Adelphi Care Services Ltd

Merrington Grange

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 was unannounced and took place on 3 February 2016.

Merrington Grange provides accommodation and personal care for up to 10 people who have a learning disability. On the day of our inspection nine people were living there.

The home had a registered manager who was present for the inspection. 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 felt safe living in the home and the provider had a written policy in place to ensure staff knew how to protect people from the risk of potential harm. Staff had access to risk assessments that told them how to care and support people safely and there were enough staff on duty to meet people's needs. People's prescribed medicines were managed by staff and people received them when needed.

Summary of findings

Staff had access to regular training to ensure they had the skills and competence to care for people and they received regular supervision from the manager. People's human rights were protected because staff were aware of the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguard. People were provided with meals of their choice and staff were aware of their dietary needs. When required people were supported by staff to access healthcare services to promote their health.

Staff were aware of people's care and support needs and this was provided in a sympathetic and caring manner. People's privacy and dignity were respected. People were involved in planning their care and care records were available in a format they could understand.

People were encouraged and supported to be involved in their assessment and to live a lifestyle of their choice. Complaints were listened to, taken seriously and acted on to improve the service.

People were involved in running the home and were supported to maintain contact with their local community. There was a structured management team in place and people and staff were aware of who the manager was. The provider had quality assurance audits in place to monitor the quality of service provided.

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.

People felt safe living in the home and there were enough staff on duty to meet their needs. Risk assessments ensured that staff knew how to keep people safe. Staff managed people's medicines and they received them when needed.

Good

Is the service effective?
This service was effective.

People were supported by staff who had received regular training and supervision and they knew how to protect people's human rights. People had access to meals of their choice and staff were aware of their dietary needs. Staff supported people to access relevant healthcare services when needed.

Good

Is the service caring?
This service was caring.

People were involved in planning their care. Care was delivered in a caring and kind manner and staff respected people's privacy and dignity.

Good

Is the service responsive?
This service was responsive.

People's involvement in their care planning ensured they lived a lifestyle of their choice. People's complaints were listened to, taken seriously and action taken to improve the service.

Good

Is the service well-led?
This service was well-led.

People were involved in managing the home and were supported to maintain links with their local community. There was a clear leadership in the home and quality audits ensured people received a safe and effective service.

Good

Merrington Grange

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 3 February 2016 and was unannounced. The inspection team comprised of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with two people who used the service, five care staff, deputy manager and the registered manager. We looked at two care plans and risk assessments, medication administration records, accident reports and quality audits. We observed care practices and how staff interacted with people.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel safe living here because the staff support me." Staff were aware of how to protect people from the risk of potential harm and told us they had access to a safeguarding policy that told them how and who to share concerns with. Staff knew about relevant agencies to share concerns about abuse or poor care practices. The registered manager was aware of when to share concerns of abuse with the local authority. A record was maintained of safeguarding referrals made by the provider and showed what action had been taken to protect the individual from the risk of further harm.

One person said they were involved in their risk assessment and knew why they needed staff support with activities they undertook. One staff member told us that risk assessments were in place for each activity people were involved in to ensure their safety. Risk assessments were in place to support people with activities carried out in the home and the community. The registered manager said that accidents were recorded and we saw this. Accidents and incidents were monitored to identify any trends. Most incidents related to when people became anxious and unsettled that resulted in them harming themselves or others. Discussions with staff confirmed they were aware of various methods to assist people when they were unsettled to avoid a reoccurrence of them harming themselves. This included redirecting them from the situation that had upset them.

Two people told us staff were always nearby to support them when needed. The manager told us that everyone in the home required one to one support and we saw this level of staffing provided. Staff confirmed there were enough staff on duty to meet people's needs. They said agency staff were used to cover staff absences. The manager said the provider's recruitment procedure included safety checks before staff started to work in the home and this was confirmed by three staff members we spoke with. This ensured staff's suitability to work in the home.

One person said that staff managed their medicines and they received them when needed. They told us that staff had encouraged them to order their prescription and supported them to collect their medicines from the pharmacist. We saw that medicines were stored appropriately and records were maintained to show when medicines had been given to people. Staff had a good understanding of people's prescribed medicines and what they were for. Written protocols were in place to tell staff how to manage 'when required' medicines. These medicines were prescribed to be given only when needed. Staff told us that authorisation would be obtained from the person in charge of the shift before these medicines were given to people. This ensured that these medicines were monitored and managed appropriately.

Good

Is the service effective?

Our findings

One person said, “The staff here are brilliant.” Staff had access to regular training to ensure they had the skills and competence to meet people’s needs. One staff member said, “Training here is fantastic.” Another staff member told us they had been in post for eight months and said, “I am very impressed with the level of training.” A training programme showed what training staff had received and when refresher training was required to ensure staff’s skills were up to date. The manager said that all new staff were provided with an induction and this was confirmed by two staff members who had recently started to work in the home. One staff member said their induction entailed training and working with an experienced staff member until they felt confident and able to work independently. Access to an induction ensured staff had the skills to meet people’s needs.

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. The staff we spoke with were aware of the principles of MCA to ensure people’s human rights were protected. Staff were aware of when a MCA assessment should be carried out to find out people’s level of understanding to make a decision. We saw that the provider had systems in place such as pictures to help people make a decision. Where people lacked capacity to make a decision a best interest decision was made on their behalf and recorded. For example, one person’s liberty had been deprived because they would be at risk of harm if they left the home unsupported. Staff were aware of why the individual’s liberty had been deprived and the support they required to protect them. Another best interest decision had been recorded in relation to a person receiving medical intervention. The manager said that decisions made on people’s behalf were reviewed to ensure they were still necessary and the records we looked at confirmed this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who lived in the home were under constant supervision to ensure they received the care and support they required. The manager confirmed that authorised DoLs were in place to legally provide people with this level of supervision and to deprive their liberty to ensure their wellbeing and we saw these.

Some people required support when they became anxious and upset. Staff told us they had received training that provided them with the skills to use restraint appropriately to protect people and others from the risk of harm. The training programme showed that staff had received training to restrain people safely.

One person told us they did their food shopping and were able to eat what they liked. Another person told us staff supported them to buy snacks they enjoyed. People had access to a choice of meals and pictures of meals were on display to help people select what they wanted. Staff were aware of people’s dietary needs with regards to their health condition and allergies. Staff told us that when necessary people had access to a speech and language therapist (SaLT). One care record we looked at confirmed this. The record also told staff about foods that should be avoided with regards to the person’s health condition. Staff told us people had access to drinks at all times and we saw this but some people were unable to ask for a drink. One staff said, if people were unable to ask for a drink they would be offered one every hour to ensure they had enough to drink throughout the day.

One person said they were able to see their GP when needed and staff had supported them to go to the optician and dentist. Staff told us people had access to other healthcare services when needed. A care record showed that the person had access to a specialist nurse to support them with their health condition.

Good

Is the service caring?

Our findings

One person said, “Staff are nice and kind and they talk to me nicely.” They told us they were involved in planning their care and said, “Staff do listen to me.” They showed us their care plan and explain they needed very little support with their personal care needs. Staff said people were encouraged to be involved in their care planning. People were supported to do so by the use of pictures and Makaton. Makaton is a form of sign language. Where people were involved in their care planning this ensured they received care and support the way they preferred.

Staff had a good understanding of people’s specific care needs and how to support them. We saw that staff were kind and caring. For example, staff talked with people whilst they supported them with their daily tasks. One staff member sat and ate their breakfast with a person and asked them what they wanted to do that day. We saw another staff member reassure a person when they became anxious and unsettled.

One person said staff did respect their privacy and when they wanted to be alone in their bedroom staff respected this. Staff had a good understanding about the importance of respecting people’s rights to privacy and dignity. One staff member said they would not talk about people and ensured their privacy and dignity was maintained when they supported them with their personal care needs. We saw one staff member discretely rearranged a person’s clothing to maintain their dignity. Bedroom doors were fitted with a privacy lock and one person told us that staff did knock their door before entering their room and we saw this.

Good

Is the service responsive?

Our findings

One person showed us their care record and told us they were involved in their needs assessment. They told us that staff had supported them to find a job and to access their local college to learn new skills. A number of people who used the service were unable to tell staff what they needed and we saw systems in place to enable them to communicate and express their needs. For example, flash cards were used so people could point to want they wanted. Pictures of social activities helped them choose what they wanted to do. Photographs of staff showed people what staff were on duty and staff used Makaton to communicate with people. We saw a staff member use a picture card to ask a person to clean their bedroom. Later the person pointed to a picture to show what they wanted to do and they were supported to pursue their chosen activity. People were given goals to meet and we saw certificates to show their achievements with regards to activities and domestic chores they had carried out. A staff member said, "We help people to be independent." Staff said people were supported to maintain contact with people important to them and this was identified in people's care records.

People's complaints were listened to and one person said, "I would speak to the staff if I was sad and they would help me." Another person told us, "I would go to the manager; they will listen and sort things out." We heard this person raise concerns and a staff member and the deputy manager sat and listened and reassured them. Where people were unable to tell staff they were unhappy staff knew by their body language. Staff told us that pictures were used to help people tell them what was wrong and Makaton was also used. People did not have access to a complaint procedure and we discussed this with the manager who assured us this would be looked into. The manager said they had not received any recent complaints but complaints would be recorded and responded to.

Good

Is the service well-led?

Our findings

The provider had audits in place to monitor the quality of service provided. We saw an audit to monitor the cleanliness of the home but found one area of the house was unclean. Staff were responsible for cleanliness of the home but we saw that they were busy meeting people's care and support needs. One staff member said they did not always have time to do the cleaning because of the level of support people required to keep them safe. The registered manager assured us that this would be looked at.

The registered manager told us that an 'end of year manager's report' was completed. The report showed that care plans had been reviewed to ensure they were person centred. It showed that more information was required regarding nutrition. The care records we looked at showed this had been done and information that related to nutrition was detailed.

The report also looked at the frequency of supervision and an explanation was given for gaps. For example, where staff members had not received supervision because they were on leave. Staff were regularly supervised by the manager to ensure they provided a safe and effective service. Regular staff meetings made sure that all staff were aware of changes to the service that may have an impact on people who lived there.

A staff member said, "The management support is very good." Another staff member told us, "The manager does listen to you and there is an open door policy." The management team within the home consisted of a registered manager and a deputy manager. There was a clear leadership and people and staff were aware of who was running the home. We saw that the culture in the home was open and friendly and people were involved in running the home. One person said that meetings were carried out and they said staff did listen to them. The manager told us that quality assurance surveys were given to people and their relatives. These surveys gave people the opportunity to tell the provider about their experience of living in the home. Surveys were provided in a format people could understand. Information collated from these surveys was fed back to people and their relatives. Staff said monthly meetings were carried out and they felt their views were listened to. One staff said they had made a suggestion that more information should be contained in a person's care plan specific to their health condition. They said the manager agreed to do this to ensure all staff were aware of the person's needs.

People were supported to maintain contact with their local community. One person said that staff supported them to go out when they wanted to. They showed us their care record and a plan of social activities within the community that was accessible to them. Staff confirmed that people were able to maintain contact with the local community.

Discussions with the registered manager confirmed they knew when to inform us of incidents that had occurred in the home and when to share concerns about abuse with the relevant agencies. The registered manager was aware of when to send us a statutory notification to tell us about important events which they are required to do by law. However, they were unaware that the Commission should be informed of all authorised Deprivation of Liberty Safeguards. They agreed to send this information to us.