The London Borough of Hillingdon

Merrimans Respite Care Unit

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Merrimans Respite Care Unit provides a respite service (short term accommodation and personal care) for up to nine adults with a range of needs including, physical and learning disabilities in order to give their carers a break from their caring responsibilities. People are allocated a number of nights per year which is arranged through social services. This number can vary depending on the needs of the person and their carer (usually a relative). At the time of the inspection 79 people accessed the service. There were nine people using the service on the first day of the inspection and one person on the second day.

There are two floors in the service and sections of the building can be separated depending on the needs of the people staying in the service.

At the last inspection, 6 and 10 November 2014, the service was rated Good.

At this inspection, 7 and 18 January 2017, we found the service remained Good.

Why the service is rated Good.

We received limited verbal feedback from people using the service and so we carried out observations to see how they were being supported and cared for. We observed positive interactions between the staff and the people using the service and we contacted relatives after the visit.

Relatives were happy with the way in which the service was run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had a range of needs and communicated in different ways to the staff team. Staff had a good understanding of people's personal preferences, likes and dislikes.

People using the service were protected from the risks of harm because the risks had been assessed and reviewed to ensure people were supported safely. The staff were aware of these and had training in order to help keep people safe. The environment was safely maintained and people received their medicines appropriately.

As on previous inspections people's care records continued to be informative and guided staff on how to care and support people appropriately. People's health and nutritional needs were assessed to ensure staff understood how to support people when they visited the respite service.

People had access to a range of different leisure and social opportunities both in the service and in the community. The staff supported them to do as much for themselves as they could.

Some people were able to make a complaint if they were unhappy and they also had the support of their relatives who could also represent their views.

Relatives and staff were happy with the way in which the service was run. The service was appropriately managed. There were comprehensive systems for monitoring the quality of the service. The registered manager and staff team listened to and learnt from the feedback of others to make changes and improve the service.

The service met the relevant fundamental standards that we assessed and provided a positive, caring respite service which offered a break for both the person using the service and for their relatives and carers.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

People received support in a safe way. Staff knew what action to take if they thought a person was at risk of harm.

Systems were in place to make sure people were supported by enough appropriately recruited staff.

People safely received their medicines.

Is the service effective?

Good

The service remains Good.

People's capacity to consent had been assessed and they were supported to be involved in making decisions about their care and treatment. Where they were unable to make decisions the provider had acted in accordance with the Mental Capacity Act 2005.

The staff were suitably trained and supported.

People's health and nutritional needs were monitored and met.

Is the service caring?

Good

The service remains Good.

We observed positive and kind interactions between staff and people using the service.

Feedback from relatives regarding the staff team were complimentary.

Staff were knowledgeable about people's needs, interests and preferences

Is the service responsive?

Good

The service remains Good.

People were supported in a way which met their needs and preferences and these were documented in their care records.

People had opportunities to take part in social and leisure activities.

There were appropriate procedures for making a complaint. Relatives felt confident if they had a concern they would be listened to.

Is the service well-led?

Good

The service remains Good.

The service was run well and ensured the delivery of person-centred care for people to meet their goals and aspirations.

The staff team sought the views of people using the service and their relatives and acted on these.

Systems were in place to monitor the quality of the service.

Merrimans Respite Care Unit

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 checked 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 a comprehensive inspection and took place on 17 and 18 January 2017 and the first day was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we carried out general observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

Also at the inspection we spoke with three people using the service, the registered manager, three team leaders, the administrator, an agency support worker and two support workers. We reviewed the care records for three people using the service, including their support plans and risk assessments and one person's medicines management records. We also looked at two staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we spoke with two relatives of people who use the service. We also emailed six relatives to obtain their comments. Four relatives on this occasion responded to our questions. We also contacted three professionals for their views on the service but on this occasion we did not receive their feedback.

Good

Is the service safe?

Our findings

People using the service were not able to tell us about whether they felt safe; however they appeared relaxed and cheerful during the inspection. We observed people had positive relationships with the staff who were caring for them. The relatives we spoke with were happy with the support and care their family members received. One relative told us, "I definitely feel X (family member) is safe going to the service."

Safeguarding policies and procedures had been viewed at previous inspections and the registered manager was aware of the local authority's safeguarding policy and procedures. There had been no safeguarding concerns since the last comprehensive inspection in 2014. When we asked staff how they would respond if they felt a person using the service was being abused, their comments included, "I would report any concerns to external organisations, such as the local authority or to the Care Quality Commission. Training records showed that staff had completed training in supporting people safely and this was updated each year.

People's care records included assessments of possible risks, including moving and handling, risk of having a seizure and risk of developing pressure sores. The information gave guidance on how to mitigate any risks they identified. These were reviewed every month by the staff team. We saw one risk assessment which when we queried the identified risk with the registered manager they stated this was out of date and would be removed from the person's file. The registered manager confirmed that the risk assessments would be more detailed and in line with another service that they managed. Information would be checked and updated by the end of January 2017 to ensure they were confident that these more clearly outlined all known risks and action staff needed to take to minimise the risks occurring.

The staff and external organisations carried out regular checks to make sure the service was safe. This included checks on fire safety equipment and water temperatures. The registered manager confirmed that window restrictors would now be formally checked and recorded to ensure these worked effectively and protected people from harm.

There were systems in place to record and respond to incidents and accidents. There had only been one accident since the last inspection which had been appropriately documented.

There were sufficient numbers of staff working on a shift. Staff said, "Staffing levels are generally ok". Another staff member told us, "We are doing alright, sometimes it is busy but we work well together as a team." Each day had different staffing levels depending on the numbers of people visiting the service and their individual needs. The team leaders looked ahead to always plan for the right of amount of staff to work for each day. We saw that team leaders were organised, knew the needs of the people well and how many staff were required to effectively support people.

A new system had been introduced that a maximum of four people who use wheel chairs were to visit the service at any one time. This enabled staff to fully meet people's needs. Staff told us they were happy this had been arranged to better support them and the people using the service.

The provider had a recruitment process in place and the head office held the majority of the staff employment records. We saw that the service also held information, such as the staff member's evidence of their identity, employment history and a Disclosure and Barring Service (DBS) criminal record check which was carried out before they started working in the service. The registered manager confirmed that the assessment and recruitment process helped them hire appropriate staff for the service. There was minimal staff turnover and no staff had joined since the last inspection.

Occasionally external agency staff were used. Information about their background and training was provided to the registered manager.

Systems were in place to make sure people safely received their medicines. No–one currently looked after their own medicines when they visited the service. Clear information on the medicine, its side effects and what it was prescribed was available for the staff team to view. Staff had training on this subject.

Good

Is the service effective?

Our findings

As with previous inspections the feedback from relatives about the staff team was positive. Some commented that the staff were "friendly" and also "professional".

New staff received an induction to the service, which included shadowing experienced staff. Staff received training in a range of subjects on a regular basis. Subjects included first aid, epilepsy training and dementia. They were also encouraged to study for a nationally recognised qualification in care. Staff we spoke with were positive about the support and training they received.

There were good systems for handing over information between the staff to ensure they were familiar with any changes at the service. Staff confirmed they all communicated well with each other and that there was "good teamwork" in the service.

There continued to be regular one to one and group support for the staff team. The registered manager monitored that this was taking place to ensure staff had time to talk through any support or concerns they had. Staff also received an annual appraisal of their work which was reviewed every six months. Staff told us that in any meetings it was a "two way process" so that they could contribute their views and be listened to.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had sent applications to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. This was then documented on people's individual files if they had been assessed and if a DoL was then authorised. On one person's care records the information we read meant that we would have expected their views and consent to the support they received to be documented and it was not. We spoke with the registered manager about staff recording any contribution from a relative or person using the service so that it was clear they had given their views. The registered manager confirmed this should have been written in the records and that this would be addressed.

Staff received training on DoLS and MCA and were confident that they all provided choices to people who visited the service. One staff member said, "We absolutely give people choices." We saw during the visit that staff gave people various options regarding how they spent their time. Some people were preparing to go to an evening social club. Staff also said they knew people's needs well and for people who had limited or no verbal speech they could still communicate what they wanted. This might be through pointing, sounds or eye movement.

People's health needs were documented. This included a patient passport which held a summary of their needs if they were admitted into hospital. This ensured professionals supporting them in the hospital had guidance on how to safely support the person. People saw health professionals usually with their relatives. If people became unwell when using the service staff knew what action to take and relatives we asked said

they would also expect to be contacted. One relative confirmed they had been made aware when their family member had needed medical attention and that they were "more than happy" for staff to let them know of any problems.

Staff prepared meals for people using the service. We saw meals included people's favourite dishes. A list of people's individual needs and preferences was in the kitchen, for example if people ate halal food or required their meals to be liquidised. Staff recorded what people ate. This enabled them to monitor if people had any problems with the meals or showed changes to their usual eating habits.

Good

Is the service caring?

Our findings

One person using the service said staff were "nice". Comments from relatives were favourable. They told us, "Staff communicated very well to us if there were any issues," "Couldn't manage without the service," "We feel that X (family member) is safe and well cared for" and "They engage well with X (family member) who needs time to settle in on arrival."

The staff provided care which was person centred and focused on the individual needs, wishes and preferences of the people who used the service. Support plans and guidance for the staff gave information about the person and how they expressed their choices. This enabled staff, in particular new staff, to become familiar with how to support people in a way they wanted.

Staff recorded people's needs in respect of their gender, in their support plans. For example, people's care records included details if the person had a gender care preference for when they required help with their personal care. It was clear the level of support and care some people required so that staff did not impose any care or support that was not necessary.

There was an emphasis on providing people with a positive break from their family home and to interact with others. Many staff had worked in the service for several years and understood what people enjoyed and what made them unhappy. Some people preferred a quiet respite break and stayed in areas of the service where they could be at ease and not upset if the main part of the service was noisy. Staff could describe the type of support some people required to ensure they were safe and liked coming to use the service.

During this and previous inspections, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. We observed staff engaged with people as they arrived in the service. People were checked to ensure they were comfortable and provided them with food and drinks.

Good

Is the service responsive?

Our findings

Prior to using the respite service people's needs were assessed and they were visited at the children's respite service if they accessed this resource and/or in their homes. Different areas were considered to ensure the service was appropriate and that staff could meet people's needs. Each transition varied with some transitions taking weeks or months as the staff got to know the person.

Relatives gave staff information about the person who was going to use the respite service. One relative told us, "The documents I filled in telling them about X (family member) were obviously read as they made reference to things I had written."

Several relatives described how when they had to be admitted into hospital they had called upon the staff to provide emergency respite service and this was arranged for them. One relative told us, "The service really helped out when I had an emergency." Another relative said how they had to ask for a few extensions to the respite being provided and this has been agreed to help them out.

Where possible the staff booked the respite service for when relatives required it. Each person using the service has a different amount of respite nights allocated to them and this had to be considered when arranging the respite. In addition, staff considered the needs of the people and where people might not enjoy staying at the service if another particular person was also at the service. However, where they could staff aimed to run a flexible service for all those concerned.

People's records gave staff guidance about how to meet their identified needs. People's care plans covered all of their social and health care needs and staff reviewed the information monthly. The respite staff attended reviews usually held at schools, colleges and day centres so that they could contribute their views on how the respite stays were meeting people's needs.

We identified that for one person the daily records did not make it clear that staff had followed their care plan. This was addressed by the second day of the visit and we saw that staff were now clearly recording if people were checked at night and how often and if they were turned at night to prevent pressure ulcers developing.

People engaged in a range of activities such as swimming, going to the cinema and attending community social clubs. Many people had outreach support, provided by another care provider, during the week days, or attended school or college and we were informed that there was regular communication between the respite staff and other professionals involved in the person's life.

Meetings were held for people using the service and for relatives and carers. Relatives confirmed if they could not attend then they were sent the minutes so they could keep up to date on what was occurring. One relative also told us, "I know that I can ring anytime to give my views." Another relative said, "Staff are happy to consider any suggestions made."

Relatives we asked all said they had not had to raise any formal complaints but that if they did they felt sure they would be handled appropriately. Their feedback included, "I haven't needed to make any complaints, but I'm sure they would be properly dealt with if I did," "I have never had any reason to complain about Merrimans and cannot see that changing" and "I would feel able to raise any concern to the staff team."

We saw there had been no complaints and that the complaints policy and procedure was visible in the main entrance. There was also an easy read pictorial version for people using the service. The registered manager said there was regular and good communication with the staff team and relatives which they felt minimised formal complaints being made.

Good

Is the service well-led?

Our findings

Feedback from relatives on the staff and registered manager were very complimentary. Comments included, "The staff and management at Merrimans have been exceptional, the level of communication, co-operation and extra support is first class," "The staff are all very good and try their best to accommodate any changes I ask for" and "We feel that the service is well managed."

Staff spoke highly of the registered manager. They told us, "It is a well-run and organised service," "The registered manager understands the service" and "We can share ideas with each other in the team."

The registered manager had been in post for just over two years. 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 registered manager and staff team were pro-active in looking at ways to improve the service. For example, the medicine administration records had been reviewed and amended to be clearer and minimised recording errors. All the staff we spoke with were receptive to the findings of the inspection and were keen to ensure if there were areas that could be improved then changes were implemented as soon as possible. Where we had found some areas requiring attention, the registered manager was quick to acknowledge if something needed addressing and ensured this was implemented.

People using the service, their relatives and professionals were encouraged to give their views on the service. This was done through a range of ways including carrying out annual satisfaction surveys so that the registered manager could see if there were areas needing to be improved. We saw that the responses were positive.

As with the previous inspections we found there were regular audits and checks carried out and action plans were in place to address any issues identified. Different areas of the service were monitored and these included, health and safety checks, audits on medicines, reviews of people's care records and another person who worked for the provider also carried out checks on different areas to ensure people continued to receive a good service.