

Achieve Together Limited

Merrington Grange

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Merrington Grange is a residential care home providing personal care to up to 10 people across three separate buildings. Each building has its own communal areas and kitchen facilities. The service provides support to autistic people and people living with learning disabilities. At the time of our inspection, there were eight people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported in an environment where maintenance was required to reduce the risk of spread of infection and make it more appealing for them. People's pictures had been put up in the home to personalise it and make the environment more stimulating. People were supported to reach their goals and support was focused on their strengths. Staff supported people to access the local community and engage in activities of their choice. Staff communicated with people in a way that met their needs.

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.

Right Care:

People were not always supported by a sufficient number of staff to meet their assessed needs. People were supported by staff who were kind and caring to them. People's privacy and dignity was respected by staff. People were supported by staff who had undergone safeguarding training and understood how to keep them safe. People's care plans reflected their needs and promoted their wellbeing. Risks to people were managed safely and staff enabled people to take positive risks.

Right Culture:

People were supported by a high number of agency staff. The provider tried to keep consistency but sometimes this meant staff turnover was high. People and those important to them were involved in planning and reviewing their care. People were supported by a management team and staff that were focused on achieving their goals and empowering them. Staff placed people's wishes at the centre of what they did.

Governance systems in place did not always ensure that appropriate checks were in place to check the

quality of the service, for example cleaning schedules and daily records.

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

Rating at last inspection

This service was registered with us on 27 July 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 2 June 2018.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and governance at the home. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

Enforcement

We have identified a breach in relation to the governance of the home at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Merrington Grange

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Merrington Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Merrington Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 September 2022 and ended on 23 September 2022. We visited the

location's service on 15 and 16 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission care to the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people living at the home and four relatives. We also spoke with the regional manager, registered manager, deputy manager and four staff members

We looked at four people's care records and reviewed three people's medicine administration records (MARs). We viewed three staff files and recruitment documentation stored electronically. We also viewed training records and audit documentation. We asked the registered manager to send us further evidence regarding building maintenance action plans.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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.

Staffing and recruitment

- Staff told us they were regularly understaffed. One staff member told us, "Working one down happens regularly, multiple times per week." We checked rotas which showed there had been frequent occasions where staffing levels were insufficient to meet people's assessed needs of one to one support. The registered manager explained that when they were understaffed, a decision was made how to deploy staff based on minimising risk to people. We found no evidence that this had impacted on people's safety.
- The provider employed a high number of agency staff. The agency staff we spoke with were knowledgeable but we received mixed feedback from relatives. One relative told us, "I don't think they could function without agency staff, but they don't know my relative's specific needs as well. They try to put a permanent staff member on with them."
- Staff were not permitted to start work until references were in place and Disclosure and Barring Service (DBS) checks had been received. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives told us people were safe. One relative told us, "My relative loves it there, they're so happy. I'm happy they're there and know they're safe and looked after." □
- Staff knew the types of abuse and understood how to keep people safe. One staff member told us, "I've done safeguarding training. If I saw abuse, I would report it straight away to the registered manager or follow the whistleblowing policy and keep going higher up if it wasn't sorted."
- Systems were in place to keep people safe and staff were encouraged to report accidents and incidents when they occurred. When accidents and incident occurred, staff completed reports electronically which were then reviewed by the registered manager who took action when needed.
- When something went wrong, it was investigated by the registered manager and action was taken to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Positive behaviour support plans clearly guided staff on how to manage risk to people. Risk assessments were proportionate and restrictions were minimised to enable people to have as much freedom as they could.
- Where people required support with their mobility, clear risk assessments were in place to guide staff how to support them safely.

- Risk assessments identified what caused distress to people and guided staff how to reduce the cause. For example, where one person presented with specific obsessive behaviours, the risk assessment clearly guided staff how to minimise this risk and staff followed the guidelines.

Using medicines safely

- People's medicines were stored safely in locked medicine cabinets. Medicines were administered to them safely and medicine administration records (MARs) were completed accurately.
- Staff supported people in the least restrictive way when administering medicines. For example, where people could take medicines for themselves, staff observed and encouraged them to do what they could independently.
- Clear protocols were in place to guide staff when to administer as required (PRN) medicines. When PRN medicines were administered, staff recorded the reason for administration and the outcome of administering the medicines.
- Body maps were completed for the administration of topical creams to show staff where to apply them.
- Clear protocols were in place for when people took medicines on trips away from the home or when they visited their relatives. Two staff were required to count and sign for medicines when they were removed from the home and upon return and this was recorded.
- Controlled drugs were stored safely in a double locked cabinet. Controlled drugs were counted and administered with two staff members present and both signed a controlled drugs book to confirm they had been administered.

Preventing and controlling infection

- Some areas of the home had chipped paint and soiled carpets which may have increased the risk of spread of infection. We spoke with the registered manager about this who showed us there were plans to make improvements to the environment. However, a lot of maintenance actions that had been identified had been outstanding for some time.
- Staff wore Personal Protective Equipment (PPE) effectively and safely to reduce risk of spread of infection.
- Cleaning records indicated that cleaning had not always been undertaken in line with cleaning schedules. However, the home appeared clean and there was no odour.
- Covid-19 care plans were in place and risk assessments had been undertaken regarding visiting during the pandemic.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported by staff to visit their relatives outside of the home.
- Visitors were required to complete a Covid-19 questionnaire on entry to the home, have their temperature taken and use hand sanitiser to prevent the spread of infection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 holistically and included a comprehensive assessment of their physical and mental health needs.
- People's assessments were personalised and focused on their strengths and aspirations and what they needed to do to achieve their goals.
- People's assessments considered their protected characteristics and whether they needed any support in relation to their religion or sexuality, for example.
- People's support plans reflected their assessments and guided staff to deliver care in line with current standards.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained in accordance with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Where staff were not up to date with training, the registered manager had booked staff onto scheduled training courses.
- Agency staff received an induction at the beginning of employment and had undergone relevant training that enabled them to meet people's needs.
- The registered manager organised person specific training where needed to ensure staff knew how to meet people's individual needs. For example, where one person had been provided with equipment to support them with their mobility, a training session was arranged to ensure staff knew how to meet the person's mobility needs.
- Staff received regular supervisions and competency checks were in place to ensure they continued to understand and apply their training.

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

- People were involved in choosing and preparing their meals and staff supported them to go shopping.
- People were supported by staff who understood how to meet their dietary needs. One person required a modified diet. Staff supported the person to make a variety of meals of their choice and ensured this was in line with their Speech and Language Therapist (SALT) assessed diet.
- Mealtimes were flexible and people ate at a time convenient to them.
- Staff encouraged people to eat a healthy and varied diet and educated them around their diet.

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

- Communal areas of the home had been decorated with photos of people who lived there which made it more homely.
- The decoration of some people's rooms was minimalistic and clinical. However, the registered manager and staff explained where relevant that this was intentional in order to meet the person's specific care needs. Other rooms were decorated in line with people's preferences.
- The home had a sensory area where people's sensory needs could be met and some people had sensory lighting in their bedrooms.

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 healthcare services when they needed to. People were supported by health professionals including dentists, occupational therapists and dieticians to ensure their health needs were met.
- People's weight was monitored when needed and referrals had been made to dieticians if required.
- People had health passports and health action plans which identified their health goals.
- Staff worked well with health professionals to promote people's wellbeing and achieve their health goals.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who asked for their consent and supported them to make their own decisions where they were able to. Staff understood where people communicated their decision making by non-verbal means and supported them to do so.
- Mental capacity assessments had been completed where needed and people were supported in the least restrictive way to meet their needs.
- Where people had been deprived of their liberty, appropriate legal authorisations were in place.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff. One relative told us, "The staff are all so lovely, I couldn't fault them at all, they are like a big family and get along really well. I can't praise staff enough, they are marvellous."
- People told us they liked the care staff and we saw positive interactions between people and staff. Staff held people's hands when they wanted to and we observed people smiling and joking with staff.
- People were supported by staff who were empathetic and understood how to meet their individual needs.

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

- Staff supported people to make their own decisions about their care. One relative told us, "They let my relative make decisions for themselves when they can. If they want to go somewhere, they will support them to do it and listen to them."
- Staff understood when people needed support from others, such as their families, and involved them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected them and knew how to maintain their dignity and privacy. One staff member told us, "If I was doing personal care, I would close the door and curtains and cover the person with a towel."
- People were supported by staff who were able to anticipate when they needed support and communicated when there were changes to their care.
- Staff promoted people's independence. One relative told us, "Staff set goals and tasks to support their independence." We observed staff encouraging people to make their own drinks, prepare their meals and clean the home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and their families were involved in the planning of their care. One relative told us, "We are involved in their care planning and go to reviews."
- People had control over their care plans and they were regularly reviewed and adapted to ensure they reflected their choices and preferences.
- Care planning considered a person's holistic needs including their wishes, preferences and goals. Health action plans were in place that were personalised to each person's individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication profiles that detailed their individual care needs. For example, one person's care plan stated they used communication pictures and a sequence strip to communicate to staff their wishes and feelings. We observed staff using pictures to communicate with a person in line with their care plan.
- People were supported by staff who understood how to communicate with them. Some staff were trained in Makaton so were able to communicate effectively with people who used this language.
- People were provided with documentation in easy read format, so they were able to understand it. For example, service user guides, complaints and care plans were produced 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

- People took part in a variety of activities that were personalised to their likes and preferences. This included horse riding, swimming and attending day trips and holidays.
- People were encouraged to engage in employment opportunities. For example, people volunteered at charity shops and museums.
- People were supported to spend time with their families and staff took them to visit their loved ones when arranged.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and people had been provided with it in easy read format so they were able to understand it.
- Where concerns or complaints had been made, they were addressed in line with the policy.
- Relatives were confident that any complaints would be addressed. One relative told us, "If I had to complain, it would be actioned."

End of life care and support

- People had end of life care plans in place which detailed their wishes and preferences at that stage of their life. For example, care plans detailed what flowers and music people would like and who they would like to be present.
- End of life care plans considered people's religious preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider failed to ensure that the service was adequately staffed to meet people's assessed and funded needs. One staff member told us, "Working one down happens regularly, multiple times per week. Now it's got to the point where you're surprised if they are fully staffed. Staffing issues are more an impact on staff than people, people still have lots of opportunities to get out."
- Staffing rotas showed evidence of regular occurrences where staff were required to work at lower staffing levels than needed. The registered manager confirmed the provider was aware of low staffing levels. The regional manager confirmed recruitment was ongoing and permanent staff had recently been recruited which would assist with staffing and decrease the need to use agency staff.
- Governance systems were not always effective in checking the quality of the service. For example, no documented audits were in place to check health monitoring records, daily logs or cleaning schedules. The registered manager told us these were checked but not documented. For example, checks did not identify that a person's records indicated their incontinence pads had not been changed as frequently as required by their care plan.
- Fire safety checks had been undertaken and it had repeatedly been recorded that fire safety compliance was not satisfactory. The checks failed to always document why fire safety compliance was unsatisfactory. The deputy manager confirmed this was due to some doors catching on the door frames but gave assurances that the fire service had assessed the home the previous week and it was fire safety compliant. However, no audits of the fire safety log book had been undertaken to ensure they had been completed accurately or that any actions were required.
- The provider had failed to ensure maintenance tasks were completed in a timely manner to ensure people lived in a clean, stimulating environment. For example, chipped paint and soiled carpets were evident in the home. We discussed this with the registered manager who showed us evidence that funding for some maintenance tasks including painting and replacement flooring had been approved and they were waiting for them to be completed.

Systems were not in place to ensure adequate staffing levels. Effective systems had not been established to check the quality of the service and ensure that essential tasks had been completed and that people's needs were met. This placed people at risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to ensure medicines were administered safely. Daily, weekly and monthly checks

were undertaken and where errors were identified, action was taken by the registered manager to reduce the risk of reoccurrence.

- The registered manager had a clear understanding of people's needs and how to meet them.
- Staff were provided with quality training which helped them to meet the needs of people supported by the service.

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

- The registered manager promoted a culture that was person centred and focused on achieving positive outcomes for people.
- The management team were visible in the service and approachable. The registered manager knew people well and worked directly with them.
- Staff felt well supported and were comfortable with raising concerns with the registered manager. One staff member told us, "The registered manager will sort out every problem I ever have. I haven't been able to do this at other work places, it will get addressed if I raise something."

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

- The registered manager was open and honest and understood the duty of candour. The registered manager told us, "The duty of candour is about being open and honest. If you've done something wrong, you don't cover it up, you admit to it."
- Staff were honest and open and applied the duty of candour. The service apologised when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were sent surveys to enable them to feedback regarding the service and were involved in regular care reviews where they could also provide input.
- Staff were able to provide input into the service through team meetings and through staff surveys.
- People were invited to residents' meetings where they had the opportunity to provide feedback regarding the service and make suggestions for improvements.

Continuous learning and improving care

- The provider did not always invest sufficiently to improve care. For example, to ensure there were a sufficient number of staff deployed and to ensure essential maintenance was undertaken in a timely manner.
- The provider and registered manager were proactive in ensuring they remained up to date with national policy and guidance that impacted the service.

Working in partnership with others

- The provider worked alongside advocates and other social care organisations to help to support people with achieving positive outcomes and wellbeing.

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 17 HSCA RA Regulations 2014 Good governance Systems were not in place to ensure adequate staffing levels. Effective systems had not been established to check the quality of the service and ensure that essential tasks had been completed and that people's needs were met.