

Merry Den Care Limited

Merry Den

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Merry Den is a supported living service providing personal care and support to 15 people at the time of the inspection. People live in single or small multi occupancy homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Since our last inspection, improvements had been made to the development and support of staff and the management of people's risks and quality of care.

The new registered manager had been instrumental in implementing new systems and directing the quality of care being provided to achieve positive outcomes for people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in decisions about their care and supported to make choices about their day to day living. The culture of the service promoted independence, choices and empowerment for all people who received a service from Merry Den. People's care was focused around their needs and wishes.

People's needs had been assessed and were being met in line with current guidance. People's individual risks and medicines requirements were comprehensively recorded, monitored and known by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. They were supported to make choices about their lives such as activities and were encouraged to have a healthy and balance diet. Staff monitored people's well-being and supported people to access health care services as required.

Systems were in place to ensure people continually received their funded support hours.

People were empowered to raised concerns and discuss their views with staff. Staff were aware of their responsibilities to report any allegations of abuse or concerns. Relatives praised the caring nature and

approach of staff. One relative said, "We have absolutely no concerns and are very happy with how they [staff] managed throughout the pandemic."

Effective infection control practices and extra measures had been implemented to prevent the spread of infection and to assist people in understanding the restrictions related to COVID-19.

Staff had been safely recruited. They confirmed and records demonstrated that staff had received the training and support they required to meet people's individual needs.

The registered manager and provider were committed to improving the service and learning from any incidents. Effective operational quality monitoring systems and policies were in place which enabled the registered manager to evaluate the service being delivered and to direct staff in good practices

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 23 April 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service on 29 March 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in areas relating to staff development and support and the quality monitoring systems to manage and monitor people's risks.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Merry Den on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Merry Den

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in eight 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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

We gave a short period notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 9 November 2020 and ended on 11 November 2020. We visited the office location on 9 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 observed three people interacting with staff and spoke to five relatives about their experience of the care provided. We spoke with four members of staff including a representative of the provider, registered manager and two staff members.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to staff development and training and the management of the service, including policies and quality assurance systems were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to internal quality monitoring processes.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm and abuse. People were supported to understand safeguarding and had opportunities to report concerns through individual and group meetings, such as keyworker meetings with people.
- Staff had received training in safeguarding and had access to the providers whistle blowing helpline. The provider had launched a 'freedom to speak up guardians' campaign to provide staff with an alternative route to raise concerns about the quality of care being delivered in the service.
- Safeguarding policies and easy read versions were in place to guide staff and people on the different types of abuse and how to raise any concerns with appropriate safeguarding agencies.

Assessing risk, safety monitoring and management

- People's personal risks had been screened and assessed and their support plans provided staff with information about the management and mitigation of people's risks.
- People with specific or significant risks, such as epilepsy or risk of choking, were supported and monitored. Staff had been trained in how to manage people's specific or significant risks and how to report changes in their needs.
- Effective systems were in place to communicate any recommendations made by health care professionals to staff. Each person had an allocated key worker who spent additional time to understand and overview their needs and views.

Staffing and recruitment

- Systems were in place to schedule and monitor that people received the appropriate amount of commissioned support hours and individual one to one funded hours of support.
- People were supported by a familiar staff team who had been vetted and trained before they supported them.
- The registered manager was assisted by the provider's human resources team to carry out robust checks on staff before they commenced working at the service. These included employment references, proof of identification and criminal record checks. Relatives praised the caring nature and approach of staff.

Using medicines safely

- People's medicines were managed safely. Individual locked medicine cabinets in people's bedrooms allowed their medicines to be safely stored and accounted for.
- Staff had been trained and were knowledgeable about people's personalised medicine requirements. Working arrangements were in place to identify any medicines errors or poor practices and action was taken

where required to address these.

- Clear protocols and administration records of when 'as required' or recovery medicines were administered were in place.
- Relatives confirmed they felt people's medicines were well managed and monitored and there was no evidence of restrictive or over use of medicines, which may have a negative impact on people.

Preventing and controlling infection

- Extra infection control measures had been implemented to monitor and prevent the spread of infection.
- Staff wore the appropriate personal protective equipment (PPE) in line with guidance and supported people to understand the restrictions relating to COVID-19.
- Staff had been trained in infection control and were observed by senior staff to ensure their infection control practices were maintained.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

Learning lessons when things go wrong

- Staff understood their responsibility to report any accidents and incidents to the registered manager.
- All reports were reviewed and analysed and action was taken to prevent any further occurrences such as referring people to health care professionals.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were trained and supported to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had taken action to ensure all staff had completed their mandatory training and received regular supervision in line with the provider's requirements.
- Staff told us they felt supported in their role and were given opportunities to develop professionally. New staff were supported to complete an induction course. A staff member said, "Training here is very good. I am all up to date and I have regular supervisions."
- Staff had been trained to support people with specific needs such as nutritional requirements.
- Relatives complemented staff and felt they had the skills to support their loved ones.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service supported people in line with current guidance and practices to achieve good outcomes. Managers were aware of the new 'Right support, right care, right culture' guidance and their requirement to ensure people with learning disabilities and autism are respected and given choices and equal access to the facilities and services in their local community.
- People were assessed and supported to visit the service to determine if the accommodation and support available was suitable and would meet their needs. Information from people's family, key workers, and health care professionals was obtained to enable the service to develop effective care and risk management plans.

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

- People were supported individually to be involved in the planning, shopping and cooking of their own meals.
- Clear systems and records were in place to guide staff on supporting people with specific nutritional needs and risks such as potential choking.
- Staff encouraged and educated people to make healthy meal choices and people were supported to

cook, have take-aways or eat out.

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

- People were supported to maintain their health and well-being such as oral and foot care. Each person had a health action plan which helped staff monitor people's health.
- Records of healthcare interventions such as appointments with GPs and dentists were maintained. There was evidence that one person was supported to have their teeth cleaned with a prescribed toothpaste as recommended by their dentist.
- Staff monitored people's well-being and were in the process of following up on appointments which had been cancelled as a result of the COVID-19 pandemic.
- Staff had built up good working relationships with local health care services which helped changes in people's needs to be escalated and actioned quickly
- Hospital passports and missing person profiles were in place which would help other healthcare professionals and emergencies services understand people's communication and support needs.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had as much control and independence as possible and were included in planning their daily activities and developing their support plans.
- Staff were knowledgeable and worked within the principles of MCA. We observed staff encouraging people to make decisions for themselves and staff sought people's consent before supporting them.
- There was evidence that mental capacity assessments and best interest decisions had been completed for people who did not have the mental capacity to make specific decisions about their care, such as medical procedures.
- Relatives were confident that staff supported people positively if they became distressed and that people had not experienced any restrictions or restraints.

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 now 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; 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.

At our last inspection the provider had failed to ensure their quality assurance systems were effective in managing people's care and risks and the running of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new registered manager had been employed since our last inspection. They had taken action to improve the service to ensure people experienced meaningful and person-centred care and improve staff development.
- The registered manager had a good understanding of people's needs and risks and the regulatory requirements.
- Systems were in place to ensure staff were trained to support people and manage their risks and care needs. They had been given opportunities to develop and progress professionally and they felt supported by the new registered manager.
- Staff were aware of the local and organisational structure and where to raise concerns or to request support including out of hours support.
- Effective quality monitoring systems were used to regularly assess and monitor the quality of the service provided in areas including medicines, support plans and staff records.
- The provider and registered manager were open, transparent and responsive when investigating any incidents and when taking action as required.
- Any issues identified as a result of their internal processes or from feedback received, were followed up promptly to improve the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by a service that achieved good outcomes for them, both physically and mentally. Relatives commented on how staff had maintained people's emotional well-being through the COVID-19 restrictions.

- Staff and the management team empowered people to make decisions about their support needs and had acted on feedback provided to improve the quality of the service.
- Staff said moral had improved amongst the staff team. One staff member said, "[Name of registered manager] is amazing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported equally and without discrimination. They were encouraged to engage in relationships and friendships of their choice and to maintain relationships with their family and friends.
- People's views on their care, including the views of their relatives, were sought to ensure people's support needs were met. Staff provided examples of how they had respected people's requests and how they had supported them to take part in activities in the community.
- Monthly key worker and house meetings gave people the opportunity to express their views and make suggestions about, for example, activities.
- Staff told us there was a positive culture within the service. They felt valued and the registered manager acted on their concerns or suggestions.

Continuous learning and improving care

- The registered manager took any concerns or incidents and used them as a learning opportunity to improve the service and people's individual care.
- Health and social care professionals were contacted to educate staff when people's support needs changed. For example, health care professionals had provided staff with training to support a person with the management of their nutritional intake and requirements

Working in partnership with others

- The service worked in partnership with key organisations, including local learning disability health care professionals to provide joined-up and continuous care.
- The service had worked openly with local authority commissioners to improve the service and to deliver a quality supported living service.