

# Willerfoss Homes Limited

# Merrywick Hall

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Merrywick Hall is a care home providing personal care for up to 33 people who have a learning disability and/or autism and older people. The accommodation was varied and included a large house, a separate bungalow, a flat and a bedsit.

The service was a large home, bigger than most domestic style properties. It was registered to support up to 33 people and at the time of our inspection 33 people lived at the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and being varied.

### People's experience of using this service

We received positive views from people and relatives about the support provided to people. Care and support were tailored to each person's needs and preferences. People were supported to be involved in the local community and build on their independence.

People, their relatives and staff told us the registered manager was approachable and listened to them. The registered manager had reviewed and updated checks in place to monitor the quality of care provided. These were in the process of being implemented.

There were systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks. Recruitment checks were in place to ensure staff were suitable to work at the service. People were supported to take positive risks and be independent. Staff knew people's likes and dislikes and were effective at managing risk.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received their medicines on time and their health was well managed.

People were supported with their communication needs and staff demonstrated effective skills in communication.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Merrywick Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Merrywick Hall 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.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, deputy manager, one senior care worker, three care workers, the

chef, seven people using the service and one relative. We looked at three people's care records in full and people's medication administration records. We considered a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records, policies and procedures and records of complaints.

After the inspection

We continued to receive information from the service to support our findings during the inspection. We contacted three relatives and two of them provided feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- People told us they felt safe.

Staffing and recruitment

- There were enough staff available to meet people's needs.
- Checks were in place to ensure staff were recruited safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained explanations of the control measures and strategies for staff to keep people safe.
- People were supported to take positive risks to aid their independence. This included being involved in the local community and doing household tasks for themselves.
- Accidents and incidents were responded to appropriately. The registered manager reviewed all incidents; they had considered lessons learned and implemented changes when necessary.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Protocols were in place for most medicines prescribed for use 'as and when required' to guide staff when these medicines were needed. Some protocols still needed completing and the registered manager told us these would be done straight away.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment, such as gloves and aprons, to help prevent the spread of healthcare related infections.
- The environment was well maintained.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received appropriate support from management.
- A staff induction and training programme was in place. Staff told us they found their induction to be good and felt trained to meet people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence based guidance.
- The environment met people's needs. The accommodation was varied and included a large house, separate bungalow, a flat and a bedsit. Relatives told us how much the environment had improved over recent years.
- People were involved in making decisions about their environment including decorating their own bedrooms and communal areas. A relative told us, "When [Name of person] had their room decorated, it was their decision and their choices were listened to. They are very proud of their bedroom and insist on taking us up to see it."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in menu planning, supported to maintain a balanced diet and protected from risks of poor nutrition and dehydration.
- Staff had good knowledge about people's dietary needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals. People attended regular appointments and annual health reviews.

Ensuring consent to care and treatment in line with law and guidance

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 as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- People who could, were asked to give consent to their care and treatment; we saw this was recorded in care files.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness; they were actively listened to and their choices respected. One person told us, "It's smashing here, I love it." A relative said, "I can't recommend the staff enough, they are hugely caring."
- Where people were not always able to express their full needs and choices verbally, staff understood their way of communicating.
- Staff were friendly and demonstrated a passion for providing a good quality service. One person told us, "The staff are nice, they listen to me and respect me."
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives.
- Where needed, staff sought external professional help to support people to make decisions, such as other health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff provided examples of how they promoted people's dignity. One staff member told us, "We use little door signs on bathroom doors to make sure people know not to come in when we are supporting people in there."
- People's right to privacy was respected and reflected in care planning.
- People were supported to remain as independent as possible. Staff described how people were encouraged and supported to do things for themselves, including house hold tasks and cooking. The registered manager was clear that people should be supported to take positive risks to aid independence.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People regularly engaged in the local community including community coffee mornings, cinema trips and lunches. Activities were coordinated by a 'community coach' who was building people's skills in accessing the local community.
- People were encouraged to spend time with friends and families. One relative told us how proactive the staff were at ensuring families had everything they needed when supporting people to go out with them.
- Technology was used to increase communication between people and their families. One relative told us, "Setting up a social media page was brilliant as I get to see what they are doing. It gets relatives and families involved and helps to keep them up-to-date."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made to make sure information was presented in a way people could understand.
- Information in people's care plans supported staff to understand their forms of communication.
- Easy-read formats were made available including policies and house meeting agendas.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints. The complaints procedure was available within the service, including in an easy-read version.
- Limited complaints had been received. A relative told us, "It has never even crossed my mind to complain. The registered manager would tell me what I needed to do if I needed to complain."

End of life care and support

- End of life care plans recorded people's wishes and preferences. Staff explored what was important to

people, such as where they would like to be cared for should their health deteriorate.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager understood their legal responsibility to ensure regulations were being met.
- They were supported by the provider who was on site daily and was actively involved the running of the home.
- People and relatives had confidence in the registered manager and found all staff to be approachable. One relative told us, "To me, the registered manager is absolutely brilliant."
- People were treated with respect and in a professional manner, as a result of a positive culture created by the registered manager.
- The registered manager was in the process of implementing new regular checks to ensure people were safe and happy with the service they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider demonstrated a commitment to providing person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people in discussions about their care. People had opportunities to be involved in developing the service through regular meetings. Relatives told us management were approachable and would listen to them.
- Staff felt supported by the registered manager who was approachable and listened to their concerns or ideas. They told us, "There is always an open-door policy, you can go with any issue. Management respect us and ask our opinions. It's team work with regards to the residents."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.
- The registered manager took on board issues raised by other services such as the local authority or clinical

commissions group, and responded to feedback to improve the service.