like to buy unhealthy food, it's their decision but we try and encourage them to buy healthy food. But it's still their decision".
- Decision specific mental capacity assessments were completed and a best interest process followed in relation to decisions about people's care and treatment. Records showed where people didn't have capacity and where appropriate, advocacy support was sought by the service.
- The registered manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards to the authorising authority and sending notifications to us about those applications being granted.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

People were supported and treated with dignity and respect; and involved as partners in their care.

- People told us they liked living at Mercers and they were well looked after. One person told us, "I really like living here. I was terrible before I moved here. The staff have really helped me. I go out on my own now. I am planning on moving out into the community into my own home".
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. One support worker was engaged in discussion with a person using a communication folder and using sign language to have a conversation. We observed staff being kind to people and assisting them with tasks and activities they had chosen to do. For example, one staff member spent most of the day engaged in painting with a person. From the person's demeanour, we could see they were enjoying the activity.
- People had their life history recorded, which staff used to get to know people and to build positive relationship with them. Records provided information and guidance on historic health or social issues that staff needed to be aware of.
- People told us that staff knew their preferences and used this knowledge to care for them in the way they liked. One staff member told us, "A person can get upset about their past so we take them to their room and talk about what's upsetting them and ask if there is anything we can do to help".

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

- Staff told us people were involved in making decisions about their care. One staff member told us "We use communication boards and apps on google to help communicate with one person. Additionally, a member of staff is really good at Makaton and communicates with the person well." We also saw that the service used pictorial cards and menus to assist people to make decisions and or understand what was going to happen.
- Resident meetings were held regularly. Minutes from these meetings showed people were able to discuss what activities they wanted the service to provide. One staff member told us, "We ask people all the time what they want to. We have meetings with people in home to discuss any issues."

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms and told us their privacy was respected. Staff could explain to us how they respected people's dignity and they went to great lengths to ensure people's independence was promoted. One staff member said, "One person wasn't going swimming and we asked them if they wanted to and they said they did. We made sure that only female members of staff support them so they can do this. We are planning to support another person to go swimming and again, it will only be a female member of staff who supports them."

- People's independence was promoted. Each person had an assessment looking at their everyday living skills. These covered the most essential skills for the person's safety and wellbeing. These directed staff on what people could do for themselves or where they needed support.
- The service followed data protection law. Information about people was either kept in lockable cabinets in locked offices or on password protected computers.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care and support specific to their needs and preferences. Each person was treated as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social needs.
- People participated in a range of activities. Due to previous concerns about their vulnerability and safety in the community one person had an outside activity sheet in place. Staff recorded what time they went out, how much money they had taken with them and the time they were expected back to the service. Review notes showed that the person was happy with this and told their Social Worker, "It's given me confidence to go out alone."
- People's care plans were detailed and had clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. Staff were skilled at supporting people with their communication needs.
- Information was shared with people and where relevant available to people in formats which met their communication needs in line with the Accessible Information Standard. People had access to safeguarding information in easy read format throughout the home which was available at any time.
- People were supported to take part in activities of their choice. Records showed varied activities took place both internally and externally to the service.

Improving care quality in response to complaints or concerns

- Since the last inspection, the service has not received any complaints although systems and procedures were in place for people to raise complaints and concerns.
- Compliments had been received by the service. A person who previously lived at the service said, "Thank you from the bottom of my heart. You have helped me enormously, you have taught me a lot."

End of life care and support

- The service was not supporting anyone who was receiving end of life care. Documents to record the arrangements, choice and wishes people may have for the end of their life were not in place to ensure people's final wishes were met.

We recommend the registered manager develops and implements End of Life Care plans for people

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements and Continuous learning and improving care

- The provider and registered manager understood their legal requirements. They were open to change and keen to listen to other professionals and seek advice when necessary.
- Our previous inspection in March identified robust systems were not in place to ensure the cleanliness and maintenance of the building. Quality assurance processes were in place to identify shortfalls within the service and identified where improvements were required and an action plan was produced. However, whilst we found improvements, the providers auditing processes had not identified the areas we found where cleaning needed to improve, such as around the base and back toilet of the toilet and flooring.
- The registered manager is also the registered manager for another regulated service. They told us, "I try my hardest, but managing both houses is a struggle, there is not enough time to manage both." The provider told us that they would look at this arrangement

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and provider conveyed their commitment to providing person centred care and it was evident from documentation and systems in place that the people were at the centre of the work the service provided.
- The service is looking at how it will develop in the future and the registered manager told us how people and staff were part of this. "We encourage staff to take a keen interest in the service and ask them for feedback and ideas on how we can improve."

Engaging and involving people using the service, the public and staff

- People had information easily available to them. This included, the activities programme, the food hygiene rating and other relevant information.
- People and relatives had regular meetings. Items raised had been actioned.
- Staff told us they felt listened to and that the registered manager and provider were approachable.
- Staff spoke positively about the registered manager and felt they were supportive, one staff member said, "You are free to say if something isn't going well or something is going wrong. You feel supported by the manager and they will help you do anything."
- Regular team meetings were held

Working in partnership with others

- The registered manager attends the local authority's provider forum including training sessions run by the Quality Improvement Team. The registered manager told us they were supported by the provider to engage in such activities.