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Mercers Place

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 

Overall summary

We inspected this service on the 22 January 2015 and this inspection was unannounced. Mercers Place provides support and care for up to for up to seven people who have a learning disability. At the time of our inspection there were five people living in the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care that was personalised to them and met their needs and aspirations. The atmosphere in the service was friendly and welcoming.

Summary of findings

People felt safe, were treated with kindness, compassion and respect by the staff. People were supported to maintain their health and well-being and encouraged to attend appointments with other healthcare professionals.

Staff listened to people and acted on what they said. Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff understood how to minimise risks and provide people with safe care. Appropriate arrangements were in place to provide people with their medicines safely.

People were supported by sufficient numbers of staff with the knowledge and skills to meet their needs. Staff respected people's privacy and dignity and interacted with people in a caring and respectful manner.

People were supported by the manager and staff to make decisions about how they led their lives and how they wanted to be supported. People voiced their opinions

and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests.

People were provided with a variety of meals and supported to eat and drink sufficiently. Staff encouraged people to be independent but where additional support was needed this was provided in a caring, respectful manner.

People were encouraged to pursue their hobbies and interests and participated in a variety of personalised, meaningful activities. People knew how to make a complaint and any concerns were acted on promptly and appropriately.

There was an open and transparent culture in the service. The manager planned, assessed and monitored the quality of care consistently. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibilities to protect people from harm and knew how to respond and report any concerns about people's welfare.

There were sufficient numbers of staff, with the right competencies, skills and experience to meet people's needs. Staff understood how to minimise risks and provide people with safe care.

People received their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet people's individual needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People had their privacy and dignity respected and were supported to maintain their independence. Staff were compassionate, attentive and respectful in their interactions with people.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved. Staff respected and took account of people's individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People were encouraged and supported with their hobbies and interests and participated in a range of personalised meaningful activities which ensured their social needs were met.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

There was an open and transparent culture at the service.

Good



Summary of findings

Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

Mercers Place

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 unannounced inspection took place 22 January 2015 and was carried out by an inspector.

The provider completed 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with four people who used the service, three members of care staff and the registered manager. We also spoke with three health and social care professionals about their views of the care provided.

People were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewed care records and other information to help us assess how their care needs were being met.

We observed two people's care and reviewed their care records. This included their care plans, risk assessments and medication charts. We looked at records relating to the management of the service including two staff recruitment and training files and systems in place for assessing and monitoring the quality of the service. For example, health and safety records, internal audits and information about compliments and complaints.

Is the service safe?

Our findings

People told us they were safe living in the service. One person said, “I feel very safe and protected here. The staff keep us safe and secure.”

People were safe because systems were in place to reduce the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse. They demonstrated their understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Staff received up to date safeguarding adults from abuse training and were aware of the provider’s whistle blowing procedures and their responsibilities to report concerns to ensure people were protected from abuse.

People were protected and their freedom supported and respected. For example, people were encouraged to maintain their independence and assist in the kitchen making drinks and snacks. People took turns to carry out designated chores such as cleaning and tidying their bedrooms. We saw that risks assessments had been carried out to minimise any potential risk and enable people to develop their life skills in a safe environment.

People had individual risk assessments which covered identified risks such as nutrition and moving and handling with clear instructions for staff on how to meet people’s needs safely. Staff told us that the risk assessments were regularly updated and reflected people’s current situation. For example, people were being supported to move in a safe manner which was in line with the risk assessments.

People told us that there were enough staff available to meet their needs. One person said, “There are plenty of

people. Always someone around even at weekends and at night. Very rarely do we have strangers here [agency staff]. They [staff] cover one another.” Another person told us how the presence of staff during the night reassured them. They said, “I feel safer knowing someone is here. Sometimes I get up and sit in the lounge if I can’t sleep and we sit and have a cup of tea.” We saw that staff were attentive to people’s needs and requests for assistance were responded to promptly.

Staffing levels at the service promoted consistency and good practice. People’s needs had been assessed and staffing hours were allocated to meet their requirements. The manager advised us that the staffing levels were flexible and could be increased to accommodate people’s changing needs. For example, if they needed extra care or support to attend appointments or activities. Our discussions with staff and people who used the service confirmed this.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People told us they received their medicines as prescribed and intended. We saw that the provider had suitable arrangements in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service, when they were given to people and when they were disposed of. We observed a member of staff appropriately administering medicines to people.

Is the service effective?

Our findings

People were cared for by a staff team that were skilled to meet their needs effectively. People required varying levels of support from staff. The training provided to staff reflected this. Staff told us they were provided with a range of training that enabled them to meet people's diverse needs confidently. For example, staff learnt how mental health problems impacted on people in different ways, how best to approach someone when they were distressed, how to recognise the potential triggers for changes in behaviour and how to support people appropriately.

Staff understood the importance of communicating effectively with people. We saw a member of staff settle a person when they were distressed. They spoke calmly, maintained eye contact and used reassuring touch to put the person at ease. The staff member demonstrated their understanding of the person's likes and dislikes by encouraging them to partake in an activity they knew they enjoyed. We saw how these interactions were well received and the person's mood changed and they laughed and smiled with the member of staff.

Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice; in regular team meetings and supervisions with their manager. Through discussion and shared experiences staff were supported with their ongoing learning and development. People benefitted from staff who understood how to meet their needs.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. The Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to

ensure that any restrictions on people, for their safety, were lawful. Staff recognised potential restrictions in practice and that these were appropriately managed. For example, staff understood that they needed to respect people's decisions if they had the capacity to make those decisions.

People explained how their individual needs were met and that staff asked for their consent before any care or treatment was provided. One person said, "They ask you what you need as they know what you can't do and need help with." Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People told us they had plenty to eat and drink, their personal preferences were taken into account and there was a choice at meal times. Staff encouraged people to be independent and to do things for themselves like make their own drinks and snacks. Where people required support and assistance to eat their meal or to have a drink, they were helped sensitively and respectfully. Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. This included staff awareness of how to meet people's individual dietary needs. For example, supporting people who were diabetic.

People had access to healthcare services and received ongoing healthcare support where required. One person said, "I go to the doctor and dentist. My social worker regularly visits me or I can call them." Care records seen reflected that people, or relatives on their behalf, had been involved in determining people's care needs.

Is the service caring?

Our findings

People told us that the staff were caring, kind and treated them with respect. One person said, "This is my home. I am very happy here." Another person talking about the staff said, "They are always nice and kind to me."

The atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated warmth, empathy and kindness for the people they supported. For example, staff made eye contact and listened to what the people were saying, and showed genuine interest in their lives.

Conversations were friendly and jovial; people were at ease with each other and the staff.

People were involved in making decisions about their care and in the on-going development of their care plans. One person told us "I speak my mind and they [staff] listen to me. No concerns at all as I tell them [staff] straight away if something is wrong. We talk about my future all the time and the plans in place for what I want and need. I am very involved in things."

People told us how the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. For example staff explained different options to people around daily living tasks such as what they wanted to wear, eat and drink and where they wanted to spend their time. Staff listened to people's decisions and acted on what they said. For example, One person decided they wanted to eat their lunch in their bedroom and staff respected this.

People said the staff respected their privacy and dignity and talked about different situations where they felt listened to and knew that their feelings and views mattered. For example, one person told us how the manager had provided reassurance and support when they had been worried about a friend. They said, "The manager asked me if I was ok and I said I wasn't. We talked about it and what I could do and they helped me to contact them."

We saw that people's privacy, dignity and human rights were respected. For example, staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed that people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment.

People's care plans included information about people's diverse needs and how these needs were met. This included how they communicated, mobilised and their spiritual needs. Staff told us the care plans provided them with guidance and prompts to ensure that people were treated with respect at all times. One member of staff told us how the care records had helped them get to know the people they cared for. They said, "The care records provide an insight into people and include details about their lives and what is important and matters to them. It is important to know what they like and want and equally what they don't like so we know how best to care for them."

Is the service responsive?

Our findings

People told us that they were satisfied with the care and support they received and liked living in the service. One person said, "I have no issues. The staff are lovely. I do exactly as I please and am happy here." Another person commented, "I like it very much. I am happy. I have made friends here and this is my home."

People told us that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. We saw that staff were attentive to people, checking on them in the communal areas and bedrooms. Requests for assistance were answered promptly and help given immediately.

People were cared for by staff who understood their individual care and support needs. Staff were alert to people's feelings and concerns, acting immediately if anyone was unsure or worried. For example, we saw a member of staff provide reassurance and comfort when a person had become distressed looking for something they had misplaced. The member of staff spoke calmly with the person and helped them to retrace their steps and together they located the missing item. We saw that they shared a joke and were seen laughing as they both went to put the item safely away in the person's bedroom.

People were involved in arrangements about their care and their decisions were listened to and respected. People's care plans included information about the care and support provided to people. This included support with their personal care needs, nutrition and mobility. One person told us how they had been involved in meetings with the manager, their family and their social worker to discuss their care arrangements. They said, "We meet often and talk about how things are going, if I am happy, if I need anything. I tell them how I feel, they listen and it happens. I said I wanted to go to the day centre and into town more and I do."

People talked about and we saw a variety of examples where they had been enabled to pursue their own individual interests. They told us they participated in group activities too. They told us if they did not want to be part of something on offer staff respected their wishes. People told us they were encouraged to pursue their hobbies and interests and regularly went out to the local amenities. One person said, "I like to go into town and have someone [staff] with me. I like their company." Another person said, "Sometimes I go to the day centre but I like mostly to stay in and watch my programmes."

People's feedback was valued and acted on. For example, people's choices were reflected in the food menu and the activities provided. People told us they knew how to make a complaint but had not done so as the staff and management team acted quickly when they raised any issues. For example, one person told us how the manager had taken their comments seriously and acted immediately to resolve a potential problem. The matter was settled and they were satisfied with the way their concern had been handled. They said, "It wasn't a big deal. I wasn't going to say anything but my key worker said I should and I am glad I did and everything got sorted straight away."

The provider's complaints policy and procedure was made freely available in the service and contained details of relevant external agencies and the contact details for advocacy services to support people if required. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. We saw that where concerns had been raised the manager shared any learning and made changes to limit any reoccurrence for the person who raised the concern or others.

Is the service well-led?

Our findings

People were valued, respected and included because the manager and staff were approachable, listened too and valued their opinions.

The atmosphere in the service was warm, friendly and welcoming. People and staff were comfortable and at ease with the manager. It was clear from our observations and discussions that there was an open and supportive culture in the service.

The manager encouraged staff to learn and develop new skills and ideas. For example several staff told us how they had been supported to undertake professional qualifications and if they were interested in further training the manager would support them. Meeting minutes showed that staff feedback was acted on and used to improve the service. For example, suggestions for training to meet people's specific needs had been implemented.

People, relatives and visitors had expressed their views about the service through meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. We saw that action plans to address issues raised were in place and either completed or in progress. For example, people contributed towards decisions that affected their daily life such as menu choices, different places they wanted to go and activities they were interested in. This showed us that people's views and experiences were taken into account and acted on.

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

A range of audits to assess the quality of the service were regularly carried out. These audits included medicines processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and contributed towards a programme of improvement. With actions identified to ensure people were protected and safe. For example, the health and safety audits showed some minor shortfalls which were promptly addressed by additional communications in team meetings and handovers. The manager advised us they were developing a new audit to monitor the quality in the service, this included the five domains safe, effective, caring, responsive and well-led.

People from the local community including health and social care professionals were complimentary about the care provided, the management and the staff team at the service. They told us people experienced safe, effective and compassionate care.