

Mrs Julie O'Rourke

Merseyview Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 21 June 2018 and was unannounced.

Merseyview Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Merseyview Residential Home is registered to provide support for up to 12 people. At the time of our inspection 9 people were living there.

The home is a four storey property with accommodation provided on the ground and first floor. A stair lift is available to help people access the first floor. Six of the bedrooms have en-suite toilets, with shared bathrooms available throughout the home. People share a dining room, lounge and enclosed back garden.

The home has a registered manager who has managed the home for over 20 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 is also the provider of this service.

At our last inspection of the home in March 2017 the service was rated Requires Improvement overall. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulations 12 and 17.

This was because there were no systems in place to assess, detect and control the risk of Legionella infection and there were no effective systems in place to assess, monitor and mitigate the risks to the health, safety and welfare of people who used the service.

After that inspection the provider wrote to us to say what they would do to meet its legal requirements. At this inspection we identified that improvements had been made and the provider was no longer in breach of regulation 12. We found that although the provider had made improvements they remained in breach of regulation 17 because systems and records were not always in place or consistently followed to audit the safety and quality of the service provided.

You can see what action we told the provider to take at the back of the full version of the report.

The environment and building at Merseyview were regularly checked and audited. This included regular maintenance checks and checks of fire, water and electrical systems. Other records and systems for checking the quality and safety of the service were not robust or consistently followed.

Training records were patchy and relied on either the knowledge of the registered manager or the time to

scrutinise individual staff files. This meant that it was difficult to establish if training provided and planned was suitable to equip staff with the knowledge they needed to support people safely and well.

Similarly, systems for auditing medication were time consuming and findings were not always recorded. No clear system for auditing care plan information was in place. This meant that information staff held about people was not always recorded. Although the registered manager had a good knowledge of people and there was a stable staff team the lack of clear systems meant it was not always possible to audit the service and plan future improvements.

People were very positive about living at Merseyview and about the staff who supported them. Comments we received from people included, "I am in luxury," "It's very good, they look after me," and "So friendly, they are like my on family." This was echoed by a visitor who told us, "Fantastic care, owners fantastic, staff are brilliant they will do anything for you. [my relative] seems happy."

People felt safe living at Merseyview and staff knew what action to take if they felt people were at risk of abuse. A system was in place for raising concerns or complaints and people living at the home and their visitors told us they would feel confident to raise a concern.

People's medication was safely managed, they received it on time and as prescribed. Systems for auditing medication were not as robust as they should be making it difficult for us to assess how effective they were.

Staff worked with people to provide the support they needed with their health and personal care. They supported people to attend health appointments and followed the advice given from healthcare professionals.

Brief care plans were in place for people and these were followed, particularly in respect of supporting people with their health. Staff had detailed knowledge of people as individuals, including their choices and preferences. However, this level of information was not recorded within care plans.

Equipment and the building were monitored to ensure they were safe. The building had adaptations and equipment to support people with their mobility and personal care. This included a chair lift, bath lifts and call bells.

There was enough staff working at the home to meet people's care needs. Systems were in place and followed to recruit staff and check they were suitable to work with people at risk of abuse or neglect.

Staff had received training to help them understand and meet the care needs of people living at the home. Staff felt supported and we saw that the registered manager acted as a good role model in supporting people as individuals.

People were supported to spend their time as they chose. Some people liked to sit in their room and read, others enjoyed socialising in the lounge and enjoying a musical film together. Visitors told us they always felt welcome and could spend time with people in shared areas or their bedroom as the person preferred.

Meals were planned daily and people had a choice of what they wished to eat. Staff had good knowledge of people's nutritional needs and provided support and encouragement to people to monitor their weight and food and fluid intake.

Merseyview is a small home with an ethos of providing a homely environment. People told us that they

appreciated this and felt like part of a family. We observed the atmosphere to be calm and relaxed throughout the day. Staff took time to talk with people in a way the person could understand. People told us that staff were consistently kind, caring and respectful towards them.

The provider met the requirements of the Mental Capacity Act 2005. People were supported to make choices and decisions for themselves. The provider took appropriate steps to protect people who lacked the capacity to make important decisions for themselves.

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 was safe.

Systems were in place to monitor and reduce risks to people's safety. People said they felt safe with the support they received at the home.

Enough staff were available to support people in a safe, unrushed manner.

Checks were undertaken on new staff to ensure they were suitable to work with people who may be vulnerable.

People's medication was safely managed.

Is the service effective?

Good ●

The service was effective.

Staff knew people very well and received training and support to understand and meet people's needs.

People were encouraged to make decisions and choices for themselves. Where they were unable to do so the provider took steps to obtain legal protections for them.

People enjoyed the meals provided and had support to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring towards them and protected their dignity.

People and their visitors enjoyed the homely, friendly atmosphere created at the home and felt respected and cared for.

People's private information was confidentially maintained.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were responsive to their needs. A variety of activities were available to support people to occupy their time.

Care plans provided some guidance to staff on how to meet people's needs and choices. Staff had an extensive knowledge of people not all of which was recorded within their care plan.

People felt confident to raise any concerns or complaints that they may have.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems and records for checking the quality and safety of the service were not consistently used.

The home had a registered manager who was experienced and committed to providing a caring service for people.

The registered manager acted as a good role and promoted a positive culture within the home.

Merseyview Residential Home

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.

The inspection was carried out on 21 June 2018. An Adult Social Care (ASC) inspector carried out the inspection which was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home. This included the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to ask them to share any relevant information they held about the home. We also looked at a report of a visit to the home carried out by Healthwatch Wirral in December 2017.

During the inspection we looked around the premises and met with the people living at the home, five of whom we spoke individually with. We spoke with a relative and a friend of people living there and with two members of staff including the registered manager.

We spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for three people, recruitment records for three members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

People living at Merseyview told us that they felt very safe living there and their visitors said that they thought it was a safe place for people to live.

At our last inspection of the home in April 2017 we found that the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all equipment had not been tested within the past twelve months and no legionella risk assessment had been undertaken. We had found that medication was not always well managed and that fire evacuation plans were not in place for people living at Merseyview. At this inspection we found that the provider was no longer in breach of this regulation. We did however find further improvements were required.

We looked at how people's medication was stored, recorded and administered and found that this was generally well managed. People told us that they were happy with how their medication was looked after. One person explained, "They bring tablets, I take them in front of them. They wait."

Medication was stored safely in a locked trolley. We looked at a sample of medication including medications prescribed in variable doses, and prescribed to be taken at different times of the week. Records were clear as to the dose and time they were to be given and stocks tallied with records indicating people had received their medications as prescribed.

A stock check system had been implemented by the registered manager. However, this would benefit from further development so that records of stocks were clearer. The present system relied on using the previous months medication administration records (MARs) to calculate how many tablets were received into the home for each person and administered to them. Although there was a stock check system in place we found it was time consuming and difficult to assess whether stocks of medication were accurate.

No system for checking staff competency in dealing with medications had been formally introduced. However, the registered manager explained that as she was on the premises at least five days per week including evenings during which time she informally observed staff administering medication. Recording this process would provide clear evidence of the checks undertaken.

The home had a series of internal and external checks in place for the safety of the premises and equipment. This included checks of water temperatures, lighting, fire system, small electrical appliances, gas and equipment used for supporting people with their mobility. A legionella check had also been undertaken since the last inspection.

Policies were in place for guiding staff on how to identify and report any safeguarding adult's concerns that arose. A policy was also in place to advise staff on whistleblowing. This is when staff report something that they believe is wrong in the workplace and is in the public interest. Staff were aware of safeguarding adult's policies and told us they would report any concerns that they had. No safeguarding concerns had been reported at the home since our last inspection in April 2017.

Risks to people's safety had been identified within their care plan and appropriate action recorded to minimise the risks occurring or causing harm. Monthly risk assessments of the environment had been undertaken, following which an action plan to redress any issues was compiled and action taken to repair or replace the issue noted.

Information on how to support people in an emergency was available in the home in the form of personal emergency evacuation plans (PEEPS). A PEEP had not been put into place for one person who had recently moved into the home and we discussed with the registered manager the importance of completing this document as soon as possible.

The home was clean and tidy during our inspection and we saw that colour coded cleaning equipment was used to minimise the risks of cross infection. Hand soap and paper towels were available to staff along with disposable gloves to help minimise the spread of infection.

During the inspection we saw that there were sufficient staff available to provide people with the support they needed. People told us that there were always enough staff to respond to their needs or requests quickly. We looked at a sample of staff rota's and saw that there were 3 staff during the hours of 8am-5pm, two staff from 5pm to 10pm and 1 awake staff at night plus a member of staff sleeping in. Rota's showed that these staffing levels had been maintained.

We looked at recruitment records for three members of staff, one of whom who had commenced working at the home recently. These showed that new staff had undergone an interview process and checks including obtaining a Disclosure and Barring Service (DBS) check. References and identification checks had also been carried out. These recruitment processes helped to ensure staff were suitable to work with people at risk of abuse or neglect.

Is the service effective?

Our findings

Prior to people moving into the home a member of staff met with the person and with people relevant to them and carried out an assessment of their needs. This was then used to establish whether the home was suitable to meet the person's needs. We spoke with one person who told us that this process had worked well for them. We saw that the registered manager had commenced using this information to compile a care plan for the person and we found that staff were aware of and meeting the person's needs.

Staff had undertaken training relevant to their role. This included training in topics such as medication, fire, moving and handling people and safeguarding. Some staff held a nationally recognised qualification in care and there were plans in place to support other staff to undertake this.

Staff had recently undertaken 'tele training' this provided them with information and guidance on the use of new technology introduced in the local area to support people with their health.

No training plan was in place for the forthcoming year and no training matrix was available to show the overall staff training that had taken place. The registered manager told us that she intended to implement these in the forthcoming year. This made it a time consuming process to audit or check the training staff had undertaken.

We spoke to a member of staff who told us that they felt supported by senior staff at the home. People living there told us that they felt staff had the skills and experiences to care for them safely and well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

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 service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

DoLS applications had been made to the relevant authorities for people who were assessed as requiring the protection a DoLS could offer them. Staff were aware of who had a granted DoLS in place and the implications of this. Assessments of people's capacity to make decisions such as going out alone had been undertaken. Where these indicated the person may require support or protection then a DoLS application had been made.

People told us that they received the support they needed with their nutrition. One person explained to us, "I

am a poor eater. It worries them, they keep an eye on my food, give me special milk."

Staff had a good understanding of people's nutritional needs and we observed a member staff discussing this with a person and providing gentle encouragement to them to eat.

A set daily menu was in place, staff and people living at the home told us that this was discussed daily and people could request alternative meals if they wished. One person told us, "It's good, plenty to eat and drink."

A diet sheet for each person was available in the kitchen which listed any special diet they needed along with their preferences and any support they required with meals. We observed part of the lunchtime meal and saw that people received the support that they required. Clear records were kept of people's weight and where required people's food and drink intake was monitored and reviewed.

People told us that they were happy with the support they received with their health. One person explained, "I am very well looked after. They do everything possible, send for a doctor." They explained that if they had health appointments then the registered manager or a member of staff always accompanied them. We heard the registered manager discussing one person's health care with them and explaining to the person that they were awaiting an appointment and this would be followed up.

Records showed that people had been supported to access health professionals as needed. This included the GP, chiropodist, optician and dentist. Care plans were in place for people's health care needs and contained sufficient information to guide staff on how to meet these. Daily records showed that care plans had been followed, people's health had been monitored and guidance from health care professionals had been followed.

Adaptations were available throughout the home to support people with their mobility and personal care. These included call bells, grab rails, toilet chairs a bath chair and a stair lift.

Is the service caring?

Our findings

People living at the home were very complimentary about the quality of the service they received. One person told us, "I am in luxury." A second person said, "In one word super. So friendly, lovely girls, nice surroundings it is just it." A third person commented, "They are like my own family."

A visitor told us, "We chose it because it is small and friendly. The care is fantastic, owners and staff are brilliant, they will do anything for you. [relative] seems happy here."

Healthwatch Wirral undertook an 'Enter and View' visit to the home in December 2017. Local Healthwatch Representatives carry out these visits to health and social care services to find out how they are being run. They commented in their report, 'Staff were observed treating residents with dignity and respect. They were cheerful, fully engaged and appeared to know the residents well.' During the 'Enter and View' visit a number of positive comments were made about the home by people living there and their relatives. The report concluded 'The home was warm and welcoming and it was obvious that residents enjoyed living at Merseyview. Staff and management appeared to be genuine and caring.'

People told us that staff were always kind towards them and treated them with respect. One person explained, "[Name] is my carer. They are very kind, very particular." A second person told us, "It is very good. I am looked after."

Throughout the inspection we saw that staff put people's needs first and responded with kindness and patience. This was also evident in some of the daily records we read. For example, one person's records recorded "A little dizzy getting up. Sat on side of the bed and I gave her a cup of tea." This showed us that staff were focused on supporting the person and not just on the daily tasks they had to carry out.

Staff were aware of people's dignity and treated people with respect. We saw staff seeking permission before entering people's bedroom and when offering support this was done in a quiet dignified way. Staff lent or knelt down to talk to people so the person could clearly see and hear them and waited for their response. We noted that staff spoke to people as 'adults' giving them time to respond and to make a decision. This showed us that staff worked in partnership with people and did not assume they knew what the person wanted.

A notice in the hallway provided visiting times. The registered manager told us that this was to encourage visitors not to come at mealtimes as this could be disruptive for people living there. She told us that visitors were always welcome and that discouraging visitors at meal times was a guide to help minimise disruption. People we spoke with including a visitor told us that visitors were always welcomed and we saw that people could see their visitors in their room or the lounge as they preferred.

Merseyview is a small care home owned and operated by the provider, who along with family is on the premises a lot and sleep there several nights a week. This promoted a family atmosphere in the home. We observed the atmosphere at Merseyview to be calm, relaxed and homely.

People looked comfortable and well cared for and were very confident in the quality of care they received.

Information regarding people was kept confidentially with records stored in a lockable room and password protected on the computer.

Is the service responsive?

Our findings

People told us that staff were consistently responsive to their needs. One person explained "I just call. No matter what you want even in the middle of the night they just help." We saw a second person ask the registered manager to arrange for a member of staff to fix their television. The person told us that this would be done quickly because staff always helped them when they asked. We checked in the middle of the day and saw that staff had indeed fixed their television.

During the inspection we saw that staff were responsive to people's needs. Staff responded quickly to requests for help and support and anticipated people's support needs.

Individual care files were in place for the people living at Merseyview. Plans were brief but contained sufficient information to support the person. Staff had detailed knowledge of people as individuals and were able to explain the person's support needs along with how they preferred their support to be provided. The knowledge that staff had was not always fully recorded within people's care plans. Although this had not impacted on the care people received it meant that people may not receive the right care and support from staff less familiar with them. The registered manager was aware of this and assured us she intended to address the issue.

People were supported to make choices in their everyday lives and were treated as individuals by staff. We observed that staff always took the time to talk with people and discussed and informed people about their care needs and how to meet them.

People told us that they received support to occupy their time or take part in activities if they wished. On the day of the inspection we saw that some people chose to spend time in their room or reading the newspaper whilst others socialised in the lounge. In the afternoon a group of people enjoyed watching a musical film together whilst another person had a visit from a member of the local church.

One person told us that following a health appointment the member of staff accompanying them had spent time with them going around a local shopping centre. It was clear talking to the person and later to the member of staff that this had been an unrushed outing that the person had enjoyed greatly.

We checked whether the provider was communicating with people in a way they could understand. Throughout the inspection we saw that staff were very aware of how people communicated and adapted their communication methods accordingly. For example, the registered manager explained to us that one person lip read. We saw that she consistently knelt in front of the person and spoke at a pace that enabled the person to understand her. Another person only had hearing in one ear and we saw that staff consistently spoke to the person in this ear to enable them to understand. Staff spoke clearly with people and gave them time to take the information in and to reply.

People living at the home and a visitor told us that they had not had any complaints about the service. They said that if they did have any concerns they would feel comfortable raising them with the registered

manager or staff. One person told us, "I am very confident they would help."

A copy of the complaints procedure was available in the hallway and provided information on how to raise a complaint and how it would be investigated. No complaints had been received by or about the service since our last inspection in March 2017. People told us that the registered manager and other staff were very responsive and as soon as they raised a query or asked for anything to be fixed, repaired or dealt with it was done.

Is the service well-led?

Our findings

At our last inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of suitable monitoring systems to check the quality and safety of the service.

At this inspection we found that specific issues noted at the last inspection had been addressed, however recording systems were not always consistent or robust enough to check the quality and safety of the service.

Systems for auditing medication were complex and had not always been consistently followed. There was no recorded method in use for checking staff competency to administer medications and stock check systems did not allow for easy checking of stocks against records.

No training matrix was available to show the training staff had undertaken, this made it difficult to audit the training and compile a training plan.

People's care plans were brief and did not contain all of the information and knowledge staff held about the person and their support needs. This meant there was a reliance on staff being knowledgeable and familiar with people and their needs.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other systems were in place to check the quality and safety of the service were effective. This included an infection control audit carried out in October 2017 in which the home had scored over 90 percent compliance. Regular maintenance checks and checks of water temperatures had also been carried out.

A survey had recently been undertaken to obtain the views of people's relatives and visitors. Five responses had been received and all were very positive. Comments on the survey forms included, "As long as we have homes like yours our minds are at rest. Small, homely, great staff." "We are very happy with the care [name] receives. All staff treat [name] with respect." "It gives me peace of mind knowing [name] is well looked after. I can't thank them enough."

The home had a registered manager who had been in post since the home opened. The registered manager is also the owner of the home. In addition to working full time at the home she also lives on the premises for the majority of the week.

People living at the home knew the registered manager well and were very complimentary about her. One person told us "She knows me inside out, I am very comfortable." A second person described her as, "A lovely boss."

We found the culture within the home to be friendly, homely and welcoming. People described a happy friendly atmosphere to us. From our observations, records and talking to people it was evident that the needs of people living at the home were well known by staff who made every effort to meet people's needs and choices. We found that this was led by the registered manager who was committed to making sure people living at the home had their needs and choices met and were as involved as possible in decisions about their everyday lives.

The registered manager had notified the Care Quality Commission (CQC) of incidents that had occurred in the home in accordance with our statutory requirements. This meant that CQC were able to monitor information and risks regarding Merseyview.

The provider does not have a website. However, ratings from the last inspection were displayed within the home as required. From April 2015 it is a legal requirement for providers to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

Discussions with people living at the home, the registered manager and records of the support provided to people showed that the provider worked well with other professionals in providing support to people. We saw that people were referred for support in a timely manner and that staff were aware of and followed any advice given to them to support the person with their health.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not always operated effectively to monitor the quality and safety of the service provided