Wolverhampton City Council

# Merryhill House

## Inspection report

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## Ratings

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

## Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced, which meant the staff and provider did not know that an inspection was planned on that day.

This provider is registered to provide personal care and accommodation for up to 35 people. At the time of our inspection 26 people lived at the home. Ten people were provided with personal care and accommodation on a permanent basis. Sixteen people were provided with a respite and rehabilitation service on a short stay basis.

# Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The registered manager told us that the service had been in transition over the last twelve months. The service was moving from a residential care home to promoting short stays to enable people to have respite and rehabilitation before returning to the community.

Some people's diverse language needs had not been fully considered prior to admission to the home. Some people wished to undertake activities and trips which could not be achieved due to a lack of funding. The provider had not ensured consistent planning and delivery of care to meet people's individual needs.

There was enough staff to meet the needs of people who used the service. A high percentage of staff were sourced from external agencies. The provider used additional agency staff to complement its existing workforce to ensure it met the needs of people admitted on a short stay basis, with high dependency needs

Staff received on-going supervision and appraisals to monitor their performance and development needs. One member of staff told us that they had not received regular supervision.

Staff were kind, caring and respectful to people when providing support and in their daily interactions with them. We observed several areas where dignity awareness could be improved for staff.

There were processes in place intended to drive service improvements. The registered manager could not always ensure service delivery improvements due to funding constraints.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints.

We discussed the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) with the registered manager. The MCA and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. No-one who used the service was subject to a DoLS application at the point of our inspection. The staff and registered manager had received training to enable them to follow the legal requirements of the MCA and the DoLS.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with vulnerable people.

**Good**

**Is the service effective?**
The service was not consistently effective.

People could make choices about their food and drink. The majority of people were provided with a choice of food and drink.

Supervision and appraisal processes were in place to enable staff to receive feedback on their performance and identify further training needs. One member of staff we spoke with told us they had not received regular supervision.

Arrangements were in place to request heath, social and medical support to help keep people well.

**Requires Improvement**

**Is the service caring?**
The service was not consistently caring.

People told us they were treated with respect and dignity by staff. We saw some examples of where practice could be improved in this area.

Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

**Requires Improvement**

**Is the service responsive?**
The service was not consistently responsive.

People could raise concerns with the provider but the provider had not always taken account of people's views to improve the quality of care.

People's diverse needs had not been consistently responded to by the provider.

**Requires Improvement**

**Is the service well-led?**
The service was not consistently well led.

**Requires Improvement**

# Summary of findings

The registered manager was not always able to ensure that the service could continually drive service improvement due to difficulties obtaining funding.

The staff were confident they could raise concerns about poor practice and these would be addressed to ensure people were protected from harm.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

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**Detailed findings**

## Background to this inspection

The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection process, we asked the provider to complete a provider information return (PIR). We did not receive this prior to the inspection. We received this on 12 August 2014.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

We used the following methods to inform our inspection judgements: talking to people who used the service, their relatives and friends or other visitors; interviewing staff; detailed informal observations in four dining rooms to observe and gain insight into the experiences of people who were not able to verbally communicate with us; and reviews of records.

On the day of our inspection we spoke with 12 people who used the service and one visiting relative. We also spoke with the registered manager, three members of care staff and a visiting social care worker.

We looked at three people's care plans and associated records. We looked at two staff recruitment files and records relating to the management of the service including quality audits.

Good

# Is the service safe?

## Our findings

We asked people if they felt safe living at the home. One person told us: "Its good living here, I don't know anything about abuse or of people taking advantage of me. That's never happened and I have never seen it happen in here". Another person told us: "I feel very safe". Another person told us: "Staff come and check on me during the night to make sure I'm okay and safely in bed". One relative told us: "Because my relative is prone to falls the staff have put measures into place to help keep my relative safe I'm very pleased about that". Another relative told us: "Once staff called me at home and told me my relative had fallen and re-assured me that my relative was okay."

The staff we spoke with told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding adults and told us of their duty to report information of concern to the registered manager. We looked at training records which confirmed that staff had completed mandatory training in this area. The provider had policies and procedures in place for dealing with any allegations of abuse.

The registered manager and staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. We saw training records which confirmed staff had received training in this area. The registered manager told us he had recently attended training in light of new DoLS legislation to ensure that best practice guidelines were followed.

People we spoke with told us they had equipment and adaptations in place such as hoists and walking frames to reduce the risk of falls and to give people confidence and independence. Where hoists were used, people told us that two carers were always present. One person told us: "When staff shower me they are careful not to hurt me and make sure I'm safe and that I don't fall over" and: "When staff move me they are really careful to keep me safe and that I don't trip over".

During our inspection we looked at three care records which contained risks assessments and the actions staff should take to reduce the identified risks for each person. We found that records contained detailed information on people's health, welfare and social care needs. Staff told us they read people's care plans. They told us they attended handover meetings before every shift to ensure they had up-to-date information on people's needs. Some staff told us it was challenging to keep up with the needs of short stay people as they often were admitted at short notice. This was particularly the case if staff were asked to work on different units. Two members of staff we spoke with were able to give us a detailed overview of people's needs, as described in their care plans.

Where people needed specialist equipment, we saw that the provider had completed risk assessments. These assessments contained detailed information about how staff should use equipment, and guidance for moving and repositioning people, where required. Staff had attended refresher training, and had been subject to spot checks, regular monitoring and supervision to improve staff performance and reduce the risk of unsafe practice.

We asked people about staffing levels at the home. One relative told us: "There are always staff around to meet my relatives care needs, when I come to visit which is most days". Another person told us: "The alarm calls are answered pretty quickly, so no complaints there".

During our inspection we spoke with three staff members. Staff told us: "Staffing is adequate. Staffing levels are monitored. We use a lot of agency staff. They get an induction with the manager". All of the staff we spoke with told us that all shifts were adequately covered.

We found that during a six day period, four agency staff had been working shifts at the home. The registered manager told us this represented a typical week in terms of the numbers of agency staff used. He told us they would prefer to have a stable staff team to ensure consistency of care for people who used the service. He told us he tried to ensure that only agency staff known to the service were on each shift in conjunction with permanent staff. The provider used additional agency staff to ensure the service met the needs of people admitted on a short stay basis with high dependency needs.

Requires Improvement

# Is the service effective?

## Our findings

Most people we spoke with were happy with the skills and competency of staff. One person told us: “They do take care of me because I’m not good on my feet so they make sure that I’m safe by walking with me when I go to another room or to the toilet and things like that” and: “Staff make sure that my medication is given on time, a nurse comes everyday [to support me]”. The majority of people we spoke with reported no concerns about staff competence levels.

Two people we spoke with told us that not all agency staff were consistently familiar with their needs and that sometimes they had to tell agency staff what to do.

We saw that staff had training to provide the care that people required. Training records showed that staff had training in care planning, infection control, moving and handling and dementia care. Staff completed competency based assessments to ensure that they could demonstrate the required knowledge and skills in areas such as medication administration. Staff confirmed that they received adequate training to meet their needs.

Two out of three staff members we spoke with said they had regular supervision to discuss their work and an annual appraisal of their development needs. One member of staff told us that they had not had regular supervision. The provider had ensured that staff could access training and development programmes each year to attain a qualification in care. Staff had completed an induction before working for the service which included agency staff. This included training in safe moving and handling, fire, health and safety, and infection control. This ensured that staff had met the basic training requirements of their role. This was confirmed in staff training records.

We saw that people had an initial nutritional assessment completed on admission to the home and people’s dietary needs and preferences were recorded. The registered manager showed us a template of a new nutritional assessment that the service was due to use. Some people needed a specialist diet to support them to manage diabetes and a soft diet where people had swallowing difficulties.

People told us they enjoyed the food provided and the provider offered choices. One person told us: “The food is good and nice and tasty as well” and: “They ask me what I want for dinner and my tea. There are often two or three choices, and it’s nice and hot and well presented on my plate”. People told us that food and drink was available throughout the day. One person told us: "The food is very nice and we have drinks and snacks during the day and there is fruit if I want some” and: “The meals are good; plenty of refreshments and snacks or fruit are around for me to have if I’m hungry”.

As part of our visit we completed four observations during the course of the inspection in the four separate dining areas. This helped us to better understand the experience of people who could not talk directly with us. In three dining areas we saw where people were independent in eating meals, staff were available if people wanted support, extra food or drinks. We saw people ate at their own pace and were not rushed to finish their meal. We saw that staff checked whether people liked their meals and whether they wanted more food and drink. Staff supported people to eat and drink safely.

In one of the dining areas we observed a member of staff ask a person if they had finished their meal and then took the plate away. The staff member did not give the person encouragement to eat more of the meal. In this one dining room there was little interaction between staff and the people who used the service. We observed staff had not placed drinks on tables to enable people to help themselves or have their drinks replenished as needed.

We saw that people’s care plans included information about their general health. Where people had specific health care needs detailed records were in place describing the level of support they needed and evidenced working in partnership with healthcare specialists.

Staff told us that they attended handover meetings at every shift and shared information about people’s most current needs. We saw that meetings were held every day to enable staff to discuss and record information on people’s changing health and social care needs. One member of staff told us: “It can be difficult to a get a snapshot of new people coming in to the service if you are working on different units”.

People’s care records showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw

Requires Improvement

# Is the service effective?

that the relevant healthcare professional had been contacted to assess their needs. One person told us: "If I need to see my doctor, staff would arrange for her to come and see me".

We spoke to a visiting social care professional on the day of our inspection. They were working with someone to re-enable them back into the community. They told us the person had made good progress and was able to mobilise again and was due to be discharged home. They told us they referred people to the home a lot for respite. They told us the service was flexible in an emergency. They told us the provider sorted out people's medication and access to GPs. They told us that they received feedback that people want to come back to the home and that the carers were lovely.

Requires Improvement

# Is the service caring?

## Our findings

We saw that people were supported with kindness and compassion. People had praise for staff and spoke positively about the care and support they received. One person told us: “The staff are brilliant. One hundred per cent helpful”. Another person told us: "The staff stop and talk to me when they have time” and: “If I’m worried about anything I talk to the staff and they reassure me that everything is okay” and: “It’s a wonderful home to be in. The staff are great and very caring”. Another person told us: “They [staff] talk to me as a person which I do like” and: “The staff are brilliant, very caring and compassionate in the way they look after me” and: “The care is good empathic and compassionate“. One relative told us: “We are very pleased with this care home. The care given to my relative is excellent”.

We saw recently written compliments provided by people and their relatives. One comment read: “Thank you for your kindness and generosity. I really enjoyed my stay”. Another comment read: “I am thinking about how good and kind you were to my uncle during his stay with you”. A further comment read: “Thank you to everyone for all their loving care during my stay”.

Some people told us they were involved in planning their care and most people thought their care plan effectively met their needs. One person told us: “I came here straight from hospital. When I came into this home staff came and talked to me about my care and what I wanted them to do for me”. Another person told us: “They talk to me about the care that I wanted. They do take care of me because I’m not good on my feet so they make sure that I’m safe by walking with me when I go to another room or to the toilet and things like that”. Another person said: “Staff then help me choose what clothes I would like to wear that day. My relatives and the staff are now talking to me about moving into another home but I’ve been here months and it’s nice but they know better”.

We asked people whether they felt their privacy and dignity was respected. One person told us: “When they [staff] bath me they make sure it is in privacy and dignified. They close the doors and things like that. If I have a bed bath they make sure the curtains are closed as well”. “I feel that staff treat me with dignity and respect my privacy. I can get up when I want and go to bed when I want”. We spoke with staff who were aware of the need to treat people with dignity and respect. Staff told us: “I treat people as if they were part of my family. I like to make people feel at ease”.

During our inspection we observed that staff did not always take action to protect people’s dignity. We saw that someone’s used urine bottle was on display in their room for four hours.

During an observation in one dining room, we saw a member of staff put someone’s meal on the table in front of them while sitting in the arm chair. A few minutes later the person said they wanted to sit at the table. The staff member advised the person that they always sat in their chair. The staff member carried on doing their work whilst the person remained in the chair. This practice did not support the person’s right to autonomy, dignity and choice. We discussed our observations with the registered manager who told us he would address these matters.

Requires Improvement

# Is the service responsive?

## Our findings

People told us about the care and treatment they received. One person told us: "Staff are very good here they help me a lot but they will only do things that I can't. Like when I have a shower they wash my feet and back, but the rest I do because staff says that keeps my own independence".

Three people we spoke with told us the provider was not always responsive to their needs. One person said: "Some staff are good others well not so good especially with agency staff but it's not their fault as they don't know me and my needs" and: "We often have different staff from agencies. Trouble is they don't always know what my needs are so I have to tell them". Another person told us: "It's okay here but staff are different to me sometimes as my disability restricts my speech. It seems they don't have the time to spend to listen to me as it takes ages for me to communicate".

People's communication needs were not consistently considered as part of the care planning and delivery by the service. We saw that some people who used the service did not speak English as their first language. One member of staff told us: "It can get frustrating when there is no-one available to support the person with their language needs". Another member of staff told us that on one occasion a person was getting distressed and was unable to communicate their needs. They told us they had to contact the person's relative and ask them to translate the person's needs over the telephone.

The registered manager told us that some staff spoke the languages required by people who used the service. However he could not guarantee that these staff members were on all shifts. The registered manager told us he would request that people's communication needs were considered at the initial assessment stage in future.

No menus were readily available to remind people what they could eat. Some people knew what was on the menu and other people did not know or had forgotten. There were whiteboards in each dining area which displayed inaccurate dates which could lead to further confusion for people with memory impairments.

The provider had not always supported people to follow their hobbies and interests and take part in social activities. One person told us: "I would like more stimulation. People do come and talk to us though". Another person said: "There are not of lot of activities happening in here" and: "There isn't a lot do here it is a bit boring" and: "There are some things to do during the day but not much" and: "About once a month there is armchair activities to exercise our muscles. I enjoy that but not much else goes on in the home. We use to go out and do things outside the home but that's all stopped now but I don't know why". and: "There are some activities that happen but not that often".

One staff member said: "There are not as many activities as I would like. Doing activities is seen as part of our role. We do it when we can. There are some games and activities and sometimes families join in. There are no trips out". Another staff member told us: "Activities are not set in stone if we don't have time. If I have five minutes I will play cards with people. There is a library here. People can take books out".

The provider had not ensured consistent planning and delivery of care to meet people's individual needs. The provider was in breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010: Care and welfare of service users.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person said: "I would speak to the manager if I need to complain or if I had any concerns. We sometimes have unit meetings where we can talk about anything that is bothering us, or about the menu and that kind of thing". Another person told us: "They are good to me but If wasn't happy I would complain to the manager who is very nice" and: "If I was unhappy about something I would speak to the manager or staff. I'm sure we could put it right between us all". One relative told us: "If I had any concerns or needed to complain I would speak to the manager".

Requires Improvement

# Is the service well-led?

## Our findings

The provider obtained feedback from people who used the service through questionnaires. People received a questionnaire at the end of their stay or every year if they permanently resided at the home. The registered manager confirmed that where concerns were identified this was discussed with people. He told us that new menus had been created in direct response to comments taken from people who used the service. We received positive feedback about the choice and quality of food from the people we spoke with.

People told us they attended monthly meetings to discuss matters of importance to them. We looked at the recorded minutes of the meeting for January 2014. One person said that: "They did not want agency staff to support them". The registered manager told us that he tried to ensure this person was not supported by agency staff, but that this was not always possible. We saw that people had requested more activities to take part in. Some people we spoke with told us there was not enough activities or trips for them to take part in.

The registered manager told us about the challenges he faced. He told us that he was not always able to drive improvements as the resources were not always available to meet the preferences of people who used the service to include additional activities and trips. The registered manager told us he had raised concerns about high agency staffing levels with the provider but that this matter had not been addressed. He was aware that some people wanted to have more things to do. He told us that due to funding constraints people's needs could not be consistently met. The provider had sought the views of people who used the service, yet had not consistently responded to the views of people who used the service to improve care delivery.

Staff told us they were informed of any changes occurring within the home through staff meetings. This meant they received up to date information and were kept well informed. Staff told us that there was an open door policy and that they could talk to the registered manager if they had any concerns.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated he was aware of when we should be made aware of events and the responsibilities of being a registered manager.

The registered manager told us that all agency staff were subject to robust recruitment checks before they started working at the home. He told us that agency staff completed an induction and training in medicines management before working at the home. These measures taken were intended to reduce potential risks that may compromise the quality of care provided.

Processes were in place to monitor the quality of care provided. The provider obtained an external 'Gold' award for high standards of infection control in 2013. The registered manager reviewed incidents and accidents to ensure risks to people were reduced. The provider completed monthly audits to include an inspection of the home environment and care plans. These audits were evaluated and where required, action plans were in place to drive improvements.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services<br><br>The registered person had not taken proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—<br><br>(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—<br><br>(i) meet the service user's individual needs to include communication needs, social needs and the need to consistently inform agency staff of people's care needs. |