Richmond Fellowship (The)

Meridan House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook this unannounced inspection on 27 & 28 September 2018. Meridan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Meridan House is registered to accommodate a maximum of 12 people. On the day of this inspection there were nine people living in the home with mental health needs.

At our last comprehensive inspection on 14 January 2016 the service met the regulations we inspected and was rated Good. At this inspection we found the service to be deficient in some areas and have rated it as Requires Improvement. Following the inspection we received concerns in relation to the care of people who used the service and the management of care workers. We therefore made further enquiries with the registered manager and provider.

People who used the service informed us that they had been treated with respect and dignity. The service had arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse.

Risks assessments had been carried out and risk management plans were in place to ensure the safety of people. The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs were met. There were suitable arrangements for the administration of medicines and medicines administration record charts (MAR) had been properly completed.

With one exception, the premises were kept clean and tidy. One bedroom had not been fully cleaned and there was litter on the floor. The state of the bedroom posed a fire and health and safety risk as the person who used the service had smoked in their bedroom. There was a record of essential maintenance and inspections by specialist contractors. Fire safety arrangements were in place. These included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency.

The service worked with healthcare professionals and ensured that people's healthcare needs were met. The dietary needs of people had been assessed and arrangements were in place to ensure that people received adequate nutrition.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS.

Care workers had received a comprehensive induction and training programme. There were arrangements for staff support, supervision and appraisals.

Care workers prepared appropriate and up to date care plans which involved people and their representatives. People were encouraged to be as independent as possible and to engage in various activities within the home and in the local community. Some people had made progress and their mental health had improved.

The service listened to people who used the service and responded appropriately. There were opportunities for people to express their views and experiences regarding the care and management of the home. One complaint made had been recorded and promptly responded to.

Comprehensive checks and audits of the service had been carried out by the registered manager and the team manager to ensure that the service provided care of a good quality. We however, noted that there continued to be issues related to cleanliness of a person's bedroom. We also noted that an allegation of abuse was not notified to the Care Quality Commission (CQC). This came up after the inspection and we followed this up with the provider. We accepted the explanation given by the provider.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take 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

Some aspects of the service were not safe.

We noted a bedroom had not been kept clean. One safeguarding incident had not been reported to the CQC. This came up after the inspection and we followed this up with the provider.

Risks assessments were in place to ensure inform care workers of how to keep people safe.

Care workers had been carefully recruited. We were however, not confident that the staffing levels were adequate as a number of deficiencies were noted and the registered manager was also responsible for managing other services.

There were suitable arrangements for supporting people with medicines in a safe way.

Is the service effective?

Good

The service was effective.

Care workers had been provided with essential training and support to do their work.

There were arrangements for staff supervision and appraisals.

Care workers supported people in accessing healthcare services when needed. The nutritional needs of people were attended to.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity. Care workers were able to form positive relationships with people.

The service ensured equality and promoted diversity. The individual preferences of people had been responded to.

People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good

The service was responsive.

Care plans together with strategies for assisting people were up to date and addressed people's individual needs and choices. Reviews of care took place with people and their representatives.

People knew how to complain. One complaint recorded had been responded to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The service did not have effective quality assurance systems in place. As a consequence, some deficiencies were not identified and promptly responded to.

People and most care workers expressed confidence in the management of the service. Care workers worked were aware of the aims and objectives of the service. □

The service had worked well with people and their representatives and brought about significant improvement in people's health and general well-being.

Meridan 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 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.

The inspection took place on 27 and 28 September 2018 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority. The provider completed and returned to us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were nine people living in the home. We spoke with six people who used the service and a friend of a person who used the service. We spoke with the registered manager, the team manager, the administrator and seven care workers. We received further feedback from two healthcare professionals.

We looked at the kitchen, medicines cupboard, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for four people, five staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Requires Improvement

Is the service safe?

Our findings

The home had a safeguarding policy and care workers had details of the local safeguarding team and knew how to contact them if needed. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report it to management staff. They were aware they could also report it directly to the local authority safeguarding team and the CQC if needed. One safeguarding matter had not been notified to us and we were looking into that further.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks when associated with neglect, self-harm and behaviour which challenged the service. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency. These did not mention the adverse effects of some medication on people's ability to respond in an emergency. On the second day of inspection, the registered manager provided us with the amended PEEPs.

There were arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy. We examined five medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. Audit arrangements were in place.

There were arrangements for ensuring fire safety. There was a fire risk assessment for the home. This addressed the risks related to smoking in the home and action to take to minimise potential risks. The emergency lighting had been checked monthly by care workers. The fire alarm was tested weekly to ensure it was in working condition. Two fire drills had been carried out this year. Fire procedures were on display in the home. Care workers had received fire training and were aware of action to take in the event of a fire. One person in the home smoked. The home had a no smoking policy and people were only allowed to smoke in their bedrooms or outside the home. The fire authorities had visited the home and advised on the management of the person who smoked. Fire retardant linen had also been provided. The home had a fire risk assessment.

The home had a record of essential maintenance carried out. These included safety inspections of the portable appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. Hand held emergency buzzers had been provided for care workers so that they can summon assistance in an emergency. The hot water temperatures of bedrooms and areas accessible to people had been checked weekly by care workers. We however, noted that on two occasions in September 2018, the temperatures were above 44 degrees centigrade. This may put people at risk of scalding. This was discussed with the registered manager who provided us with documented evidence that they had contacted the maintenance department to arrange for this to be rectified. She also explained that these rooms were not being used by people who use the service as one was an archive room and the other was a staff sleepover bedroom.

The home had a recruitment procedure to ensure that care workers recruited were suitable and had the

appropriate checks prior to being employed. We examined a sample of five records of care workers. We noted that all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. We noted that a care worker had certain issues with their pre-employment checks and a risk assessment was not available. The registered manager stated that it was kept in their personnel department. Following our inspection, the risk assessment was sent to us.

People and care workers informed us that the staffing levels were adequate. The staffing levels during the day shifts normally consisted of the registered manager, the team manager, community link worker and two care workers. During the night shifts there were always two care workers on duty. We noted that the registered manager also managed the adjoining care home (Foxlands) and one other supported living accommodation on the same site. This meant that the registered manager had to divide her time between these services.

We also received a complaint that the staff rota was produced late, sometimes only a few days before it was due to commence and this had inconvenienced staff. Care workers we spoke with did not confirm this although one care worker stated that it had happened but that it was rare. The registered manager stated that rotas were usually produced about two weeks prior to it starting.

No unpleasant odours were noted. The home had an infection control policy together with guidance regarding infectious diseases. With one exception, the premises were kept clean and tidy. One person's bedroom had not been fully cleaned and there was litter on the floor. We noted that there were cobwebs on the ceiling. The state of the bedroom posed a fire and health and safety risk due to the presence of bits of paper strewn on the floor. We further noted that monthly room audits indicated that cleanliness was an issue but this continued to repeat itself in the audits. The registered manager explained that this related to one specific bedroom where care workers had experienced certain difficulties and she stated that the room would be cleaned. We noted that the person using the service smoked in their bedroom.

The registered provider had failed to do all that was reasonably possible to mitigate against risks to people's health and safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We reviewed the accident records. Accident forms had been fully completed and signed. Where appropriate, there was guidance for care workers on how to prevent a re-occurrence.

The service had a current certificate of insurance and employer's liability.

Good

Is the service effective?

Our findings

People told us that care workers were competent and they were satisfied with the care provided. They stated that they had access to healthcare services. One person said, "I have seen the doctor and have received my medicine." A second person said, "I am better. A lot of credit to the staff." A healthcare professional told us that staff were capable and able to care for their clients.

People's care records indicated that they had received an initial assessment of their needs with involvement from their representatives or relatives before moving into the home. The assessments contained important information about people's health and other care needs. Individual care plans were then prepared with details such as people's preferences, activities they liked and how care workers were to provide the care they needed. Care workers were knowledgeable about the needs of people.

People's healthcare needs were closely monitored by care workers. Care records of people contained important information and guidance on assisting people who may require special attention because of their healthcare conditions, mental state or behavioural issues. Appointments with healthcare professionals had been made for people who needed them. This was confirmed by people we spoke with who informed us that they had recent appointments with healthcare professionals such as people's medical consultant, psychiatrist and GP. One healthcare professional informed us that staff were capable and worked well with them.

Arrangements were in place to encourage healthy eating and ensure that the nutritional needs of people were met where possible. The registered manager stated that they encouraged people to eat fresh fruits and vegetables and have a balanced diet. Care workers were aware of the special dietary needs of people such as those needing special diets. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records.

The registered manager informed us that some people were given a sum of money to purchase their own food. This was aimed at encouraging people to budget and be as independent as possible. People confirmed this and said they could buy and cook food they liked.

Care workers confirmed that they had received appropriate training for their role. Some of them were educated to degree level. When interviewed, they were aware of their roles and responsibilities. We saw copies of their training certificates which set out areas of training. Topics included the administration of medicines, health and safety, Mental Capacity Act and safeguarding.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The eight-week induction programme was extensive and included shadowing of more experienced staff. The topics covered included policies and procedures, staff conduct, information on health and safety. One care worker had completed the Care Certificate. This course is comprehensive and has an identified set of standards that care workers work through with their trainer. The registered manager stated that new care workers would be enrolled on the Care Certificate if required.

The majority of care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed that these took place and we saw evidence of this in their records.

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. Where people lacked capacity, details of their advocates or people to be consulted would need to be documented in the assessments. The registered manager informed us all people in the home had capacity to consent regarding their care, support and treatment. Care workers we spoke with had been provided with the required training and they had a basic understanding of the MCA and the need to seek consent from people in decisions which affected them.

People can only be deprived of their liberty to receive care and treatment when this is 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 home was working within the principles of the MCA. The registered manager informed us that no one required DoLS authorisation. We noted that people could go out of the home freely on their own.

Good

Is the service caring?

Our findings

People said they had been treated with respect and dignity. One person said, "I am happy. Staff are very good." Another person said, "The staff are caring. I can speak with the manager when I want to." A third person said, "The staff treat us with respect and dignity. They knock on my door before coming into my bedroom." One healthcare professional informed us that that they were very satisfied that the person they supported was well treated.

We observed that care workers were pleasant and interacted well with people. Care workers talked with people in a friendly manner. People appeared comfortable and at ease with care workers. We observed that they could go into the kitchen and prepare drinks they wanted. Care workers treated people with respect and dignity. We observed care workers knocking on people's bedroom doors and waiting for the person to respond before entering.

Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background.

Regular meetings with people who used the service had been held where people could express their views and be informed of any changes affecting the running of the home such as health and safety, activities, smoking, cleaning and meals. In addition, one to one meetings between care workers and people were carried out on a monthly basis to review the support provided as well as identifying new needs.

Effort had been made to provide a pleasant environment for people and help them feel at home. The garden at the back of the home was attractive and had trees, shrubs and flowers. Seating was available for people. The lounge had comfortable seating. The bedrooms were well-furnished and had been personalised with people's own ornaments and memorabilia. We however, noted that some areas of the home showed wear and tear and were in need of repainting, particularly the skirting boards, bathrooms and some doors. The registered manager informed us that there was a programmed of refurbishment for the home.

We discussed the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible Information Policy. The registered manager stated that no people in the home had communication difficulties. Nevertheless, she stated that there were menus in pictorial form. Documents could also be translated for a person whose first language was not English. A computer was also available to assist people communicate with others.

Good

Is the service responsive?

Our findings

With one exception, people informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities available for them. One person said, "I have one to one sessions. The staff have helped me improve." Another person said, "I am happy here. The staff are very good. They have helped me improve. A third person said, "I have made progress. I am now more independent. I can go out by myself." One healthcare professional informed us that care workers could care effectively for the people they supported. This professional stated that when the person concerned experienced acute and severe mental difficulties, care workers were able to intervene and defuse the situation.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their medical health, mental health, nutritional needs and behavioural needs. Care plans were then prepared by care workers. People and their representatives were involved in planning their care and support. Care records contained photos of people so that they could be easily identified by care workers. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the problems faced in assisting people.

One person had behavioural issues and they at times exhibited behaviour which challenged the service. Their care plan contained guidance on how they should be cared for and the role of care workers. Support plans also detailed both the challenges and progress made. Information was available on how they wished to be supported. This person informed us that they had made significant progress in their mental state. We however, noted that there were aspects of this person's care associated with their living environment which indicated that there was insufficient progress. We discussed this with the registered manager who admitted that there was slow progress in this area due to the lack of co-operation from the person concerned and their refusal to work with healthcare professionals.

A second person had mental health issues which resulted in behaviour which placed them at risk. The care records contained guidance to staff on how to reduce risk and prevent harm to the person concerned. The care of this person had been reviewed with the person concerned, their relative and professionals involved. We noted that progress had been made and risks to this person had been minimised

The registered manager stated that people have access to a psychologist as part of their health and social care through the Enablement Team of the local Community Mental Health Team. She added that they had also consulted outside professionals through their Team Practice Supervision to assist care workers in care planning and advise on how to manage some behaviour which challenged the service. Care workers had received training in caring for people with challenging behaviour.

The care records contained an individual programme of weekly activities to ensure that people received adequate social and therapeutic stimulation. Activities that people had chosen to engage in included support groups, walks, outings, attendance at college and baking. People were also involved in the cleaning of their bedrooms and preparation of their meals. People informed us that there were enough activities for

them and they could go out when they chose to.

The home had a complaints procedure. We noted that only one complaint had been recorded in the complaints folder within the past 12 months. This had been promptly responded to. The registered manager stated that no other complaints had been made. People we spoke with were aware of who to complain to if needed. Most people stated that they did not have any complaints. During the inspection, one person and their visitor complained of the insensitivity of a small number of care workers and the nuisance caused by people living in supported accommodation nearby. A third person also complained of noise from people living in the supported living accommodation nearby. The supported living accommodation nearby was also managed by the same organisation. This was discussed with the registered manager who stated that the complaints had not previously been brought to her attention. She agreed to investigate them.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not well managed. The home had a quality assurance system for assessing, monitoring and improving the quality of the service. Comprehensive weekly checks of the home had been carried out by the team manager and registered manager in areas such as cleanliness of premises, health and safety, fire safety, medicine administration and care documentation. Audits were carried out by the registered manager three monthly. Evidence of these were seen by us. This included audits of MAR charts, maintenance checks, financial audits and health & safety audits. These audits were however, not sufficiently effective and did not identify and promptly rectify several important areas. Monthly room checks indicated that cleanliness was an issue but this continued to repeat itself for the past three months. This was noted when we visited a bedroom which was dirty. A person who had been paying to have their bedroom cleaned was not happy with this arrangement. The service had not checked with the commissioning authority to determine if this was appropriate since cleaning may have been included in the fees paid.

With one exception, the feedback we received from people was positive and they expressed confidence in the management of the home. A person stated, "I have confidence in the management of the service. They are very good and always talk to me." Professionals informed us that the service was well managed. One healthcare professional informed us that the home communicated well with them.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, code of conduct and health and safety. Care documentation was up to date and well maintained.

The home had carried out a satisfaction survey in 2018. The results of the survey were positive. Comments made by people indicated that they were satisfied with the care provided and had been well treated. There was an action plan to address concerns and suggestions made.

The home had a management structure. The registered manager was supported by an administrator, a team manager and a team of care workers. Hand-over meetings took place at the beginning and end of each shift. Care workers informed us that there were also monthly team meetings where they regularly discussed the care of people and the management of the home. They stated that communication with their managers was good. They had confidence in the management of the home and found their managers approachable. Some care workers however, stated that senior management from head office should do more to improve morale such as visiting the home and engaging with care workers. The registered manager provided us with documented that senior managers and the managing director had already met with care workers.

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 The registered provider was not doing all that was reasonably practicable to mitigate risks.