Mercers

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Inspection report

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Date of inspection visit:
12 March 2018

Date of publication:
03 July 2018

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Mercers on 12 March 2018.

Mercers is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home provides care and support to people who have complex needs including mental health, learning disability and needs related to the Autistic Spectrum.

Mercers is registered to accommodate and care for up to seven people. At the time of inspection there were five people living at the service, four people lived in the main building and one person in a separate building across the road.

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

At the last comprehensive inspection of September 2016 we rated the service 'Good'. This inspection focused on the areas of safe and well-led and we found that improvements were needed and we identified breaches of legal requirements. The Commission is considering it's enforcement powers.

You can see what other action we told the provider to take at the back of the full version of the report.

People's safety and welfare were compromised because the provider did not have in place robust and effective quality monitoring and assurance processes to identify issues that presented a potential risk to people. Thorough risk assessments had not been carried out particularly in relation to individual's choking and to risks within the physical environment.

Necessary maintenance work and health and safety precautions had not been taken within the home to protect people from risk of harm. The cleanliness of the service had been neglected and improvements were required regarding infection prevention.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible. Risks had not been assessed to ensure that the least restrictive option had been considered and decisions had not been properly taken or recorded to ensure people's freedom was respected.

We received mixed feedback regarding staffing levels at the service and the impact that this had on service provision.

Although some auditing and monitoring systems were in place to ensure that the quality of care was consistently assessed, they had failed to identify the issues we found during our inspection.

There had been a lack of oversight of the service by the provider and the registered manager to ensure the service delivered was of a good quality, was safe and strived to continuously improve.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special Measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Risks to individuals in relation to choking had not been assessed.

Staff did not support people in the least restrictive way possible.

Environmental risks were not effectively identified or managed and the cleanliness of the service needed improvement.

Staffing levels required review to ensure they met the needs of those living at the service.

Is the service well-led?

Inadequate

The service was not well-led.

Robust audit and monitoring systems were not in place to ensure that the quality and safety of care was consistently assessed, monitored and improved.

There was a failure to recognise and effectively act on failings which impacted on the quality of service provision.

There had been a lack of oversight of the service by the registered manager and provider to ensure the service delivered was safe and that they kept up to date with best practice.

Mercers

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 inspection was prompted in part after an incident in the care home which is subject to further lines of enquiry. This inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns regarding the management of risk of choking. This inspection examined those risks.

This inspection took place on 12 March 2018 and was carried out by two inspectors. It focused on safe and well- led. The inspection was unannounced.

Before our inspection we looked at information that had been sent to us.

On this occasion, we had not requested the provider to complete and submit a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. This was because our inspection was undertaken at short notice.

We spoke with the registered manager, deputy manager, two care staff and three people using the service. We looked at the care records of four people, staff recruitment, training records, and other records that supported the running of the service.

Inadequate

Is the service safe?

Our findings

There was a lack of recognition and understanding of risk particularly in relation to supporting people at risk of choking. The deputy manager told us that they were aware that one person was at risk of choking. The Speech and Language Team (SALT) had formally assessed the person and a report and recommendations dated 16 July 2010 was later located in a separate clinical file from the care plan which was not easily accessible for staff to refer to as information was in different places. The assessment took place following four episodes of choking. The report stated that the person was at high risk of choking dependent on their mood. Because of the inconsistent pattern of risk, the SALT had recommended different strategies to support this person at different times. These strategies were not reflected in the care records and no information was in place to guide staff regarding the support the person required to minimise the risk of choking. The deputy manager could not clarify if the risk to this person's safety from choking had been reviewed since 2010 to see if there had been any changes.

It stated in another person's Hospital Passport that they were, 'At risk of choking and they needed some foods cut up as can choke on foods like spaghetti if not cut up or chewed properly.' However, their care records did not contain a risk assessment or associated care-planning arrangements to safeguard this person from the risk of choking. Staff were not aware of the risk for this person. Without a personalised care plan, staff did not have sufficient information to guide them on how to consistently and appropriately support, monitor and review people's individual needs, recognise when symptoms were worsening, or identify any emerging increase to the risk of choking.

In addition, there were no eating or drinking assessments in place for anyone using the service. The senior leadership team including the deputy manager and registered manager were not aware of any other service user's being at risk but could not demonstrate that assessments had taken place to verify this.

Environmental risks had not been identified or addressed effectively to protect people. Not all radiators were covered to protect people from surface burns and risks from free standing heaters had not been considered. Not all windows had suitable restrictors to restrict window openings to 100mm or less. Furniture in bedrooms and a free standing glass fronted unit was not secured to the wall which posed a risk of injury if pulled over. In two of the bedrooms the flooring was lifting and the stair carpet was worn, frayed and coming away at the edges posing a trip hazard. Monthly environmental checks had failed to consider these risks or identify that action was required to reduce the risk and keep people safe.

There was no risk assessment in place for the use of an oxygen concentrator. Whilst oxygen concentrators provide a safer delivery form for oxygen they provide an oxygen rich environment and there are cautions that must be exercised to ensure that its use remains safe. One staff member said, "I don't know what it says in the care plan about the concentrator, or when [person] may need oxygen." There was no guidance for staff on the risks associated with the concentrator.

The provider had not reviewed and revised their health and safety policy and procedures to ensure they were current and reflected best practice. The infection control policy was dated June 2011 and had not been

reviewed since 2014. There was no risk assessment in place to prevent the spread of infection and to provide guidance for staff to follow. There was no policy for the use of the oxygen concentrator.

Robust systems were not in place to ensure the cleanliness and maintenance of the building. In the upstairs bathroom, the bath panel was damaged and the tiles had come off the wall. The shower tray was dirty, rusty and damaged. Areas of the service were in a poor state of decoration and plaster was crumbling away from walls throughout the house, particularly in the corridor outside of the laundry room. One staff member said, "The home is run down. I get it's an old house but it is a person's home." Following a food hygiene inspection in December 2017, a requirement was made to repaint the wall under the hand dryer and to repair the cracked floor to enable effective cleaning and prevent cross infection. This had not been addressed and continued to be an infection control issue.

The provider had not reviewed the fire safety arrangements of the service to ensure they remained up to date and adequate to protect people in the event of a fire. The fire safety log book and fire risk assessment had not been updated since 2008 although the service had received a visit from the local fire service in Jan 2013. The risk assessment stated that staff had keys to be able to open an external exit to the house when this was locked, however these keys could not be located and the deputy manager was not aware that access to the keys formed part of the evacuation plan. The risk assessment contained information that was no longer current and could potentially delay an emergency evacuation in the event of a fire. The provider confirmed that they would update the fire risk assessment.

An emergency evacuation plan, on the wall outside the office referred staff and others to Personal Emergency Evacuation Plans (PEEPS) located in people's care records. There were no PEEPS in people's care records and the registered manager confirmed that these were not in place. This meant that there was no information available to ensure that staff knew how best to support each individual to evacuate safely in the event of a fire.

An emergency lighting inspection in November 2017 found issues including a broken fitting in the corridor, the lighting not functioning above the front door and the light outside not operating correctly. Staff did not know whether these issues had been addressed and we could not find any evidence to confirm action had been taken.

Staff had an awareness and understanding of abuse and their responsibilities to protect people. They were able to explain what they would do if they had concerns about anyone. They had received training in safeguarding and relevant policies and procedures were in place to guide them. However, they did not recognise or understand the wider aspects of safeguarding people from risk as identified in this inspection.

Investigation or analysis into incidents when things went wrong was inconsistent. Some accidents and incidents had been reviewed by the deputy manager to look for patterns or trends, however we saw two incidents, one where a person had sustained a scratch under their eye and another where they sustained bruising that had not been reviewed or the reasons for these injuries explored. This meant people were at risk of incidents re-occurring or further action not being taken to safeguard them.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

After the inspection, the provider informed us that they had reviewed the system for the analysis of incidents to ensure that this was more robust.

Staffing levels need to be reviewed to ensure that these are sufficient at all times to meet people's assessed needs. We received mixed feedback regarding staffing levels. One person said, "There is always enough staff and I have been shopping today." However, one staff member said, "Today there are enough staff. I have worked understaffed and it has prevented people from going out, Those who do not have a one to one worker miss out when there is not enough staff." The deputy manager said, "One person should have one to one all the time but sometimes they don't in the afternoon if we are short staffed. It can be a risk but it is more the pressure it puts on staff. It has a negative impact." Staff were not rushed in their interactions and had time to spend sitting and chatting with people. There was no contingency plan in place regarding action to take in the event of a staffing shortage to ensure continuity of care for those living at Mercers. We reviewed the rotas over a two week period and there were four occasions where staffing had dropped below the required number needed. The deputy manager confirmed that the registered manager had raised the staffing issues with the provider.

The provider carried out safe recruitment. Checks were undertaken on staff suitability before they begun working in the service. Checks included references, criminal record checks with the Disclosure and Barring Service (DBS), identification and employment history.

Inadequate

Is the service well-led?

Our findings

There was a failure from the registered manager and the provider to ensure that practices promoted an equality, diversity and human rights approach. As a result, some restrictive practices were in place and not everyone was engaged or involved in decisions made within the home.

One person had a capacity assessment, which had been completed in 2009 regarding restricting their access to the kitchen. The person had agreed to have limited access to the kitchen for their safety and told us, "I have an agreement to not go in the kitchen." It had not been recognised that the person's needs may have changed or that a less restrictive option could be considered and the agreement had not been reviewed since 2009.

There was a sign on the dining room door, which stated, 'All dining room chairs to be removed and this door locked at night from 21.00pm until after the morning handover.' This prevented people from accessing this area. We discussed this with the manager who told us that the door was only to be locked when one person was upset and was at risk of becoming angry. We spoke to the person who told us, "The door is locked every night and I have to wait for staff to call me in the morning. The door is locked to help me rest in my bedroom." The person told us they were happy with the door being locked. This decision had not been documented as being discussed and agreed by this person or by everyone else living in the service. This meant that people were restricted unlawfully from freely accessing areas of their home.

One person had a Positive Behaviour Support Plan (PBS) in place. A review undertaken in August 2017 stated that if the person presented with challenging behaviours they were to be reminded that an activity would be cancelled. This was contradictory to their PBS, which stated that cancelling an activity was a trigger for their anxious behaviour. This approach placed restrictions on the person and could cause an escalation in their anxiety levels.

One person had a specific way of communicating and tools had been recommended by the SALT in 2013 including using Makaton, the use of talking mats to enable them to make choices, using visual timetables and using social stories to support healthcare appointments. Makaton uses signs and symbols to help people communicate. These communication tools had not been reflected in the care plan. One staff member said that they had managed to pick up the communication but added, "Training would be useful." This meant that the person may be restricted in how they communicated with the staff team as the staff had not received training and recommended tools were not being promoted or used. There was no evidence to demonstrate the provider was meeting the Accessible Information Standard (AIS).

Language used in records was not always respectful and did not demonstrate that difference was understood or acknowledged. The strategy to support one person with continence management stated, 'Person's challenging behaviour is cruel, inhumane and degrading to staff and other service users'. This document had been reviewed in June 2017 and the language had not been identified as a concern and no changes had been made.
This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014: Dignity and Respect

The registered manager was not ensuring that there were robust systems in place to check that the quality of care provided was safe and of a consistently good quality. As mentioned in this report, we identified problems with the risk management of choking, the cleanliness and safety of the environment, and some restrictive practices. While some of these concerns had been identified by the registered manager prior to inspection, they continued to be a significant concern as action had not been taken to address the issues. Lack of effective oversight meant people were living in an environment which was poorly maintained and were at risk of receiving care, which was not of a good standard.

Plans for improvement within the service had not been reviewed and adjusted accordingly. A decorating schedule was in place which highlighted that areas of the service which were due for decoration in 2019, however they were in need of decorating immediately and this had not been recognised or the plan amended to take this into account.

The registered manager and provider were not up to date with best practice or their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, they were not aware of their responsibilities under Regulation 20: Duty of Candour. This regulation encourages open and transparency within health and social care services. The registered manager told us that they received updates from the Care Quality Commission and used websites to keep their knowledge up to date; however, they were not implementing national best practice guidance, for example, in their infection control policy or by meeting the AIS.

This is a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance

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 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to treat service users with dignity and respect and to ensure that practices promoted an equality, diversity and human rights approach 10 (1) 10 2 (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the environmental risks within the service. The fire safety arrangements were out of date. Robust systems were not in place to ensure the cleanliness and maintenance of the building. Where incidents had occurred action had not been taken to mitigate any further risks. 12 (a) (b) (c) (d) (e) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Robust systems were not in place to ensure that the care provided was safe and of high quality. The provider was not up to date with best practice or their responsibilities under the Health and Social Care Act.

17 (1) 17 (2) (a) (b) (f)

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess all of the risks to people using the service particularly from choking, eating and drinking. 12 (a) (b) (c)

The enforcement action we took:

Imposition of positive conditions