

# Serincourt Limited

# Merlin Park

## 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

We carried out an unannounced inspection of this home on 24 March 2017. The home is registered to provide accommodation and personal care for up to 25 older people, some of whom live with dementia. Accommodation is arranged over two floors with lift and stair access to the second floor. At the time of our inspection 25 people lived at the home.

At our last inspection of the service in November 2014 the service was rated as Good. At this inspection we found the service remained Good.

A registered manager was 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.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way.

Risks associated with people's care were identified and clear plans of care were in place to ensure staff knew how to mitigate these risks. Staff had a very good understanding of these risks and how to ensure the safety and welfare of people. Incidents and accidents were clearly documented and investigated and patterns in these events were noted and actions and learning were identified from these.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were encouraged to share their views of the home at meetings and through questionnaires.

Care plans in place reflected people's identified needs and risks associated with these.

Staff were caring and compassionate and knew people in the home well. External health and social care professionals spoke highly of the care and support people received at the home. They were involved in the

care of people and care plans reflected this.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The registered manager was on leave at the time of our inspection but attended the service to support the deputy manager. People, their visitors and staff told us the registered manager was very visible in the service and provided strong and effective leadership. They promoted an ethos of open and honest communication within the home. Staff felt respected and valued in the home and this was reflected in the way they supported each other and promoted person centred and efficient care for people.

A robust system of audits was in place at the home to ensure the safety and welfare of people.

## 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.

Staff knew how to keep people safe and had a good understanding of safeguarding policies and procedures.

Risk assessments were in place to support staff in identifying and mitigating most of the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

### Is the service effective?

Good ●

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people.

People were provided with nutritious meals in line with their needs and preferences.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home.

Arrangements were in place to ensure people were involved in planning their care and their views were listened too.

### Is the service responsive?

Good 

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

A range of activities were in place to provide stimulation for people. People were encouraged to remain independent.

Systems were in place to allow people to express any concerns and have these responded to in a timely way.

### Is the service well-led?

Good 

The service was well led.

The registered manager was very visible in the service and promoted an ethos of open and honest communication within the home. Staff felt respected and valued in the home.

Robust audits and systems were in place to ensure the safety and welfare of people in the home.

# Merlin Park

## **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.

One inspector and an expert by experience completed this unannounced comprehensive inspection on 24 March 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with nine people who lived at the home. We observed care and support being delivered by staff and their interactions with people in communal areas of the home including at a mealtime. We spoke with five visitors and seven members of staff, including the registered manager, deputy manager, three senior carers, a carer and the chef. Following our inspection we received feedback from three groups of health and social care professionals who supported people who lived at the home.

We looked at care plans and associated records for four people. We reviewed the medicines administration records for 11 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe in the home. They felt staff knew them well and were able to meet all their needs to ensure their safety. One person said, "I feel safer here than I did when I was at home. The staff look after me really well, I am not prone to falling or tripping but staff do check on me regularly." Another person told us, "I feel very safe here." Relatives said staff knew people well and they felt people were safe in the home. A relative said, "I absolutely feel my [relative] is safe here and I can go home knowing [person] is well looked after." Health and social care professionals told us they felt the home excelled at supporting people with complex health needs and ensuring their safety.

Staff had a good understanding of the safeguarding policies and procedures which were in place to protect people from abuse and avoidable harm. They were confident to report any concerns to the registered manager who they said would take any necessary action immediately. Staff had received training on safeguarding and knew the types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. Staff were aware of the provider's whistleblowing policy and said they would be happy to go to more senior management if they felt their concerns were not addressed appropriately by the registered manager.

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition, mobility and specific health conditions such as diabetes and breathing difficulties. For people who were at risk of falls, risk assessments had been completed and used to inform care plans about their mobility and how to avoid the risks of falling around the home. Incidents of falls were logged for each person in their records and these logs were used to identify any patterns and trends in falls for the individual.

Medicines were always administered by staff who had received appropriate training and had been assessed as having the competencies to do this. Medicines were stored and administered safely. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). People received their medicines in a safe and effective way. Care plans gave clear information on how people liked to take their medicines and what staff should do if these were refused. The MAR for one person showed they received their medicines covertly. Covert medicines are those given in a disguised form, for example in food or drink, where a person is refusing treatment due to their mental health condition. The home had ensured the person's family, legal representative and health care professionals had been fully involved in a best interests decision making process in line with the Mental Capacity Act 2005 to ensure the safety and welfare of the person.

For four people who lived with diabetes and required the administration of insulin to maintain their health and wellbeing, community nursing staff visited the home every day to support people with this. The registered manager and the community nursing team told us how they were working together to develop staff's skills to enable them to support people and safely administer this medicine for them.

For medicines which were prescribed as required (PRN) we saw staff recorded when these medicines were

given and followed protocols in place for the safe administration of these medicines. A system of audit was in place to monitor the administration, storage and disposal of medicines weekly.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, an application form and employment history for staff. Two references were sought before staff commenced work at the home. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff available to meet the needs of people. The registered manager had a very good understanding of the skill mix of staff employed at the home and the needs of people who lived at the home. Staff rotas showed there were consistent numbers of staff available each day to meet the needs of people. People and their relatives told us there were sufficient staff to meet their needs and staff responded to their needs in a prompt and unhurried manner. We saw staff responded promptly to people's request for help.



# Is the service effective?

## Our findings

People said they were offered choice, were supported to make their own decisions and these were respected. One said, "I choose to remain in my room most of the time and staff are fine with this. It's really up to me what I do." Another told us, "People come and go as they please here and the food is amazing." Health and social care professionals told us staff requested their support and advice appropriately and knew people who lived in the home very well.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. For example, one person who was able to make decisions independently chose not to take medicines which needed to be inhaled. Staff had sought support from health care professionals on how to best support this person and recognised their right to make this choice. Staff respected the person's right to make a decision and continued to offer the medicines and monitor the person to ensure their safety as advised by the health care professional. A member of staff told us, "People don't always make the decisions I would make but that doesn't mean it's wrong and I have to respect that"

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and staff had a good understanding of the processes required to ensure decisions were made in the best interests of people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. For three people a Deprivation of Liberty Safeguard had been approved for them to remain at the home and receive all care and treatment. For one person a condition attached to this identified the need for staff to ensure they were offered the opportunity to have escorted outings away from the home. We saw actions had been taken to ensure this condition was met. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

A robust programme of supervision, appraisals and training was in place for all staff. Staff said they had supervisions and felt these were useful times to raise any concerns they may have and discuss their roles and responsibilities. They said they felt supported and knew they could talk to the registered manager at any time if they needed to. A clear program of induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs.

People spoke highly of the food and said this was excellent. They told us they were offered choice and if they did not want what was on the menu they could have something different. This was confirmed by the kitchen staff. In addition to the three main meals of the day snacks of fruit, biscuits and homemade cakes were

available throughout the day and people told us how much they enjoyed these.

Care plans identified specific dietary needs and kitchen staff were knowledgeable of these and had information about the type of diet people required, any allergies they may have and their likes and dislikes. A relative told us their loved one came from a European country and enjoyed their native foods. They explained how staff had discussed these preferences with the person and had helped to incorporate some of their favourite meals into their menu for them. The cook provided a four week rolling menu and all meals were freshly prepared on the premises.

Staff described how they supported people with nutrition and hydration needs including, monitoring their food and fluid intake if there was a concern and monitoring their weight. They described how they fortified foods and drinks if people needed this and would liaise with the dietician if required. Daily records of food and fluids were kept although these were not always fully completed and did not always identify people had received sufficient fluids in line with their identified needs. We discussed this with the registered manager who told us they would look at a more accurate way of monitoring this.

People enjoyed a good dining experience at mealtimes in the home. The dining room was a calm and welcoming environment where tables were nicely laid out with table cloths, napkins, place mats, cutlery and floral centre pieces. Staff supported people to manage their meals in a calm and supportive manner, offering drinks and condiments and explaining for people what they had to eat. Food was very well presented and looked appetising. One person told us, "I enjoy the food a lot, it's very good and there is lots of different things to choose from." Another said, "The food, well, I cannot fault it. There is plenty of choice."

Records showed health and social care professionals visited the service as and when required. Care records held feedback from GP's, speech and language therapists, dieticians, social workers and occupational therapists. Staff identified people's needs and involved health and social care professionals appropriately. Health and social care professionals told us the home responded well to people's needs and involved them as required. They felt the home had a good understanding of when to involve external health and social care professionals and did not call them unnecessarily.

## Is the service caring?

### Our findings

People described staff as very kind and caring. They said they felt staff listened to and respected them. They felt they were given choices and staff respected their privacy and dignity. One person said, "All the staff are caring and kind, they respect that I like my privacy and know I prefer to stay in my room. Periodically they come and check that I am well and ask whether I have everything I need." Another told us, "I like it here so much. The staff are very good to us. They are understanding and don't make you feel like a nuisance when you need their help." Relatives spoke of the caring way in which staff supported their loved ones. One told us, "I always find it very pleasant here; I looked at quite a few homes and this one seemed best. The staff always have time for you. We can visit when we like and we are always made to feel welcome." Health and social care professionals told us they found staff caring and that they took time to support people with their care needs without rushing them.

The atmosphere in the home was warm, calm and very friendly. Staff interacted with people and each other in a calm and professional manner and took their time to ensure they had responded to people in a way which was appropriate to their needs. For example, one person dozed for long periods in a communal area of the home during the morning of our inspection. Staff spoke gently and kindly to them to prompt them to remember to take medicines, food and fluids. The person responded well to these prompts and thanked staff for reminding them. Throughout the day staff spent time with people chatting and laughing whilst supporting them with their needs. They supported people to interact with each other.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed when people were being supported with personal care or other activities and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. For example, one person entered the communal area of the home in a state of undress and staff immediately moved to support them and ensure their dignity was maintained.

People were able to personalise their rooms with their belongings and could access their rooms when they chose. People were able to choose to have personalised door plates and memory boxes by the door to their room and we saw some people chose not to have their name displayed on their room door. The deputy manager told us one person had said, "Well, I wouldn't have my name on my front door at home would I?" Staff had respected this choice and for other people who preferred to have their room locked when they were not in it, this facility was available.

Relatives told us how welcome staff made them feel and that staff were always kind and responsive to the needs of their loved ones. One relative told us how their loved one had been recently bereaved and of the steps staff had taken to console this person and ensure they were supported to express their feelings and be well cared for.

Resident and relative meetings took place every four months and actions from these meetings were responded to by the registered manager. For example, relatives raised the question of improvements

being made to the open front porch area of the home and these suggestions had been embraced by the registered manager. We saw people spoke with staff and the registered manager about things which were happening in the home and things they would like to do. People confirmed they could talk to the manager at any time. Relatives told us they were always able to speak with the registered manager or any member of staff about the care their loved one received at the home.

## Is the service responsive?

### Our findings

Whilst people did not always know if they had a care plan they felt involved in the planning of their care to meet their needs. They said that staff listened to them and knew what they needed. Relatives told us they and their loved one had been involved in the planning of their care and that should they feel any changes were required they would speak with the registered manager or their deputy and these would be addressed. Health and social care professionals told us staff were very responsive to people's needs, ensured they involved appropriate professional people as they were required and were confident and competent to respond to people's needs appropriately.

An assessment of people's needs was completed before they came to live at the home and these assessments provided clear information to inform plans of care for the person. Records showed people were encouraged with their relatives to inform this process. People's preferences, their personal history and any specific health or care needs they may have were clearly documented.

Staff had a very good awareness of people's needs and preferences. Care plans gave clear information for staff on how to meet the needs of people in a person centred and individualised way which ensured their safety and welfare. Care records were reviewed monthly, or more frequently if required and regular audits were completed to ensure care records were up to date and reflected people's needs. Daily handover records were clear and up to date and the registered manager told us this had helped to ensure continuity of care and good communication between people and staff.

A system of keyworkers was in the process of being introduced in the home. Guidance for staff said the aim of a keyworker in the home was to "Encourage/help/stimulate each resident to achieve their full potential and make the most of their life." They were to be responsible for ensuring care plans and assessments were maintained and updated as required and monitoring the general wellbeing of the person for whom they were key working.

There was a wide range of activities promoted in the home and two activities coordinators supported this work. People were able to participate in games and quizzes and also enjoyed visiting entertainers. Regular social activities such as celebration of birthdays and special events, garden parties and visiting musicians were held. A memory tree was situated in the dining area of the home and this was populated with pictures of people who had been previous residents in the home. A 'Family Tree Mural' on the wall of a communal area displayed pictures of people and the things they liked. Staff supported people to take trips outside the home including trips to a local pub to watch football and walks on the seafront or to local shopping areas. A quarterly newsletter was sent to people and their relatives to keep them updated and encourage them to participate in events in the home.

The registered provider's complaints policy was displayed in the home. We saw processes were in place to ensure any concerns or complaints were investigated and actions from these were implemented. There had been no complaints in the service since our last inspection.

The registered manager and staff were very welcoming to visitors and encouraged them in a warm and friendly way to share their views on the service. Relatives felt able to express any concerns they may have and were confident the registered manager and their staff would address these promptly and efficiently. Health and social care professionals told us they felt the registered manager was very efficient and supportive of people, their relatives and staff and always responded promptly and efficiently to any matters which were brought to their attention.

## Is the service well-led?

### Our findings

People, their relatives, staff and health and social care professionals said the service was very well led by a registered manager who was experienced and very supportive of them all. One person told us, "[Registered Manager] is wonderful, she really knows us well and looks after us. Her staff are great too." A relative told us, "The manager is very good, she never fobs you off. We [family] are kept informed every step of the way." Health and social care professionals said the service was well led and told us the registered manager was always accessible and visible during their visits and knew people very well.

The registered manager was supported by a group of managers at the registered provider's head office including the director of quality and the nominated individual. They also attended meetings with other registered manager's from the registered provider's homes nearby to share experiences and learning. They were very visible in the service and provided strong and effective leadership, promoting an ethos of open and honest communication within the home. Staff felt respected and valued in the home and this was reflected in the way they supported each other and promoted person centred and efficient care for people.

There was a clear staffing structure in place at the home. An administrator in the home supported with all clerical duties, whilst the registered manager and deputy manager managed the day to day running and provision of care in the home. Senior care staff worked with care staff to provide care and support for people and ensure monitoring charts were completed and routine checks were carried out in line with people's needs and plans of care. All staff felt supported in their roles and had a good understanding of their roles and responsibilities in the home. Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and visions in the service to provide excellent person centred care for each person.

The registered provider had clear systems and processes in place to ensure the safety and welfare of people. Audits completed in the home included those for medicines, infection control, environment, equipment checks and fire records. We saw actions from these audits had been completed. The registered manager submitted to the registered provider's head office a 'Manager's Monthly Audit' which included audits on nutrition, care plans, medicines and complaints, concerns and safeguarding incidents. The director of nursing then used this to discuss necessary actions with the registered manager and ensure they were actioned.

People and their relatives were asked for their views of the service and the quality of the care delivered at the home. A survey of people's views was carried out in July 2016 and showed people were very happy with the care provided at the home. A survey of health and social care professional's views of the home was carried out in March 2017 and showed the home had developed good working relationships with external professionals, who felt the home provided very good care and support for people and ensured their safety and welfare.