

Hampshire Care Limited

Mercury House

Inspection report

85 Mercury Close
Southampton
Hampshire
SO16 8BJ

Tel: 02380739500

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Mercury House is a residential care home that was providing personal and accommodation for up to three people living with a learning disability or autism.

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- People received a service that was safe, effective, caring, responsive and well led.
- The service had the characteristics of a good service in all areas.
- Systems were in place to keep people safe.
- People's needs were met by suitable numbers of staff who knew them well.
- People received their medicines as prescribed.
- People were protected from the risk of infection.
- People were involved in meal planning and were supported to assist with cooking.
- People were treated with kindness and respect and staff spoke fondly about them.
- People's privacy and dignity was respected.
- People received personalised care which was responsive to their individual needs.
- People enjoyed a range of activities which they chose to do.
- People had support plans in place which covered a range of information about their social histories, preferences and support needs.
- The provider had a complaints procedure in place.
- The registered manager and provider involved people in the management of the service by putting them central to any decisions.

Rating at last inspection:

At our last inspection (report published 5 April 2018) we rated the service as Requires Improvement.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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.

Mercury 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:

One inspector carried out this inspection.

Service and service type:

Mercury House is a service which was originally opened as a respite centre for up to three people who are living with autism and/or learning disabilities. Respite centres offer people temporary accommodation and support for a period of time. However, the service has evolved and some people have made their home at Mercury House but a respite bed was still available.

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:

We gave the service less than 24 hours' notice of the inspection site visit because it is a small service and we needed to be sure that people and staff would be in.

What we did:

Before the inspection we looked at information we held about the service:

- We looked at the last inspection report for the service.
- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections. The registered manager completed the PIR which we looked at before we visited the service.
- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

During the inspection:

- People living at Mercury House were not able to communicate verbally with us. However, we observed that they appeared happy, as they were smiling and communicating with each other.
- We observed interactions between people and the staff.
- We spoke with a staff member, the deputy manager, the registered manager and the provider.
- We sought the views of family members but were unable to speak with them.
- We looked at the care records for one person.
- We looked at other records to do with the running of the service, such as audits and recruitment records.

After the inspection:

- We received feedback from a professional who works with people living at the home.

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.

At the last inspection of January 2018, we found a breach of Regulations 12 and Regulation 19 of the Health and Social Care Act Regulated Activities Regulations 2014. There was not a robust procedure in place to ensure the proper and safe management of medicines or an effective recruitment process in place to ensure staff were safe to support the people they worked with. We served a requirement notice and the provider sent us an action plan detailing what they would do to meet the regulations.

At this inspection the provider had made improvements and was no longer in breach of these regulations.

Staffing and recruitment

- Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- People's needs were met by suitable numbers of staff. Staffing levels were adjusted depending on how many people were living or staying at the service.

Using medicines safely

- Medicines were stored safely and accurate records were kept showing people received their medicines as prescribed during their stay. People were supported with their medicines by staff who were trained and assessed as being competent to do so.
- Where people were prescribed medicines 'when required' there were care plans in place for these medicines which supported staff to ensure people received their medicines in the correct way.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to contact the local authority safeguarding team if necessary.

Assessing risk, safety monitoring and management

- Staff had received fire safety training and fire safety equipment was checked regularly. The provider had commissioned two fire safety companies to undertake assessments and had completed work to ensure fire safety standards were met. This included the replacing of internal doors to fire resistant doors.
- Other safety checks were also completed, for example, on gas and electrical items.
- A personal emergency evacuation plan was in place which identified any support people may need to

leave the building in an emergency.

- Risk assessments were in place which identified possible risks to people living at Mercury House and the action needed to reduce these risks.

Preventing and controlling infection

- The registered manager had improved their knowledge on the prevention and control of infections. They had sought advice from the local authority regarding infection control and was following their guidance.
- Laundry procedures were in place to minimise the risk of cross-infection. Staff confirmed how they supported people with their washing and the procedures which they followed.
- The Food Standards Agency had visited the kitchen in 2017 and had awarded the service a grade five, which is the highest possible rating.

Learning lessons when things go wrong

- The registered manager was open to learning from previous experiences and gave us an example of this. Following the last inspection report, the provider and registered manager had commissioned a consultant to support them in the necessary improvements. Action plans had been written and had been followed.

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 before they moved into Mercury House. Where people moved in without much notice due to an emergency, as much information as possible was gathered initially and followed up soon after they moved in.

Staff support: induction, training, skills and experience

- New staff had completed a thorough induction to the service. The induction process allowed time for staff to learn, reflect and ask questions.
- The provider had a training programme in place which included face to face and on-line training. Staff had completed a range of training which the provider considered to be mandatory, such as, moving and handling, medicines administration and infection control. On-line training covered a variety of subjects and staff completed a test at the end of each course. On completion, staff received a certificate.
- Staff told us that face to face training was provided by an in-house trainer, who was, "really helpful, you can ask questions and we can contact them [with questions]." Staff enjoyed the training and said it was important to keep up to date with any changes.

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

- People were involved in meal planning. Staff used pictures to suggest meals, based on what they knew people liked to eat. Staff would introduce different foods to see if the person liked them. People shopped for food with staff and assisted with meal preparation, if they wished to.
- When people moved into the home, staff worked to create menus based on what food people liked. If a person pushed a meal away, they went to the kitchen with staff to see what else they would like.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked together within and across organisations to deliver effective care and support. This included working with advocates and learning disability social work teams.

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

- The service is a three-bedroom house located in a residential area.
- The house was decorated with neutral colours but when people had stayed at the service for longer than a short break, they had chosen the colours in their bedroom.
- People living at Mercury House service were mobile and did not require any specialist equipment. An additional hand rail had been fitted which made using the stairs safer for people.
- There was a jacuzzi style bath as well as colour changing "sensory" light bulbs in people's bedrooms.

- Where needs were identified for people who had previously lived at Mercury House, appropriate referrals had been made and adaptations put in place.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and ongoing healthcare support when necessary. People were supported to visit the doctor and had access to dentists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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. We found the service was working within the principles.

- Staff received training in the Mental Capacity Act 2005 and staff were aware of their responsibility to deliver care only with the person's consent.

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

- People appeared to be happy during our visit, as they were smiling and interacting with each other and staff.
- Staff spoke about people in a kind and caring way. They enjoyed supporting people living at the home and expressed concern or joy when describing events or how they supported people.
- Staff were supportive of relationships and friendships within the home and outside.
- The provider said their aim was to provide, "A home from home" for people who lived there as well as those who came for a short while.

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

- People were supported to make decisions where they could, for example, people made decisions about whether they wished to see visitors.
- People chose where to spend their time, for example, in their bedroom or in the lounge.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people whilst being mindful of their privacy and dignity, both at home and in the community.
- Staff also respected people's needs to be as independent as possible. For example, public transport was used rather than taxis when people went out.

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.

At our last inspection of January 2018, we found a breach of Regulation 16 of the Health and Social Care Act Regulated Activities Regulations 2014 because the provider did not have a complaints procedure in place. We served a requirement notice and the provider sent us an action plan detailing what they would do to meet the regulations.

At this inspection the provider had made improvements and was no longer in breach of this regulation.

Improving care quality in response to complaints or concerns

- There was a written complaints procedure in place which was available for visitors, including advocates, who could support people to complain. There had been one complaint raised which had been investigated and action was taken to improve record keeping.
- There was a suggestion box in the hall.

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

- People received personalised care which was responsive to their individual needs. People had support plans in place which covered a range of information about people's social histories, preferences and support needs.
- People were supported to undertake activities and socialise with people outside of the home. People went out to the cinema, to the shops or to another town. The registered manager told us how staff had supported people to increase their breadth of interest and abilities to access different aspects of the community. People were supported to access public transport so they could undertake activities further afield.
- People were supported to access the community in ways which were mindful of people's individual needs. For example, if a person did not like crowded areas, they would plan to go out when the area, such as a swimming pool, would be quieter. If people started to become agitated, staff would ensure they changed the plan to reduce the agitation and do something else.
- An outside professional told us the person they worked with had, "settled very well into their new environment, and appears to be happy. I have always found the atmosphere at Mercury House to be friendly and relaxed, where [the person I work with] has been encouraged to participate in daily activities and develop their life skills. Staff have always been welcoming towards my visits and co-operative in providing information requested by me."
- Where people did not communicate verbally, staff understood people's non-verbal communication such as body language. Staff's understanding had developed over time and people had started to use different ways of communicating. Pictures and symbols were also used, which were tailored to the person's needs.
- If people were living with autism, they watched films at the cinema and went to a disco which were "autism friendly" which meant they could enjoy them as they were specifically designed with this in mind.

End of life care and support

- No-one was being supported with end of life care. Where appropriate, end of life choices had been discussed with people who previously used the service. People had also been supported in their understanding and grief when someone they knew died.

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.

At our last inspection of January 2018, we found a breach of regulation 17 of the Health and Social Care Act Regulated Activities Regulations 2014 because quality assurance systems were not effective. We served a requirement notice and the provider sent us an action plan detailing what they would do to meet the regulations.

At this inspection the provider had made improvements and was no longer in breach of this regulation.

Continuous learning and improving care

- The registered manager had a quality assurance system in place which included a range of weekly and monthly audits. Audits included monitoring medicines records, the environment and health and safety. Audits identified any areas which needed to be improved and action was taken.
- The registered manager told us there was a, "continuous cycle and ongoing process of trying to improve the service and what you do for and with service users. Best practice keeps improving."
- The registered manager accessed a number of professional websites and associations to keep up to date with changes in best practice. For example, they used a website run by a national charity for supporting people living with autism.
- The registered manager also attended meetings run by the local authority and a local care association. This enabled them to talk with other providers and discuss good practice.

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

- Staff said the management were open and transparent in their approach. Any issues were raised and discussed openly at meeting so that improvements could be made. Staff could raise ideas which were discussed and actioned if possible.
- The management and staff team understood the importance of honesty and were aware of their duty of candour responsibility. The registered manager recognised that if errors occurred, this, "Helps you to learn and move forward."
- Staff felt supported by the registered manager and provider. One staff member said, "They are both very easily approachable, we can email or call them, they are both easy to get hold of."
- Staff told us, "We work as a team" and that the staff team got on well together.

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

- The management team consisted of a deputy manager, the registered manager and the provider.

- Staff were assigned roles, such as lead support worker, lead for infection control and lead for health and safety. This meant that a named person had responsibility for their role and identified any concerns or actions needed to management and the staff team.
- The registered manager was aware of the need to notify the Commission of any specific incidents or accidents.

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

- People were involved in how the service was run because their needs and wishes were considered before decisions were made. "House meetings" were held where people could give their views.
- Team meetings were held regularly and minutes were kept. The meetings were used to discuss a range of topics, such as people's current needs and actions which staff needed to take to improve every day practice.

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies so that they could support people holistically.
- Health and social care professionals were involved during the assessment process before a person moved into Mercury House and continued as necessary.
- The management and staff team were involved in decision making processes with other professionals, as necessary.