Felixstowe Care Homes For The Elderly Limited

Merryfields

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Merryfields provides accommodation and personal care for up to 20 older people, some living with dementia. There were 18 people in the service when we inspected on 21 March 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care that was personalised to them and met their needs and wishes. Staff listened to people and acted on what they said. The atmosphere in the service was vibrant and welcoming. Feedback from people and relatives about the staff and management team was positive. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service.

People were provided with their medicines when they needed them and in a safe manner.

There were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Staff were trained and supported to meet the needs of the people who used the service. The service was up to date with the Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system where shortfalls could be identified and addressed promptly. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

Staff understood the importance of gaining people's consent, and were knowledgeable in The Deprivation of Liberty Safeguards.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Merryfields

Detailed findings

Background to this 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 was planned to check 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.

This unannounced inspection took place on 2 March 2016 and was carried out by one inspector.
Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager, deputy manager, two assistant managers and a director representing the provider. We also spoke with four other members of staff including care and catering staff.

We spoke with five people who used the service, three relatives and a visitor who was providing an exercise related activity. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed four people's care records and other information, for example their risk assessments and medicines records.

We looked at five staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People presented as relaxed and at ease in their surroundings and with the staff. People told us they felt safe living in the service.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures. They were aware of their responsibilities to ensure that people were protected from abuse. The training was provided to all support staff as well as the care team. One person told us, "With my job it's just as important when it comes to safeguarding. I still need to be aware."

Staff knew how to recognise and report any concerns to the appropriate professionals who were responsible for investigating concerns of abuse. A member of staff explained, "There are all different kinds of abuse. You know them [people living at the service]…alarm bells would start ringing if they start doing or saying something out of the ordinary. We look for signs, body language, the way they act."

Records showed that concerns were reported and investigated appropriately. Those involved had been kept well informed and steps had been taken to prevent similar issues happening. This included providing extra support such as additional training and communication to staff when learning needs had been identified.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated to ensure staff knew how to provide their care and keep them safe.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. On the day of our inspection the staff had identified that there was a problem with one of the hoists so took this out of service whilst it was arranged for an engineer to visit as soon as possible. A member of staff told us, "Health and safety comes first…their health and wellbeing. Everything is documented." Regular fire safety checks were undertaken to reduce the risks to people if there was a fire. We saw that peoples care plans included Personal Emergency Evacuation Plans and there was guidance in the service to tell people, visitors and staff how they should evacuate the building if this was necessary.

There were mixed views about whether there were enough staff at all times. A person told us there were enough staff to give them the support they needed and a relative also felt; "There are definitely enough staff." A healthcare professional who visited the service regularly said, "They have got enough staff and provide high levels of care for their residents." Some people felt that at times more staff would be useful. A person told us, "Sometimes when you want someone they can be quite a time coming", and a relative said, "Generally I think their needs are always met. I don't think anyone is left alone without being attended to. There is an adequate number of staff but sometimes they are rushing about."

Records of management meetings showed staffing levels were regularly assessed, considered and discussed. We observed that the period leading up to and including lunch time was particularly busy. At one point during lunch two people who needed complete assistance with their meals were being supported by one member of staff rather than receiving individual attention and support. We discussed this with the registered manager who said this was not usual and acknowledged that this was not good practice. She had recognised that additional support was needed at key times of the day, including lunchtime, and was in the process of recruiting two apprentices who would be able to assist at these times.

Recruitment records showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Suitable arrangements were in place for the management of medicines. We saw that people received their medicines in a safe and supportive way from staff. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. We observed a member of staff saying to a person, "I've got your paracetamol. Would you like a drink?"

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were stored safely but available to people when they were needed. People who were on medication which was prescribed to be taken 'as and when required' were given the choice whether they felt they needed it. We observed that a person was asked "Would you like some paracetamol?" and they replied, "No thank you." The medication records confirmed that this type of medication was made available at regular times throughout the day but people had been able to decide whether they wanted it each time.

Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role. A member of staff told us, "I can do medication If needed. I've never had an error but if I did I would speak to the manager and call the doctor. I always take time and do it properly." Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. The pharmacy supplying the service also carried out an annual review and a healthcare professional told us, "I have no doubt that Merryfields is complying with record keeping, training and services. They constantly take training for administration and safe keeping of medicines."

Good

Is the service effective?

Our findings

Staff were provided with the training they needed to meet people's needs and preferences effectively. They were regularly supervised and supported to improve their practice. A member of staff told us, "We are always being updated, sometimes twice, three times a year. The training is very good here". The majority of care staff had achieved or were working towards level two or three health and social care diploma, and new members of staff were completing the care certificate. This is an identified set of standards that health and social care workers adhere to in their work. It was the intention of the management team that all current staff would also work through the care certificate to update and refresh their knowledge and skills and ensure all staff were working as a team and to expected standards

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings where they could talk through any issues, seek advice and receive feedback about their work practice. A member of staff told us, "Everyone gets on, we work as a team. I have the support of [registered manager] and [director.] If I've needed anything I'm on the phone, they are happy to help." Another staff member said, "I have supervision once a month or so, I've never had any problem" We saw supervision and appraisal records in the staff files which showed how the management team had dealt with any areas where there was cause for concern, promoted good practice, encouraged staff to professionally develop and supported their career progression.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager told us that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS.

People told us that the staff sought their consent and acted in accordance with their wishes. This was confirmed in our observations. We saw that staff asked people's permission before they provided any support or care and a person we spoke to confirmed that they had been involved with their relatives care plan but they had asked [persons] permission first. They told us, "She said, speak to my [relative] and they do. They speak to her too."

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. A relative told us, "They encourage [person] gently to eat and get things they know [they] likes. Things like prawns. They are very accommodating." Feedback about the food was complimentary. One person said the "Food is very, very good", and a relative commented, "The food is very good, the menu is changed every three weeks. It's very good cooking".

We saw that people were offered a choice of what they would like to eat. A member of staff said, "We try to do what they would like, it's no problem if they would like something different." The menu included two main choices for each meal and options of light bites and refreshments available all day were displayed where people could see them at a hatch through to the kitchen. We observed that fresh cold drinks were placed in communal areas throughout the day, hot drinks and snacks, including fresh fruit, were offered and people were encouraged and supported to have these. A visitor told us, "I see them offering drinks. It is usual for them to have snacks. When I come in the afternoon everyone will have had a cup of tea and there are biscuits and cake about."

Discussions with staff and people's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon where possible. Regarding one person's nutritional needs a member of staff said, "We try to increase calorie intake where we can but it's [persons] choice." This meant that people's choices were respected whilst taking into account their health needs.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/representatives on their behalf, had been involved in determining people's care needs. A member of staff told us, "We have communication with doctors. Three surgeries come here. Nurses come when needed, they are the same ones which is nice." We observed a conversation between a person who had a health concern and a member of staff. They said, "I've called the doctor. When you go back to your room I'll take a look." This showed that the persons concerns had been taken seriously and would receive prompt access to their doctor.

Good

Is the service caring?

Our findings

The atmosphere within the service was welcoming and vibrant. One relative told us, "If I was a resident I would think it was heaven. The atmosphere is always lively and there are lots of activities going on." Another said, "I was very impressed at our initial visit…there was no smell…there was an activities board at the entrance…the place looked alive. The staff were very friendly and continue to be. They are very approachable."

People and their families were positive and complimentary about the care they received. A relative said, "I am completely satisfied with the care [person] is receiving at Merryfields. This is a first class home with caring and friendly staff who go the extra mile to meet the residents (and visitors) every requirement. I would recommend it to anyone." A healthcare professional who visited the home told us "I have no doubts that Merryfields provides a high level of care."

We observed staff demonstrating empathy, understanding and warmth in their interactions with people. A relative told us, "The staff are marvellous. They have a lot of fun. Staff are always smiling." Staff talked about people in an affectionate and compassionate manner and were caring and respectful, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them.

Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. One of the assistant managers told us, "When we first start [working at the service] the first thing we do is spend a month going through all the care plans". Another member of staff describing how they knew what was important to a person who was unable to express their wishes verbally said, "We know her, we can see from her face." A person living at the service said, "The newer staff have now got to know me. They say 'Is that alright [name of person?]."

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included people's likes and dislikes, preferences about how they wanted to be supported and cared for. A relative said, "It's [relatives] choice to stay in [persons] room. [Relative] likes to stay in bed a lot and the staff speak to me about it fairly often but it's [their] choice." We asked a person if they were involved in the planning of their care and they told us, "They come to talk through my care plan" and a relative said "They let me know if there are any changes."

Throughout the day we saw that people wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what activities they wanted to do, what they wanted to eat and where they would like to be. For example we heard a member of staff say to a person, "Would you like to go back through there or go to your room?", and another member of staff told us, "I ask the resident if they are happy. The resident is number one. It is their choice. We do things which are in their best interest." This showed that people's choices were respected by the staff and acted on.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected and our observations confirmed this. For example we saw a member of staff explain to a resident at lunch time; "I'll just put your bag here, if you move right into the table I'll push the chair in behind you." Another member of staff confirmed that they knocked on people's doors before entering and said, "We knock on the door, check they are ok each hour." A member of the domestic team told us, "All their world is in there. I try to keep it as close as I can to how it was for them before they came in."

We observed the hoist being used in a communal area to assist a person. Staff explained, "We never leave [person] in a wheelchair, we always hoist into [persons] own chair. [Person] is happy to use the hoist, [they] help put [their] arms and legs up." Our observations confirmed this and there was a relaxed atmosphere whilst the hoist was being used by two care workers who spoke and sang songs with the people they were assisting as well as others in the room. The people being assisted with the hoist appeared to be comfortable, safe and at ease.

We saw that people were encouraged to maintain their independence where possible. A person told us "They help me to be independent" and a person visiting to provide an exercise activity said, "They maintain independence, help people to walk instead of relying on wheelchairs which would be quicker."

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. A member of staff told us, "We have a system where we do hourly checks, each carer is allocated about seven residents and they check them ...We all pop in to see residents as we pass." A visitor commented, "There is always a friendly welcome, always plenty of staff about. They respond to requests for help. People get what they need."

Staff were knowledgeable about people's and knew how to provide personalised care that met their needs. A member of staff told us,"[Person] doesn't always need the hoist, we assess each day." At lunch time a person was feeling unwell and left the table. An assistant manager reassured them and said to another member of staff, "I've put him on 30 minute checks." Later in the meal time we heard the staff member say "I'd better go and check [person] in a minute." This showed that the staff were proactive in increasing the level of support provided in relation to people's current needs.

Staff knew about people's individual likes and dislikes. This was reflected in the way that they interacted with people and the discussions they had. A person told us, "I'm their favourite. They do things the way I like."

The service used an electronic based care plan system which staff updated throughout the day. A member of staff said, "We like to document in people's care plans as we go. We also have a tablet [computer] we can use." We saw that each time staff updated the daily records they recorded an associated emotion most relevant to how the person was feeling at that time. This emotional mapping was monitored and assisted staff and the management team to recognise if there were any causes for concern. Any patterns of mood could be discussed and acted on if needed.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs.. However, in some places we saw that care plans contained generic wording. For example, a standard phrase had been used to indicate the person had an advocate but it was not clear in this section of the records who the advocate was. We queried this with the manager who acknowledged that they were continuing to update the care plans to make them as personalised as possible for each individual.

People's needs had been appropriately assessed prior to their arrival at the service and we saw that a manager had recorded in a handover sheet the outcome of one assessment which showed that the persons health care needs had been considered and a decision reached that they were unable to support the person at this time. This indicated that people were not offered a home at the service unless it was certain that they would be able to meet their needs.

People told us about how they spent their days and the activities available to them individually and as a group. One person told us, "My family come to see me quite regularly. There is always something going on.

Lots of music, we have a man come to play the piano on a Saturday" and another said, "There is a very good service for doing your nails and hair and the hairdresser comes once a week." People were supported and encouraged to take part in the things which they enjoyed. We observed an exercise activity taking place during the afternoon. The person who visited weekly to provide this service told us, "Everyone is engaged, even when I come in on a different day when they are not expecting me. They are consistent and encourage people to get involved."

We observed that involving the people in meaningful activities occurred naturally throughout the day. There was a happy atmosphere in the lounge, music was playing, people were visited by their families and people were moving about freely with assistance and encouragement from staff. A member of the domestic team commented, "The residents are happy but if they have days when they are not so happy the [staff] gently take them to one side and do an activity; it's surprising how much this helps." People who preferred to spend time in their own rooms were also supported by staff and a member of staff told us, "We go and chat with [person] colour and cut [their] hair." A relative said, "They will go in to speak with [them] and see that [they] is ok. Not just the carers, the cook and the cleaners will go in and say 'Hi, how are you?'".

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Records of previous complaints showed that they had been investigated and responded to fully and in a timely manner. A person commented; "Complain? No I've not really needed to." A relative said there had been no major problems. They deal with things as they arise." and another commented, "They have listened many a time. They are very approachable, they take the time."

In meetings attended by the people who used the service, they were asked if they had any concerns or complaints they wanted to discuss. We saw in the minutes of one residents meeting that previously people had some concerns in relation to the ironing of their clothes but that this had now improved. A person confirmed this and told us, "Not so long ago we all sat in the lounge and talked about things…they do change things. When we had our meeting someone complained about the shirts. They are doing the ironing much better now."

Good

Is the service well-led?

Our findings

There was an open culture in the service. Staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. A member of staff commented, "It's like a big family" and added, "It's a rewarding job." People gave positive comments about the management and leadership of the service. A relative told us that they were, "Always responsive". They listen to what you have to say." Another relative said, "The owner [director] always assures me that if there are any issues I can speak to them or the Manager." We saw how the manager on duty completed a daily handover sheet so that the whole of the management team were updated regarding people and staff. These were also sent to the directors so that they were aware of what was occurring at the service on a daily basis. This enabled them to have continued oversight.

We saw how the manager had responded to a concern raised by a person's relative by writing a written apology and indicating how they would communicate details of the concern to all staff individually and in a group meeting. A copy of the complaints procedure had also been included to enable the person to make a formal complaint if they required. We saw in minutes of staff meetings and staff files that issues of concern were raised with staff as a group and individually. This showed that concerns and complaints were acknowledged and listened to by the management team. Appropriate steps were taken to respond, put things right and opportunities were taken to learn lessons from these experiences to improve the quality of care.

Staff told us that they felt supported and listened to and that the management team were approachable and provided support when they needed it. A member of staff commented "I'm pleased with the way my home manager deals with any problems and I feel confident to approach with any issues I may have". Another said "I've never had any concerns, I have fantastic colleagues. I always speak with the manger, she is really very good and also the deputy is very nice. If you have concerns you can go to them, you know it will be sorted." We saw in staff meeting minutes how the views of staff had been taken into account. For example night staff duties had been changed following discussions with staff and this was being monitored by the managers.

The service took pride in making sure people were provided with a good quality service. A person told us, "I sometimes see [directors] not that often but they bring their dogs and ask if everything is ok". One of the management team said, "[Directors] are very supportive and here when you need them. They keep staff morale up." And another commented, "I definitely feel supported, [director] comes in on a regular basis to check everything is ok and offer support."

The management team understood their role and responsibilities in ensuring that the service provided care that met the regulatory standards. They continued to update themselves with regard to changes within the care industry, including the introduction of the new care certificate and the latest best practice guidance in relation to dementia care. The registered manager and deputy manager were nearing the end of six month dementia coach course to support them in the work they did. The aim of the course was to equip people working in health and social care, enabling them to coach and mentor members of their team. We saw in

minutes of staff meetings that these coaching activities had been carried out. This was starting to help provide staff with the skills and knowledge to understand and meet the needs of people living with dementia.

The provider had robust quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. Audits were completed once a month by the registered manager as well as a director. Other managers each had their own areas of responsibility with regard to monitoring. For example one assistant manager told us, "I do monthly medication audits and [registered manager] checks them. We do daily checks and unannounced spot checks." We saw evidence of monthly spot checks taking place during the night when one of the management team would arrive at the service unannounced to ensure that people's needs were being met appropriately. The registered manager confirmed that if an issue was raised as the result of an audit it was brought to her attention and she would take the appropriate action and discuss with the relevant individuals to address it and improve.

We saw that people and their relatives had been asked to complete satisfaction questionnaires. A relative confirmed, "I have been asked to complete surveys. I just say everything is excellent." Questionnaires people living at the service had been asked to complete included illustrations which were used to indicate emotions for each possible response. This meant that people living with dementia would be able to better understand how to respond to the questions they were being asked. A relative who had completed a questionnaire had commented "The home is first class and far exceeds my expectations."