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:
01 June 2016
02 June 2016
03 June 2016

Date of publication:
03 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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 was unannounced and took place on the afternoon of 01 June, the day of 02 June and the morning of 03 June 2016.

The Merchants House is in a large, Victorian building and is a home where six people who have learning disabilities and mental health conditions, are resident. Each person has their own room and shares the communal living areas and garden area. The home is situated near shops and public transport.

The service requires a registered manager. 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.

The previous registered manager had left the service in the autumn of 2015 and at the time of our inspection there was a manager who told us they would be applying for registration.

We found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to concerns about medicines management, infection control and good governance. You can see what action we told the provider to take at the back of the full version of the report.

We saw that the building and furnishings were, in places, dirty and in need of cleaning or refurbishment. This potentially put people at risk due to infection control procedures not being followed.

We found that medication processes were not always completed properly and the medication room was exposed to plaster dust.

People were cared for by supportive staff and supported in a person centred way. However, the staff themselves told us they were not supported by the management and that their training was sometimes not up to date. Scheduled training had been postponed because of staff shortages and overall there was no contingency for an additional staff member in case of emergency or other tasks to be done.

The management of the home had been erratic and at the time of our inspection, the new manager had just resumed their post at the service. We saw that the quality of the service had not been monitored over recent months and that the auditing processes had not been consistently completed. Relatives and health and social care professionals complained about a lack of information and communication to us.

During the course of the inspection and afterwards, the manager and the provider submitted action plans to us as they had already identified areas of concern which need addressing. They were aware of most of the issues we found at the inspection as they had just begun to identify the issues themselves and were open and transparent about the failings of the home and the plans to improve it.

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 up to date with their training.

There were some medication errors and the medication room needed upgrading.

Infection control throughout the home had been compromised because of poor maintenance and cleaning.

Is the service effective?

Requires Improvement

The service is not always effective.

The service was following the principles of The Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and staff were knowledgeable about these.

Staff were not always up to date with their training.

Relatives and professional said there was poor communication from the service.

Is the service caring?

Good

The service was caring.

Staff were seen to engage with the people in a friendly, supportive and professional way.

Advocacy services were available to those people who needed them.

Is the service responsive?

Good

The service was responsive.

The care and support was person centred.

Reviews took place and involved people and their families where possible.

People were enabled to attend various activities.

There was a complaints policy and procedure which was followed.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no registered manager in post and the management in recent months had been provided by a cover manager.

Audits and checks on the quality of the service had been erratic or not completed.

The new permanent manager had plans to improve the service and the systems to aid it its effectiveness and quality.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was unannounced and took place on the afternoon of 01 June, the day of 02 June and the morning of 03 June 2016.

The inspection was carried out by a single adult care inspector. The home was registered to provide care and accommodation for up to six people. At the time of our inspection there were five people resident in the home.

We had received information of concern and also looked at our own records. We checked with the local authority and also looked at our own records to see if there was any information we should consider during this inspection. We looked at the information the service had sent to us as statutory notifications. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home.

We toured the premises and observed the care of the people in the home, who were unable to communicate with us verbally. We talked with the manager, the deputy manager, the quality assurance manager and with the regional manager. We spoke at length with one member of staff whilst we were at the home. After our visit, we telephoned staff, relatives and professionals involved in the care of people living at The Merchants House, when we spoke with three relatives, with a further three staff and with four health or social care professionals via telephone. We reviewed various records relating the running of the home including five staff recruitment records, two care files for people living in the home, medication and maintenance records.

Requires Improvement

Is the service safe?

Our findings

The staff we spoke with were able to tell us about safeguarding, how to prevent it from happening and the types of abuse. They told us that they had received recent training and they were able to tell us how they would report any concerns.

We saw from the training plan that the manager provided to us, that safeguarding training had recently been provided for several staff during this year, but that many others needed updating.

There were safeguarding contact details available in the ground floor office, but we did not see any information about safeguarding throughout the rest of the home. We were shown a poster in the vestibule which told how to make a complaint but there was nothing about safeguarding specifically. This meant that should people themselves or their visitors and relatives be concerned about abuse they would not have the information readily available for them to action any concerns.

A healthcare professional told us that they were very unhappy with the way that the service dealt with safeguarding and other incidents. They said, "They are not really engaging. We haven't been informed about the safeguarding incident. We have asked for information but haven't had any. We are a long way away and need that information. We need to know that they are safe. We have asked for monthly reports and to be informed of any incidents such as safeguarding. As the Commissioner we need to know about it and we have asked repeatedly".

We had checked our own records and found that the service had made safeguarding notifications to the local authority and to CQC but the deputy manager agreed that there had been an omission. They told us they would be reminding all staff of the importance of timely notification to the relevant organisations, including commissioners.

The lounge contained several large couches which were which had been soaked and stained with urine and which smelled. One staff member told us, "The smell is because of the furniture; people are incontinent sometimes. The chairs should be properly covered with protective covers. It's disgusting. We don't have time to clean up straightaway".

We found that the carpet in the corridors and stair wells was badly stained and dirty and smelled malodourous. There were cleaning buckets and mops in the downstairs toilet. We found that the hot water in this toilet ran tepid after two minutes. We addressed this immediately with the manager who arranged for the system to be thoroughly checked and tested for possible bacteria, as legionella bacterium breed well in tepid water.

We were told by relatives, staff and the manager that there was a problem with the car seats in the home's transport being soaked and stained with urine and with them smelling malodourous. This meant that the homes infection control measures were compromised.

These examples are breaches of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

(The medication room was locked and contained further locked cabinets which stored prescribed and PRN (to be taken as required) medicines. There was a medication refrigerator but this is not in use the time of our inspection.

We checked the medication administration records (MAR) against the other records and stocks held. We sampled two medication records and checked the medicines recorded and stored, against them. We found that there were errors with some medicines records; as an example, we found that there was no record of one drug being given, in the controlled drugs register when the balance indicated it had been administered. The deputy manager told us this was probably due to the fact this medicine was taken by staff to be administered whilst the person it was for, was on holiday. Another example was that another PRN drug supply did not match the running total on the MAR sheet.

These examples are breaches of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

We saw that risk assessments were in place for the people living in the home, such as for medication, communication and smoking. Recruitment of staff had been completed with all the required procedures and checks and all staff had references and criminal records checks and all were eligible to work in UK.

One relative told us that they thought that the service was not safe. They said, "I am very concerned about [Name's] safety. I have lost total confidence in management to keep people safe. They are not staffed enough, they are blaming [Name] for not staying in their room. The staff are not close enough or don't keep a proper eye on them."

However, another relative was happy with the staff and felt there were enough to meet the needs of their relative. They told us, "The staff are very good. There are enough staff". A third relative told us that they thought that the service was safe. They said, "We are not worried, we're not at all concerned and this is the best place that [Name] has been to". This relative however had various other concerns about the premises and safety generally about the home, including concerns about staffing, particularly at night.

One permanent member of staff told us, "I think sometimes they struggle with staff at the moment. They use a lot of agency staff. I don't think they are that supportive. There is meant to be nine staff in but we struggle for that." This staff member went on to say, "It is really bad. We are letting the service users down. The agency staff don't know what to do." Another staff member told us, "There's enough staff on duty; when you can get them in". A professional told us, "There is a problem with them using lots of agency staff. They don't know the people and some are extremely challenging."

We saw that where there had been commissioned, specific staff ratios for individuals, they were maintained. For example, where people had had to have three staff on duty to support that person, at any one time, this had occurred and where another person only had to have one staff member to support them at any one time, this had been arranged. The staff rota reflected the time which had been commissioned but provided no additional staff. Apart from the manager and deputy manager, there was no other member of staff who was able to help out if a problem occurred or additional help was required. One staff member told us, "You are always chasing your tail to do things like the washing".

All the staff we spoke with told us that they were very unhappy that the handover periods between shifts had

been discontinued. They told us that they were not able to get up-to-date information quickly and readily when they came on to shift. They told us they thought that this was unsafe. One staff member said, "There is a communication book but it's not the same". One relative told us, "The staff are very good under the circumstances. They don't do handovers if any more. I just think it's so badly managed." This relative went on to say, referring to the staff, "They are on 12 hour shifts. You are never your best at the end a long shift." The provider told us that they were re-considering the lack of handover time and would be addressing this shortly.

The kitchen was tidy and the kitchen and the equipment in it, was clean. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits. The kitchen had been rated as a four (out of a possible five) by the environmental safety department for food hygiene.

The manager showed us requests for quotes for a new motor vehicle and purchase orders for the couches and the deputy manager chased an existing request, whilst we were there, for quotes for replacement stair and corridor floor covering.

We were later informed that a new cleaning schedule had been implemented and that the water system had been tested and upgraded. The drains in the basement would be thoroughly cleaned out weekly and a better ventilation system for the laundry would be installed. The couches had been delivered and a new vehicle ordered. The manager also told us that staff would receive further training in medication administration and that a system would be introduced to accurately record medicines administered when a person was away from the service. The handover period would be re-introduced and the staffing levels would be re-evaluated. A complete fire and safety audit was to be completed as soon as possible by a senior manager.

Requires Improvement

Is the service effective?

Our findings

A relative told us, "New staff need to be with more experienced staff; it's vital". A staff member told us, "The training is good and updated regularly. You have to put it into practice".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty were being met. We saw that appropriate applications had been made for the people living in the home and that one of these had been authorised at the time of our inspection. We also saw that the home followed people's best interests and that people were supported to be safe. Staff were able to tell us about the principles.

We looked at the staff training records. We saw that new staff were registered for the new 'Care Certificate'. This was a training programme accredited by Skills for Care and often used as induction training. We saw that staff had attended a range of training including food hygiene, first aid, challenging behaviour and safeguarding. Staff had also achieved Health and Social Care Diplomas Levels 2, 3 and 5.

One relative told us, "I don't think staff are trained well enough for the challenging behaviours". On the training plan we noted that a lot of the scheduled training had been postponed due to staffing shortages. This had left some staff being some months behind their scheduled date for refresher training. The manager told us that they were aware of this and that this would be addressed in the coming few months and all staff would be up-to-date with their training as soon as possible. We saw that staff appeared to be competent in their roles and they told us that they enjoyed the training which was offered. One staff member told us that they had recently had safeguarding training and that they had completed MCA and DoLS training. The manager sent us the revised training action plan for the staff and we saw that most of the key subjects which needed either initially training or refreshing had been identified and scheduled.

We had received some concerns about the lack of communication between the home, relatives of people living in the service and health and social care professionals who were also involved in the care of those people. One healthcare professional told us that they did not feel updated frequently enough about the person they were responsible for and relatives told us of similar concerns, such as that because they lived a long way away they needed frequent updates which they didn't get. However, another relative told us that they were in touch on a daily basis through the medium of Skype, which is a computer based communication system and that they spoke both to staff and to the person during these calls. We discussed

these concerns with the managers of the service who told us that communication would be improved, particularly as the new manager had resumed their role at the home

The home was situated in a large Victorian building which was over four floors. A healthcare professional commented, "I think it's more like a hostel than a home". One relative told us, "I think it is very confusing layout. It's not fit for purpose; not for six adults with challenging behaviours. They've lost the handyman and the maintenance isn't done as it should be".

The ground floor was used for communal rooms such as the lounge, dining room and kitchen and the upper floors contain five bedrooms, bathrooms and the offices. The lower ground floor contained one very large bedroom with a specially designed large ensuite area. This accommodation had tracked ceiling hoists installed and the bathroom had a specialist bath aid as the person using it had little mobility. This room had direct access to the rear of the property and we were told that the side entrance to the garden was being adapted so that direct access from the car park area to the lower ground floor could be gained that way.

People's own rooms had been personalised, were large and were generally minimally furnished and decorated. There had been attempts by the provider to adapt some of the corridor spaces in order to provide a degree of privacy. The communal bathrooms were mainly basically appointed; the communal bathroom on the ground floor towards the rear of the property had an attempt to convert this into a sensory bathroom with changing light patterns and colours. However at the time of our visit these lights did not work and we were told that the bathroom was seldom used.

The dining room contained several tables dressed with creased tablecloths but with no table decorations or condiments. There was no menu available for people to see. The manager told us there was to be new dining room furniture ordered and more home-like items purchased for the home. Night staff would be required to iron the tablecloths.

The kitchen used commercial equipment and was clean and tidy on the day of our visit. The cook told us that people who wanted to help in the kitchen could do so, but we saw that space was limited.

We discussed the menu on the type of food prepared with the cook on duty. They told us that there used to be a menu displayed but that that had fallen from use. There was also some problem with using the online ordering systems due to the authorisation not been transferred from a previous user to the cook. This meant that the cook had to get cash from the manager and to physically leave the premises and shop for foodstuffs several times a week, which they told us to cut their valuable time. The cook told us that when they were not on duty it was care staff who prepared food for people living in the home. The cook tried to prepare fresh foods but that often people wanted convenience foods such as oven chips and chicken nuggets. We were told that this frequently happened when the cook was off. One relative told us, "They are giving cheap stuff from [supermarkets names]; it's just chips and nuggets. Most of them are overweight. The food is always supposed to be freshly prepared.

We discussed the table settings with the cook who told us that people were offered condiments during mealtimes. They told us that they would reinstate the menu for people to look at and try to use condiments and place settings on the tables. The manager told us that the menus would be refreshed and that another cook had been appointed to cover the remainder of the week.

The house had a small paved patio garden to the rear and side which was fenced and gated. The gate had a lock to ensure restricted ingress and egress. Within the garden were tables and chairs and a barbecue area.

There were small planting areas for people to grow plants and vegetables should they want to.

Good

Is the service caring?

Our findings

One relative said, "The staff are just wonderful". The health care professional told us, "Some of the permanent staff are just brilliant, but there's a problem with using lots of agency staff because they don't know the people and some are extremely challenging".

A social care professional who was acting as an advocate to one person, said, "[Name] is very well-established, very happy, enjoyed his placement and I have no concerns about his care. He seems to have a good relationship with the staff so I have no concerns".

A staff member told us, "Certain service users can only have regular staff but they have to have agency staff". Another staff member said, "I think all the staff respect the service users. Staff definitely care. They go out of their way". A third staff member commented that, "All the staff are brilliant, they all care and do their best".

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who were in the home at the time of our inspection and gave them clear explanations about what was happening to them or expected from them. People were offered choices and information and were able to make many decisions about their day-to-day activities. We so that staff communicated with all the people who were in the home at the time of our inspection, in a cheerful friendly and familiar way, whilst retaining their professionalism.

We saw that the entries that staff made in the daily records demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about their welfare.

We had received some information of concern that staff did not remain in line of sight when people had been assessed as needing one-to-one continual support. We did not find that this was the case on the days of our inspection. One or two of the people who are in the home during our inspection were very active and mobilised around the home freely. At all times a member of staff accompanied them and was seen to be supportive and engaging with the person and their needs.

We saw that where people required advocates, they were put in touch with reputable agencies whose workers visited them periodically or as when required. One social care professional who was acting as advocate informed us that, "Both the manager and the deputy both believe [Name] should move as this is probably not the most appropriate place for them. They are very keen for me to be involved to advocate for her". This professional went on to say, "They certainly seem willing to engage and are receptive to my involvement".

The records relating to people's care were kept in a locked room on the ground floor and those relating to people's medication needs were kept in the locked medication room on the lower ground floor.

Staff told us that over time they had cared for people of many cultures and backgrounds and that they had received training in equality and diversity. The cook told us that they were well used to providing food and various cultural needs and would also encourage people to use the kitchen in order to regain or retain a level of independence.

The managers told us that staff felt it was important to preserve and improve people's independence where it was possible. We saw that people engaged with various activities which promoted their independence.

Good

Is the service responsive?

Our findings

Relatives told us that they were very pleased with the care provided on the whole as it was person centred. One told us, "I think it's excellent, it's very person centred. I'm involved in the reviews and I was involved in the initial assessment".

A staff member commented to us, "I would say that people are treated as individuals and are supported properly". Another staff member told us that they got over the lack of handover because they went into work early in order to read any updated information that was relevant to the person they were supporting. They told us that they didn't want to be left working 'blind'. This meant that staff were willing to put in extra work in order that they provided the right support to people.

The third staff member said, "It's the staff who do person centred care that the organisation doesn't give the proper resources. The best thing is the staff they are great they work together and support each other and so then they are great with the clients".

We were told that the home did have key workers at one point that they have been recently discontinued. Another relatively spoke to was very unhappy about this, telling us, "They don't have key workers any more. It's a great shame".

We saw that the care files were in the process of being transferred to a new system of recording. Some information is held electronically that the hardcopy of the new care files with easy to follow, clear and easy to read. People have been treated as individuals in their assessment and that the likes, dislikes, preferences, skills and abilities have been recorded.

Relatives told us that they were invited to attend the reviews of peoples care as necessary. They told us that if they weren't able to attend in person they were able to contribute either by phone or in writing. One relative told us, "I feel the care is very person centred. We are having a review imminently which we will input to". Another relative told us, "We can contribute to the reviews with the commissioners and the service; no issues are insurmountable".

The Merchants House was situated in a residential area but also had good access to local shops and amenities. This meant that people were able to be part of their community if they chose.

Each person had a diary of activities that they would undertake each day and each week. These included swimming, playing the drums and dancing to Zumba music at a local day centre.

Entertainers also came into the home one of them being known as the ' music man'. People were also able to benefit from reflexology and various other sensory programmes which were provided on a regular basis.

Some people enjoyed going to the disco or to go shopping for their personal requirements and others enjoyed going out to lunch. People were encouraged to participate in cooking and baking activities in the

home although the kitchen was a little small to take more than one or two extra people. Staff got around this by enabling people to prepare and mix ingredients in the dining room.

There were policies relating to complaints and incidents. We saw that the complaints policy was displayed in the entrance hall to the home. We saw that accidents, incident and complaints were all dealt with appropriately and responded to quickly. There was an incident log maintained which showed the stages of the investigation and this information was input on to the computer to be held electronically.

Requires Improvement

Is the service well-led?

Our findings

One staff member told us about the manager, "I wouldn't hesitate to go to him; he's okay, open and transparent. I would feel comfortable talking with him". However another staff member said, "I don't think it's being managed properly. I think some staff are being disrespected and not given credit. There's a lot of staff leaving because of it and to let good staff go, is ridiculous".

The service had had a registered manager until the autumn of last year and the new manager had been in post since February 2016. This person intended to apply to become a registered manager, they told us. However, due to other pressures, this manager recently had several months away from the service which had been temporarily managed by another of the providers' registered managers, along with their own service which was some distance away. Staff and relatives told us that this had caused various problems, mostly relating to communication.

We saw that the records were erratically completed over the last several months and that some audits had not been done. For example, the audits relating to some areas of health and safety had not been regularly monitored or audited, such as the hot or cold water systems, the general cleanliness of the home and the routine maintenance. We were also concerned that other issues identified by staff had not been addressed in a timely manner, such as the urine soaked couches and car seats.

These examples are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Relatives all told us that they felt that communication had been poor in recent months. One said, "What it needs is a manager who can communicate, value and support staff. What you need above all else is good communication and settled management". They went on to tell us that they thought the situation would improve once the new manager settled in.

When we discussed the service with the manager and with the quality manager who was present towards the end of the inspection, we found that they were open, transparent and willing to engage with us. They also told us that they wanted to improve their engagement with other health and social care professionals involved in the support of people living in the home. They had already prepared an action plan and had begun to implement this. The managers undertook to improve the lines of communication. They told us that they would update their action plan accordingly.

The service had sent out questionnaires to people using the service and their relatives. We saw one response which showed that the respondent was not sure about who the manager and the service was. The responses varied and people being satisfied to dissatisfied but there is no evidence that anything could be done to collate this information or to do anything about it. The quality manager told us that the provider with implementing a new process which would do this. This process would outline the feedback received and convert it into an action plan. The intention was then to send this out to the people using the service their relatives and anyone else involved in their care. This information would also be used to feed into a

provider brochure which would give information about the feedback and the actions taken in order to make changes and improve quality.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not cared for in a clean environment. Medication procedures and storage were inconsistent and the room where medicines were stored, unsatisfactory. Regulation 12 (2) (d) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The Service did not operated effective quality assurance measures or audits. Regulation 17