

Mr BT Rawlinson & Mrs ML Knight

Merrymeet Residential Care Home

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

About the service

Merrymeet residential care home was providing accommodation and personal care to 19 people with a mental health diagnosis at the time of the inspection. The home is set within the community of Salford and accommodates up to 19 people in one adapted building. The bedrooms are split over two floors and are for single use; most rooms have an en-suite toilet. There are two lounges, a dining room, kitchen and an accessible secluded garden.

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

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "This is my home and the staff are really good to you. I feel safe living here. You have staff here day and night if you wanted anything." Another person said, "I am happy living here. The best place I've ever been."

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse.

Person-centred care was promoted and people told us the staff knew them well and responded to their needs in a person-centred way.

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.

People told us staff were kind and sensitive. One person said, "The staff know me well and what I like and don't like. I get on with them, they listen to me and respect me."

The service was well led. Governance and quality assurance systems used provided effective oversight and monitoring of the service.

Staff spoke positively about how the service was managed and one staff member told us, "We work well as a team and we all get on. The home is well-led and I would recommend the home."

The service continued to meet the characteristics of Good in all areas.

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

Rating at last inspection

The last rating for this service was good (published 24 January 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.

Merrymeet Residential Care Home

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 the site inspection.

Service and service type

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

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

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the

service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six 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 the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the end of life policy and we spoke with two relatives about their experience of the care provided.

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 continued to be protected from abuse and information on safeguarding, including contact numbers, was displayed in the home. People told us, "I feel safe living here" and "It is top here, I feel safe."
- A safeguarding policy was in place. Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns. One staff member said, "We look after people and their best interests. I would report [concerns of abuse] to [name of registered manager]. I could also speak the local authority or the CQC."

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

- People had been supported to manage the risks in their daily lives. Staff told us risk assessments were available in the office for them to refer to. The risk assessments had been thoroughly completed and reflected good practice in relation to positive risk taking.
- Medicines were managed safely. Some people were supported to manage their own medicines and monitoring processes were in place to ensure their safety.
- Accidents and incidents had been recorded and investigated. Lessons were learnt when things went wrong, and actions taken to reduce the risk in future. Lessons learnt were shared with staff to support their awareness and development.

Staffing and recruitment

- Staff had been recruited safely with all necessary checks being completed before they started work. People told us there were enough staff to support them and a relative added, "There is enough staff, someone is around all the time." Staff told us they had enough time to support people safely.
- The provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service. We saw staffing was adjusted in response to peoples' needs.

Preventing and controlling infection

- All areas of the home were seen to be clean and tidy and domestic staff were employed to maintain the home. Staff demonstrated a clear understanding of how to protect people by the prevention and control of infection. We observed staff using personal protective equipment including plastic gloves when necessary.
- We saw the service had been awarded a 5 star food safety and hygiene rating by Salford City Council in January 2019. This was the highest rating available.

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.

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

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People were involved in their care planning, which was reviewed at regular frequent intervals or when people's needs changed.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and staff gender preferences when being supported with personal care. A person told us, "They [staff] know me well and know what I like."

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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One staff member told us, "MCA is about assessing people to see if they are able to make a decision. For example, in relation to managing their money."
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed. We saw staff worked in accordance to people's best interest decisions.

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

- The staff worked with other agencies, including health and social care professionals and community teams to ensure consistent good practice. People were referred to other professionals when required.
- The home worked with their local GP practice and a health care professional held a weekly surgery in the home to allow people easier access to healthcare and to give people an opportunity to discuss their health concerns.

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

- People were supported to eat and drink. Some people prepared their own breakfast and snacks. Staff prepared the lunch and evening meals. People were involved in the menu planning and were supported to carry out their own shopping. One person told us, "The food is good. I enjoy it, you can have something different every day. If you tell them [staff] you don't like something, they [staff] give you something different. I have snacks in my room, if I wanted a snack I could also get one from the kitchen."

Staff support: induction, training, skills and experience

- Staff continued to receive an induction before they started working in the home, they received training and regular supervisions to ensure they were competent. People and their relatives we spoke with said staff had the right skills to meet people's needs.

Adapting service, design, decoration to meet people's needs

- There was sufficient space inside and outside the home for people to make use of. We saw communal areas were decorated with artwork created by people who lived there. We observed a relaxed atmosphere throughout the home and saw people making use of all the communal areas. We saw people's bedrooms reflected their taste and preferences.

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

- Staff had a caring approach to their work and they demonstrated kindness and respect when supporting and speaking with people. People told us staff were kind, courteous and sensitive. One person said, "I trust the staff, I have a good bond with them." Another person told us, "The staff are good, they are helpful. I have a good relationship with the team."
- People's lifestyle and equality needs had been identified in their care records. Staff knew what was important to people in relation to their equality needs and the support they might need to maintain them.

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

- People's views and decisions about their care were documented in their care plans. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "We ask and speak to them [people] like normal. We ask what they want or prefer."
- The service had built connections with advocacy organisations and information regarding this was available for people. Advocacy is a process for supporting people to express their views and concerns.

Respecting and promoting people's privacy, dignity and independence

- The provider had a commitment to protecting and promoting dignity and respect. Staff had received training around the principles of dignity in care. One person told us, "I trust the staff and they respect me. My privacy is respected. No problem here."
- The home promoted people to live as independently as possible. A staff member said, "We encourage people to have their own showers and clean their own rooms." A person added, "It's all about being independent."

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 continued to receive personalised care that was responsive to their needs. Care records were person centred. People had been involved in reviews of their needs and were able to set their own goals.
- People's preferences, lifestyle and histories had been considered and reflected in their care records and people told us staff knew their needs well.
- People could decide how to spend the day in the home, when to get up and when to eat. Staff respected people's choices. One person said, "I can choose when I want to get up and go to bed. I am free to do what I want here, this is my home."

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.

- The registered manager was aware of the AIS and each person's specific communication needs were detailed in their care records. We saw AIS information displayed in the home stating information was available in different formats upon request and easy read formats of policies were displayed on notice boards.

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

- Care records identified people's important relationships and the support they needed to maintain them. People told us their family and friends visited, and some people regularly visited their families. We saw people's preferences in activities were recorded in their care plans. All people had the right level of support to enable them to access the community and engage in activities. People were also supported to access educational courses and voluntary work.

End of life care and support

- The service did not routinely provide end of life care. There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Those people who chose to make their end of life wishes known had the option to document this in their care files. People were also supported to draw up a will. The registered manager told us staff did not receive end of life training, however they did have access to training should the need arise.

Improving care quality in response to complaints or concerns

- Formal complaints were minimal. There was a complaints procedure, people told us they were able to raise their concerns and were confident any issues would be resolved.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager continued to promote best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people.
- People's choices were respected, and they were supported to live in the way they wanted. A relative told us, "Dad is happy there, he wouldn't want to be anywhere else."

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 understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- At this inspection we saw that the rating from our last inspection was displayed in the building and on the provider's website.

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

- Effective governance systems ensured the registered manager had clear oversight of the service. Audit systems were in place to monitor and maintain a high standard of care for people.
- Staff we spoke with felt valued and supported by the registered manager. They were clear about the culture of the organisation and what was expected from them. One staff member told us, "[Name of registered manager] is approachable. I can speak to them about anything and they would take any concerns on. It is good here." Another staff member commented, "I like [name of registered manager]. They are easy to go to. One of the best managers I have ever had."

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

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We found people were pleased with the service and staff were happy in their role.
- Regular resident's meetings took place which considered people's wishes and requests.
- Staff felt team meetings were useful, and they could openly discuss any issues or areas for improvement. Minutes of recent meetings showed staff were supported to reflect on best practice.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with the local community, other services and organisations such as the local authority. This showed a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The registered manager referred people to services either directly or via the GP. There was a good working relationship with commissioners and social staff to ensure the people they supported received appropriate care. Records confirmed the service worked closely with a range of health and social care professionals to achieve good outcomes for people.