Derby City Council

Merrill House

Inspection report

Queensferry Gardens
Allenton
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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?	**Requires Improvement**

Overall summary

This inspection took place on 9 December 2014 and was unannounced.

Our last inspection took place in April 2014 when we identified breaches in the regulations. These related to people's care and welfare, staffing numbers and quality assurance. Since that inspection the provider had taken all the necessary action to meet the required standard.

The service is purpose built home for up to 40 people. On the day we visited there were 37 people using the service. There are bedrooms on the ground and first floors. It is split into three wings each with its own lounge and dining area.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 told us they felt safe living at the home and with the staff who supported them. Comments included: "I feel safe with the staff here." and "I have not experienced anyone who has frightened me."

Risk assessments were in place that identified where people may be at risk. Action was taken to minimise risk without impacting on the person's independence.

Staff told us how they had received training on how to recognise abuse and they understood their responsibility to keep people safe. Staff knew what was expected of them by the registered manager and people were supported to be as independent as possible, whilst maintaining their safety.

The provider told us that a new system was introduced to monitor staffing levels following our last inspection. This had resulted in improved staffing levels and better staff training and support. As a result there were now sufficient staff to meet people's need and staff received the training they needed to support people's safety. Staff understood the needs of the people they supported and what was expected of them to maintain standards of care within the service.

Medication was managed safely to ensure people received them when they were needed.

The registered manager and staff had received training on the Mental Capacity Act 2005 and worked with health and social care professionals to ensure people who used the service were not restricted or restrained inappropriately. However some staff did not have a clear understanding of their role.

People told us they had enough to eat and drink and they enjoyed the meals they had. Staff monitored people to ensure they had enough to eat and drink and referred people to the health care professionals if they identified people may be at risk of poor nutrition.

People were supported to see doctors or nurses if they felt unwell and staff acted on health professionals' advice.

During the inspection we observed staff talking and laughing with people who used the service. They were kind and patient never rushed people. People who used the service told us staff were kind and considerate and they treated them with dignity when they provided personal care. People's privacy was respected. All rooms at the home were used for single occupancy.

The service offered a range of activities for people to join in if they chose and people were encouraged to join in.

Some people felt the manager was good and they felt able to speak with them if they had concerns. However some people did not think the registered manager was approachable, spending all their time in the office. We asked them if they knew who to speak to if they had concerns and they said they would "contact the council."

The registered manager and senior team carried out regular monitoring of the service and identified where improvements were needed. The registered manager did not always keep the Care Quality Commission informed about serious incidents that happened within the service as they are required to do.

Summary of findings

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 safe.

People told us they felt safe and staff were aware of the signs of abuse and how to deal with them appropriately.

There were enough staff to meet the needs of the people who used the service and they were recruited following robust procedures.

Medication was stored safely and people received their medication in a timely manner.

Good

Is the service effective?
The service was effective.

Staff understood people's individual needs and had the information and support they needed to care for them.

People who used the service were supported to remain as independent as possible. They were assessed under the Mental Capacity Act 2005 where this was needed.

People were supported to have sufficient food and drink and were supported to access healthcare professionals when they needed them.

Good

Is the service caring?
The service was caring.

People were supported by staff who were kind and considerate.

Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People were supported to take part in different activities during the day. They were protected from risk of social isolation through activities and unrestricted visiting times.

There was a complaints system in place to ensure people could raise concerns about the service if they needed to

People's plans of care identified their health and personal care needs. People were involved, where possible in regular reviews of their care.

Good

Is the service well-led?
The service was not always well-led

Requires Improvement

Summary of findings

There was a quality assurance system that sought the opinions of people who used the service. Systems were also in place to ensure the safety of the building.

There was always a senior person on duty ensuring there was someone with responsibility within the home at all times.

The provider did not notify the Care Quality Commission of serious incidents in the home as they are required to do.

Merrill 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 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.

Two inspectors carried out the inspection and it was unannounced.

We looked at information we received about the service such as notifications, safeguarding alerts and the last inspection, which took place in June 2014. Before the inspection, we asked the provider to complete 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. They did not return a PIR.

We spoke in detail with two people who used the service as well as four other people in general terms about the service. We spoke with three visiting relatives, three care staff a visiting health care professional as well as the registered manager. We look at training records, medication information as well as safety checks carried out by the manager. We observed how staff interacted and supported people throughout the day. We looked at plans of care for three people who used the service.

Is the service safe?

Our findings

At the last inspection we found that there were not enough staff to support people safely and meet their needs. The manager showed us the new formula they used to look at people's dependency and ensure they had enough staff on each shift. As a result of this staffing levels had been increased to meet people's assessed needs. Staff told us. "We have recently changed shift patterns. There are now four care staff on in a morning for 37 people. It is much better now. I am not as tired." One person who used the service told us. "I think there are enough staff on duty. They just seem to be around. I have not rung the call bell ever." A visitor said. "They are sometimes short of staff, they could do with a few more but I haven't seen any care concerns."

We spoke with two people who used the service and they told us they felt safe in the home. Comments included. "I feel safe with the staff here." and "I have not experienced anyone who has frightened me." A relative told us. "My [relative] is safe here they were falling regularly. I am glad someone is around. They feel safe too." Another person told us "My [relative] is fine here."

The provider had policies and procedures to keep people safe. Staff received regular training to ensure they were up to date with safeguarding procedures. Most staff confirmed they had regular safeguarding training. Some staff had however recently joined the service and did not fully understand safeguarding and what it meant for them in supporting people. We brought this to the attention of the registered manager who assured us that this would be addressed immediately.

People told us they knew who to speak with if they had any concerns. One person said "I would speak with one of the staff and ask to speak to the person in charge. I have not had to raise any concerns." Visitors also knew who to speak to if they had concerns and one person told us. "I am aware of the complaints procedure and would speak with the [manager]"

Care plans showed what people who used the service needed support with. Risks were identified to ensure staff understood how to maintain people's safety. This included where people were at risk of falls. Plans showed what equipment a person may need and if referrals had been made for professional advice such as from the NHS falls clinic. This meant that people were protected from risk in the least intrusive way to maintain their independence.

Staff told us that any risks that are identified are brought to the manager's attention and are discussed and action plans are then agreed to reduce the risk. Care plans showed that they were reviewed and amended to ensure they reflected people's changing needs. This meant that staff had the up to date information they needed to maintain people' safety.

We had received information of concern that the service may not have been reporting safeguarding issues to the local authority and to CQC. We had raised this with the provider. We were told that this was now routinely discussed with the registered manager in supervision. The registered manager told us that they met regularly with their line manager to discuss concerns and the management of the service. They now understood the need to report all safeguarding concerns through the correct procedures.

The provider ensured that all people who were recruited to work at the home underwent thorough recruitment procedures. This included completing an application form and attending an interview. People were not allowed to start work at the service until suitable references and police checks were carried out. This ensured that only people who were suitable to work at the service were employed.

People told us that they received their medication when they needed it. One person said "Medicines are always on time and they give me time to take them." Care plans identified where people needed support to take their medicines or if they could look after their own. There were policies and procedures to ensure when people took non prescribed medication such as cold remedies they did so safely.

We had been informed that there had been occasions when staff had not administered medicines safely and had not signed the appropriate document at the appropriate time. We looked at records and saw no errors or gaps from the start of December 2014 to the day of the inspection. The registered manager told us they were now taking extra precautions to reduce the risk of errors. There were no other faults in the provider's administration of medicines.

Is the service effective?

Our findings

One person told us: “Staff know about my care.” Another person said “They work well together”. We found that people living at Merrill House received effective care because staff had a good knowledge of each person and how to meet their needs.

The staff we spoke with told us they were happy with the opportunities for on-going training and the manager often worked alongside other staff to make sure staff had the skills to support people. Some staff at the home had completed a nationally recognised qualification in care and there were systems in place to make sure mandatory training was kept up to date. This helped ensure staff had up to date knowledge of current good practice.

People had access to health care professionals to meet their specific needs. Records showed that people were seen by appropriate professionals to meet their needs. One health care professional we spoke with said. “They are good at ringing the GP’s promptly if they have any concerns. They contact us in a timely fashion if they have any tissue concerns; they are very good about letting us know if they are concerned about anything.”

One person was living with diabetes. They saw the chiropodist regularly and the district nurse to ensure all their health care needs associated with diabetes were being met. There were risk assessments in place that ensured that any risks associated with their diabetes were minimised. There were detailed information about minimising risk associated with pressure care.

We saw staff had involved mental health professionals when making decisions about people’s changing ability to make choices for themselves. Where people lacked the mental capacity to make decisions the service was guided by the code of conduct of the Mental Capacity Act 2005 to ensure any decisions were made in the person’s best interests. We observed staff during the day asking people if they needed support with activities and assisting when required.

People we spoke with were generally happy about the food. One person said “The food is ok but I don’t get a choice.” However another person told us. “There is a choice of food. They take special requests. They are very good cooks”

Visitors we spoke with also felt the food was good and told us that people were offered choices at each meal time. One person told us “My [relative] is happy with the food. It is home cooked and a good variety. There are odd days when it doesn’t suit but they generally like the food here.” We also saw that a choice was displayed on the menu board in the dining room.

People told us they enjoyed mealtimes. We observed the breakfast and midday meal in two of the three wings. People were not rushed and they could take as long as they needed to eat their meal. People could choose where they sat and some people chatted together whilst they waited for their meal to arrive. Where people needed assistance this was done sensitively. We were told by a visitor that their relative had a visual impairment and staff supported them to eat their meal independently by giving them a ‘verbal map’ of their plate. This meant the person knew where their food was located enabling them to eat independently.

Care records showed people’s food preferences. People who were identified as being at risk of dehydration and malnutrition were monitored for their food and fluid intake. Where people had lost weight we saw that specialist support was requested through the doctor. Care plans then showed what staff should do in ensuring any advice given was followed. We saw that people who needed them were on fortified meals and their weight was monitored closely to ensure they had adequate nutrition.

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said. “The staff are great.” Another person said. “Staff are kind and considerate on the whole. There is only the odd one who speaks out of turn” We mentioned this to the manager who said they would follow this up. A visiting healthcare professional told us. “The level of care here is good. “People were supported by staff who were kind and caring. We observed staff throughout the day and saw that they spoke with people in a kind manner, they did not rush people. We observed staff involve people in putting Christmas decorations up asking them about where the decorations should go and where some of them had come from. During the day we heard pleasant interactions between staff and people who used the service.

Throughout our visit we saw that people were able to make choices about how and where they spent their time. One person told us. “There are no restrictions.” We spoke with three people who were playing dominoes and they told us. “You can do more or less what you want, it helps if you are more able though.”

People told us they had been involved in making decisions about their care and developing their care plans. The care plans we saw had been signed by the person or their representative using the service indicating they were in agreement with it.

Care plans indicated what time people like to get up and go to bed. In discussion with people they told us that they did go to bed when they wanted and if they felt unwell they could stay in bed. We observed this during the day. Staff supported a person who had been feeling unwell and enabled them to have their breakfast later. The person told us, “I was feeling out of sorts and so I didn’t want to get up straight away. They left me for a while but popped in to check when I wanted to get up.”

People told us that staff treated them with respect. People’s privacy was respected. During the visit we saw that people were able to access their bedrooms when they wanted to. People were able to personalise their bedrooms with items, such as photographs and ornaments, to assist people to feel at home. Staff told us that bedroom doors were always kept closed when people were being supported with personal care. During the day we observed staff ensuring doors were closed before starting personal care. We also saw staff knock on bedroom doors and wait for people to say “come in” before entering. This shows that staff respected people’s dignity and privacy.

We observed staff discreetly offering people the opportunity to go to the toilet. Where support required two staff, staff spoke with the person quietly and did not exclude the person from their conversation. People were able to see visitors in communal areas, the privacy of their personal room or a quiet room. There was a treatment room where people could be seen by visiting health care professionals in private.

The manager told us as part of their ongoing commitment to improving dignity within the home they were applying to be judged for the bronze award in dignity which was run by the local authority and they had a member of staff who was their dignity champion.

Care records contained information about the way people would like to be cared for at the end of their lives. Appropriate health care professionals and family representatives had been involved in discussions to make sure people received appropriate care at this time. Staff spoken with understood what they must do to maintain people’s dignity when providing end of life care.

Is the service responsive?

Our findings

People told us they were involved in creating their plans when they first moved to the home but could not remember if they have been involved in reviews. The manager told us that staff did talk to people when they reviewed plans and made any changes when needed. One visitor told us, "I am involved in the care plan and when their needs have changed." Another visitor said, "I was involved in the initial care planning and deciding whether they should move to another room downstairs. They would involve me if necessary."

We looked at care plans and saw that each person had a description on how they liked to spend their day from the moment they got up to when they went to bed. It also included where people may have needed support during the night and provided information about people's personal preferences as well as a brief personal history. Staff were able to tell us about how they cared for each individual to ensure they received the care and support in a personalised way. This showed staff had information that was easy to access about each person to enable them to care for people as they wanted.

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At the last inspection we found that activities did not always meet people's individual needs.

We received information suggesting there was a lack of stimulation for people who lived at the home and that some people were bored. There was no formal activities plan. We were told people were able to spend their day as they wished. This meant some people who were more able were more active than others. The manager told us that they offered quizzes later in the day for people, which they enjoyed. Some people were supported by friends and relatives to attend their local place of worship. The hairdresser visited weekly and people spoken with told us they enjoyed this activity. Where people were involved in different activities this was not always recorded to show how people spent their day. This meant that management would not know who was involved in activities and where improvements could be made.

A visitor told us "There are enough activities for my [relative], dominoes etc. My [relative] would really rather read or watch TV. They like thrillers etc. I bring them in for them. The home doesn't provide anything films etc." Another visitor told us, "My [relative] likes to listen to the radio and classical music/football. Staff take them into the grounds in the summer."

We discussed the limited activities provided for people with the registered manager who told us as part of their ongoing wish to improve the service the dignity champion was looking at doing more suitable activities with people who have dementia to ensure they had the stimulation they needed.

We saw that visitors were welcomed throughout our visit. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. One person told us, "I am always made welcome and I can come in whenever I like." People are being supported to maintain relationships with family and friends, this reduces the risk of social isolation.

During the day we observed staff with people who used the service. Staff were friendly and regularly brought people in to conversations if they were quiet, asking them their opinion about something, such as Christmas decorations or what was on the television. There was a relaxed and pleasant atmosphere in all three lounges as well as the central atrium area.

People told us they were aware of how to make a complaint and were confident they could express any concerns. People told us they had not needed to make a complaint but would speak to a senior member of staff if they needed to. A visitor told us, "I know how to complain if I needed to." The registered manager told us they had not received a complaint in the last 12 months. This was confirmed when we looked at the complaints log. A copy of the complaints procedure was available on the notice board in easy to read print. This meant that people understood how to make a complaint if they needed to.

The manager showed us that the provider had recently redesigned the questionnaire sent to people to obtain their

Is the service responsive?

views of the service. Questionnaires were sent out regularly and an action plan was then created from any comments or suggestions. Questionnaires were also sent to people who have stayed at the home for respite to see how they could improve the service.

Is the service well-led?

Our findings

In August 2014 providers of services were asked to complete 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. The provider informed us they had not received a PIR request and so did not send us the information.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. Although the manager made appropriate referrals regarding people who needed to be assessed under the Mental Capacity Act 2005, the manager did not let the CQC know when an application was made. This meant we did not have the information we needed to show if appropriate action was taken. We discussed this with the registered manager and they realised their error. Shortly after this inspection visit the registered manager sent the appropriate notifications to us.

We looked at the outcome of quality improvement questionnaires that had been carried out in the previous year. Most comments were positive about the care people were receiving. We saw the action plan which identified improvements. Suggestions such as putting a day of the week reminder up in each lounge and a written menu had been put into practice. A visitor told us. "I received a questionnaire via the council. They called me and asked questions". We were also told by one visitor that staff had spoken with them and made suggestions as to how care could be improved for their relative.

The registered manager showed us that the provider had recently redesigned the quality survey questionnaires. These were used to obtain people's views of the service and make improvements if they were identified. In future a different group of questions will be sent out each quarter of the year to look at different aspects of the service.

There were systems in place to assess the quality of the service provided in the home. The systems ensured that people were protected against unsafe practices and environment. The registered manager told us that they had identified that the home needed major work to upgrade the electrical systems and this was due to start shortly. Plans were in place to minimise the disruption this would cause including having seven vacancies to enable them to use those rooms if they needed them. The manager showed us what areas were due to be redecorated as a result of this work. Some areas of the home were in need of refurbishment as they looked tired and in one case a bathrooms was out of order. The manager said these areas were to be replaced but they were awaiting the electrical work to be completed before cosmetic changes were made. Improvements to the signage around the home were also planned. This would assist people who had dementia to find their way around more easily.

While people were involved in planning their care they did not feel involved in the day to day running of the home, nor could they remember if they had been asked their opinion of the home. A visitor told us, "There are meetings for people who live here but I have not attended any meetings for relatives." People who used the service told us they did know who the manager was. Most relative however said they found the manager and senior staff approachable. The registered manager told us that they spoke to people who used the service daily and as she administered medication regularly she talked to people then as well.

Staff we spoke with understood the aims and objectives of the service and felt the communication between management and staff was good. The registered manager told us that they worked shifts alongside care staff and were able to observe practice and ensure that staff upheld the service values. Staff told us they received clear guidance from the manager and there were regular staff meetings where they were kept up to date with changes to the service. We saw staff team meeting minutes and these showed that staff were kept up to date with changes being planned for the service. The manager was described as "very fair" and "approachable".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.