

Merstone Hall Limited

# Merstone 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

This was an unannounced inspection that took place on 31 May and 1 & 7 June 2016. The aim of the inspection was to carry out a comprehensive review of the service and to follow up on the three warning notices and six requirement notices that were made at the previous inspection in November 2015.

Merstone Hall provides both residential and nursing care for up to 45 people, some of whom may be living with dementia. There were 24 people living in the home at the time of our inspection.

The home was being led by an acting manager who confirmed that they had applied to be registered with the Commission. 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.

At the last inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care, the management of risk, the condition of the premises and equipment and a failure by the provider to monitor the quality of the service that was being provided. The service was rated as requires improvement in relation to the questions: Is the service safe? Is it effective? Is it caring? Is it responsive? and is it well led? At that inspection the service received a rating of requires improvement overall.

Since the last inspection the provider had recruited an experienced manager who had previously been registered at a similar service and had employed a consultant to assist the new manager to implement the changes that were required to improve the service.

All of the people living at the home and visitors that we spoke with told us that they felt safe and cared for. We received only positive comments about Merstone Hall throughout our inspection. Staff in the home were also positive about the changes that had been made. They told us they felt well supported by the management team that was in place.

Following the previous inspection, the provider drew up an action plan in order to address the issues of concern that were identified. This inspection found that the service had addressed all of the issues and no new breaches of regulations were found.

People received care and support that was person-centred and respectful. People were kept safe and protected from risks wherever possible. Medicines were managed safely. There were appropriate numbers of staff on duty to meet people's needs.

People's needs were assessed and plans were in place to ensure that their needs were met. People's choices and decisions were respected and staff enabled people to retain their independence.

Staff received regular training and supervision and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to help people with their care and support needs.

Observations and feedback from staff, relatives and professionals showed us that the home had an open and positive culture.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

## 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.

People were protected from avoidable harm and abuse. Staff were trained to prevent, recognise and report abuse.

Staff were recruited safely because full pre-employment checks were carried out and references were obtained.

Risks were identified and managed. Medicines were managed safely and staff competence was checked.

### Is the service effective?

Good ●

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

### Is the service caring?

Good ●

The service was caring.

People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff respected people's choices and supported them to maintain their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge of

people's needs and how to meet these needs.

A range of activities were available in the home and there were plans to improve and increase this provision.

There was a satisfactory complaints policy and procedure in place and people told us they felt able to speak out if they had any concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

The acting manager had applied, but was not yet registered with the Care Quality Commission.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

# Merstone Hall

## 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 31 May and 1 & 7 June 2016. One inspector undertook the inspection.

Before the inspection 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 the PIR and other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views of the service. We also sought the views of health professionals at GP surgeries used by people from the home, social workers and other health professionals such as Occupational and Physio therapists and community mental health support staff.

We spoke with and met six people who were living in the home. Because some people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We also spoke with four relatives and eight staff which included nurses, carers, senior staff, housekeeping and catering staff as well as the acting manager and a representative of the provider. We looked at three people's care and medicine records in depth and sampled a further 11 care records. We saw records about how the service was managed. This included six staff recruitment, supervision and training records, staff rotas, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe and cared for. When we asked one visitor if they felt their relative was safe they replied, "Definitely. I know when I'm not here they pop in to chat to her in her room and keep an eye on her".

At the last inspection we found shortfalls relating to the assessment and management of risks and to poor maintenance of the premises. We issued warning notices regarding this. At this inspection we found that action had been taken to meet the regulations.

There were satisfactory systems in place to safeguard people from abuse. Staff demonstrated a good understanding of safeguarding people: when questioned, they could identify the types of abuse as well as possible signs of abuse and knew how to report any concerns they may have. Records showed that notifications had been made to the local authority and CQC of any safeguarding concerns or incidents. The acting manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences.

There were satisfactory systems in place to manage risks to people. During the last inspection we found that the provider had not taken action to identify, assess and manage risks relating to people's care and to the use of some pieces of equipment. At this inspection we found that the acting manager had reviewed the systems and documents used and ensured all staff understood the process. All of the risk assessments that we saw included actions that had been taken to reduce or manage the identified risk. For example, records showed that people at risk of malnutrition were closely monitored and health professionals were consulted if a risk was identified and the use of special equipment such as hoists and bed rails was also fully reviewed and planned. This meant that people were now cared for safely.

At the last inspection we issued a warning notice as there were a number of risks were identified with the building and grounds. There were concerns about a malodour in the entrance area, faults with fire doors that had not been corrected and there were dangers from disused equipment in the garden and a broken gate. All of these matters had been addressed. No malodours were detected during this inspection and records showed that all of the required tests and checks were completed for the fire prevention system. A record was kept of any action required as a result of tests and the date the action was completed. The home employs a full time handyman who confirmed that he undertook various checks and items of general repair and maintenance as well as calling in more specialised contractors if necessary.

There were satisfactory systems to recruit staff safely. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) (DBS check) and evidence of suitable conduct in previous employment or of good character. The acting manager had undertaken an audit of all staff files. They had identified some instances, prior to their arrival, where staff had started work without a current DBS check, where gaps in employment had not been explored and references had not been verified. They had developed an action plan to ensure this work was undertaken.

There were enough staff employed to meet people's needs. This was an area of concern at the last inspection especially with regard to the lack of meaningful and stimulating activities that were provided for people. The acting manager showed us that they had recruited a number of permanent staff and a full time activities organiser. One of the people we spoke with about staffing levels and competency told us, "It's really started to pick up since the new manager arrived, it's getting much better here". During the course of the inspection we saw that there whenever people needed assistance staff were able to respond quickly and there were always staff available when people were in the communal areas of the home.

There were satisfactory systems in place for the administration and management of medicines. We checked the storage and stock of medicines and sampled a number of records, as well as discussing medicines administration with staff. Records showed that medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy or destroyed. Regular medicine audits were carried out and records showed that any issues identified through an audit were investigated and resolved.

Staff confirmed that they received regular training and competency assessments. Staff told us they felt confident when administering medicines. We observed a member of staff giving medicines to people. They spent time with people, explained what their medicines were for and stayed to check that people had managed to take them safely.

Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. There was clear information about medicines that were prescribed as "when required" (PRN) which was contained in people's care plans. There were pain management care plans in place for people who were unable to verbally communicate. These were based on a recognised tool for assessing pain. Medicines administration records were complete and contained the required information where doses were not given. The administration of prescribed creams and other topical medicines was suitably planned for and recorded. Care plans gave clear instructions and records were complete and up to date.



# Is the service effective?

## Our findings

People who were able to speak with us told us that they felt supported to live their lives as they wished. One person had been given a room on the ground floor as they had an electric chair that they could use outside and could therefore access exits to the property without having to negotiate the lift.

Our observations revealed that staff had developed a rapport with people and had positive interactions with them even when their understanding was limited or communication was difficult. One person was not eating. A member of staff spent time with them, encouraging them to eat and then offering an alternative meal. The person eventually ate a good meal which they may not have done if the staff member had not spent time with them.

Staff had the skills and knowledge to provide effective care. Training records showed that staff had received initial training and refresher training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. The acting manager had audited training records and was aware that some staff needed to complete refresher training in some areas and had discussed this with them. In addition the acting manager had planned additional training for staff in a number of areas including end of life care, diabetes, epilepsy, prevention and management of pressure sores and dementia care. New staff confirmed that they had undertaken a comprehensive induction that was based on the Skills for Care, Care Certificate. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised.

Staff were provided with support and supervision. Staff said they felt able to ask for advice and support from the acting manager and nurses. Records showed that supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance. The acting manager had a plan in place to ensure that all staff continued to receive regular supervision and, where applicable, an annual appraisal.

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 where 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 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 MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The management team had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant supervisory body. Applications under DoLS had either been authorised or were awaiting

assessment by the supervisory body. Staff demonstrated an understanding that many of the people living at the home had been deprived of their liberty under DoLS.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People gave consent to their care and support, where they were able to do so. Where people could not give consent to particular aspects of their care, mental capacity assessments and best interests decisions had been recorded by staff. For example, a person required bed rails to stop them falling out of bed at night. Whilst bed rails, when used correctly, can be an effective way of reducing falls, there are risks associated with their use and they can restrict a person's freedom. The person was living with cognitive impairment. Staff undertook a mental capacity assessment and found the person lacked the capacity to consent to the use of bed rails. They consulted with the person's relatives; GP and other people involved with the person and decided that the use of bed rails was in the person's best interests, as the least restrictive measure to maintain the person's safety. Another person was assessed as lacking the mental capacity to make decisions about their medication, yet needed it in order to maintain their health. In consultation with a family member and the person's GP, staff decided that it was in the person's best interests to disguise the medicines in food and drink. Advice was obtained from a pharmacist regarding how to give the medicine safely.

People's nutritional needs were assessed, planned for and monitored. People were weighed regularly and a risk assessment was carried out to check whether they were at risk of malnutrition. Where people were found to be at risk, records of their food intake were kept, additional high calorie drinks and snacks were provided and referrals were made to dieticians and speech and language therapists. The risk assessment document had not always been properly completed and this created a risk that significant weight loss would not be noted. The acting manager later confirmed that documentation would be amended to ensure this did not happen.

People told us that they enjoyed the food and that there were always alternatives available if they did not like the choices on the menu. The cook had a good understanding of people's dietary requirements as well as their individual likes and dislikes. The main meal of the day on the first day of the inspection was Toad in the Hole. The cook was up to date with ways to encourage people living with dementia to maintain a good dietary intake. They served some meals on coloured crockery to help people identify foods on their plate and had cooked some sausages individually so people could eat them as finger foods. They spent time in the dining room and lounge making sure people were happy with their meals and offering second helpings and more gravy. Staff took time to sit with people who needed assistance. Most staff also chatted to the person they were assisting and explained the meal to them. However, a minority of staff not interact with the person and had the spoonful of food held to the person's mouth before they had finished their last mouthful. Another person spent a long time trying to feed themselves, on occasion they struggled with the cutlery. None of the staff noticed that the person was having difficulty or offered them different cutlery or crockery to help them. The acting manager and provider showed us that they had already identified the need to improve the dining experience for people to ensure that they ate when and it was a more social event. This was an area for improvement.

Staff confirmed that people had access to healthcare professionals such as GP's, district nurses, occupational and physio therapists and community mental health nurses, opticians, and podiatrists. Records showed that professionals were called regularly and any instructions were noted and included in care plans. During the inspection we asked health professionals who had involvement with Merstone Hall for their views of the service. All of their responses were positive and highlighted that the staff asked for support appropriately and carried out instructions properly.

## Is the service caring?

### Our findings

People, who were able to, told us that they were happy living at Merstone Hall and found the staff kind and caring. One person told us, "They have literally saved my life. I was very poorly when I came here. All the staff know me, they recognise if I'm having a bad day and spend time with me". All of the visitors that we met told us that they were always made to feel welcome in the home and were included as much as they wished to be with day to day life in the home. They also said that the staff were always friendly and helpful and they were happy with the way their relative or friend was being cared for.

Staff respected people's choices and supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. This included choices of which area of the home they would like to sit in, when to get up, meals or activities. Staff told us that they knocked on people's bedroom doors before entering, ensured doors, and curtains if necessary, were closed when people were receiving personal care and used screens in public areas if necessary.

People received care and support from staff who knew them well and were aware of important information about their lives. Staff chatted with people about things that were important to them such as their families, occupations and children. They were able to tell us about people's needs and preferences. For example, they told us that one person preferred to stay in their room listening to music. During the inspection we passed this person's room a number of times. Each time we found the person listening to music and singing or humming along.

People, and where appropriate their relatives, were involved in care planning and reviews. Relatives told us they were kept informed about their loved one's care and any changes in their health or other needs.

# Is the service responsive?

## Our findings

People told us that the staff were kind and helped them when they requested assistance. Visitors told us that they felt the staff listened to them and kept them up to date with any changes in their relative's health or care needs.

At the last inspection we found people's needs were not consistently met and we issued a warning notice in relation to the failure to ensure that people received the care, treatment and support they required to meet their needs. At this inspection we found that action had been taken to meet the regulations.

People's needs had been assessed before they were admitted to the home and reviewed regularly and as required. Assessments of people's needs were used to develop care plans, which were kept under review and were up to date. Care plans included information about people's personal history and individual preferences such as their preferred name, preference for a bath or shower and whether they preferred male or female only carers.

Systems were in place to ensure that people who had needs such as the prevention and management of pressure sores, malnutrition or dehydration received the care they required. Records showed that staff were monitoring and recording food and fluid intake and ensuring people were regularly repositioned and equipment was operating effectively. Where staff identified further concerns, records clearly showed the actions they had taken such as contacting a GP, dietician, speech and language therapist or tissue viability specialist nurse.

Discussions with staff showed that they had a good knowledge and understanding of people and their needs and could quickly recognise when someone was showing signs of being unwell or in pain.

Care plans reflected people's individual needs and explained the care they needed. Staff were familiar with people's care plans and we saw that they followed these. For example, professionals had recently advised that a person should be helped to reposition themselves in bed more frequently. Care plans had been updated and staff were aware of the changes. Care plans for people with diabetes did not always contain the acceptable ranges for a person's blood sugars and the actions they should take if tests showed that levels were outside of normal parameters. Discussions with staff showed that they knew what the ranges should be and the action they should take. The acting manager agreed that this should be recorded.

The acting manager and provider told us that they recognised that further improvements in the provision of meaningful activities was still required. Since the last inspection, they had ensured that one member of the care staff was responsible for providing a range of activities each day whilst they recruited a dedicated activities worker. Records showed that people had been involved in a number of different activities including art work, bingo and other games as well as visiting entertainers coming to the home. There were also things for people to pick up and look at in the lounge and dining area. These ranged from books and magazines to puzzles and soft toys. The new activities worker started their employment during the inspection. The acting manager was sourcing suitable training to ensure that they provided an appropriate

range of activities.

People and visitors told us they felt able to raise any concerns about the service and were confident that they would be listened to. Information about how to complain was available in the front entrance of the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure in place to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint.

# Is the service well-led?

## Our findings

People and staff expressed confidence in the acting manager. They said that the acting manager was approachable and often to be found within the home supporting staff. They also added that they knew that they would be listened to and that the acting manager took action when issues were raised by them.

At the last inspection we found shortfalls in the assessing and monitoring of the quality of service provided and record keeping. We issued a warning notice. At this inspection we found that action had been taken to meet the regulations.

A visiting GP told us communication at the home had improved, the staff were understanding and knew people well. Visitors and staff said that the home had much improved and the culture was happy and relaxed. One staff member told us, "I look forward to coming to work now".

Since the last inspection, quality assurance systems had been fully implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. There were regular audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

The records we reviewed were accurate and up to date. A system of daily checks on food and fluid records and equipment had been introduced since the last inspection, to ensure these were completed properly and acted upon as necessary.

People and those important to them were able to feed back their views about the home and quality of the service they received. Regular surveys were carried out, the responses were analysed and an action plan was developed. There was also a suggestions box in the entrance area.

The service had a positive, person-centred culture. During the inspection we observed that staff acknowledged people when they passed through communal areas or stopped by their rooms as they were passing. Staff said they felt able to raise any concerns with the acting manager and provider and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as Care Quality Commission. They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.