Merry Den Care Limited

Leighton House

Inspection report

44 Station Street
Cinderford
Gloucestershire
GL14 2JT

Tel: 01594827358
Website: www.merrydencare.co.uk

Date of inspection visit:
29 March 2019

Date of publication:
23 April 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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: Leighton House provides personal care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. Some people using the service lived in shared houses with a member of staff on duty 24 hours a day. Other people lived independently with staff support for specific needs, such as meal preparation. 28 people were receiving the service across a number of households.

People's experience of using this service: 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:
• People were supported to have meaningful opportunities and activities.
• Staff supported people to access mainstream services and specialist health and social care support.

Improvements were needed to ensure people's medicine would always be managed in accordance with current best practice guidance.

The provider's quality assurances processes had not always been effective in identifying shortfalls in the service. Where shortfalls had been identified plans were not always in place to manage the risks these could pose to people till the required improvements were completed.

Staff had not always received regular supervision and timely refresher training to support their professional development and ensure they remained up to date with current practice.

People told us they were supported by a team of caring staff who knew them well. We saw staff were kind and respectful towards people.

There was an open culture where staff and people could raise concerns or issues. People told us they felt safe at the service and felt happy to speak up. People's views were sought and were used to improve aspects of the service.

Rating at last inspection: The last comprehensive inspection rating was Good (This report was published on 14 September 2016). A follow up responsive inspection took place on 26 January 2017 and the rating was Good. The service is now rated Requires Improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Action we told the provider to take: We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will meet with the provider and request an improvement plan following this report being published to show how they will make changes to ensure the legal requirements are met and the rating of the service is increased to at least Good. We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
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**

Leighton House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type: Leighton House provides personal care and supportive living for 28 people with learning disabilities who live in their own homes. People's care and housing were provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. There was an acting manager in post who told us they were intending to apply to be the registered manager.

Notice of inspection:
We gave the service 48 hours' notice of the inspection to ensure people we needed to meet with were available. This included people using the service and the manager.

What we did:
We reviewed information we had received about the service since the last inspection in January 2017. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with four people living at the service. We spoke with four members of staff, the manager and the area manager. We reviewed three people's care and support records and three staff

files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. We sought feedback from a health and social care professional.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely
• Some improvements were needed to ensure best practice in relation to medicine management would always be followed.
• Medicines were not always stored safely. In one house that three people shared, medicines were stored in a locked cupboard. In another house, also shared by three people, medicines were stored in cupboards in people's bedrooms. One of these cupboards was unlocked which a member of staff said was the person's preference. However, there was nothing documented to show how staff had assessed the risk of medicines not being securely stored and the risk of other people accidently accessing these medicines. In this person's medicine plan, it was documented, "high risk," and that the person should be "Always supervised." The latest plan review was dated 9 January 2019, but there was nothing written to show that staff had identified the risk of the cupboard being left unlocked.
•After the inspection, the manager informed us they had spoken to the person who had confirmed they were happy for the cupboard to be locked and for staff to hold the key.
• Medicine errors had not always been identified and reported to the manager. We saw one person's medicine had not been administered on 11 March 2019 and was still in the packaging. There was nothing documented to show that staff had noted this or reported it to ensure no harm had come to the person. The manager was unaware of this when we informed them. After the inspection we were informed that the missed medicine incident had since been reported and investigated.
• Regular checks of medicines had been carried out, but had not highlighted the issues above.
• Other medicine administration records had been signed by staff to indicate people had received their medicines as prescribed.
• Although staff had been trained and assessed as competent to administer medicines, refresher training had not been completed by all staff. Staff were due to complete refresher training annually, but the provider's training plan showed some staff had not undertaken this for two and a half years and might not be up to date with current medicine practices.

Assessing risk, safety monitoring and management
• Staff could describe how they supported people at risk of choking to eat safely. Although choking risk assessments had been carried out, one person's care plan provided conflicting information about the person's level of eating and drinking risk. It was documented the person had been assessed as a medium risk with food. But the same person's eating and drinking plan referred to the person as at high risk. This could confuse staff that did not know the person well.
• Their plan guided staff to provide the person with a "puree textured C" diet as per their Speech and Language therapist guidance dated 2016. Staff could benefit from additional information about the position

the person needed to be in when eating and drinking and what to do if the person choked to ensure they remained safe.
• Other risk assessments did provide more comprehensive guidance for staff. For example, risks in relation to road safety and money management. A member of staff talked us through the finance plan for one person and told us, "Money is signed in and out. [Person' name] doesn't understand the value of money. We have 'Money books'. We keep all the receipts; all the documentation is signed." Records showed the money books were checked daily and that staff monitored the balance to ensure it was correct. This meant the systems in place for recording and monitoring when staff handled people's money for them protected people from the risk of financial harm.
• Regular health and safety audits were carried out to monitor the safety of the service.
• Environmental checks were carried out. The manager told us they encouraged staff to highlight when things needed to be addressed. They said, "I tell staff, if it needs doing, report it."
• Emergency plans and individual fire evacuation plans were in place to ensure staff supported people in the event of a fire or other emergency.

Systems and processes to safeguard people from the risk of abuse
• Staff said they had received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose. However, the training matrix showed that fifteen members of staff were overdue with refresher training and nine staff had not completed safeguarding training since 2016. Staff might therefore not be up to date with local safeguarding procedures.
• People told us they felt safe. One person said, "If I was worried, I'd speak to a member of staff or the team leader."
• Staff said they felt confident to raise concerns about poor care. One member of staff said, "If I felt uncomfortable [about poor care happening] I'd speak to my team leader. If I was still worried, I'd speak to the manager and keep going higher until it was acted on."

Staffing and recruitment
• Safe recruitment processes were in place.
• People were provided with a copy of the rota so that they knew which staff members were supporting them each day. The manager told us, "People can tell me who's working tomorrow. They know the rota better than anyone."
• There was enough staff on duty to meet people's needs. Staff told us that staffing levels were based around the activities people had planned for the day.

Preventing and controlling infection
• People told us staff supported them to keep their homes clean and tidy. One person said, "They [staff] keep this place tidy. I mop the floor, clean the bathroom and I mop the kitchen."
• People told us staff supported them to do their laundry. One person said, "Staff change my bedding and do my washing for me."

Learning lessons when things go wrong
• Although we were told incidents and accidents were reported, we were unable to see this in practise. This was because the manager was unable to locate incident records for us to review.
• We identified one incident of missed medicines that had not been reported to the manager.
• The manager told us, "We discuss incidents with staff and we have a debrief to prevent recurrence."

Requires Improvement

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

Requires Improvement: 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.

Staff support: induction, training, skills and experience
• People were supported by staff who did not always have all the up to date training required for their role. There was a training record in place which highlighted which training staff had completed and when refresher training was due. This showed several staff were not up to date with their refresher training and might therefore not be familiar with current work practices. For example, 40% of staff had not completed updated safeguarding training. Of those, 60% of staff were over a year overdue. 34% of staff were overdue with fire training and 42% of staff were overdue with medicines training.
• We asked the manager what action was being taken to ensure staff received the required training but had not received a response by the time we completed the report.
• Although staff told us they felt well supported in their roles, written records of staff one to one sessions with a line manager were not consistently in place to show how staff's training and development needs had been explored.
• There was an induction programme for newly employed staff.
• One member of staff said, "I've not long done positive behaviour support training. It helped me learn about triggers, how to deal with situations, different disabilities etc. I do feel trained to do my job."

The above demonstrated staff did not always receive supervision and training to support them to undertake their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's support needs were regularly reviewed.
• One person said, "The staff take their time with us to help us with the help we need. Any goals I want to achieve, they've helped me achieve them."
• People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and preferences for staff support. For example, some people enjoyed attending the local church.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to plan and shop for meals. One person said, "We do a menu for the next few weeks and then I go with the staff to do the weekly shop."
• Some people were supported to prepare meals if they chose to. One person said, "I don't like cooking, but I'll help a little bit."
• People told us they had a takeaway meal once a week. We heard staff asking people what they would like

from the local takeaway that evening.
• People's preferences for what they liked to eat and drink had been recorded.
• Staff understood the support people needed to eat and drink. Action was being taken to ensure people's care plans were updated when their needs changed and they required increased meal time support.
• One person we spoke with told us they received their nutritional intake via percutaneous endoscopic gastrostomy (PEG). They showed us how they participated in the procedure when having a meal. A member of staff told us, "[Person's name] still gets involved. Although [they] cannot have food, we have agreed for [them] to be responsible for going shopping for cleaning products. [They] do the washing up, the drying up, and will help prepare drinks for others."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to access ongoing healthcare. Staff said they accompanied people to appointments if people needed them to.
• One person had recently refused to go to the dentist so staff had arranged for the dentist to come and visit the person at their home.
• People had hospital passports that described their care and support needs and what was important to them. These are documents that state what is needed for a person to remain healthy, including the support which a person may require if they need to go to hospital.
• One person told us, "If I'm not well, they take me to the doctor. They take me to all my medical appointments, including the hospital."
• A member of staff told us when one person was admitted to hospital recently a member of staff attended with them.

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. We checked whether the service was working within the principles of the MCA.
• Staff were knowledgeable about the principles of the MCA.
• People's capacity to consent to their care and support had been assessed. One member of staff said, "[Person's name] has got capacity. But we did have a best interest meeting with the family and the doctors about having [a medical procedure]."
• Another member of staff said, "We had someone who wanted to go on a plane to [country]. We knew they wouldn't be able to cope with a four-hour flight, but could do a two hour one. So, we explained what would happen on the plane; we explained that they would have to sit still for four hours, and then [they] realised [they] couldn't sit still for that long. So, [they] decided to go on a shorter flight. They still got to go on a plane on holiday which was their choice."
• Advocacy services were available for people to access if they wanted to.

Good

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

Good: 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
• Staff were kind and caring. One person said, "The staff are nice and they're funny."
• Another person told us, "The staff are quite good. They're funny, they make me laugh."
• People were relaxed around staff. They were chatting with them and laughing with them.
• We observed staff speak with people with kindness and respect. One member of staff told us, I treat the guys like I would treat my friends or family." Another member of staff said, "My job is about helping someone in their own home, helping them with things they struggle with; that's where I come in. Companionship is also a big part of the job."
• People's protected characteristics under the Equalities Act 2010 were identified and their needs were met. This included people's needs in relation to their culture and religion. For example, one person was supported to attend church.

Supporting people to express their views and be involved in making decisions about their care
• The manager said they were starting to implement regular meetings with people to gain their feedback.
• Some people had chosen not to take part in 'house meetings.' In these instances, the manager told us they were meeting with people on a one to one basis. One person had asked for support to go on holiday and the manager told us they had agreed to look into this for them and to find suitable places to go.
• New documentation had been implemented. This was for key workers to ask people each day if they were happy with the staff who were supporting them.
• The service had received compliments. For example, "Things have greatly improved over the last few months and we very much appreciate the efforts of [manager] and the staff with whom we are developing a good rapport. In particular, [staff name] has formed a good relationship with [person's name] and has a good understanding of [their] autistic traits."

Respecting and promoting people's privacy, dignity and independence
• People's privacy was respected. People had been informed of our visit and had been asked if they were happy for us to visit their homes. Staff asked people if they could show us around their homes.
• Staff asked people if they wanted to speak with us. When people declined, this was respected.
• Staff understood how to maintain people's dignity. One member of staff said, "I let people make choices. [Person's name] likes going round charity shops but I won't follow them round the shop. I let [them] get on with it and then [they] will ask if [they] need me."
• Staff understood how to encourage people to maintain their independence. One member of staff said, "I'm promoting independent living. If I went into one of our houses and saw a member of staff washing up, when I know a person can do it, I would pull that member of staff to one side. We need to ensure people maintain the skills they've got."

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• The provider had identified prior to our inspection that people's care plans were not consistently person centred and did not always include details of people's choices and preferences for how they wanted to be supported. For example, not all hygiene plans include gentlemen's preferences for a wet or dry shave.
• Other plans were more detailed and described how staff should support people to be as independent as possible. For example, in one person's hygiene plan it was written, "You need to support me to clean out my shaver and remind me to charge it up."
• Communication plans and passports clearly set out how the service supported people to express themselves. Accessible communication was promoted including using communication aids, easy read material or pictures.
• Staff told us one person had an 'app' to support their communication needs, but the person chose not to use it. Staff respected this.
• The manager showed us new documentation that was being introduced. They told us this was a work in progress and that all people using the service would have the new style plan in place soon. The provider was monitoring the completion of the new care plans.
• Despite some information not being up to date, staff demonstrated they knew people well and understood their needs and their choices.
• People told us staff knew them well. One person said, "I've known a lot of the staff a long time; I think they really know me well."
• People told us they were involved in their care plans. One person said, "I think my care plan works for me. It is tailor made to my needs. I sat down with my support worker to agree it."
• People were supported to maintain relationships that were important to them. For example, one person was going to visit their girlfriend at the weekend.
• The services were in walking distance of the local town. Some people visited local cafes to take part in 'art space'. There was a local swimming pool and local walking group that people took part in. One person told us, "[Person's name] has gone to the day service today. I go there on a Thursday."

Improving care quality in response to complaints or concerns
• There was a complaints policy in place. This was available in easy read format.
• People told us they knew how to make a complaint. One person said, "There are no problems here."
• No complaints had been received during the previous 12 months.

End of life care and support
• Advanced plans were not in place. We discussed this with the manager who told us they were planning to work with the community learning disability team to put these in place with people. These are plans that detail people's choices and special wishes around care when they are ill or approaching the end of their life.

Requires Improvement

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

Requires Improvement: 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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• The service had been taken over by a new provider during 2018. The manager told us, "It's a work in progress" and "I know we need to improve."
• Staff said they felt supported by the manager. Comments included, "[Manager] is approachable and supportive" and, "I've messaged [manager] a couple of times about shifts or queries, and [they] always respond. [They] pop in to see us now and then and is around for us if we need [them]."
• One member of staff told us, "We're encouraged to speak up. I'm always bringing up new ideas. I suggested we do a cake sale to raise money for the air ambulance and everyone got involved. [Person's name] won the cake competition."
• People leased their properties from the local authority. The manager told us, "[Provider] are advocates for the people they care for. We have our own estates group that can action things if the landlords haven't acted quickly enough."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• Systems in place to monitor the quality and safety of the service were not always effective.
• Regular audits were carried out by the manager and their team. These included audits of medicines, finances and the environment. However, these audits had not identified the concerns we found with medicines management and staff training and support.
• Medicine incidents had not always been identified and reported. We identified a medication incident during the inspection, which had occurred 25 days previously. This had not been reported and the manager was not aware of it until we brought it to their attention.
• Medicine audits had not identified that one person's medicine storage was not safe and did not identify how safe practice was to be maintained whilst staff were awaiting medicine refresher training.
• The training matrix showed what training staff had completed and the manager and provider were aware that staff had not all received up to date training. A plan was not in place to address these shortfalls and the risks this could pose for people until staff training was completed.
• Care plan audits had identified that people's care plans were not always up to date and did not always provide an accurate reflection of people's needs. Action was being taken to review care plans but plans were not in place to ensure people received appropriate care whilst, for example, their choking prevention, personal care and eating and drinking care plans were reviewed.

The above demonstrated systems in place to monitor the quality and safety of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• A commissioner's quality visit had taken place during 2018. This had identified areas for improvement and there was an improvement plan in place. As a result, the provider's own audit processes had been improved.

• Regular environmental audits were completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Regular feedback was sought from people. The manager told us, "We've just introduced the new feedback form for people to highlight if they're not happy with staff."
• Staff meetings took place. We saw records from some of these. The manager said, "I'm trying to make them more regular. We're aiming for three monthly, but I do speak to staff daily. All of the staff can contact me at any time though."
• Team Leaders had recently been appointed. The manager told us this had created hubs of smaller staff teams. One member of staff said, "We're encouraged to speak up [during meetings]. If I ask a question and I don't feel it's been answered, I'll ask again. We're encouraged to ask questions, and advised to write questions down so we don't forget."

Working in partnership with others
• The service worked closely with the local community learning disability team, the local GP and dentist. This included the dentist visiting one person at home rather than them having to go to the local surgery.
• The service was working with one person's social worker. The manager said, "One person wants to move, so we're supporting them with that to make sure it happens."
• The manager told us, "I would like to get people more involved in the local community. I would like to get people to do some volunteering, and get people more active in the community."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not always effective. Interim plans to mitigate risks where shortfalls had been identified were not in place.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were supported by staff who did not always have all the up to date training required for their role. Staff did not always receive supervision and training to support them to undertake their role.