Hampshire Care Limited

Mercury House

Inspection report

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Southampton
Hampshire
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Tel: 02380739500

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Mercury House is a new service which was opened as a respite centre for up to three people who are living with autism and/or learning disabilities. Respite centres offer people temporary accommodation and support for a period of time. One person had been living at the home soon after it opened in 2016 and two others had moved in to the home in 2017.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home is a semi-detached, three bedded house on a housing estate. There is a lounge with dining area, kitchen, office and shower room downstairs and three bedrooms and a bathroom upstairs. The back garden is laid concrete paving.

This was the first inspection of Mercury House and took place on 23 and 25 January 2018. The inspection was undertaken by one inspector and was unannounced.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

The provider did not have a robust recruitment procedure in place and did not always gain satisfactory evidence of conduct and reasons for staff leaving previous care related employment.
Risk assessments identified when people were at risk from every day activities, but for one person an identified risk had not led to a risk assessment or care plan being put in place to protect the person. There was not a risk assessment for the building and garden which meant potential risks to people's health and safety when accessing these areas had not been identified.

Medicines were not managed safely. Records were not complete and did not accurately detail how much medication there should be for each person. Care plans were not in place for medicines prescribed as "when required."

The provider had policies and procedures in place designed to protect people from abuse but some staff had not completed training in safeguarding people. This meant staff may not be aware or identify any safeguarding concerns.

The registered manager said staff received an induction to the home but there was not a record of this on file. Training was available, but not all staff completed relevant training to support the needs of the people they worked with. Staff were supported in their work through regular supervisions.

The home appeared clean but the registered manager was not aware of current guidance relating to infection control. However, there were cleaning schedules in place and the home appeared clean.

People's needs were assessed and their preferences understood before they moved to the service. People were supported by suitable numbers of staff who developed caring relationships with people. People were supported to maintain family relationships and friendships.

We checked whether the service was working within the principles of the Mental Capacity Act (2005) and whether any conditions on authorisations to deprive people of their liberty were being met. We found they were.

Although staff knew people's needs well, care plans varied in the relevance of the information. People were supported to be actively involved in making decisions about their care. Staff offered to support people and waited for consent before they did so. Staff respected people's privacy and dignity when supporting them with personal care. Staff cooked meals for people, who chose when and where they wanted to eat.

The provider had not established an accessible system for identifying, receiving, recording, handling and responding to complaints by people using the service or their representatives. There was not a complaints procedure in place.

There was a quality audit system in place which included weekly checks, for example, health and safety and fire equipment. However, this was not effective as it did not identify the concerns we found.

The service was open and inclusive and promoted a positive culture for people to live in. The service informally sought the views of people, their family members and staff. The service had started to learn, improve and innovate and worked in partnership with other agencies. The registered manager ensured improvements were made to systems when things had gone wrong or were identified as having the potential to go wrong. The registered manager and staff worked together within and across organisations to deliver effective care and support

We identified breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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.

There was not an effective recruitment procedure in place.

Risk assessments did not identify all risks.

Suitable systems were not in place to ensure medicines were accounted for and that people received medicines as prescribed.

Systems were in place to protect people from abuse but not all staff were trained.

The home appeared clean but professional best practice guidance was not available with regard to infection control.

People's needs were met by suitable numbers of staff.

Improvements were made in response to lessons learnt.

Is the service effective?

Requires Improvement

The service was not always effective.

Training was available, but not all staff completed relevant training to support the people they worked with.

People's needs were assessed and their preferences understood before they moved to the service.

People enjoyed a variety of food and staff joined people at mealtimes to eat together.

People were supported to access healthcare services and ongoing healthcare support when necessary.

The environment was homely and met people's needs.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people.

People were supported to be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The provider did not have a complaints procedure in place.

Although staff knew people's needs well, care plans varied in the relevance of the information.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a system of quality assurance auditing but this was not effective.

The service was open and inclusive and promoted a positive culture for people to live in.

The service informally sought the views of people, their family members and staff.

The service worked in partnership with other agencies.

Mercury 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 was the first inspection of a new service.

The inspection took place on 23 and 25 January 2018. The inspection was undertaken by one adult social care inspector and was unannounced.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The provider had not been asked to complete a Provider Information Return prior to this inspection. 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. We discussed this information with the registered manager during the inspection.

During the inspection, we spoke with one person, two staff, the registered manager and the provider. We also observed interactions between people and staff supporting them. We sought the views of family members but were unable to speak with them. We looked at a range of records, including two care plans, four staff recruitment files, medicines records and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

The provider did not have an effective recruitment procedure in place to ensure staff were suitable to work with people living at the service. The provider did not always gain references and complete checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One of the records we looked at did not have a DBS check in place. We brought this to the registered manager's attention and a DBS check is now in place. However, the check was completed nearly two months after the person starting working at the home.

The provider did not always gain evidence of satisfactory conduct in previous health and social care employment and reasons for their leaving previous care related employment. We saw two files which did not have a reference from their last employer, who was also a care provider. We brought this to the attention of the registered manager who subsequently sought and received references. Although potential new staff completed an application form, the form was written in a way which meant the provider did not ensure a full employment history was recorded. New staff need to explain any gaps in their employment to ensure they are suitable to work in care services.

The lack of effective recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that people were involved with the recruitment process where possible. One person was always asked their view after staff worked a trial shift.

Risk assessments identified when people were at risk from every day activities. However, we found the care plan for one person noted a specific behaviour the person had been known to do in the past which could have resulted in serious injury. There was not a risk assessment in place regarding this behaviour and action had not been taken to minimise the risk. We brought this to the attention of the provider who immediately took action and equipment was fitted to reduce the risk the next day. There was also not a risk assessment for the building and garden which meant potential risks to people's health and safety had not been identified. The registered manager and provider had not been aware of the need to risk assess the building.

The registered manager told us how they ensured other risk assessments were ongoing, as people could change their behaviours in different environments as well as when staff got to know people better. A staff member told us they found the risk assessments really "helpful."

There was a fire risk assessment completed by an external fire consultant. Their report recommended that staff undertake weekly checks on fire equipment and these checks had been completed. If there was an emergency which meant the home needed to be evacuated, alternative accommodation would be sought locally in similar services in the first instance. Safety certificates were in place for the gas boiler and electrical appliance testing.

Each person had a medication administration record (MAR) in place which was used to record the medication they had taken. However, the records were not complete and did not accurately detail how much medication there should be for each person. The records did not tally with the stock count and did not show how many tablets had been received into the service or carried forward to the next month. For one person, the MAR showed they had taken two doses of a medicine, but a further two doses had been recorded elsewhere. These issues meant it was not possible to know how many tablets people should have and whether any were missing.

People were prescribed some medicines as "when required" which meant staff would administer them when they felt the medicine was needed. The medicines ranged from paracetamol for pain relief to medication used to calm people when they were anxious. However, there was not a care plan in place to ensure staff offered these medicines in a consistent way, meaning there was a risk people may not receive their medicines when they needed them.

The lack of a robust procedure to ensure the proper and safe management of medicines was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained the strategies which would be used to calm an anxious person before offering the medicines but said they were waiting for a care plan from a health professional and that they did not want overuse the medicine. The registered manager ensured people's prescribed medicines were reviewed regularly or as needed so people could take the medicine they needed.

Medicines were stored safely and staff supported people to take their medicines at the right time. One person sometimes declined to take their medicine which could be taken at any time of day. When this happened, staff would prompt the person again, later in the day. Staff had spoken with the GP whose advice was that missing one dose would not hurt, but that staff should contact them if the person missed more than one dose. The registered manager told us how they were still getting to know one person and were observing their behaviour and seeking advice from healthcare professionals regarding understanding when the person was in pain.

The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. However, records showed that four staff and the registered manager had not undertaken training in safeguarding. The registered manager knew how and when to use safeguarding procedures appropriately. The registered manager told us they spoke with people living at the service and their families directly, to advise them to contact the provider or the local authority safeguarding team if they had concerns. Staff told us they knew what action to take and who to contact if they suspected or witnessed abuse. However, the contact numbers for the relevant agencies were not on display in the home and were not detailed in the policies and procedures. Staff told us they would research the telephone number if needed and one told us they had the number stored in their mobile phone. Following the inspection the registered manager told us they had displayed a poster with the necessary information

Providers should have knowledge of the guidance regarding infection control, entitled, "The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance" but the registered manager could not find a copy. By following the code, providers will be able to show how they meet this regulation but they do not have to comply with the code by law. The service had not completed an annual infection risk assessment or audit. However, we saw staff cleaning the home whilst we were there and the service appeared clean. Cleaning procedures were in place with daily records showing which staff were allocated to clean which areas. The Food Standards Agency had rated the home with a food hygiene rating of 5, which is the highest rating which can be awarded.

Personal protective equipment was available for staff, such as aprons, gloves and anti-bacterial hand gel. The registered manager told us that people living at the service were vulnerable and so they used a disinfectant spray on door handles and other areas to reduce the risk of bacteria (such as the common cold) spreading between people. The provider had a contract with a commercial waste company to dispose of personal hygiene items. The service did not have a separate laundry room which meant that dirty laundry was brought into the kitchen area. However, staff ensured they put laundry straight into the machine and did not leave it on the floor. There had not been any outbreaks of infection.

People's needs were met by suitable numbers of staff. Staffing levels were calculated based on one to one support requirements during the day and there was always a female staff member on duty to support a female living there. At night, there was one staff member awake and one sleeping. Where staff were needed to cover holiday or sick leave, staff would work extra shifts. The registered manager told us they had not used any agency staff because continuity was important for the people living there and that they covered if necessary. If the registered manager was not able to cover, the provider could go to the home to support people.

The registered manager ensured improvements were made to systems when things had gone wrong or were identified as having the potential to go wrong. An example included changing the way a person was supported to manage their money to reduce the risk of too many people having access to their bank card. Another example was given around the fact that people used the service as respite which meant their GP might be a distance away. The staff team had registered a person as a temporary patient with the local GP, but found this was only for three months when staff subsequently went to the GP with the person and found they were not registered. Action had been taken to ensure people were always registered with a GP.

Requires Improvement

Is the service effective?

Our findings

People's needs were assessed and their preferences understood before they moved to the service. A number of health and social care professionals already knew people and worked with them to enable them to make a decision to move to Mercury House. The registered manager visited the person where they were living and sought information from them and people who knew them. People would make a series of visits to the service to help them make a decision. As the service was set up as a respite service, people sometimes moved in sooner.

The registered manager told us how new staff were introduced to the home. New staff went to the provider's day centre first where they met one of the people living at Mercury House. Then they visited the home and met another person living there. Staff were given a tour around the home and were shown where everything was, such as fire extinguishers. However, the registered manager did not keep a record of the induction process so we could not be sure what had been covered during the induction process. Four staff had not yet completed fire safety awareness training.

The registered manager kept a record of the training provided to staff which showed that not all staff had completed training to meet people's needs, such as autism awareness or supporting people with learning disability which meant that continuity of support might not always be available. However, some staff were reasonably new to the service and may not have had the time to complete all the training. Staff knew people's needs well and supported them in ways which met their needs.

A staff member told us, "I am currently doing the NVQ2 [national vocational qualification] and then I want to do level 3. I did first aid [training] as I asked to do it. There is a learning disability online training portal and I have done learning disability awareness, epilepsy awareness and autism awareness." They also confirmed they had completed the Care Certificate.

The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff had either completed the Care Certificate in previous jobs or were supported to undertake the qualification after they started work at Mercury House.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The registered manager was aware of the procedures to follow and had obtained authorisations where necessary.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that three staff and the registered manager did not have any training about the MCA. This meant that people were supported by staff who may not be fully aware of the principles of assisting people with their decisions.

Staff were supported in their work through regular supervisions and would receive annual appraisals when they had worked there for a year. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Staff cooked meals for people, who chose when and where they wanted to eat. One person sat in their chair so they could continue with their craft hobbies and the other two sat together at the table. Staff also sat with people and everyone shared the meal as a sociable thing to do. One person had a specific dietary need and they were offered food which took this into account. Staff asked people about their food preferences but did not get a response from everybody. Therefore, staff were cooking new foods and if people liked the food, staff would make the meal again. People were asked if they would like to prepare meals but tended not to. One person did like to bake cakes and staff supported them to do this. Sometimes, people would go out to eat.

The registered manager and staff worked together within and across organisations to deliver effective care and support. One person attended a day service run by the provider at another location. The registered manager told us this meant the person's needs could be met with consistency as information could be shared between the two services. People were supported to access healthcare services and ongoing healthcare support when necessary. People went out to visit professionals such as GPs, dentists and chiropodists. As the service was set up as a respite service, staff tried to maintain existing relationships with healthcare professionals but due to the geographical constraints this sometimes meant people visited professionals nearer to the service.

The service is a three bedded house located on a housing estate. Everyone living at the service was mobile and moved freely around the building. Professional advice had been sought to ensure the environment met people's physical needs and action taken in response to advice. One example of this was an additional hand rail had been fitted to the stairs so that one person could continue to go upstairs independently.

Each person's room was decorated differently. The person who had been there longest had chosen the paint colour in their room and the other two people were asked if they were happy with the colour the rooms were painted. The service was set up as a respite service which meant people would not usually be there long enough to choose their own colours. Thought had been given to how people might find it easier to relax and there was a jacuzzi style bath as well as colour changing "sensory" light bulbs in their bedrooms.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people. One person told us the staff were nice and that they were respectful towards them. They went on to tell us about a party that had been held in their social club's club room, to celebrate a personal event they had undertaken. The registered manager told us the event had been held at the social club so that they could "see people they knew."

We observed caring interactions between staff and people living at the service. People appeared comfortable and happy in staff company and looked relaxed in their environment. The provider, registered manager and staff spoke kindly about people and it was evident through our conversations with them that they cared about the people living there. People were supported to maintain family relationships and friendships, which included staff driving them to see family and friends where necessary.

People were supported to be actively involved in making decisions about their care. One person did not speak about their care needs but would communicate their view on what they needed by using physical gestures, for example, go to the kitchen when they were thirsty. Staff knew what each gesture meant so they could respond appropriately.

Staff offered to support people and waited for consent before they did so. Where consent was not verbal, staff observed body language such as the person getting up and going to the expected room where the support would take place, such as the bathroom. People usually tried to do things independently and sought help if they needed it.

The registered manager told us how staff were mindful of people's dignity when going out of the home. Staff were conscious of how people sometimes behaved when they went out and the impact this could have on their dignity. Staff were also aware of how people's physical care needs could impact on their dignity when they went out.

Staff told us how they respected people's privacy and dignity when supporting them with personal care, such as shutting doors, closing curtains and covering people with a towel.

Requires Improvement

Is the service responsive?

Our findings

The provider had not established an accessible system for identifying, receiving, recording, handling and responding to complaints by people using the service or their representatives. There was not a complaints procedure in place. The registered manager told us family members had raised queries and concerns and that these had been addressed at the time. They also said they had verbally told one person and families about how to complain.

The lack of an effective and accessible system for complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a care plan in place which contained information about their needs. A staff member said the care plans had "useful information, current and historical, they show ways people's behaviours change and why, and how we can avoid those triggers". They gave an example of not telling one person about a development in their personal life as it was known the person got upset about that subject.

One person's care plan showed a good level of detail about the person's preferences regarding their personal care and everyday routines. There were care plans around how to support the person if they became anxious. The plans including looking at what the triggers were, how to support the person when they were experiencing anxiety and how to support them with their recovery after a "crisis". However, the second care plan we looked at was less clear. The care plan had been created by the management of the day centre, also run by the provider of Mercury House, which the person attended. Therefore, there was not a care plan relevant to the person's support needs whilst at home and a specific identified risk was not addressed.

Staff kept a daily record which showed how people had spent their day and how they were feeling. Records were maintained so that people's care could be monitored and so that staff on different shifts could be up to date.

The registered manager and staff were responsive to people's needs on an individual basis and we heard about several examples of how this had had a positive impact on people's lives. One person had needed medical assistance and needed to visit the local hospital. The staff team were still getting to know the person who had not been at the service very long, so considered how the person may respond to this unfamiliar activity in an unfamiliar place. Using the knowledge they already had about the person, staff concluded that it might be best to go early in the morning so it would be less busy. This approach had worked and the person received the treatment they needed, without becoming distressed.

Where people did not communicate verbally, staff observed their behaviour and body language. The registered manager told us that one person had been in the bigger bedroom but they had seemed uncomfortable. A decision was taken to offer them a smaller room and the staff had noticed the person then appeared more comfortable. Similarly, staff noticed that one person paced and chanted to themselves. Staff discovered that the person "loved" to use the computer to play games. Staff therefore employed the

strategy of supporting them to play games on the computer which meant the person was more relaxed and not pacing the home.

Each person went about their daily lives as they wished. Two people attended (different) day services and the third person chose a range of different activities during the day. This included going to local social clubs they were a member of, going to the cinema and going shopping.

Requires Improvement

Is the service well-led?

Our findings

Providers must have systems and processes that ensure that they are able to meet the regulations. They must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.

During this inspection, we identified concerns around a number of areas which had not been identified by the provider or registered manager when auditing the quality and safety of their service. An example of this was found regarding weekly checks such as health and safety and fire equipment testing. Whilst there was a weekly medicines records audit in place, this did not identify the concerns we found. The audit consisted of six questions which were all completed the same each week. One question was, "Are all MAR [Medication Administration Record] sheets signed?" The response was always, "Yes" but we found gaps in the records. Therefore, the audit was ineffective for improving practice.

The lack of effective systems and processes to ensure compliance with this regulation was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager felt that they were approachable and open to discussion and ideas. They recognised the importance of teamwork and said they acknowledged when staff had done a good piece of work and discussed issues when things were not going as well. The registered manager said, "We can always learn from things and how best can we do better next time. I always ask, 'do we need any [extra] resources?' We can approach the provider [to get resources]."

Team meetings were held regularly and minutes were kept. The meetings were used to discuss a range of topics, such as people's current needs and actions which staff needed to take to improve every day practice.

The management team consisted of a deputy manager, the registered manager and the provider. A staff member told us the registered manager was, "Brilliant, he is always on call if you need help. He is willing to get involved; he covers waking or sleep in [shifts] and he takes [person's name] to the day service."

The provider told us that they supported the registered manager and that support was also available from the day centre staff which was also owned by the provider. A staff member said that the provider was, "Cool. He is happy to help if he needs to. I really like working here, it is a 'chilled' atmosphere, we are all mates."

The registered manager was aware of the need to notify the Commission of any specific incidents or accidents, but there had not been any reportable incidents and no accidents.

The registered manager's ethos was that people should receive a quality service which met their individual needs. They told us, "If we can achieve a quality of service and life that we would like, we would have done a

good service to [people]." The aim of the service was to, "provide a homely environment with the right support and staffing and the right environment for people to feel supported and want to live here. [People] should feel at home whether they are here for a week, a month or longer."

There was no formal process for seeking the views of people, their relatives and staff. However, the service provided was for a maximum of three people and they had not all lived there for the duration of the service being open. Two people had not lived at the home for very long and the staff team were in the process of getting to know them. The registered manager said they talked to people about the quality of the service and one person gave their thoughts verbally. A family member had told the registered manager that their relative seemed much happier since they had lived at Mercury House and another person's relative had said they were happy with the service provided.

The staff team were involved on a daily basis with how the service was run. Staff were encouraged to put forward ideas and suggestions. The registered manager gave an example of how a staff member had taken the lead with the staff team to ensure one person's dietary needs were met by all staff.

The registered manager had started to put systems in place to continuously learn, improve and innovate. There was a system in place which meant they received updates regarding relevant legislation changes from a quality compliance company. The registered manager said they looked at the website for a national charity which was dedicated to best practice in supporting people living with autism.

The registered manager and staff worked in partnership with other agencies so that they could support people holistically. This process started when health and social care professionals contacted the service about the possibility of someone moving in. Other professionals, such as occupational therapists were also involved to ensure the correct support was offered and that people did want to move to the home. Professionals continued to be in contact with the home and visited people there.

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 There was not a robust procedure in place to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not have a complaints procedure in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective systems and processes in place to ensure compliance with regulations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was not an effective recruitment process in place to ensure staff were safe to support the people they worked with.