

Damson Care

Damson Care - Merryfield

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

This inspection took place on 26 August 2015 and was unannounced.

Merryfield is a care home providing personal care and accommodation for a maximum of three people. It supports the care and welfare of younger and older adults with learning disabilities. The home is located in Solihull. Three people were living at Merryfield at the time of our visit.

The home has a registered manager. 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 who lived at Merryfield felt safe, and were supported by a staff group who had been trained to work effectively with people who had learning disabilities.

Staff understood safeguarding policies and procedures, and followed people's individual risk assessments to ensure they minimised any identified risks to people's health and social care. Checks were carried out prior to staff starting work at Merryfield to ensure their suitability to work with people who lived in the home.

Summary of findings

The provider understood the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards and complied with these requirements. Medicines were administered safely to people, and people had good access to health care professionals when required.

There were sufficient staff to meet people's needs both in the home, and to support people with their hobbies and interests outside of the home. People received care and support which was tailored to their individual needs. People enjoyed the food provided at the home and were involved in menu planning and cooking.

Staff were motivated to work with people who lived at Merryfield, and were caring and understanding. They treated people with dignity and respect. There was a good rapport between people who lived at the home and the staff who supported them. We saw people and staff enjoy each other's company.

The leadership team were open and accessible to both people and staff. The team leader provided good leadership to staff in the home, and there was good oversight of the service by the provider and registered manager.

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.

There were sufficient staff to support the health and wellbeing of people who lived at Merryfield. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff received a comprehensive induction and training which supported them to meet people's needs effectively. Staff understood and supported people within the framework of the mental capacity act, and the provider understood their responsibilities to apply for Deprivation of Liberty Safeguards when required. People received food and drink which they enjoyed, and their health care needs were met.

Good



Is the service caring?

The service was caring.

People who lived at Merryfield received care from staff who respected their privacy and dignity. Staff were kind and considerate of people's needs.

Good



Is the service responsive?

The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs. People were supported to socialise and follow their interests. There had been no complaints made.

Good



Is the service well-led?

The service was well-led.

The provider, registered manager, and team leader worked well to provide the staff team with good support to ensure they could meet the needs of people they worked with well.

Good



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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.

This inspection took place on 26 August 2015. We contacted the service an hour before we visited to make sure people who lived at Merryfield, were at home so we could speak with them and staff about their experiences living at the home.

One inspector undertook this inspection. We spoke to the three people who lived at the home and the two staff and team leader who supported them. We looked at medication records, one care record, incident and accident records, and menus. After our visit to the home, we visited the provider's office and spoke with the provider, and the worker responsible for staff training. At the office we looked at recruitment records, and staff training records. The registered manager was not working the day of our visit.

Is the service safe?

Our findings

People who lived at Merryfield told us they felt safe. Staff told us people who lived at the home were like 'brothers' to each other as they had lived together for a long time.

People were protected from avoidable harm because staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs and what might trigger behaviour which challenged others. For example, one person had a notice on their wall to remind them and staff what could be done to reduce their anxiety and support a change in behaviour. Through talking with staff, we found they knew the people who lived at the home well, and could inform us of how to deal with potentially difficult situations.

We saw as well as having a good understanding of people's behaviour, staff supported people in changing lifestyles which were impacting on their health. For example, one person had been supported to stop smoking. They had also been previously diagnosed as diabetic, but had recently been assessed as 'pre-diabetic'. This was because they had worked with staff in changing their diet.

Staff had been trained to know how to safeguard people from abuse, and they knew who to report any safeguarding concerns to. Not all were clear about what action the person they reported the safeguarding concern should take. The provider told us they would ensure staff understood the next stage in the reporting of safeguarding.

Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at Merryfield until the checks had been received by the provider.

We saw sufficient staff on duty to meet people's needs. The team leader, staff and people who lived at the home told us there were enough staff to support people throughout the day and night.

We checked the management and administration of medicines. We saw medicines were stored safely and securely. There were systems to ensure people received their medicines at the right time. We looked at a sample of medicine administration records (MARs). These had been completed accurately. One person had an 'as required' medicine. There was a protocol to inform staff about when and why this should be used, and the staff group all knew when the medicine should be given. All staff who administered medicines had received training to do this safely.

We looked at the premises to ensure it was a safe environment for people who lived at Merryfield. We looked at the communal areas of the home and one person's bedroom. We found they were well maintained and offered a pleasant environment for people to spend their time in.

Is the service effective?

Our findings

The three men who lived at Merryfield were supported by male care workers who had the skills, knowledge and experience to meet people's needs. Staff had undertaken and passed national diplomas in health and social care. This meant their skills and knowledge had been assessed and verified by external professionals in the health and social care field.

One of the newer members of staff told us they had been given induction training, and when they first started work, they 'shadowed' other staff and were additional to the staff on the rota. This meant they could take their time to learn about people and how to provide good care. They told us, "I learned from staff. I have benefited from their experiences. They have different strengths."

Staff had also received training considered essential to meet the health and safety needs of people who lived at the home. This included training in infection control and food hygiene. The team leader informed us they had recently undertaken a 'train the trainer' course at diploma level to help train staff to understand and support people living with diabetes.

Staff told us they had received training about the Mental Capacity Act (2005) and Deprivation of Liberty safeguards. They understood when people had the capacity to make

decisions for themselves and when decisions needed to be taken in the person's best interests. We saw staff supporting people to make their own choices about what they wanted to do with the day and where they wanted to go. One person who lived at the home had their liberty to go out on their own restricted because they were considered unsafe on their own. The provider had applied to the local authority for a deprivation of liberty safeguard. This meant the provider was meeting their legal responsibilities.

People were supported to have enough to eat and drink. During our visit we saw people have egg sandwiches at lunchtime and drinks throughout the morning. One person wanted to make us a drink, and they were supported to do so. Where possible, people were encouraged to make their own meals or support staff in making meals, and to tidy the kitchen afterwards. Meals for the forthcoming week were planned with people each Sunday. Staff told us they tried to balance the requests people made for meals with planning a nutritious diet.

People received health and social care support from the relevant health and social care professionals. For example, one person was visited by a district nurse visit every eight weeks. The person showed us the mark on their calendar to inform them when the nurse was visiting again, and they explained why the nurse had to come and see them.

Is the service caring?

Our findings

We saw staff and people who lived at Merryfield had positive relationships with each other. We saw a person giving a member of staff a 'high five' when they had completed a task that gave them satisfaction. There was good natured banter between staff and people. For example, one of the staff saw a person's shoe laces were undone. They asked if the person would like them to show them how to tie their laces. The person jokingly replied, "That's what you get paid for!"

When asked people what they felt about staff support, one person said "Staff support you well."

Whilst there was good natured 'banter', this was not at the expense of treating people with dignity and respect. Staff were seen being kind and considerate to people and meeting their needs. For example, one person asked for help with the clothing they were wearing. The member of staff walked with the person to their bedroom to assist them in the privacy of the person's own room.

Care records provided a lot of detail about people's views, preferences and history. They were centred on the person, and focused on what the person could do, to be as independent as possible.

Two of the people we spoke with were happy living at Merryfield. One person told us they were unhappy but when we asked why, it was not because of the care and support provided at Merryfield but because of external factors. A social worker had been informed of the person's unhappiness and had met with them to discuss their concerns. This meant the provider had ensured professionals external to the home had acted as an advocate for the person.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which we saw people used before they went out for the afternoon.

Is the service responsive?

Our findings

During our visit we saw staff were responsive to people's individual needs. The ethos of the provider was people should live their lives at Merryfield as they would in their own home. They explained, "We tried to make it that we're [staff] the guests in their house."

This meant for example, that people got up, and went to bed when they wanted to. When we arrived at 10am one person had eaten their breakfast and was fully dressed, whereas the other two people were still in their bedrooms getting ready for the day.

Each day, staff supported people to do the activities they wanted. One person told us, "I feel like I have a life where I can do my own thing." This person enjoyed riding their bike, having a couple of cans of beer each night, and watching television. Activities, staff supported people to do included, a walk in the park, playing snooker, or eating out. During term time, people enjoyed going to a centre where they played musical instruments, and one person went to

college to participate in a computer course. At the week-end people liked to go and see a film at the cinema. On Sunday people had a roast dinner which they helped staff to cook.

People had their own interests in their rooms. These included CDs, football memorabilia, and one person enjoyed playing a games console. One person was a big Elvis Presley fan, and staff supported the person to go and see an Elvis impersonator in concert.

People were involved in the day to day running of the home. Where possible, people were encouraged to take part in activities such as washing up, cooking and cleaning, in order to retain their independence. People also went food shopping with staff.

People we spoke with felt they could share their experiences or raise concerns to staff. There had been no formal complaints made about the care provided. There were not regular visitors to the home, but staff said friends and relatives were welcome.

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager is also one of the providers of the service. They were not available on the day of our visit, but we spoke with the team leader for the home, and to the other provider. We were told the day to day running of the service was the responsibility of the team leader with the registered manager overseeing and managing more of the office based functions. The registered manager was also registered to manage other services, however, when working, was always available if there were any concerns or issues the team leader required support with.

The provider's office was close to Merryfield and as such the provider encouraged staff to come to the office as part of an open door policy. They told us they saw the staff team frequently when either staff dropped in to the office, or when they visited the home. The people who lived at the home had lived at Merryfield for a long time. The majority of staff who supported them had also worked at Merryfield for more than a year. This meant there was stability in the home with staffing and with the people who lived there.

The staff we spoke with had a good rapport with the team leader. The team leader had undertaken regular audits of records and medicines to ensure they were up to date and correct. Incidents and accidents were assessed to determine whether there were any trends or patterns.

The team leader undertook individual supervision with staff every four weeks. The provider told us that staff were encouraged to approach them with ideas would lead to the improvement of people's quality of life, and if the budget allowed, they would support them. Team meetings were held regularly and minutes were taken. The minutes demonstrated that staff valued the people they supported and wanted the best for them.

Because the home was small, there were no formal mechanisms such as quality feedback surveys. However, people were engaged with staff in informing them of their views, and staff acted on these accordingly. For example, one person had expressed that they did not want to go shopping with another person. Because of this request, the staff ensured that people went shopping separately.