

Approach Community Homes Limited

Merrimore House

Inspection report

39 Avenue Road
Hunstanton
Norfolk
PE36 5HW

Date of inspection visit:
06 March 2019

Date of publication:
05 April 2019

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: Merrimore House provides accommodation, care and support for up to six people with a learning disability. It is a three-storey house in Hunstanton. There were four people living at the service on the day of inspection.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People's experience of using this service:

- People were very positive about Merrimore House and liked living there. Comments included, "I definitely like living here," and, "I'm really happy living here."
- People were protected from avoidable harm and abuse. Action was taken to reduce the risks to people.
- The environment was monitored and was safe for people to live in.
- People received their medicines when they needed them.
- Staff were recruited safely and staffing levels were sufficient to meet people's needs.
- Staff were knowledgeable and were kind, caring and patient.
- People were treated with dignity and respect.
- Staff knew people well and had developed meaningful relationships with them. Support was provided in a person-centred way based on people's preferences.
- People were supported to manage their health and there were links with other services to ensure that individual health needs were met.
- The outcomes for people using the service reflected the principles and values of 'Registering the Right Support'. People were supported to be as independent as possible and participated actively within their local community.
- People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way.
- People could take part in a range of activities, work and educational opportunities which promoted their wellbeing.
- Quality assurance processes were in place and actions were taken to address any issues identified.
- The service continued to be well managed and staff felt supported.

Rating at last inspection: Good (report published 8 July 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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.

Merrimore House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Merrimore House is a care home. People in care homes receive accommodation and nursing or personal care. 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 was an announced inspection which took place on 6 March 2019. As this is a small service, we telephoned the provider the day before the inspection to check that people would be at home when we visited.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about important events the provider must notify us about by law. We assessed the information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people using the service, one member of care staff and the

registered manager. We reviewed a range of records about people's care and how the service was managed. This included two people's care records and a sample of medicines administration records. We reviewed records of meetings, accidents, incidents and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe living at Merrimore House. One person said, "I think it is alright because I am safe and there are staff to help us."
- Systems were in place to safeguard people from the risk of abuse. Staff and the registered manager had a good awareness of safeguarding concerns and the action they should take to ensure people were protected from harm.
- Risk assessments were in place and covered areas such as road safety and accessing the community. Risk management plans ensured people were kept safe while not restricting their freedom.

Staffing and recruitment

- Staffing levels were managed safely and there were adequate staff on each shift to meet people's needs.
- Recruitment systems continued to be effective and ensured suitable staff of good character were employed to work at the service.
- People were involved in interviewing potential new staff so they could voice their views on the suitability of the candidates.

Using medicines safely

- There were systems for ordering and administering medicines. Medicines were kept securely and records were completed correctly. However, there was no system in place to check the stock of medicine and ensure that people had received their medicine as required. Only one person was receiving medicines at the time of our inspection visit, and the registered manager told us they would implement a monitoring system to address this.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.

Preventing and controlling infection

- Processes were in place to prevent the spread of infection and staff received training in infection control.
- The environment was clean and fresh.
- Information about how to prevent the spread of infection was available in the service and was being followed.

Learning lessons when things go wrong

- Incident and accident records were detailed and included any action taken to prevent any re-occurrence.

The registered manager monitored these records to identify any themes or trends.

- Staff were encouraged to report accidents and incidents and when incidents occurred, they could discuss these with the on-call manager so any learning could be immediately identified.

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

Good: 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 and regularly reviewed and included goals people hoped to achieve. One person said, "I am doing an NVQ [National Vocational Qualification] in retail and customer service at the moment." Another person said, "I want to go to the space museum in Leicestershire so that's going to be my next holiday and I think one of the other lads is coming with me."
- Support plans contained information about people's individual needs and included their preferences in relation to their diet and cultural and spiritual beliefs.
- The registered manager supported staff to provide care in line with best practice guidance.
- The service had been developed in line with the principles and values that underpin Registering the Right Support. This ensured that people who use the service live as full a life as possible and achieve the best possible outcomes. One person said, "I am supported to live independently."

Staff support: induction, training, skills and experience

- Staff supported people effectively and safely. New staff were provided with a comprehensive induction which provided them with the knowledge and skills needed to support people.
- People were supported by skilled and knowledgeable staff who received ongoing training and knew how to provide effective, person centred support to maximise people's wellbeing.
- Staff felt well supported and were given opportunities to review their individual development needs through regular supervision and informal contact with the registered manager.

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

- People could choose what to eat and drink and when. One person said, "We can help ourselves to snacks and we can have supper or a hot drink." Another person said, "Staff ask us what food do we want. The staff cook it, but I am learning how to cook."
- The mealtime experience was relaxed and people were chatting between themselves. Staff supported people to eat and drink enough to maintain a balanced diet.
- Staff had a good awareness of people's dietary needs and preferences.

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

- The registered manager worked with the local authority and requested reviews of people's support packages as required.
- People were supported to organise their own individual health care appointments and staff provided physical support at these appointments if the person requested this.

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

- The kitchen and bathroom had been refurbished and the environment was welcoming, accessible and comfortable.
- There was a basement where people could play pool and spend time together.
- People's bedrooms were personalised and reflected their personal interests and preferences.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were actively encouraged and able to make day to day decisions. Staff checked that people gave consent before they provided any support.
- Staff were trained in the MCA and understood the basic principles of the MCA.
- One person had a DoLS authorisation and the conditions of this were being followed.

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

Good: 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 were kind and caring. One person said, "Really nice staff. I get on with them really well." Another person commented, "I think the staff are really nice and helpful."
- Staff had developed positive, meaningful relationships with people and had a good rapport.
- Staff received training in equality and diversity and people were treated equally and without discrimination.
- People were supported individually as required and received planned and co-ordinated person-centred support which was appropriate and inclusive for them.

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

- People were involved where possible in planning their support. Pictures were used in addition to words, to aid people's understanding. One person said, "We all have care plans and they are stored in the office. We have meetings every month and staff talk about the care we have and any problems we have." Another person said, "We have meetings and talk about any problems around the house."
- People could make decisions about what they wanted to do and when. People had recently chosen where they would like to go on holiday. One person said, "I can do what I want."
- People could voice how they felt and could express their views. One person said, "I can talk to staff about any problems and if we can't speak to the staff then we can speak to [Registered Manager] on the phone."

Respecting and promoting people's privacy, dignity and independence

- The mission statement on the provider's website focused on ensuring that people's independence was developed and that people were given control of their lives to enhance their dignity and self-esteem.
- People could be independent and develop life skills. One person said, "I do my washing on my own and tidy my room on my own, we have our after tea jobs to do as well."
- Staff treated people with privacy, dignity and respect and provided support in an individualised way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised support which reflected their physical, mental and emotional needs.
- People's support plans contained their likes and dislikes and what was important to them. These were detailed and included key information. People had signed to agree to the support they received.
- The registered manager was aware of the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. People's communication needs were identified and recorded in their support plans.
- Information around the home was in an easy read, pictorial format to aid people's understanding.
- People accessed their local community independently to engage in activities based on their individual interests. One person attended the local day services and another person worked at a local hospice. At the weekends, some people enjoyed going out on their bikes and going into Kings Lynn.
- Some people attended events such as 'Fast and Furious' live and the 'Hotrods'.
- People were encouraged to maintain relationships with their family and friends.

Improving care quality in response to complaints or concerns

- People were provided with information about how to complain in a format they could understand. People told us they would speak with staff if they were unhappy.
- The service had not received any complaints recently. A policy was in place for the investigation and management of complaints.
- Staff were responsive to any informal concerns that were raised. One person said, "If we spot something wrong and we report it, it is usually fixed in a reasonable time." Another person said, "Staff do help if I have a problem."

End of life care and support

- No-one was currently receiving end of life care; however, the management of the service knew how to access support from other healthcare professionals should this be required.
- People had been supported to record very detailed information about their preferences and wishes about their end of life care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had a clear vision and set of values which reflected the principles of high quality person-centred care.
- Processes were in place to monitor the quality of the services provided. This included house checks and care plans. Actions were taken to address issues found through the audits.
- A whistleblowing policy was in place and the registered manager explained how they would support staff who raised concerns.

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

- People were positive about the registered manager. One person said, "[Registered manager] is a good manager, friendly, chatty and we can have a laugh with them." Another person said, "I do think that [name of registered manager] is a good manager."
- Staff were clear on their roles and the organisation's mission statement was on the website.
- The registered manager understood their responsibilities and kept up to date with best practice through networking with other managers across the organisation and attending a local forum for managers. Subjects of discussion had included hospital discharges and a presentation by the Speech and Language Therapy team.
- The registered manager reported to CQC appropriately and submitted any statutory notifications that were needed.
- The latest CQC inspection report was in an easy read format and was on display at the service. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements.

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

- The registered manager and the staff team knew people well which enabled positive relationships and good outcomes for people using the service. The registered manager said, "People are prospering in the community because of the support we provide."
- Meetings were held where people could input into how the home was run and what they would like to improve. One person said, "We have residents' meetings, talk about any problems around the house and general chat."

- Staff meetings were held and issues such as expectations of the role and care plans were discussed.

Continuous learning and improving care

- The registered manager had an open and positive approach to feedback and to ideas contributed by the staff team on service improvement.
- The registered manager had a clear focus on the development of the service and on continuously improving the quality of life for people living at Merrimore House.

Working in partnership with others

- The registered manager and staff team shared information and worked with other professionals such as the community learning disability team to ensure positive outcomes for people.