

# Lifeways Inclusive Lifestyles Limited

# The Merchant's House

## Inspection report

80 Prenton Road East  
Prenton  
Birkenhead  
Merseyside  
CH42 7LH

Tel: 01516456280

Date of inspection visit:  
31 August 2017  
01 September 2017

Date of publication:  
12 December 2017

## 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

This comprehensive inspection took place on 31 August and 1 September 2017.

The Merchant's House is a large Victorian building where six people who have learning disabilities and mental health conditions live. Each person has their own room and shares communal living and garden areas. The service is situated near shops and public transport.

The service had a manager who was registered with the Care Quality Commission. 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.

We last inspected the service in June 2016 and gave it an overall rating of 'requires improvement'. On that inspection we found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management, infection control and good governance.

During this inspection we found that the service had made significant improvements in many areas since our last inspection and it had complied with the requirement actions we made in our last inspection report. However, we found a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to ensuring staff are safely recruited and suitable to work with vulnerable adults. You can see what action we told the provider to take at the back of the full version of the report.

The local authority told us that it had some concerns about staff recruitment, staff files, disciplinary procedures and training at the service.

Most staff were safely recruited and were supported with an induction process. However, there was a lack of a clear and robust system for monitoring and managing criminal records checks, known as Disclosure and Barring Service (DBS) records and where necessary assessing any associated risks. Some staff files did not contain photographic identification and were cluttered with old and out-of-date information. The registered manager confirmed that an internal audit of staff files was being carried out and was due to be completed in September 2017 with an action plan for improvements. They also confirmed that they were committed to working with the local authority to improve in this area.

During our inspection staff training records at the service were not fully updated. However, shortly after our inspection the registered manager provided us with up-to-date and accurate training data. Staff were up-to-date on various essential and service-specific training, such as safeguarding, mental capacity and Deprivation of Liberty Safeguards (DoLS), autism awareness, epilepsy, diabetes, communication and mental health. We noted that there had been a marked improvement in staff training since the registered manager had taken up their post 12 months ago. The service had a system to record, monitor and schedule staff

training.

The service had a disciplinary policy and procedure in place. The registered manager was supported to implement this by head office and senior managers.

Overall, medication was correctly administered, stored and recorded. We saw that there were policies and procedures in place to support staff. The service had also introduced a new electronic medication administration system since our last inspection, which appeared to have significantly improved medicines management at the service and reduced the risk of errors occurring. Staff gave us positive feedback about how this new system was working. Team leaders, as senior members of the staff team, were responsible for medicines administration. The team leader who showed us the medicines administration process was knowledgeable and confident carrying out this role. The registered manager had carried out competency checks on most of the team leaders and was due to complete this for all team leaders shortly after our inspection.

The new electronic system did not allow 'as required' (PRN) medication, such as pain relief, to be properly recorded. Whilst the system accurately recorded medication administration and gave prompts about safe intervals, there was no facility to record the reason for giving a PRN medication, as is good practice. During our inspection we also found a minor discrepancy in one medication stock level. The registered manager was able to review the system to find the recording error. The registered manager agreed to implement a system for PRN records and spot checks alongside the audit reports generated by the electronic system.

Staffing levels during our inspection were sufficient to meet the needs of the people living there. This included the introduction of a driver to assist with people's transport and two chefs to provide fresh and nutritious food seven days-a-week.

The people we spoke with and their relatives told us they enjoyed the food and drink at the service and we saw there was a choice of suitable nutritious foods to meet their dietary needs. People living at the service were also supported to go out to buy and eat their own meals, as they enjoyed doing this.

We observed people looking relaxed and happy in a homely environment. We saw caring, friendly and upbeat interactions between the people living at the service and staff.

Staff encouraged people to maintain their independence and supported people to enjoy their hobbies and interests.

People living at the service had personalised care plans and risk assessments. The care plans we looked at were regularly reviewed by the registered manager and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information.

The registered manager and other staff at the service regularly checked the safety of the premises and the quality of care provided through a range of audits.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding adults. Staff told us that they felt people living at the service were safe, as the people living there and their relatives. They said that they would be confident raising a concern if necessary and they believed that the registered manager would listen to any concerns and take appropriate action.

There were policies and procedures in place to meet the requirements of the Mental Capacity Act 2005 and

the associated DoLS. The care plans that we looked at showed that mental capacity assessments and best interests decisions had been appropriately considered, documented and made. The staff we spoke with demonstrated a basic understanding of the principles of the Mental Capacity Act 2005 and the associated DoLS and most staff were up-to-date with training on this.

## 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.

Staff were not always recruited safely.

People said they felt safe living at the service. Staff and relatives also felt people were safe. Information was available to raise any concerns if necessary.

The premises were safe and well-maintained.

There was a sufficient number of staff working to meet the needs of the people living at the service.

Overall, medication was correctly administered, stored and recorded.

### Is the service effective?

**Good** ●

The service was effective.

Staff received appropriate training to enable them to carry out their duties effectively.

Staff had a basic knowledge of mental capacity and Deprivation of Liberty Safeguards (DoLS) and most of them were up-to-date with training. There were policies and procedures in place and appropriate steps had been taken to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS.

Staff told us they were well-supported by the registered manager and other senior staff.

The service had invested in improving accessibility of the premises for the people living there.

People were given a choice of suitable nutritious foods to meet their dietary needs and they told us they enjoyed what they ate and drank at the service.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives told us that they felt the staff knew them well and vice versa.

We saw caring, friendly and upbeat interactions between the people living at the service and staff.

We saw that people's dignity and independence was maintained. People were clean and well-dressed. Staff supported people as required to maintain their personal hygiene.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and designed to inform staff how to meet their needs, with care and compassion.

People and their relatives were involved in planning their care and their care plans were regularly reviewed.

People and their relatives told us they were able to raise a complaint if necessary and were confident any issues would be dealt with by staff.

### Is the service well-led?

Requires Improvement ●

The service was mostly well-led.

There had been many improvements in the governance of the service since our last inspection. However, further work was necessary to ensure that improvements continued and were sustained.

There was a caring culture and good team morale amongst staff at the service.

Staff, people living at the service and their relatives told us that both the registered manager and deputy manager were caring, approachable and listened to them.

People's relatives said that their confidence in the service had significantly improved since the registered manager had taken over the role.

# The Merchant's House

## **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 was 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 announced inspection was carried out on 31 August and 1 September 2017 by one adult social care inspector. The registered manager was given 24 hours' notice of our inspection. The service provides care for people with learning disabilities so this advanced notice meant that the people living at the service could be informed of our inspection in order to minimise the impact it may have had on them.

At the time of our inspection there were six people living at the service. During the inspection we looked around the premises and we observed the support provided to people in the communal areas of the flats and the garden. We spoke with one person who lived at the service, three people's relatives, five members of staff who held different roles within the service and two health professionals visiting a person living at the service.

We looked at a range of documentation including two people's care records, medication records, five staff files, staff training records, accident and incident report forms, health and safety records, complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records. We also gathered feedback about the service from the local authority.

# Is the service safe?

## Our findings

We asked the people living at the service if they felt safe. They said, "Yes, I feel very safe and happy living here. My things are safe in my room too. If something was bothering me I could speak with staff and they'd sort it." One relative said, "Staff know the risks involved caring for [Name], they keep him well-supervised, safe and secure." Another relative said, "[Name] is the safest they've ever been and as parents we are happier now than ever before." When we asked staff if they felt people were safe at the service they said, "Definitely, staff are always vigilant, we know people well and staff work together as a team to protect people's wellbeing." Another member of staff said, "People are safe here; there are systems in place to protect people, the building is safe and the quality of care is good."

The service lacked a clear and robust system for monitoring and managing criminal records checks, known as Disclosure and Barring Service (DBS) records, and, where necessary, assessing any associated risks. For example, the local authority recently identified that one member of staff the service had recruited had been dishonest about the dates of their conviction, declaring that their conviction had occurred many years earlier than it actually had. A DBS check and risk assessment had been completed by management staff at the service but the inaccurate and dishonest information provided by the member of staff was not identified. The member of staff was dismissed after the local authority brought this to the registered manager's attention. The registered manager was unable to confidently and reliably tell us which staff had positive DBS records and required risk assessments, as they did not have accessible management records in place to provide this information.

This represents a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the registered provider had not taken steps to ensure that people employed were fit and proper persons for their role.

The five staff files we looked at contained evidence to show the appropriate checks had been carried out during the recruitment process to ensure that staff were suitable to work with vulnerable people. This included having previous experience and qualifications relevant to their role at the service and verified references. However, some staff files did not contain photographic identification and were cluttered with old and out-of-date information. The registered manager confirmed that an internal audit of staff files was being carried out and was due to be completed in September 2017, with an action plan for improvements. They also confirmed that they were committed to working with the local authority to improve in this area.

Staff had received safeguarding vulnerable adults training and we saw that there were policies and procedures in place to guide staff in relation to safeguarding adults. These policies were easily accessible for staff, along with the relevant contact details to raise a concern. Staff told us that they would be confident raising a concern if necessary and they believed that the registered manager would listen to any concerns and take appropriate action. Safeguarding concerns that had been raised since our last inspection were appropriately managed by staff to keep people safe at the service and they were promptly reported.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and

electric had been tested and maintained. We also saw legionella checks had been appropriately carried out. Legionella is a water-borne bacteria often found in poorly maintained water systems. The registered manager ensured that the health and safety of the premises was maintained by regularly carrying out various risk assessments and audits. A fire risk assessment of the premises had been carried out by a professional contractor and this was regularly reviewed by the registered manager. We saw that there were weekly fire checks and there was a fire evacuation plan that had been reviewed and updated. There were Personal Emergency Evacuation Plans (PEEPs) for each person giving clear information about where they lived in the premises and what assistance they would need to evacuate in an emergency. These were regularly reviewed and updated by the registered manager. Risk of injury in the event of fire was reduced as the service carried out regular fire drills. This meant that the people living at the service and the staff knew what to do in an emergency. We also saw that firefighting equipment at the service had been regularly checked and maintained.

The service had a disciplinary policy and procedure in place. The registered manager was supported to follow this by head office and senior managers.

We saw that accident and incident policies and procedures were in place and there was an effective system to record any accidents and incidents that had occurred. We had been appropriately informed of any accidents or incidents since our last inspection and the registered manager was aware of their responsibility to notify us of these.

People living at the service, relatives and staff said that they felt there were enough staff available when people needed them, both during the day and at night. We saw during our inspection and in the staff rota records that there was an adequate number of staff working to meet the needs of the people living at the service. This also matched the information we had seen in the care plans we reviewed. For example, one person required 3:1 support during the day and we saw that this was being delivered. The service sometimes used agency staff to cover shifts but not very often. This meant that the people living at the service had mostly consistent support from staff that they knew and were comfortable with. The registered manager told us that this was due to the increase in staff numbers since they took over and the stability of the staff team at the time of our inspection.

Overall, medication was correctly administered, stored and recorded. We saw that there were policies and procedures in place to support staff. The service had also introduced a new electronic medication administration system since our last inspection, which appeared to have significantly improved medicines management at the service and reduced the risk of errors occurring. Staff gave us positive feedback about how this new system was working. Team leaders, as senior members of the staff team, were responsible for medicines administration. The team leader who showed us the medicines administration process was knowledgeable and confident carrying out this role. The registered manager had carried out competency checks on most of the team leaders and was due to complete this for all team leaders shortly after our inspection.

The new electronic system did not allow 'as required' (PRN) medication, such as pain relief, to be properly recorded. Whilst the system accurately recorded medication administration and gave prompts about safe intervals, there was no facility to record the reason for giving a PRN medication, as is good practice. During our inspection we also found a minor discrepancy in one medication stock level. The registered manager was able to review the system to find the recording error. The registered manager agreed to implement a system for PRN records and spot checks alongside the audit reports generated by the electronic system.

Staff had had training on infection control. The staff we spoke with were knowledgeable about infection

prevention and control and told us that they were competent using personal protective equipment (PPE). The registered manager had also employed a full-time cleaner, who we saw attentively rotated around the premises throughout the day. During our inspection we saw that daily checklists were completed by the team leader to ensure that essential hygiene and infection prevention and control measures were being observed. We saw that the home was clean, well-maintained and there were no offensive odours. This was a significant improvement from our last inspection, as the foul-smelling and stained carpets and sofas we saw in June 2016 had been suitably replaced with more hygienic alternatives. We also noted that the service had been given a 5-star hygiene rating by Environmental Health in March 2017.

# Is the service effective?

## Our findings

We asked the people living at the service and their relatives if they thought staff had the skills and knowledge to do their jobs well. They told us, "Yes, the staff know what they are doing" and "We have complete confidence in the staff team."

The registered manager was supported by a deputy manager and there were 44 permanent staff. We saw that the service had a supervision and appraisal system in place for the staff group. Supervision meetings had been carried out at regular intervals throughout the past year. These meetings provided staff and the registered manager with a formal opportunity to discuss performance, any concerns and plan future training needs. The registered manager was yet to carry out staff appraisals, as these would usually be carried out on an annual basis. The registered manager told us that they planned to wait until they had been in post for 12 months before carrying out staff appraisals in order to get to know the staff and fairly and accurately complete this process. We saw that appraisals for the staff who had worked at the service for 12 months were scheduled to take place September 2017, confirming what the registered manager had explained.

During our inspection staff training records at the service were not fully updated. However, shortly after our inspection the registered manager provided us with up-to-date and accurate training data. Staff were up-to-date on various essential and service-specific training, such as safeguarding, mental capacity and Deprivation of Liberty Safeguards (DoLS), autism awareness, epilepsy, diabetes, communication and mental health. We noted that there had been a marked improvement in staff training since the registered manager had taken up their post 12 months ago. The service had a system to record, monitor and schedule staff training.

We noted that the training and recruitment policy was that new staff were supported with an internal induction process and completed a three month probationary period. During this time staff should complete classroom training and e-learning, meet with the registered manager regularly and shadow shifts. We saw that staff were completing this induction training. This included several important and relevant e-learning modules about autism, epilepsy and diabetes.

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). The appropriate applications for those people who had been assessed as lacking capacity had been made to the local authority and they were carefully monitored by the registered manager. The staff we spoke with demonstrated a basic understanding of the principles of the Mental Capacity Act 2005 and the associated DoLS. Most staff them were up-to-date with training in this area and those who weren't were scheduled to complete it.

Staff told us that there were times when they had to use restraint techniques. They told us and we saw evidence that they had had specialist training for this and they were both confident and well informed when they explained to us how they manage such situations. This meant that staff had the specific skills and experience to effectively meet the needs of people living at the service.

People told us that staff asked for their consent when it was needed and they respected their choices. We saw evidence that people were supported by staff to make choices that they were able to make. For example, we saw that people decided what activities they wanted to do, where they wanted to go that day and what they wanted to wear.

We asked people what they thought about the food on offer at the service and if they get enough to eat and drink. One person told us "Yes I'm happy with the meals, the food is fine. I like going out to the 'chippy' or [Name of takeaway] though." We asked people's relatives about the food at the service and they said, "The food is unrecognisable. It's much improved since the new chefs started. The meals are nutritious and well thought through." Another relative said, "[Name] has never eaten well in adulthood but staff provide her with things she likes, such as smoothies." We saw that employing two chefs to cover the full week had led to improvements in the quality of food and drink available to people at the service. A clear and organised three-week menu had been put in place, which took into account and included what people liked to eat. The registered manager also told us that the chefs were both aware of the people who had special dietary requirements and were able cater for these needs, such as diabetic diets. This meant that people were given a choice about what they ate and drank and they were encouraged to choose healthy options and maintain a nutritious balanced diet. Staff also supported people to go out to buy their own meals if they wanted to.

We saw that the service had put some considerable investment into improving the adaptation of the premises to make it more accessible. The service had transformed one person's room to give them easy access in and out of the building in their wheelchair, which meant that a removable ramp was no longer required. These changes also meant that this person could evacuate the building in an emergency in a safer and quicker way than before and they were able to enjoy the front and rear gardens more easily.

## Is the service caring?

### Our findings

People living at the service said the staff were, "Very kind, they help me to do things I like doing, like collecting things." The relatives we spoke with said that staff were, "Very friendly and caring" and "All the staff have been fantastic. They're very friendly and they get on well with [Name]." They also said, "The staff go out of their way for people, they're lively, bubbly and upbeat which is great for [Name]."

The staff we spoke with had worked at the service for varying lengths of time. They were confident telling us about the people they supported at the service, what their needs were and how they ensured that the environment was as positive and comfortable as possible for them, including avoiding negative triggers and stressors. We saw that staff had caring and well established relationships with the people living at the service.

We observed caring, friendly and upbeat interactions between the people living at the service and staff. For example, we heard one member of staff often singing with the person they were supporting as this was something they enjoyed and it helped to keep them calm and happy. People told us that they felt the staff knew them well and vice versa. One person told us, "I'm happy living here. We have fun together and with the staff." We found that staff enabled people living at the service to get involved and take an active role in various day-to-day aspects of life. For example, staff supported one person to take responsibility for washing their clothes and his bedding. We observed this happening and saw positive and fun interactions between the person and the member of staff.

The people living at the service had a range of different communication methods, including types of sign language. We saw that staff were able to communicate with the people they were supporting in caring and effective ways. For example, one person used their own unique variation of Makaton, a type of sign language, to communicate. We saw that the member of staff supporting this person was able to effectively communicate with the person and they were able to successfully advise us how to communicate with them whilst we were with them, which we did.

The people we spoke with said that staff respected their privacy and dignity. Staff told us and we observed that they were aware of how important it was to maintain and encourage people's privacy and dignity. One staff member gave us an example, explaining that one person does not like the door shut when they are having a bath and if it is they become agitated and distressed. The staff member told us that they ensured the only other person, whose room was near to this bathroom, was downstairs or out and they had a towel close to hand so that they could quickly cover the person when they were getting out of the bath. We saw that confidential information was kept securely supervised or locked in the office. This included people's care plans. People were clean, well-dressed and staff supported people as required to maintain their personal hygiene.

Staff at the service told us that they had help to enable one of the people living there to get the support of an independent advocate. This had been particularly important in supporting this person to make decisions about their ongoing healthcare.

We saw that people had been supported to personalise their own rooms and the people we spoke with told us they were happy with their rooms. One person was very proud to show us their room, which had been recently decorated. They told us that they had chosen the new carpet and how the room was decorated. Pride of place was also given to this person's collections of various items; a hobby that was important to this person. Most people's rooms had been recently redecorated with each person's input. For example, people had chosen the wallpaper and colours that they wanted. The shared communal areas had also been recently redecorated, which gave the environment a clean and fresh feel. There were pictures of the people living at the service with friends, family and staff, which also helped to make it feel homely.

None of the people living at the service required end of life care. However, staff told us that the necessary training and processes would be put in place to address this if anybody needed it.

## Is the service responsive?

### Our findings

People we spoke with told us they were aware of their care plans and they had been involved in the care planning process, as far as they were able and willing to be. We also asked people's relatives about care planning at the service. One relative said "We are always involved in [Name's] care plan reviews and our input is listened to." Another relative said "I've not been involved with [Name's] care plan recently but I have contributed to it and I am in regular communication with staff and the manager."

The care plans files that we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the service. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, cultural and spiritual needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. This meant that any member of staff, new, old or agency could quickly access this information and understand what each person's needs were at various times of the day. For example, one of the care plans we looked at noted that the person's weight needed to be closely monitored as they were at risk of weight loss and malnutrition. This tied in with what this person's relatives told us. We saw that the care plan was to regularly weigh this person to monitor any weight losses or gains and there was evidence that this was being done. There was also a clear plan, which had had professional input from dietitians, for what actions should be taken by staff depending on what the person's weight was, such as a dietetic referral or changes to their diet. There were daily logs of what the person had done that day, which were up to date.

The care plans were regularly reviewed to ensure they were up-to-date and people and their relatives told us they were involved in planning and reviewing their care, both periodically and on an ongoing basis. People told us that they were aware of their care plans and they did not have any concerns about this.

People were encouraged by staff to choose how they spent their time. One person told us about their hobby collecting things, such as cans. They said, "I like going on big walks with [Staff Name] to collect cans. I crush them and get money for them." The registered manager explained that they had recently started taking all of the people living at the service swimming together as a group. Whilst not all of the people had wanted to get into the water yet, the registered manager told us that people had enjoyed doing something as a group. We also found that people whose relatives were able, were invited to join them swimming. A group barbecue had been planned for the evening meal on the second day of our inspection. These activities helped people to avoid social isolation, encouraged positive relationships with the people they lived with and maintained peoples' access to the local community.

Staff knew the people living at the service well and they were able to tell us about various different things people like to do to with their time, such as going to the shops or the pub, walking, collecting things or playing musical programs and games on a tablet. The activities staff told us about that people liked to do reflected the information we had seen in peoples care plans.

We found that there had not been any formal complaints since our last inspection. However, the service had

a complaints policy and process in place. We saw that people and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible. People's relatives told us that communication with staff and management at the service was very good. They said, "The registered manager always resolves any issues very quickly." When we asked another relative about whether or not they felt comfortable and able to make a complaint they said, "Oh yes, absolutely. The service takes on board any concerns and deals with them."

We saw that every few months the service held residents meetings to gather people together and, as far as possible, give them the chance to share their views and ideas about the service. The recent agenda items included discussion about the new decoration of the communal areas and the possibility of introducing some type of pets, such as fish. We saw that discussion of these issues had led to action being taken. For example, we noted that people's preferences of colour schemes and decoration were respected in the recent redecoration process. We also saw that a fish tank was installed in the communal lounge during our inspection, as had been discussed and agreed at the last meeting. The people living at the service were excited and very interested in this addition to their home.

The people we spoke with told us they felt they could speak with staff, including the registered manager, if they had any concerns or if something was bothering them and the issue would get resolved. One person gave us an example of a time when they did not like one of the members of staff supporting them. They told us that they had spoken with the registered manager about this and the rota was changed so that that member of staff no longer supported them. The person told us that they were happy with how this situation had been dealt with and resolved.

We found that the service and its staff supported people to make 'home visits' to see their relatives. Staff helped facilitate this in different ways depending on the person's and their relatives' needs. Staff usually provided the transport, which in some cases was to a considerable distance away. They also provided support with people's care during this time, as was required. One relative commented, "Staff bring and collect [Name], who is always well-prepared with medication and things they might need."

## Is the service well-led?

### Our findings

One relative told us, "I think the management there are doing their very best and I am amazed by the improvements that have been made over the last year." and "I never felt particularly welcomed at The Merchant's before but now it's excellent and really inclusive." Another relative said, "The team should be congratulated; they've really stepped up to the mark for [Name]. We are more than happy with [Name's] care at The Merchant's."

The people living at the service told us they could speak with the registered manager and staff if they needed to. We saw that there was a caring culture at the service, which aimed to support people to be safe, enjoy life and do things that they wanted to do. One person said "I'm happy living here. We have fun together and with the staff."

We acknowledged during the inspection that the registered manager had implemented a number of changes and improvements since our last inspection of the service. However, as we have explained in other sections of this report, the service still had some ineffective systems and processes in place relating to staff recruitment and DBS. These areas of concern must be improved before we would be able to consider the service to be 'well-led'.

We asked people's relatives about their relationships with the management at the service. They said, "I've met the manager several times; he's very reactive and supportive. I think he's the best manager they've ever had. The deputy manager is also very good." and "I've spoken with the manager regularly and he's been exceptionally helpful. He's always ready to answer any questions and tell me about what's going on. Another relative also commented, "We have met the manager, who has been very helpful, cooperative and worked together with us for [Name]. We think he's doing a good job. Before he took over, the situation was appalling and we were never contacted. The deputy manager is also very valuable to the service; she's very hard working and she really cares about [Name]. We totally trust both of them. The improvements at the service have improved [Name's] life and her demeanour is better." The registered manager told us that they had been proactively trying to meet with people's relatives and improve engagement with them. It was clear from the feedback we gathered that the relationships between relatives and both staff and management at the service had significantly improved since our last inspection.

We saw that the service had held meetings for the people who lived at the service, which gave people the opportunity to air their views and for the service to share any important information. We saw that the issues discussed at these meetings were acted upon by the service.

The registered manager knew all of the people living at the service and staff very well. There were clear lines of accountability and responsibility at the service. This included highly visible and active team leaders on each shift. The registered manager had also based the main office on the ground floor of the building, in which the registered manager, deputy manager and team leader were based. This meant that the people living at the service and staff had easy-access to senior staff at all times.

All of the staff we spoke with knew their roles at the service and told us that they felt they had the support of more senior staff. One member of staff said, "I've got a very positive relationship with the manager and deputy manager. They listen to staff, they act on any concerns and don't play them down." Another member of staff said "I'm happy working here. I was worried because there had been some negative feedback in the past but this has not been my experience. Staff morale is brilliant, the manager is 'fab' and they are always contactable." All of the staff we spoke with told us the registered manager and deputy manager were approachable, listened to any concerns and acted when necessary. The registered manager told us that they felt well supported by senior staff within the organisation and they were supported to continue improving the service. We saw evidence of this in the range of improvements that had been made to the service since our last inspection.

When we asked staff about the visions and values of the service they consistently told us they aimed to "promote independence and choice", "encourage participation", "keep people safe" and "help people to feel at home".

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. Since our last inspection the service had sent us notifications as required. All of these issues were appropriately managed by staff to keep people safe at the service and they were promptly reported. The registered manager was aware of their responsibility to send us notifications of significant events. The service was also meeting the legal requirement to display its most recent CQC ratings, both online and at the premises.

Staff had access to key policies and procedures on areas of practice such as safeguarding, whistleblowing and safe handling of medicines. These were regularly reviewed by the service and provided staff with up to date guidance. We saw that there were daily, weekly, monthly and annual audits in place to assess the quality and safety of the service provided. These records were well maintained and readily available to management staff.

The registered manager showed us that the service sent people's relatives an annual satisfaction survey to share their views and feedback on the service. The registered manager had a clear system to collate the data gathered from these surveys and was able to identify any areas of the service that needed to be improved upon based on this feedback.

Staff told us that they were confident working in partnership with other local health services to ensure all of people's needs are met, such as GP services, district nurses, dietitians, physiotherapists, occupational therapists and hospital services.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The service lacked a clear and robust system for monitoring and managing criminal records checks, known as Disclosure and Barring Service (DBS) records, and, where necessary, assessing any associated risks.</p>