

# Accomplish Group Limited

# Merstone House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Merstone House is a residential care home providing personal care to up to eight people. The service provides support to older people and younger adults with who have mental health diagnoses. At the time of our inspection there were eight people using the service.

### People's experience of using this service and what we found

People were supported safely by staff who knew them well. People were protected from the risk of abuse by staff who had received training about safeguarding and who understood how to report any concerns. Infection control procedures and measures were in place to protect the people from risks associated with COVID-19.

Staff had received medicine training and their competence was assessed to ensure they were following safe medicine practices. Staff were recruited safely, and pre-employment checks were completed to make sure they were of good character.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was accessible and approachable. The culture of the service was open and inclusive. People and staff felt supported by the leadership within the service. Quality monitoring and governance was effective, and people's views were used to make changes and improvements.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good (published 14 March 2019).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Merstone 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Merstone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 23 May 2022 and ended on 01 June 2022. We visited the service location on 23 May 2022.

We spoke with three people who lived at the service to understand their experience of living at the home. We spoke with four members of staff including the registered manager a senior support worker and two support workers.

We reviewed a range of records. This included three peoples care records and multiple medication records. We looked at staff recruitment arrangements and viewed a variety of records relating to the management of the service. This included the providers policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected from the risk of abuse.
- People told us they felt safe when staff provided them with care and support.
- The provider had policies and procedures in place that enabled any allegations of abuse to be identified and reported to management and safeguarding authorities.
- Staff understood how to identify the signs of abuse and felt confident concerns raised would be acted on. One member of staff told us, "I have had training and understand how to raise any safeguarding concerns, I would feel comfortable to do so."

Assessing risk, safety monitoring and management

- Risks to people were managed safely and people's risk assessments were regularly reviewed.
- People's physical and mental health conditions were included in risk assessments. For example, some people had risk assessments for epilepsy. These detailed what action staff should take if the person had a seizure.
- One person explained they had a history of harming themselves however during the time they had lived at Merstone House the support of staff had helped them to reduce this. They told us "Having staff to talk to about it has helped so much...I'm at peace here."
- The registered manager explained how they had worked with health and social care professionals to reduce the number of times a person was admitted to hospital. They explained guidance had been created of how to manage a situation within the home and symptoms to be aware of which would indicate emergency treatment was required. They went on to explain how working with this guidance had reduced distress to a person and had resulted in less incidents of potentially harmful behaviour.
- Regular testing of fire safety equipment and practice fire drills had taken place. This helped to keep people safe in an emergency.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- There were enough staff to support people safely. One person told us, "There are enough staff, they are always there if I need them." A member of staff told us, "Yes there are definitely enough staff, people are happy with staff and enjoy the time doing activities and going places."
- The service did not use agency staff and had a consistent team of staff. One "I know the staff well, it's important to be able to trust them."
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. People's medicine administration records (MARs) were appropriately completed.
- A person told us they received their medicines when they needed them. Another person told us they were now responsible for administering their own medicines. They went on to say they appreciated that staff checked with them they had taken them, and this helped them to gain confidence in their own abilities.
- Some people had medicines that were prescribed for 'when needed' (PRN). People had PRN protocols in place which detailed how staff would know if the person needed this medicine if they were unable to tell them.
- Staff received medication training and regular competency checks.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Incidents and accidents policies and procedures followed best practice guidelines and ensured the service could analyse any occurrence and learn lessons should things go wrong.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff were positive about the registered manager. A person said, "[Registered manager] is so down to earth I can just sit and chat to her about anything. Even if she's busy she's never short with me, all the staff make time if I want to speak to them." A staff member told us, "The [registered] manager is very approachable, even if she's not here we can contact her."
- The registered manager and staff were dedicated to providing a good, personalised service to people. The registered manager told us they were proud of how they have worked with people to reduce incidents within the home and create a calmer environment.
- Staff told us the registered manager took action to promote the well-being of staff. One staff member told us, "She [registered manager] gives us time talk and help us not feel like we're going home stressed out."
- Staff had access to a senior member of staff via office opening hours and the on-call out of office telephone system.
- The registered manager was aware of and acted in line with the duty of candour requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the service they managed.
- Systems were used to monitor the quality of the service provided. These included audits and spot checks to identify any shortfalls in service delivery. If areas for improvement were identified the registered manager created an action plan and assigned responsibilities to make sure the improvements were made.
- We saw the last inspection rating was on the provider's website and the provider notified us of events concerning for example, safeguarding. This confirmed regulatory requirements had been met.

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

- People worked with managers and staff to develop and improve the service. Monthly keyworker meetings were held. Feedback from these meetings was then used to develop the service.
- The registered manager told us that they had worked with families to establish how and when they would like communication.
- People were asked for their feedback of the service both informally through conversations and through

questionnaires. Satisfaction rates for the care provided were good.

- Staff were encouraged to raise any concerns or worries they may have about the care provided, including whistleblowing. Staff confirmed they would use this process if they needed to and was confident any issues would be investigated.

#### Working in partnership with others

- The service worked well in partnership with other professionals and organisations to make sure people received the support they needed. This included occupational therapists to ensure the environment met the needs of the people who live at the location.