Darbyshire Care Limited

Merchant House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Merchant House is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 19 people in an adapted building set over two floors. There is a stair lift and stairs for access to the first floor and the service has a dining room, large lounge, gardens and an external smoking area.

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

People told us they felt safe living in the service. Staff were patient when administering medicines and had been trained and observed as competent before administering by themselves. There were enough staff to meet people's needs. However, people said they would like to spend more time with staff. Where people faced specific risks, these were assessed, and staff followed the advice in the risk assessment to mitigate these risks. However, during the inspection a change in risk management was not handed over to a staff member.

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.

People said they enjoyed the food and were offered a choice for each meal. Some people ate in their rooms or the lounge and some ate in the dining room. People were supported by staff that asked them for consent before delivering care, had attended training and had been supported through group supervisions and regular team meetings.

People told us staff, "Couldn't be kinder" and described how the atmosphere in the service had become homelier since the décor had been improved. Staff culture and attitude towards delivery of care was sometimes task focussed and did not consistently treat people with dignity and respect.

Relatives, people and staff told us there had been an improvement in the level of activity in the service and people were feeling more engaged and supported in this area. Care plans were person centred and contained detail of people's life history. People said they felt happy to complain though had not done so. People's communication needs were met through signs, pictures, different styles of conversation and translated documents depending on peoples' individual needs and preferences.

The service had a robust management structure in place and managers had oversight of the day to day running of the home. There was an awareness of what still needed to be improved and a realistic timeframe for improvement, as an inherited staff culture from the previous provider was embedded and parts of the building were quite shabby. Staff felt supported and people and staff were consulted on changes taking place in the service.

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

Rating at last inspection and update: This service was registered with us on 10/10/2018 and this is the first inspection.

The last rating for this service was Inadequate (published 20 June 2019) and had been in Special measures. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

At this inspection we found improvements had been made and the provider had been aware of an area of improvement that was needed regarding dignity and respect from when they took over the service, we found a breach in this area at this inspection.

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

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Merchant 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. 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 team consisted of one inspector and one assistant inspector.

Service and service type
Merchant House 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since their registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, deputy manager,

care workers and domestic staff.

We reviewed a range of records. This included five people's care records and six medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. We spent time in the communal lounge observing interactions between staff and people and two people showed us their rooms. We also walked around the building observing the environment.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and contacted eight further staff for feedback and had a response from three. We spoke with two professionals who work with the service.

Requires Improvement

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 inadequate. The new provider was aware of an area of improvement in relation to safe care and treatment, specifically regarding choking risks and risk assessments when they took over the service. At this inspection we found the service had addressed the issues around choking and risk assessments. However, there were still improvements to be made and changes needed time to be embedded. This key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was still an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse
• Staff had completed training in safeguarding adults from abuse and were able to describe what they would do if they had concerns.
• Safeguarding was discussed at team meetings and meetings the service held for people.
• Contact details on who to contact if staff or a person suspected abuse were on display in a communal hallway.
• Safeguarding concerns were reported and investigated in line with the service's policy.

Assessing risk, safety monitoring and management
• At our last inspection we found a person who was at risk of choking was not being supported in a safe way in line with their risk assessment. At this inspection we found the risk assessment was more robust, the person had been assessed by a speech and language therapist and staff were following their guidance. We observed staff sitting with them during meal times and fluids being appropriately thickened. However, we noted that when we spoke with one staff member who had not been in work since thickened fluids were introduced this information had not been handed over to them. This could have placed the person at risk.
• People had general risk assessments for mobility and skin integrity but also specific risk assessments for identified risks such as diabetes, smoking, and mobilising through certain areas of the home.
• Risk assessments were reviewed regularly.
• We discussed with the registered manager adding in more detail to specific risk assessments and they amended these immediately.
• The environment underwent appropriate checks. At the last inspection we found chemicals and toiletries accessible to people that could have been unsafe. At this inspection chemicals were locked away and fire safety checks and legionella testing were conducted regularly.
• The ground floor wet room had water pooled on the floor after use. The registered manager had identified that the drain lip was higher than the floor, so the water was not draining well presenting a slip hazard to staff and people, but this had not yet been rectified.

Staffing and recruitment
• Recruitment processes were robust, and the provider had made efforts to fill gaps in employment and recruitment records when they had taken over the service.

• Police checks were carried out on new staff before they started working in the service to ensure they were suitable to work with vulnerable people.
• There were enough staff to meet people's needs. There were three care staff on during the day as well as a domestic, a cook, the registered manager and deputy manager. Two staff worked at night. People told us there were always staff around but we did not see care staff spending time with people other than to complete care tasks and check on people.

Using medicines safely
• Medicines were stored safely.
• Medicines audits were completed but daily checks did not pick up on some of the issues we had identified.
• Medicine administration records (MAR) showed pain relief for one person was out of stock. We asked the registered manager to investigate this and they found the medicine had been stopped but the MAR had not been updated by staff.
• Protocols were in place for medicines prescribed as required, or PRN. We asked the registered manager to follow up whether pain relief for one person should be prescribed as PRN. This person had been taking the maximum dose four times a day for several months which suggested they needed the pain relief on an ongoing basis rather than as required.
• Staff completed medicines administration training and were checked for competency before administering medicines to people unsupervised.

Preventing and controlling infection
• The service employed a staff member to clean communal areas and peoples' bedrooms.
• Equipment to prevent the spread of infection was available and being used by staff.
• People told us they were happy with the cleanliness of the service.
• The provider had plans to replace some carpets in the service as some were stained and had an unpleasant odour.

Learning lessons when things go wrong
• The provider and registered manager were reflective on incidents and how they could support people to positively manage risk.
• The registered manager had developed a more robust auditing system and was able to show where the service had made changes in relation to safeguarding concerns.
• Capturing and evidencing lessons learned could have been clearer. We discussed the auditing of incidents and how this could be evidenced using a simple format.

Good

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 requires improvement. The new provider was aware of an area for improvement regarding dignity and respect in regard to the environment and people's hydration needs. At this inspection this key question has now improved to good, sufficient improvement had been made. 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
• People's needs were assessed taking into consideration physical, mental and social aspects of their lives.
• Care was being delivered in line with professional guidance. We saw drinks prepared in line with guidance for a person who required thickened liquids because of a choking risk.
• Guidance was clearly on display for staff in the kitchen and staff office on best practise in support after a fall and food consistencies.

Staff support: induction, training, skills and experience
• The registered manager had not always documented one to one supervision meetings. However, staff said they felt fully supported and had received supervision in a group supervision setting that was documented and had regular team meetings.
• The registered manager was actioning their plan for supervision and was open about not having recorded all conversations with staff. We saw staff had filled out detailed questionnaires about how they would like to be supported since the new provider had taken over the service in the last two months. The registered manager said they wanted the staff to feed into how they were supported and help create a support structure that worked for them.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they were happy with the food provided and were offered a choice. We saw staff asking people what they would like for lunch and dinner. Four different meals were prepared for lunch on the day of our inspection.
• People had drinks within reach and were offered warm and cold drinks regularly. There was a water cooler and cups for people in the lounge and we saw people helping themselves and pouring drinks for others.
• People were weighed regularly where required. We saw where a person had lost weight the GP was contacted, and they were prescribed supplements to aid weight gain.

Staff working with other agencies to provide consistent, effective, timely care
• We received positive feedback from health and social care professionals and they had noted there had been a change in atmosphere and staff attitude since the change in provider.
• Staff had worked in partnership with a professional to encourage a person over time to leave their bed after not being out of bed for two years. This person had been supported by staff to change position regularly and stay clean and their skin integrity had not been affected, despite remaining in bed for an extended period.

• Health and social care professionals said the service was, "Receptive to advice" and, "I see them implementing what we advise."

Adapting service, design, decoration to meet people's needs
• The service was undergoing extensive redecoration and carpets had been replaced in several rooms and décor and maintenance were being updated.
• People were asked what colour they wanted their rooms decorated and people had decided they wanted the lounge to be painted grey which had been completed.
• Areas of the service were dated but the provider had a plan for modernising these and using the communal spaces, so they worked better for people living in the service.
• The service had two stairlifts for people who lived on the first floor and two adapted bathrooms with a wet room and easy access bath.
• There had been some investment in equipment that would make staff use of time more effective. One staff member said, "They bought us a press rolling machine, so it saves us hours on ironing everyone's clothes."

Supporting people to live healthier lives, access healthcare services and support
• People were supported to access dental, optician, GP, and podiatry services.
• People were supported by the service to attend healthcare appointments including travelling there and having staff support during the appointment.
• The service made timely referrals to healthcare services and were prompt in communicating any concerns to GP's and district nurses. We saw during the inspection several examples of healthcare services being contacted in response to people's changing health 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 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 told us staff asked them for consent before supporting them with care activities, and we observed this in communal areas.
• Consent to deliver care was in place for people as part of their care plan and consideration had been made regarding bed rails, lap belts in wheelchairs, photographs, and provision of care.
• Where people required a DoLS these had been appropriately applied for and followed up where authorisation had expired.

Requires Improvement

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 requires improvement. At this inspection this key question has remained requires improvement. We saw some caring staff and positive interactions during this inspection. However, we also saw evidence the staff culture showed people were not always considered with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
• We fed back to the registered manager and provider that although staff were caring with people, the culture could be more person focussed. For example, when we arrived a staff member suggested we use a person's room to meet in. We observed an interaction where a person was not offered choice and a staff member said it didn't matter. When people receive care and treatment, all staff must treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way.

The above evidence constitutes a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

• Interactions we saw between staff and people were kind and caring.
• When the new registered provider took over they were aware there were concerns a person's cultural and language needs were not being met. At this inspection the registered manager showed us what had been done to address this with key documents being translated and the person telling us they were happy with living in the home.
• Families and people told us they liked the home and it had a homely feel.
• One relative said some staff went above and beyond what was expected. They told us staff took their family member shopping for clothes and one staff member had taken their family member to a loved one's funeral on their day off.

Supporting people to express their views and be involved in making decisions about their care
• People and relatives told us they weren't aware of what was in care plans, but they were kept updated by the service and any suggestions they made regarding care provision were implemented.
• Care plans had sections on whether people and their families had contributed to them and these repeated that people did not want to contribute to their care plans or family were not available.
• We discussed with the registered manager how they could think more creatively about how to engage people and with consent, families, in the planning of care.
• People were supported to express their views in regular meetings. Their suggestions were then acted on. For example, one person wanted to have some tools to do some carpentry. The service arranged for their tools to be brought to the service, so they could continue with what they loved doing.

Respecting and promoting people's privacy, dignity and independence

• People were encouraged to move and retain their mobility.
• Staff demonstrated they knew how to respect people's privacy and care plans referred to respecting people.
• People told us they were treated with dignity and respect.

Good

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 requires improvement. The new registered provider was aware of an area of improvement relating to accessible information. Improvements had been made to provide accessible information to a person for whom English was not their first language. At this inspection this key question has improved to good. This meant people's needs were met with personalised care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Care plans were detailed and reflected people's preferences regarding whether they had a shower or a bath, a male or a female carer and what food and drink they preferred.
• People's life histories were captured including key dates to remember and how they liked to celebrate them.
• We observed care being delivered in line with what was recorded in care plans.
• Health and social care professionals said, "They know everything about patients from their social needs to care needs."

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.
• Staff tailored their communication style to meet the specific needs of people. One person could verbalise their needs, but on some days struggled to do so. They had agreed with staff they would use some hand signals, so they could quickly communicate whether they were ok or not.
• Documents were made available in large print and different languages for people.
• The menu was available in pictorial format.

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
• The service was encouraging staff to explore with people how they would like to spend their time. For example, one person liked gardening and had worked with staff to plant some seeds. Another person had been provided with some models to build.
• The service had started to provide more activities and entertainment for people. People told us they enjoyed the singers that came in to the service. Every person, staff member and relative we spoke with said they had noticed a change in the service since more activities were introduced. One staff member said, "I've seen a difference, residents are being more stimulated."
• One person said they would like to get out more but felt staff were not always interested. We spoke with the registered manager and provider about how this person could be engaged more and leave the service to access the wider community.

Improving care quality in response to complaints or concerns
• People and relatives felt comfortable making a complaint and told us they would approach the registered manager. One relative we spoke with said the service were responsive in responding to their concerns and had made changes to their relatives' rooms quickly so there was no need to complain.
• There was a complaints policy and procedure and central log to store complaints on.
• The complaints policy was printed out and visible in communal areas.

End of life care and support
• There was nobody receiving end of life care or support at the time of our inspection.
• Care records showed where people had wanted to discuss it, their end of life wishes had been recorded by the service. This included information on who they wanted to be with them at the end of their life, details of any religious service and preferences for music and flowers.
• Some staff had attended training in end of life care and this was something the registered manager wanted to roll out further to other staff members.

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.

At the last inspection this key question was rated as inadequate and the new registered provider was aware of improvements needed in this area. At this inspection this key question has now improved to requires improvement. We found the service required improvements to be embedded and sustained over time. Leaders and the culture of the service did not always support the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The provider and registered manager were positive, and able to demonstrate during the inspection they knew what good person-centred care looked like and had plans to effect further change in the service.
• Clear efforts had been made to include people and staff in decisions about décor and the running of the service. Staff said they felt part of the change and were included in decisions.
• We saw some positive outcomes for people during our inspection. These showed staff were responsive to health needs and supported people to get well and keep moving.
• The registered manager and provider identified they had a challenge to overcome some of the ways in working that staff had inherited from the last provider. Some staff did not treat the service like it was peoples' home, but their place of work.
• Staff said the management team were friendly and approachable but could be more visible to night staff. One staff member said, "Management are always fair."

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 provider acted on and understood their duty of candour and we saw records where relatives were contacted if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There was a clear management structure and good communication between the provider, registered manager and deputy manager. Managers understood what their roles entailed and challenged each other constructively to achieve positive outcomes.
• There was good provider oversight of quality and they checked the electronic care recording system daily for anomalies or missing entries.
• The registered manager completed regular audits of all aspects of care delivery and was open when we discussed how to best capture the quality performance support he was providing in the service.
• There was a good understanding from the provider and registered manager of regulatory requirements and what good care looked like.
• The management team were aware of risks that people faced in the service and how to mitigate them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Adjustments were made for staff with specific needs.
• Staff told us they felt engaged and involved in the changes taking place in the service. One staff member said, "Staff are involved and residents are involved in the changes."
• Staff had been given questionnaires on how they would like to be supported so they could have input into how the support was structured to meet their needs.
• The registered manager had plans to further develop links with the local community.

Continuous learning and improving care
• The provider and registered manager were reflective on what they had learnt and were aware of the areas for improvement regarding the environment and staff culture.
• The registered manager was part of different networks where best practise was shared and they could widen their experience of what high quality care looks like.
• More in depth training was being booked and staff were taking on roles such as end of life champion and wellbeing champion to deepen their knowledge of best practise in key areas of care.

Working in partnership with others
• People achieved positive outcomes when they were supported by staff working with key health and social care professionals.

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
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The service failed to treat people with dignity and respect. Regulation 10 (1).