

Merryfield Home Limited

Merryfield House Nursing 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 

Overall summary

We inspected Merryfield Nursing Home on the 14 September 2015. Merryfield House Nursing Home is situated on the outskirts of Witney and is registered for up to 24 older people. This was an unannounced inspection.

There was a registered manager in post at the service. However this manager was currently being deployed in another service for the provider and another member of staff was in the process of registering as the manager for

this service. 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.

Summary of findings

We were told consistently that people felt safe and were supported safely by staff that understood the risks in relation to their needs. People medicines were stored impeccably and administered in line with the documented guidelines. Staff understood what constituted abuse and what action they should take if they suspected abuse was occurring. Staffing levels were kept under review and there was adequate staff to meet people's needs.

Staff felt supported and had access to appropriate training. Staff were actively encouraged to develop professionally and access areas of interest. People benefitted from a culture that was working in line with the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for ensuring people right to make their own decision is protected.

Staff were consistently described as caring by people and their relatives. We observed numerous positive relationships between people and staff and residents were also encouraged to maintain positive friendship amongst each other.

The services responsiveness was described by relatives and professionals as outstanding. The service was responsive to people's needs and actively sought people views in order to improve the service. Ongoing improvement was seen as essential to the service. Peoples care and support was person centred and took into account their wishes and preferences whilst also respecting their life history and experiences.

The service had effective quality and monitoring systems in place. Everyone we spoke with spoke highly of the leadership within the home and felt the management provided the foundation for the quality care people experienced.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People needs were risk assessed and clear guidance was in place for staff to manage identified risks.

Medicines were managed very well and were stored and administered in line with documented guidance.

Staff had a good understanding of safeguarding and what action they should take if the suspected abuse. The service aimed to review the awareness of staff in the event issues need to be raised externally.

Good



Is the service effective?

The service was effective.

People who were not able to move around freely were supported effectively to maintain their skin integrity.

Staff felt supported and were given effective supervision and appraisal to reflect on and improve their performance.

There was a good understanding of the principles of the Mental Capacity Act (MCA) 2005.

Good



Is the service caring?

The service was caring.

People and their relatives described staff as caring. We also observed warm and caring interactions.

People's privacy and dignity were respected at all times.

People were involved in decisions about their care and were provided with clear and accessible information when they first entered the home.

Good



Is the service responsive?

The service was responsive.

Peoples benefited from a culture that understood the importance of person centred care and used the information they knew about people to improve their wellbeing.

People's needs were continually assessed and the service responded when their care needs changed with the support of appropriate professionals.

People had access to activities and opportunity to access the community. People were supported to be involved despite their level of ability and understanding.

Good



Is the service well-led?

The service was well led.

The leadership of the service was consistently described as good.

Good



Summary of findings

There was effective quality monitoring systems in place to keep the standard within the home under review.

There was a clear vision within the service that staff understood and felt responsible for.

Merryfield House Nursing Home

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 was 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 the 14 September 2015 and it was unannounced. The inspection team consisted of three inspectors. This service was last inspected in August 2014 and was meeting all of the required standards.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events which the service is required to send us by law

At the time of the inspection there were 19 people being supported by the service. We spoke with nine people who were using the service and conducted a SOFI observation. A SOFI is a short observation framework designed for inspection so we can observe the experiences of people who cannot communicate with us verbally. We spoke with eight care staff, a senior carer, the deputy manager and the registered manager. We spoke with four people's relatives and a health professional to obtain feedback about the service. We were also contacted following the inspection by three people familiar with the service through community involvement and volunteering. We reviewed eight people's care files, records relating to staff supervision, training, and the general management of the home.

Is the service safe?

Our findings

People told us they felt safe, comments included: “I feel very safe, it’s a lovely home”; “It’s a very safe place” and “I am very safe thank you”. People’s relatives and professionals also felt the home was safe. Comments included, “Safety is a priority at Merryfield”, “I have never been concerned people are unsafe, it’s a good home”, and “No concerns whatsoever with regard to safety”. These comments matched out observations of people being supported safely.

People had risk assessments in place to ensure risks in relation to their needs could be managed safely. For example, people with risks in relation to their mobility had clear assessments in place with guidance for staff on how to support them. One person who could present behaviour that could be challenging to others, had a risk assessment in place with clear guidance for staff to follow. We observed staff following guidance throughout the day.

Staff we spoke with had a good understanding of safeguarding, what constitutes abuse and what to do in the event of suspecting abuse. We also found that safeguarding concerns were being raised appropriately by the service. Procedures for safeguarding were on display. Two staff we spoke with were not always clear on the arrangements in place to raise safeguarding alerts externally if required to either Oxfordshire safeguarding adults team or the Care Quality Commission. We raised this with the quality assurance manager who planned to refresh all staff awareness.

Medicines were safely stored and administered. We observed the medicine storage within the home to be very good. The medicine trolley was clearly organised and tidy, medicine was clearly labelled and recorded accurately. The nurse administering the medicines made sure each person received their medicines as prescribed and in line with instructions on the medicine administration record (MAR). Controlled medicines were stored and recorded accurately in line with the service medicine policy.

There were enough suitably qualified staff to meet people’s needs but there were occasions through the day staff were not always deployed in a way that ensured people who remained in their rooms received regular support. We saw that people in their rooms spent prolonged periods of time without any interaction with staff. We raised this with the deputy manager who told us they would review the plan of staff deployment to ensure people in their room’s received regular support.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

People we spoke with felt that staff were effective. Comments included, “The staff understand what I need, they are effective yes” and “The staff understand my needs very well”. Relatives and professionals also felt the staff were effective. Comments included, “The staff are excellent, they know what they are doing” and “Very knowledgeable, really happy with the staff”. These comments reflected our observations. We observed people being supported by staff who understood them and were skilful in their interactions with them. For example, one person who became anxious by our presence was supported to settle.

Staff we spoke with demonstrated a very good knowledge of people’s needs and were committed to learning more about the people at Merryfield. Comments included, “We all have a good understanding of what people need and if we don’t we ask questions, to the manager and professionals” and “We do whatever we need to understand how to best support people”.

Staff we spoke with felt supported. Comments included, “The support is great, we’re a close team and support each other” and “I get as much support as I need and also happy to offer it when needed”. Staff had access to regular supervision and appraisal. Supervision is a time for staff to discuss and improve their practice, raise issues and access the support required to fulfil their role in a formal way. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes support staff to reflect on their work to benefit themselves and the people they support. We saw that staff were supported to raise issues regarding the people they support as well as any issues that may be impacting on their role. Staff received clear feedback regarding the points they raised and were also followed up at the next supervision meeting. One member of staff told us, “Supervision is a godsend, really helpful in making me better at my job”.

Staff within the service had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people’s freedom is not unlawfully restricted or when assessed to be in their best interest, is the least restrictive

means. We saw MCA assessments in people’s folders and DoLS applications being made and reviewed when the service felt they may be restricting people’s liberty to ensure their safety.

Staff we spoke with felt they received adequate training. Comments included, “The training is very regular here, we could do more class based, but it’s good” and “There is always lots of training we could do”. We saw staff undertake mandatory training such as fire safety, first aid, and infection control. Staff told us they had received periodic renewals of mandatory training. We also saw that staff received more specialised training around Dementia and Stroke. Staff were also encouraged to take further professional qualifications. One staff member we spoke with had just completed their Level 3 qualification in Health and social care, another staff member had also been encouraged to register for the level 5 qualification. Another member of staff told us how they had an interest in Epilepsy and had been provided with the opportunity to attend a relevant training.

People benefited from a varied and balanced diet of their choosing. On the day of our inspection food was being prepared and contained fresh vegetables. People who had specific dietary requirements had these documented in their support plans. For example, recommendations made by a speech and language therapist to have a pureed diet and thickened fluids had been followed. This ensured their safety and we saw these details were recorded in people’s support plans. People and their relatives were very complimentary of the food. Comments included, “The food is very nice, we get lots of choice” and “The food is lovely, lots to choose from”.

We observed a number of interactions throughout the day between staff and people who were able to communicate and engage with staff. These interactions showed that most staff had the skill and experience to communicate with people effectively. However, there were two occasions where one member of staff did not respond clearly to one person’s request and also continued to prompt another person to eat their food in a direct manner. Each of these two people became quite frustrated by the interaction. We used formal observation techniques and saw there was positive interaction between staff and people. However, we identified that people who were not able to communicate verbally were not always benefiting from the same level of interaction. For example we observed two people over

Is the service effective?

lunch being supported to eat their food. We saw no interaction at these times. Also there were two other occasions where staff were engaged with one person, other staff entered the room and left despite two people visibly making eye contact with them. After a period of time these two people went back to sleep. We asked one staff member if these people usually spent time with staff and were told, "I'm not sure, I think they just like to sleep in the day". We raised these observations with the quality assurance manager who was clearly surprised by this. Immediate action was planned to ensure all people supported within the home received the standard of care expected. The

inspectors were assured based on the overall experience of the inspection and comments from relatives and professionals we spoke with that this was an isolated experience, which may have been influenced by the presence of an inspector.

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such as speech and language (SALT) and district nurses when required.

Is the service caring?

Our findings

People and relatives we spoke with felt that staff were caring. Comments included, “The staff are very caring, lovely people” and “They are all angels every one of them”. Relatives also told us, “The care is very good” and “It’s just a very homely caring culture”. We also heard from many other visitors from the community regarding their experience of the service. Comments we received included, “People are very well cared for both mentally and physically. They are treated with respect” and “The care from all the staff is excellent. I see this in the way they care for my [relative] and also in the sensitive way they deal with other residents”.

We observed throughout that mostly positive relationships between residents was encouraged and also saw people valued their relationship with staff. We saw one staff member taking the time to sit with somebody who was in discomfort. This interaction had a visible positive impact on the person, who told us, “They are lovely, always makes sure I’m ok”. Staff also spoke about their relationship with the residents. Comments included, “They are like family, I love each one of them dearly” and “It’s a lovely atmosphere, the residents are all lovely people in their own way”.

We saw through people’s support plans that people were involved in their care planning. Staff had ongoing discussion with people and their families to ensure that the care being delivered was what each person wanted. One person told us, “They keep me up to date and ask if there is anything else they can do, it’s very good”. People we spoke with also felt their privacy and dignity was respected. Comments included, “I was nervous at first, but the staff are very respectful of my privacy” and “Maintaining people’s dignity is important to staff”. We saw that five staff members were also registered as dignity champions for the service. This was to ensure that dignity within the culture of the service was kept under review.

People benefited from a culture that aimed to maintain people’s independence. Staff we spoke with told us how they offer the support people needed without taking people’s skills away. Comments included, “We want people to feel the pride for doing what they can for themselves for as long as possible” and “We do what people need us to, but always check if they can do as much as they can for themselves first”. When people’s health deteriorated the service had clear end of life care plans available which reflected people wishes.

Is the service responsive?

Our findings

People we spoke with felt the service was very responsive. Comments included, “They keep an eye on me and do what they need to” and “They are outstanding, keep me well”. Relatives we spoke with supported these views. Comments included, “The support my [relative] has received is outstanding, he has maintained his independence as best as he can and you can see how much that means to him”. Professionals we spoke with spoke highly of staff responsiveness. Comments included, “Each person is understood and staff know what to do if people aren’t well or need additional support” and “Staff are very responsive, not just to people but to recommendation’s we have”.

At the root of the service culture was an understanding of the importance of what people think and what would make things better. People’s needs were assessed and views were sought on entering the service and included a clear person centred preadmission questionnaire. This information was used to design clear and detailed plans for each person. People’s care plans were reviewed monthly and as and when required. These plans were also supported by an ‘all about me’ document and ‘my stay’ document. These documents were to ensure that people wishes, aspirations and preferences were captured as clearly as possible. This complimented the support they received through staff understanding of each person as an individual. One staff member told us, “It’s the only home I have worked in where I know the person straight away from just opening their care file, it’s how it should be”.

Professionals visiting the service told us the service is focused on providing person-centred care achieved outstanding outcomes for people. Comments included, “We are involved very quickly and that benefits people greatly” and “People’s health is a priority at Merryfield, I believe they do outstanding things for people who really aren’t well”.

We saw the service had taken part in a study called EPIC. This was a study for Enhancing Person Centred Care In Care. We spoke to the manager about the study who told us being involved in the study supported staff awareness of person centred care and that the culture of the service had improved as a result. Staff we spoke had a good awareness

of person centred care. One relative told us, “Throughout [my relatives] time in Merryfield, my [relative] has received very good care. The small size of the home means that each resident is treated as an individual.

We found the service flexible, innovative and responsive to people’s individual needs and preferences. Some people could not access some of the activities they had previously enjoyed. The service had purchased an interactive television for the lounge so some activities and areas of interest could be displayed visually for people. One person’s relative told us, “[relative] loves the activities but can’t always take part, the new TV has meant they can still feel involved”. This purchase was as a result of findings from up to date research to inform best practise regarding innovative ways of supporting people with dementia. The service used research by the Association for Dementia Studies, a centre of excellence in research and education that highlighted the potential of electronic devices as a tool to enhance the quality of life of older people living in care homes. This led to the service acquiring specialist assistive technology to support people to express their views via touch screen technology and pictures.

When people’s needs changed we saw the service responded appropriately. For example we reviewed the file of one person who had developed swallowing difficulties. The service sought advice for this person and were asked to monitor fluid intake whilst monitoring alertness. This guidance was updated in the person’s care plan and staff we spoke with understood why. One health professional told us, “The nurses communicate well and provide clear information and clinical images so that people get the best care as soon as possible”.

People and their relatives spoke very positively of the activities within the home. Comments included, “The events coordinator is exemplary, organising lots of interesting things to keep the residents busy and involved, and making events very special by her infectious enthusiasm, she is a real asset to the home” and “The activities are well thought out and are done with real care, it’s not just a token effort, it’s within the culture” and “Despite my [relatives] significant disabilities, the staff make a big effort to include her in the many singing and art and craft activities. I know she would really appreciate being part of everything that goes on, even though she can’t take a very active part. Each person within the home was given their own individual events planner for the week

Is the service responsive?

that they could access at their leisure. Those who needed support to access the events were given that support. We saw people had access to a wide variety of indoor and outdoor activities that ranged from scrabble, arts and crafts to gardening and walks. One person we spoke with took great pleasure in talking us through their involvement with the border plants in the garden.

The service took a key role in the local community and was actively involved in building further links. People who use the service were encouraged and supported to engage with services and events outside of the service. Input from other services and support networks were encouraged and sustained. We saw the service audited their own involvement with the community through a 'how well are you connected to your community' checklist. Volunteers from the local college were used by the service as part of their on-going training, members of the community supported people to access the local church. We also saw the home hosted a recent garden party that the local community was invited to attend. The service had also taken a key role within the local community hosting a recent coffee morning for members of the church. We received positive feedback from two members of the local church. Comments included, "The service really values the

importance of the community in people's lives here" and "I have been astonished by how keen the service are to ensure links are maintained, people truly come first at Merryfield".

People who used the service benefited from a service that saw on going improvement as essential. We saw that people's feedback was regularly sought and acted upon to improve the service. We reviewed minutes from resident meetings, relatives meetings and staff meetings where people's views were taken on board. Following each meeting an action plan was formulated to ensure ideas to improve the service were actively sought and acted upon. For example, we saw feedback comments made regarding the arrangements for meals when the chef was away. We saw action was taken to recruit a chef in the absence of the fulltime chef to improve the experience.

There was a system in place to manage concerns and complaints. However there had not been any complaints or concerns since our last inspection. There was a clear complaints policy and procedure. Each person we spoke with felt able to make a complaint and knew who to speak to. Relatives were also clear on who they could speak with. Comments included, "I know where to complain to, but I haven't had to, we are always involved and listened to" and "I feel wholeheartedly that my views are important and would be taken into account".

Is the service well-led?

Our findings

People and relatives felt the service was well led. Comments included, “The standard of care remains constantly good. This must reflect a strong caring ethos in Merryfield that gets passed on to new staff, and underpinning good management” and “The service has good management, they communicate well and everyone seems happy. Staff we spoke with also felt the service was well led. Comments included, “There is good and fair leadership here” and “The leadership wants what’s best for people just like the staff do, that’s why staff stay so long”.

There was a clear vision for the service. This vision was to support people to remain comfortable and as independent as possible, whilst maintaining people’s independence. The service did this whilst continually improving and valuing staff development. Staff we spoke with supported this vision and felt part of it. Comments included, “We do things here for the right reasons and that’s the people, staff are supported to do that” and “It’s the only home I have worked at that really value the role staff play in providing the best care possible”. One relative commented, “We visited many other care homes when looking for a nursing home, and Merryfield stood out as special, particularly the staff, their humour, and their caring and respectful attitude to the residents. I would rate Merryfield as outstanding, and would not hesitate to recommend it to other families”.

The service had a positive culture that was person-centred, open, inclusive and empowering. The service had signed up to the social care commitment. The Social Care Commitment is the adult social care sector’s promise to provide people who need care and support with high quality services. It is made up of seven ‘I will’ statements, with associated tasks. Each commitment focuses on the minimum standards required when working in care. This approach ensured staff were aligned to the same ethos. Staff we spoke with told us they were proud of being part of this commitment. Comments included, “It’s important that people and their relatives have confidence in where their loved ones are being supported” and “There are homes that give care a bad name, I want to be part of a home that does the opposite”.

The service had effective quality monitoring systems in place. These audits were used to cover each aspect of the

home from the quality of care provided to the residents experience during meal times. These audits were effective in identifying areas of improvement. For example, one audit identified in one person’s file that their life history was sparse and needed to be more detailed as the person family lived far away. Staff we spoke with about this person had an increased understanding of this person and we observed discussion with them throughout the day about this person’s past. However we did feedback to the quality assurance manager that it was not always clear what action was taken as a result of the findings of each audit to fully evidence improvement.

The service had appointed an associate manager who had a key role in promoting wellbeing amongst the staff and residents whilst supporting improvement. We were shown the approach the service was designing. This was a pathway to improve quality within the home through staff development. This had been named, ‘talent mapping’. This gave staff a clear pathway to develop their skills and progress within the home and to support and resources are available to enable and empower the staff team to develop and to drive improvement. The quality assurance manager told us, “We want the quality to develop quality from inside the home”. This was supported by the action taken when hearing about the interaction people who could not communicate verbally received.

Staff we spoke with had the confidence to question practice and report concerns about the care offered by colleagues, carers and other professionals. Comments included, “I know that if I had a concern about anybody, I would be supported to speak up” and “One thing I love about here (Merryfield) is that the number one priority is the people, I’d speak up if it wasn’t and I know the feedback would be valued”. We saw that staff also had the opportunity to feedback through a satisfaction survey where they were able to offer their views on a wide range of areas. We reviewed a sample of this feedback and saw it was largely positive. However, we saw that some staff had mentioned they felt they needed to rush care at times. We saw this was then discussed at a team meeting following the feedback to discuss ways of improving the issue. Staff we spoke with on the day of the inspection told us they no longer felt rushed and this matched our observations. Staff appeared relaxed and had time to stop and speak with residents as they carried out their role.