

# Innovations Wiltshire Limited

## Merlin's Barrow

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

We undertook this unannounced inspection on 25 June 2018. The last inspection of the service was carried out on 15 January 2016. At that time the service was rated as good.

Merlin's Barrow 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 home is part of Innovations Wiltshire Limited and is located in the town of Marlborough. It is registered to provide personal care for up to four people with a learning disability. The home is a detached house situated in a residential area. At the time of the inspection four people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good in all five domains of safe, effective, caring, responsive and well-led. At this inspection we continued to rate the service as good overall. However, the service's rating for one key question, 'Is the service safe?' had deteriorated from good to requires improvement. This is because following a fire safety inspection during November 2017 the provider had received a recommendation that all staff should be trained in the use of fire extinguishers. When we asked for evidence of this, the provider was unable to demonstrate this had taken place. Instead, we were sent confirmation that training had been arranged for July 2018. We asked one member of staff if they knew how to use the extinguishers and they said, "I've had fire training, but I've never had actual extinguisher training. I know you pull the pin out, but that's all." This meant that for a seven month period staff were not trained to use fire extinguishers.

Some areas of the stair carpet were worn and there was a risk these could be a trip hazard. Also, there were worn areas in people's bedroom carpets caused by fire door safety mechanisms. These issues had been highlighted in the provider's audits as far back as September 2017. The house manager said the carpets were due to be replaced when people went on holiday, but no holiday dates had been set which meant there was no set date for when this would be completed.

Staff knew how to keep people safe. Risk assessments were in place and care plans contained clear guidance on how to keep people safe whilst maximising their independence.

Medicines were managed safely. People received their medicines as prescribed. Medicines were stored safely.

Incidents and accidents had been reported.

With the exception of extinguisher training, staff were trained to carry out their roles and had regular supervisions with a line manager.

People's nutritional needs were met and people were involved in meal planning and preparation.

People were supported to access ongoing health care. Examples included doctor, dentist and optician appointments. The service worked closely with the community learning disabilities team.

Consent to care was sought in line with legislation and guidance. 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.

We saw and heard many positive interactions between people using the service and staff. People told us the staff were "very kind" and "nice."

Care plans were person centred and people were actively involved in their plans. People and their families were asked for feedback about the service.

There was a complaints procedure in place. This, and other written information provided to people was in an easy read format to aid understanding.

There was a positive open culture at the service. People and relatives spoke highly of the management team. Staff said they felt well supported.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not always safe and therefore the rating for this key question has deteriorated from 'Good' to 'Requires Improvement'.

This was because staff had not been trained to use the fire extinguishers and there were areas of stair carpets which were potential trip hazards.

Staff were aware of their responsibilities in relation to safeguarding people from avoidable harm and abuse.

Care plans contained risk assessments and plans guided staff on how to minimise risks to people.

Medicines were managed safely.

Staff recruitment procedures were robust.

**Requires Improvement** 

### Is the service effective?

The service remains effective.

Staff had regular supervisions with a line manager.

People's nutritional needs were met and people were involved in meal planning and preparation.

People were supported to access ongoing health care. The service worked closely with the community learning disabilities team.

Consent to care was sought in line with legislation and guidance.

**Good** 

### Is the service caring?

The service remains caring.

People told us the staff were "very kind" and "nice."

We saw and heard many positive interactions between people using the service and staff.

**Good** 

### Is the service responsive?

Good ●

The service remains responsive.

Care plans were person centred and people were actively involved in their plans. People and their families were asked for feedback about the service.

There was a complaints procedure in place. This, and other written information provided to people was in an easy read format to aid understanding.

### Is the service well-led?

Good ●

The service remains well-led.

There was a positive open culture at the service.

People and relatives spoke highly of the management team. Staff said they felt well supported.

# Merlin's Barrow

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 25 June 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with two people, one relative, four members of staff and the house manager. After the inspection we spoke with a further two relatives. We reviewed two people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

The premises were in the main, well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out. However, some areas of the stair carpet were worn and there was a risk these could be a trip hazard. Also, there were worn areas in people's bedroom carpets caused by fire door safety mechanisms. These issues had been highlighted in the provider's audits as far back as September 2017. The house manager said the carpets were due to be replaced when people went on holiday, but no holiday dates had been set which meant there was no set date for when this would be completed. We recommend the provider replaces worn carpets at the earliest opportunity.

A fire inspection report recommendation had been made in November 2017 for all staff to be trained in the use of fire extinguishers. However, when we asked for evidence of this, the provider was unable to demonstrate this had taken place. Instead, we were sent confirmation that training had been arranged for July 2018. We asked one member of staff if they knew how to use the extinguishers and they said, "I've had fire training, but I've never had actual extinguisher training. I know you pull the pin out, but that's all." This meant that for a seven month period staff were not trained to use fire extinguishers. We recommend the provider assures themselves that all staff are competent to use fire extinguishers.

People using the service said they felt safe. One said, "Yes, I am safe here." People's relatives also said they felt people were safe. Comments included, "I have no concerns."

Staff were trained to protect people from harm and abuse. One member of staff said, "If I had any concerns I'd report it straight away." Another said, "Everyone is safe here. I wouldn't stay otherwise."

Care plans contained risk assessments for areas such as food safety, fire safety and keeping safe at home and when accessing the community. These focussed on maximising people's independence. For example, in one person's plan it was written that they liked dogs and were likely to try and pet a dog if they saw one. Staff were guided to be alert to this and to check with the dog owner that it was safe for the person to do this. Another person was described as having an "unsteady gait" and the plan guided staff to "Remind her to concentrate and take care." We heard staff do this when the person was walking down the stairs.

People's finances were managed safely. People had access to their own money. Staff recorded when money was given to people and if able to, people signed to confirm they had received it. Receipts were kept and there was a process in place to check the balance of money left. We saw one member of staff discussing with one person how much money they would need to buy some things they wanted. The person signed the book to confirm they had received the money.

Safe recruitment procedures were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing

information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was enough staff on duty to meet people's needs. One member of staff was an agency worker who had worked at this location for several months. Other staff said they had worked at another of the provider's locations before but had since transferred to this one. All of the staff we spoke with commented on recruitment of permanent staff being an issue. Comments included, "We're quite short here, so that's why I work here regularly now. They've been advertising" and "We've got vacancies, but they use bank and agency staff so people still get to do what they want." Relatives we spoke with raised concerns about the lack of continuity of staff. One said, "There's been a lot of changes with staff, lots of new faces. Continuity is not what it used to be". Another told us, "There have been so many staff changes lately that I never know who's going to answer the door when I visit." Despite these comments, people using the service appeared relaxed around staff; they were smiling and talking to the staff.

Medicines were managed safely. People's medicines were kept in locked cupboards in their bedrooms. Staff supported people to take their medicines as prescribed. Medicine administration records had been signed by staff to indicate people had received their medicines. When people went out for the day or longer, there was a process in place for counting medicines out and back into the service. Some people had been prescribed creams or lotions and in these cases there were clear instructions in place for staff to know when and how often these needed to be applied.

People were supported to carry out household chores to keep the building clean and tidy. People were encouraged to do as much as possible independently. For example, some people were able to strip their bed linen and take it to the washing machine, where staff then supported them to switch it on. One relative said, "The staff help [person's name] to vacuum and change the bed."

Incidents and accidents were reported. When incidents had occurred, lessons had been learnt and shared with staff in order to avoid recurrence. For example, one person had previously opened the lid of the kettle when it was switched on. As a result of this, a member of staff was always present when the kettle was used and it was put in a locked cupboard when not in use.



# Is the service effective?

## Our findings

People's needs and choices were assessed and regularly reviewed. For example, staff had identified when one person's support needs had changed and the care plan for this person reflected this.

Staff were trained to carry out their roles. There was a matrix in place which showed that with the exception of fire extinguisher training staff were up to date with other training. One member of staff said, "I've done lots of training that's relevant to my job. I've just completed epilepsy training." Another told us, "I've just done a brilliant first aid course; probably the best I've ever had." The home manager said, "Head office informs us when training is due which means staff don't ever miss out on training." However, the lack of fire extinguisher training meant this was not always the case.

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. All of the staff we spoke with said they felt supported. One member of staff said, "I have a supervision every three months, but we can have more if we need it. [Registered manager] is very supportive." Another told us, "I feel supported. When I first came here, the managers took me under their wing."

People using the service told us they were involved in menu planning and meal preparation. One person said, "We decide which days we'll cook. I'm cooking lasagne today." One relative said, "They all take it in turns to cook with staff support." During the inspection we heard a member of staff supporting one person to cook the evening meal. They said, "I'll chop the onions and you chop the mushrooms. Is that ok?"

Staff monitored people's weights. When additional support or guidance was needed, this was sought. One relative told us staff were supporting their loved on to lose weight and get fit. They said, "A member of staff supports [person's name] to go the gym and go swimming." The staff member responsible for this said, "[Person's name] is trying to lose weight. They didn't want to go to the gym at first, so I went with her. Now she goes regularly and does more each time and is starting to lose some weight."

People had access to ongoing healthcare. Hospital Passports and Health Action Plans were in place. Staff supported people to attend appointments; we saw this happen during the inspection. One person told us, "The staff went with me when I had a flu jab. And when I need a blood test they come too." In one person's plan it was written that they didn't like attending dentist appointments so staff had arranged for the dentist to come and visit them at the service instead. People attended annual health checks. People's relatives said, "The staff are very good at keeping me informed of appointments and letting me know the outcome." The home manager said the team worked closely with the community team for learning disabilities for specialist advice and support.

People using the service said they were able to choose what to do. One said, "I choose what time to get up and what time to go to bed." Another person said, "I chose what colour I wanted my room to be." We saw and heard staff offering people choices throughout the inspection. For example, we heard staff ask one

person, "Are you ready for me to run your bath?" On another occasion we heard a member of staff ask someone which day they would like to swimming.

Staff remained knowledgeable about the principles of the Mental Capacity Act. Some people using the service had the capacity to make their own decisions and staff supported them with this. Other people lacked the capacity to make some decisions about their care and support needs. Mental capacity assessments had been carried out and there was documentation in place to show how best interest decisions had been reached. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One DoLS application had been made. Although this had not yet been authorised, the registered manager was tracking the progress of the application.

# Is the service caring?

## Our findings

People using the service told us staff were kind. Comments included, "The staff are all very nice, very kind. They make me laugh" and "The staff are nice. If I'm feeling sad, they'll come and talk to me." Comments from relatives of people included, "The staff are great. [Person's name] keyworker has been brilliant" and "I'm always happy with the care the staff provide."

There was a relaxed and friendly atmosphere during the inspection which relatives told us was the norm. One said, "There's always a nice, busy atmosphere there." Another told us, "I'm always made to feel welcome when I visit." One relative said, [Staff name] is a really good resource. They've gone the extra mile and made it a home rather than a care home."

People said they were treated with respect. We saw that people were able to move freely around the home and could choose whether to stay in their bedrooms or sit in one of the communal areas. One person preferred their own space and staff respected this. When staff showed us round they asked people if they were happy to show us their bedrooms. One person said, "The staff always knock on my door before coming in."

People were supported to be as independent as possible. Care plans detailed how staff should encourage people to do as much as possible for themselves. For example, the house manager told us, "We enable people living here to continue the skills they have, like washing and ironing. Three people here do their own ironing." And, "If people want to do something we look into it for them. If it's available and achievable we'll do our best to enable them to do it." One relative said, [Person's name] has so much independence now."

Staff treated people with kindness and compassion. When one person was rubbing their stomach a member of staff immediately asked if they had a tummy ache. On another occasion, one person became upset and the member of staff immediately stopped what they were doing to go and provide emotional support. One relative told us, "We had a recent bereavement in the family and the staff were absolutely brilliant in supporting [person's name] through this."

After lunch we saw and heard staff discussing hair colouring with people. They asked one person if they wanted help to colour their hair, whilst also complimenting another person on their hair colour.

Staff spoke highly of their roles. One said, "This is such a rewarding job. For me it's about enabling people to live a normal life." Another said, "I look forward to coming to work. I love the relationships I've built with the people who live here. I'm a keyworker and so I spend a lot of time with [person's name] talking about what she wants to do."

One relative said, "It's been the best move for [person's name]. It's been great for her." Another relative said, "[Person's name] is very happy there."

## Is the service responsive?

### Our findings

People were actively involved in their care plans. Where able to, people had signed the plans to confirm they agreed with them. Keyworkers had regular meetings with people and there were 'Resident meetings' every three months. Minutes from the latest meeting showed people were asked for feedback on the menu and any outings they wanted staff to arrange. A new menu board had recently been put up on the kitchen wall and people had said they liked this.

The plans were person centred and included details of people's choices and preferences in relation to how staff supported them. People's daily routines, such as the time they preferred to get up and go to bed had been recorded. People's likes and dislikes were documented. The provider had recently introduced a document called 'What I want you to know about me'. This included details of what was important to people using the service. All of the staff we spoke, including agency staff with knew people's needs. All said they regularly read the care plans.

Plans in relation to behaviours people might display were detailed. They included known triggers and guided staff how to minimise these as well as what to do if people became agitated. Positive behaviour support plans were in place. For example, staff explained that two people using the service sometimes "clashed." Care plans showed that staff had discussed with one person how to avoid this happening and steps they had put in place to reduce the risk of it happening.

All of the plans had been regularly reviewed and when people's needs changed the plans reflected this. People and their relatives were included in these. One relative said, "Yes, I always get invited to the review and I always go." Monthly 'quality checks' were carried out. These included people being asked if staff respected their privacy and if there was anything they had wanted to do but couldn't.

People had weekly planners in place which detailed things they liked to do on set days. Some people attended local day centres, went to the gym, swimming and attended the local church. Staff supported people to get to these. One person told us, "I did pottery today at the day centre. I go shopping and I work at a charity shop. I like it there." The same person's relative told us, "A member of staff takes her to the charity shop and then picks her up later. [Person's name] has a very busy life." People also confirmed they were supported to take part in leisure activities. One said, "We go to the pub, sometimes we have a barbeque. Last year we had a big party to celebrate 10 years being here. Friends and families and old staff came; it was really good." One member of staff said, "We took some people to a concert previously. They go to karaoke at a local pub, discos. And we're planning holidays for them to go on too." The home manager told us, "People like to go off and do things on their own as well. Some things they do as a group, but not all."

People were supported to maintain contact with family and friends. People told us they went out with family and sometimes went to stay with relatives for the weekend. Staff said they supported people to maintain personal relationships. One staff member said, "A couple of the people here have had boyfriends, so we've offered to take them places as a couple."

There was a complaints procedure in place. This was in an easy read format and was on display in the kitchen. Complaints were logged and investigated. None of the relatives we spoke with said they had ever needed to complain. Comments included, "If I had a problem I'd speak to [registered manager] or [house manager]" and "I've never had any cause to complain."

There were no advanced plans in place. These are plans which detail people's choices around how and where they want to be cared for at the end of their lives, including any special wishes they might have. We discussed this with the house manager during the inspection. They told us the provider did have documentation in place and that they would discuss with staff and people's relatives how to initiate discussions in a sensitive manner.

## Is the service well-led?

### Our findings

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. The registered manager was not at work on the day of the inspection; however, the home manager made themselves available to assist us.

The values of the service were embedded. Despite some staff being newer to the service and one being an agency worker, all were able to tell us what the aims of the service were. Comments included, "To give people experiences, make memories and keep people safe" and "Making people's lives as normal as possible."

Staff and relatives we spoke with all spoke highly of the management team. Relatives commented, "[Registered manager] and [home manager] have both been very good. We've had a tough few months but they've shared the burden" and "[Registered manager] is very good; she always keeps me informed. And [home manager] is also very good. They're both lovely."

There was a quality assurance process in place. This included manager audits, whole home audits and mock inspections. However, although action plans had been written following these, some actions were ongoing and no deadlines had been set. For example, the replacement of stair and bedroom carpeting and the lack of fire extinguisher training.

Feedback was sought from people using the service and their relatives. The latest surveys people had completed were dated May 2018. All of these were positive and included feedback from people about whether they felt listened to and were they able to do what they wanted to do. The latest feedback from families had been sought during 2015. The home manager said surveys were due to be sent to families in the near future.

The service had good links with the local community. For example, the local Mencap group. The home manager said, "When local events are on, we encourage people to go. The local pub is very good at putting on karaoke nights and they let us know when these are."