

The London Borough of Hillingdon

Merchiston House

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

This inspection took place on 29 May and 1 June 2015 and was unannounced. There were two people living in the service at the time of the inspection. At the last inspection in May 2013 we found the service was meeting the regulations that we assessed.

Merchiston House is an assessment centre for people who have a range of learning disabilities. It provides accommodation for up to four adults for approximately three to eighteen months. The length of the placement period could be flexible depending on the person's needs.

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.

Feedback about the service from people and relatives was positive. People said they liked living in the service.

Summary of findings

Comments from relatives included, “I don't think the level of service could possibly be improved. It is excellent” and another confirmed they were consulted about the care and support their family member received.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people were not able to make decisions about the care and support they received, the provider acted within the law to make decisions in their best interests. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Where necessary, people's capacity to make decisions about their lives was assessed and those people involved in the person's life had their views considered.

People told us they felt safe whilst using service and we saw there were systems and processes in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding procedures and what to do if they had concerns about a person's safety. Staffing numbers on each shift were sufficient to help keep people safe.

People were encouraged to develop and maintain their independence and were supported to learn new skills.

Activities were on offer at the service to enable people to learn new skills, for example cooking a meal, and people were also encouraged to participate in groups in the community.

People were treated with dignity and respect. Staff were knowledgeable about the people using the service and their preferences. People's care was personalised and reflected their choices and individual needs. These had been assessed and where possible people had been involved with planning their own care.

Staff had the skills and knowledge to support people. Staff received regular training and were supported by the registered and assistant managers through supervision and appraisal processes.

We found that medicines were managed safely and records confirmed that people received their prescribed medicines.

People were supported to keep healthy and well. Staff responded to people's changing needs and worked closely with other health and social care professionals when needed.

There were systems in place to monitor the quality of the service and identify where improvements needed to be made.

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 were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

People had individual risk management plans to help support them to maintain their safety and the safety of others.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs. Staff continued to develop their skills through receiving regular training.

A range of meals were provided at the service, and people's dietary requirements were catered for. People were supported to develop their cooking skills.

People were supported to attend healthcare appointments, and each person was registered with a GP.

The provider acted in accordance with legal requirements to make sure people were not deprived of their liberty. Staff and those involved in people's lives made decisions in people's best interests when they were unable to give their consent.

Good



Is the service caring?

The service was caring. People were treated with respect and their privacy and dignity was maintained.

Staff had a good understanding of people's support needs and enabled people to work towards their goals and aspirations.

People were involved in decisions about their care and the support provided by staff.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans were in place about how people wished to be supported. Staff were aware of people's needs and preferences.

People and their relatives told us they did not have any complaints and they felt comfortable to speak with staff if they had any concerns.

Good



Is the service well-led?

The service was well-led. Staff felt supported and included in decisions about service delivery. They felt comfortable speaking to the registered manager or assistant manager if they had any comments or concerns.

Arrangements to assess and monitor the quality of the service were in place, so that people benefited from safe quality care, treatment and support.

Good



Summary of findings

Staff were clear about the values of the service and spoke confidently about caring for people in a person centred and safe manner.

Merchiston 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.

This inspection took place on 29 May and 1 June 2015 and was unannounced.

The inspection was carried out by a single inspector. Before the inspection visit we looked at all the information we held about the provider, including notifications of significant incidents and the last Care Quality Commission inspection report.

During the inspection, we spoke with one person using the service, the assistant manager, team leader and one agency care staff member. We looked at the care records for one person using the service, two staff records, the home's complaints records and other records relating to the management of the service. This included the audits carried out by the registered manager and care staff. Following the inspection, we received feedback from two relatives.

We also requested the views about the service from two social care professionals but on this occasion we did not receive their feedback.

Is the service safe?

Our findings

People told us they felt safe within the service and out in the community, when they were supported by staff. They said staff helped them as they could not go out alone. For example, one person said the staff went with them to community places to make sure they were happy and safe. They confirmed, "Of course I am safe." A relative confirmed the staff cared for their family member safely.

Staff understood their roles to protect vulnerable people and had received training in safeguarding. Training information we viewed confirmed this. The service had policies and procedures on safeguarding adults and staff were aware of the reporting procedures they would follow if they had concerns about a person's safety. This included reporting concerns to external agencies where necessary, such as the Police and the Care Quality Commission.

People's risk management plans were reviewed and updated if necessary, each month. These were individual to the person and included accessing the community and leaving the building without a member of staff. Staff were knowledgeable of the risks people presented and could tell us the plans in place to support the person to manage these risks. The information they provided us with tallied with the information recorded in people's care records.

Incidents were recorded and staff were aware of the incident reporting process. We reviewed the incidents that occurred. We saw that appropriate action was taken to manage these and protect the safety and welfare of people using the service. Staff contacted the police service for additional support where required. A review of incidents were carried out by both staff in the service and the provider's health and safety department to ensure any patterns or common triggers were identified and thereafter action taken to minimise the risks to the person and/or others.

So that staff and people knew how to respond in the event of a fire, staff were trained in fire awareness and regular fire drills were carried out at different times with the last one held in March 2015. Individual fire evacuation risk assessments were also in place so that staff were aware of how to support each person depending on how they responded when the fire alarm was set off. Records confirmed that fire protection equipment was serviced and maintained on an ongoing basis. There was a fire risk

assessment that had been carried out in August 2014 the assistant manager and team leader confirmed that action had been taken to address the areas needing attention. The assistant manager confirmed that this would be recorded so that it was clear when improvements had been made.

There was a system of documenting regular checks of a variety of health and safety matters in the service. The environment had been assessed to make sure risks had been identified and senior staff had attended training in health and safety so that they could carry out these checks effectively. The servicing of equipment was up to date to ensure it was in good working order. The team leader was clear about his roles and responsibilities in checking areas of the service and noting action needing to be taken. We saw that where there were maintenance issues these were reported immediately and chased up to make sure areas were addressed as soon as possible. There was a record to show when the work was completed.

The provider employed sufficient staff to meet the needs of people living in the service. One person told us, "there is always staff to talk to." A relative told us, "There are always enough staff." We viewed the staff rota for a two week period in May and June 2015. There were at least two members of staff working at any one time and with two people currently living in the service this meant that people had one to one support and could go out as and when they wanted to. Staff vacancies and absences were covered by staff overtime or regular agency workers. The assistant manager explained this meant there was good continuity of care and everyone working in the service knew people's needs well. In addition, a member of the management team was either on duty or available through an on call system if staff required additional support or advice.

The service followed safe recruitment practices for new staff prior to their employment. The head office of the provider held the original staff employment documents, however, at the service copies of the information held on each staff member were available to view. This included a recent photograph, proof of identity and two references. Staff also had Disclosure and Barring Service checks carried out every three years. Permanent and agency staff confirmed all the necessary checks had been carried out prior to their employment. The assistant manager also obtained from the agency, confirmation of the recruitment checks carried out on the agency staff who worked in the

Is the service safe?

service. This meant the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

People received their prescribed medicines and medicines were stored safely. Staff received training on this subject before carrying out this task and the team leader confirmed he had obtained the NICE guidelines 'Managing Medicines in Care Homes' so that staff had access to current good practice. There was a profile of each person's medicines

needs along with information about why they needed their medicines. One person we spoke with confirmed that had some knowledge on why they were taking certain medicines. They were supported by staff to collect their medicines from the pharmacist. Medicines were checked and counted on a daily basis and the assistant manager carried out an audit around the middle of the month to ensure checks were taking place and they could identify and address if there were any issues.

Is the service effective?

Our findings

One person said, the staff were “alright.” They went on to tell us the staff were “good.” A relative told us, “The staff are extremely well trained and knowledgeable.” They confirmed staff had worked well with their family member and had supported them to manage their emotions and behaviour. Staff we spoke with demonstrated that meeting people’s needs was at the centre of the support they provided. Staff were aware of how to support each person and that getting to know their character and interests helped them support people effectively.

Staff told us they were well supported and had the training and information they needed to support people. There was evidence of good communication between the staff. They used a book to write messages to each other about the service. Important information was also noted on the notice board in the office. There were hand overs of information when the staff changed shifts. One member of staff member explained that they had daily talks with the assistant manager or registered manager if they had any queries or concerns.

New staff received an induction to the service and spent time shadowing experienced staff. At the time of the inspection staff were following the new Care Certificate that was implemented from 1 April 2015. We talked about this with the assistant manager who confirmed they would check with the provider to ascertain if this was going to be used for new staff in the future. We saw that staff received ongoing one to one supervision and met in a group for team meetings. These were held each month and the last team meeting had been held in May 2015. Staff also received an annual appraisal which was reviewed every six months and looked at their performance, goals and objectives.

Training was provided for all staff which included mandatory training on subjects such as mental health awareness, food hygiene and infection control. Staff also had national qualifications in Health and Social Care. A five day training course which looked at working positively with people who have various needs was provided to staff. This was relevant to the roles and responsibilities of the staff who worked in the service.

Care and support guidelines recorded people’s choices and preferences and indicated if staff needed to support people

to make daily decisions. Staff confirmed they encouraged people to make daily choices about their lives and gave examples of how they supported people to choose how they spent their time each day. Staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the assistant manager informed us that staff had also been given information on this subject.

People were being supported to move to supported living accommodation and we saw evidence that all relevant persons had been involved and consulted. Best interest meetings had been held with the person, local authority and family members so that plans could be put in place to make the transition successful, a requirement of the Mental Capacity Act 2005. One person talked to us about the move and that they had been involved and had agreed to the move and had started to purchase items for their new home. They had undergone a capacity assessment via the local authority to ensure they were able to make a decision about their lives and agree to this move.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The assistant manager understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted. Applications for authorisation where people’s liberty had been restricted in the service had been submitted and people had been assessed as they could not freely leave without a member of staff accompanying them. The assistant manager was aware of the need to inform CQC of the outcome of any DoLS application.

People told us they had enough to eat and drink. One person described the meals they cooked with help from staff. If people wanted to they were helped to go food shopping and prepare meals. They were able to use the kitchen to make snacks and drinks, if they could, whenever they wanted to. Where possible people were involved in planning what they ate. Staff supported people to make healthy choices and supported people to eat fresh fruit and vegetables daily.

The planned menu was on display in the kitchen and people could choose each day what they ate. Staff showed an understanding of knowing what people liked to eat.

Is the service effective?

Where people had limited verbal communication the staff observed what food they enjoyed so that they knew to incorporate them into the meal. The kitchen was stocked with fresh and varied food. Staff had sought the advice and guidance of a dietician and noted the meals people ate. We saw that the dietician had advised staff to weigh a person weekly so that any significant changes could be acted on. We saw this had not always occurred and were informed that the weighing scales had recently broken. This was

addressed during the inspection and we saw the person had been weighed and the assistant manager had informed staff in writing that this task must continue to be carried out until further notice.

Health action plans had been created for people living in the service. These included details of their specific health needs and who would support them with these. Health appointments were recorded along with the outcome of appointments so that staff could follow up on any changes to a person's health.

Is the service caring?

Our findings

One person told us they could spend time in their room and that staff respected this. They confirmed they could lock their door if they wanted privacy. People's relatives were very complimentary about the support people received from staff. Their comments included, "They (staff) all obviously care for X a great deal" and "The staff all treat X with respect." We observed staff engaged positively with people talking with them throughout the inspection and giving them the opportunity to decide on what they wanted to do. During the inspection, people spent time in their rooms and communal areas, as well as going out with staff support.

Staff spent time getting to know a person prior to them moving into the service. This enabled them to see the person in their familiar environment and to observe how other people had supported the person. This helped staff, once the person had moved in, to understand how they might respond to changes, uncertain situations and work as a team to support the person in a caring way.

Staff talked about valuing people, respecting their rights to make decisions, being inclusive and respecting people's diverse needs. They were enthusiastic about working in the

service and supporting people to express themselves and their feelings. Staff had built good relationships with people and their relatives to make sure the experience of living in the service for people was a positive one.

Staff also helped people to keep in touch with family members and other people important to them. People spent time with their family members and one relative confirmed that staff had brought their family member to visit them at work as they had asked to see them.

People told us they were able to voice their views about the support they received. Review meetings were held shortly after people had moved into the service and once people had been in the service a year an annual review would be arranged.

Information about advocacy services were noted in the service user's guide and details were in the main hall of the service so that people could have access to independent advice and support if they wanted this. Where people responded more to visual aids such as photographs and pictures then these were available so that people could understand what was happening each day. Staff photos were on the wall in the entrance hall to inform people of who would be supporting them.

Is the service responsive?

Our findings

One person said, “I can do a lot of things for myself.” Staff were pro-active in encouraging people to develop daily living skills and take part in new experiences. During the pre-admission process staff told us that they would find out people’s interests so that once they moved into the service these could be offered. People told us about the social activities they liked doing. They engaged in attending social clubs, youth clubs and learning skills such as car mechanics. Staff supported people to take part in voluntary work, such as walking dogs at a local rescue centre. The activities were flexible and did not always take place if a person decided they did not want to take part.

Care plans took people's history, individual likes, dislikes, what was important to them and preferences into consideration and promoted choice and independence. Information about people also included their social, communication and personal care needs. Details on where people required encouragement or support was recorded so that staff were fully informed of how to support people appropriately. Care plans were reviewed every month to ensure staff noted any changes and updated records accordingly. The care plans were person centred and gave a good insight into the person and their needs. Clear descriptions were recorded to let staff know how to support the person and what issues they might need to be aware of and how to distract and support a person if they were showing a particular emotion, such as, anger or frustration.

Patient passports had been created. These provided a summary of people’s needs and would accompany people if they were admitted into hospital so that health care staff could be informed on how to support the person appropriately.

Each person had an assigned keyworker and the assistant manager confirmed that currently there was no formal system in place that recorded meetings people might have with their keyworker. When staff met with people this would be recorded in daily records but not separately which would help staff easily monitor the outcome of these meetings and establish if there were any issues or actions needing to be addressed. The assistant manager told us this would be considered and if relevant for the person implemented.

People and their representatives had information from the service about making a complaint. One person said, “I would talk with X (member of staff) if I was unhappy.” A relative told us, “I am confident to make a complaint if it was ever needed.” A second relative told us they felt “confident” in making a complaint and would talk to staff if they had a worry. The service had an accessible complaints policy that was on display in the hall of the service. The policy gave information on the process to be followed. The assistant manager informed us that there had been no formal complaints in the past 12 months. They confirmed most concerns, which were infrequent, were dealt with informally and use of the formal procedures had not been necessary.

Is the service well-led?

Our findings

We received positive comments about the staff team's approach and knowledge of people. A relative told us that the registered manager and assistant manager were, "both were very open, approachable and honest." They also confirmed that "You could turn up any time there (at the service) unannounced and would still be made to feel very welcome." Staff told us the service was well managed. They said they were able to contribute their views and speak with the registered manager or assistant manager if they needed advice or guidance.

Staff we spoke with described the values of the service. They described how staff did not label people and worked with people's individual needs. They told us the staff team worked well together as a team so that they could anticipate and discuss solutions when supporting people with a variety of needs. Staff were clear about their individual roles and responsibilities, for example, one staff member was in charge of overseeing the health and safety of the service. Staff were also aware of their duty to report and send to the Care Quality Commission statutory notifications as required.

The registered manager had been in post for many years. They had relevant management qualifications most notably the Registered Managers Award and a Foundation Degree in Intellectual & Developmental Disabilities. The past few months he had also been managing a local supported living service and therefore was not based at the service five days a week. The registered manager visited the service approximately two days a week and the assistant manager, who had worked in the service for several years, was in day to day charge. The assistant manager was currently studying for a leadership and management course and had obtained various health and social care qualifications, such as, a National Vocational Qualification (NVQ) level three in promoting independence. The registered manager and assistant manager kept in regular contact so that the registered manager was aware of how

the service was running. This temporary arrangement had not had a detrimental effect on the service as the staff team continued to be supported and people's needs were being met.

The registered manager and assistant manager kept their knowledge of changing guidance updated by attending relevant events, training and using on line information, such as the Skills For Care website. In addition, each month the registered manager and assistant manager met with other managers of services to hear news and to share ideas about driving improvements in the service.

People were asked for their views about their care and support through daily talks with people and through care plan review meetings and individual meetings.

The provider asked relatives for their opinions about the service by completing satisfaction questionnaires. We saw one had been returned with positive responses from the relative. Although there were no areas for improvement noted, the assistant manager said they would also look at obtaining the views of professionals so that they received a range of views. The assistant manager had also identified that providing a newsletter for people and their relatives could be a good way of sharing information about the service. There were plans to implement this in 2015.

Staff were also asked to complete questionnaires but these were sent back to the head office and staff only received the results of all the employees across the local authority who had completed these and not the results from the individual service.

Staff carried out a number of checks and audits to monitor the service. This included checking medicines, people's personal money and health and safety checks. A manager from another service also carried out monthly monitoring visits, the last one had been in May 2015. These visits checked various areas of the service, including the building and records and recommendations would be made and would be followed up at the next visit where relevant to ensure the registered manager or assistant manager had addressed any shortfalls.