

Alphagrange Limited

Merrivale Farm

Inspection report

Eastwood
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20 February 2017

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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

The inspection took place on 15 and 20 February 2017. The first day of our inspection was unannounced.

Merrivale Farm provides accommodation and personal care for up to eight people who have a learning disability. At the time of the inspection, eight people were living at the home.

The service is required to have a registered manager and there was a registered manager in post when we inspected. 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 were protected from avoidable harm and abuse. Staff understood how to recognise and report abuse, and supported people to raise any concerns about their safety or wellbeing. The risks associated with people's individual care and support needs had been assessed, recorded and plans implemented to control these. The provider involved people in decisions about risks and recognised the need to keep restrictions on people to a minimum. Staffing levels at the service enabled the provider to meet people's individual needs safely and flexibly. The provider followed safe recruitment procedures to ensure prospective staff were safe to work with people. Systems and procedures were in place to make sure people received their medicines safely.

Staff had the knowledge, skills and experience needed to carry out their roles effectively in line with best practice. They received ongoing training, guidance and support from the management team. People's rights under the Mental Capacity Act 2005 were recognised and promoted. People had enough to eat and drink, and their dietary and nutritional requirements were assessed and met. Staff played a positive role in helping people to maintain good health and access healthcare services whenever needed.

Staff knew people well and adopted a caring and compassionate approach towards their work. People's involvement in decisions about their care and support was encouraged and facilitated. People were treated with dignity and respect and their independence was actively promoted.

People received care and support that was shaped around their individual needs, wishes and preferences. Their care plans reflected an individualised approach and were understood and followed by staff. People had the support they needed to pursue hobbies and interests and spend time doing things they found enjoyable. People and their relatives knew how to raise concerns or complaints with the provider, and felt confident these would be acted upon. The provider actively sought people's feedback on the service.

The management team promoted a positive and open ongoing dialogue with people, their relatives and the staff team. People and their relatives found the management team approachable and had confidence in their ability to deal with issues fairly. Staff understood what was expected of them and felt well supported by

the management team. The provider made use of effective quality assurance systems to improve the quality of the service people received.

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.

Staff understood how to recognise and report abuse. The risks connected with people's individual care and support needs had been assessed, recorded and managed. There were sufficient staff to meet people's needs safely and flexibly. People medicines were handled and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience needed to provide effective care and support. People's consent to care and support was sought and their decision-making was supported. People's dietary and nutritional needs were assessed and addressed. Staff helped people to maintain good health and to access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion and had taken the time to get to know them well. People's involvement in decisions that affected them was encouraged by the provider. Staff respected people's rights to privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to their individual needs and preferences. People were supported to spend time doing things they found interesting and enjoyable. People and their relatives were clear about how to make a complaint to the provider, and felt comfortable doing so.

Is the service well-led?

Good ●

The service was well-led.

The management team promoted a positive and inclusive culture within the service. People's relatives had trust and confidence in the management team. Staff benefited from effective management and leadership and felt supported by the management team. The provider made use of effective quality assurance systems to make improvements in the service.

Merrivale Farm

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 15 and 20 February 2017. The first day of our inspection was unannounced.

The inspection team consisted of one inspector.

Prior to our 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. We took this information into account during our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with six people who used the service, four relatives, an Independent Mental Capacity Advocate (IMCA) and a visitor from a UK charity. IMCAs are a specific type of advocate whose role it is to support people who lack the capacity to make some important decisions. We also spoke with the director, registered manager, care manager and three carers.

We looked at two people's care records, two staff member's recruitment records, medicines records and records associated with the provider's quality assurance systems. We also spent time in the communal areas of the home to observe how staff supported and responded to people.

Is the service safe?

Our findings

People told us they felt safe, at ease and well treated at Merrivale Farm. They were clear how to raise any concerns about their personal safety or treatment by others, if they ever needed to. People said they would speak to a member of staff or the management team about any concerns of this nature. One person said, "I would talk to [management team]. They would sort it out for me." Staff understood their role in encouraging people to voice any worries or concerns they may have about their safety or wellbeing. One staff member explained, "They (people) all have a key worker and we go through with them how they should be treated by others." A key worker is a staff member who is allocated specific additional responsibilities for a person living at the home. They act as a point of contact for this person and their relatives.

People's relatives also felt the home provided a safe environment for their family members. One relative described the consistent actions staff took to prevent their family member from accidentally injuring or scalding themselves in the home's kitchen. Another relative told us about the important role staff played in keeping their family member safe around animals and busy roads. A further relative said, "I don't have to worry when [person's name] is there at Merrivale."

The provider had taken steps to protect people from harm and abuse. Staff had been trained in how to recognise and respond to abuse. They understood the different forms and potential signs of abuse, and said they would immediately report any concerns of this nature to the management team. The management team recognised the need to alert the appropriate external agencies to any suspected or actual abuse, in order that this could be thoroughly investigated.

The management team assessed, recorded and reviewed the risks related to people's individual care and support needs. This assessment considered key aspects of the individual's safety and wellbeing, including their health, nutrition, hazard awareness, behaviour support needs and any risk of falls. They developed plans to manage the risks identified and keep people as safe as possible. For example, when helping one person with a particular long-term health condition to shower, staff were required to wear a personal alarm at all times. This enabled the staff member in question to request urgent assistance from their colleagues, if needed, to keep this person safe.

Staff had a good insight into the risks to the people they supported. They told us that communication within the service was good, and that they were kept up to date with the information they needed to keep people, themselves and others safe. We saw staff participated in daily handovers, and that a communication book was used to exchange work-related information between staff. Handover is a face-to-face meeting in which the staff leaving duty pass on important information about people to those arriving on shift.

People and their relatives told us the management team engaged them in discussions and decisions about risks. On this subject, one relative said, "They (management team) always ask me and tell me about those types of things." People's relatives felt the provider took a balanced approach to keeping people safe that recognised people's right to take risks and remain independent. One relative told us, "[Person's name] helps outside in the garden and with preparing food. They're not wrapped up in cotton wool." In the event that

people were involved in an accident or incident, staff promptly reported these events to the senior on duty, and made an appropriate record. The management team reviewed these reports to identify patterns and triggers, and take action to reduce the risk of things happening again. A member of staff explained, "We all sit down and discuss how incidents could be prevented." We saw that reports of changes in an individual's behaviour had resulted in additional training for staff in how best to respond to these behaviours.

People and their relatives felt staffing levels at the service ensured individual needs were met flexibly and safely. One person told us, "I think there are enough staff." Another person said, "They (staff) seem to be quick to help me." A relative told us, "The staffing levels are very good." The management team described how they assessed and monitored their staffing requirements based upon people's current support needs and the day-to-day activities they chose to participate in. During our time at the home, we saw there were enough staff on duty to promptly respond to people's needs and any requests for assistance.

Rather than make use of agency staffing, unexpected and planned staff absences were covered through staff overtime to ensure continuity of care. The service had no staff vacancies at the time of our inspection. All prospective staff underwent pre-employment checks to make sure they were suitable to work with people. These checks included an enhanced Disclosure and Barring Service (DBS) check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions. The provider had disciplinary procedures in place to deal with any concerns around staff conduct towards people once they were in post.

People and their relatives told us staff supported people to take their medicines safely and as prescribed. One person told us, "I take medication every day and they (staff) always give it to me." We saw systems and procedures had been put in place to ensure people's medicines were handled and administered safely and in line with best practice. Medicines were stored securely and the temperature of the home's medicine storage was checked on a daily basis. People received their medicines from trained staff who had been given guidance on the use of individuals' non-prescription and "as needed" medicines. Up-to-date medicines records were kept, and staff knew the action to take in the event of a medication error or refusal. Staff told us they would immediately report any such incidents to the senior on duty.

Is the service effective?

Our findings

People and their relatives felt staff had the skills, experience and knowledge they needed to meet people's individual care and support needs. One person told us, "I think the staff are very good." A relative said, "They (staff) are well trained and very sympathetic to the people they are looking after. They are very aware of the need to stay with them; they're excellent." Another relative told us, "They (staff) are up to the minute on all the latest training and expertise, and they're very experienced." This relative went on to say, "The continuity is fantastic; there have hardly been any staffing changes and the new staff really understand [person's name]."

The management team ensured staff had the training and ongoing support needed to meet people's individual needs, and work safely and effectively. All new staff underwent a formal induction during which they worked alongside experienced colleagues, and were given time to read people's care plans and the provider's policies and procedures. We found the management team lacked awareness of the need to incorporate the Care Certificate within their induction training. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. However, the management team assured us they would bring themselves fully up-to-date with the requirements of the Care Certificate and integrate these into any future induction training. The staff we spoke with felt their induction period had prepared them well for their new job roles.

Following induction, staff participated in a rolling programme of training. The registered manager explained that this programme took into account both the provider's mandatory training and people's specific care and support needs. It included training in emergency first aid, fire safety, moving and handling, diabetes, epilepsy and autism. Staff spoke positively about the benefit of their training with the provider to date, and felt able to request additional training as needed. One staff member described how their fire safety training had given them the confidence to handle any emergency evacuations at the home. We saw the management team kept staff training needs under review, and had a training plan in place for the coming year.

Aside from formal training, staff described the ongoing support they received from the management team with whom they worked closely. One staff member said, "We're in touch with management all the time. If we have a problem we bring it up with them at the time." Staff participated in regular one-to-one meetings with the registered manager, which they found beneficial. One staff member explained, "[Registered manager] will ask me if I want to do any different training. We have a general chat about whether they are happy with my work and if I'm happy with the way things are going." The management team also provided 24-hour on-call management support to respond to any urgent requests for support or guidance from staff.

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. People can only be deprived of their liberty so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People and their relatives told us staff respected people's right and ability to make their own decisions, helping them to make informed choices. One person explained, "I feel in control and I make my own decisions." During our inspection, we saw that staff asked people's permission before assisting them with specific tasks, such as eating, and respected people's choices.

We found the management team and staff had an appropriate understanding of what the MCA meant for their day-to-day work with people. One staff member explained, "If someone can't weigh up whether they should have surgery, for example, the decision is made in their best interests and recorded. It's about getting the right people involved." Another staff member said, "We guide them (people) in their decision-making, but respect their choices." One person's Independent Mental Capacity Advocate (IMCA) praised the manner in which the management team had proactively sought out their advice in relation to the assessment of capacity and best interests process, adding, "They (management team) have been very open and honest and concerned to do the right thing."

In the care files we looked at, we saw examples of mental capacity assessments and best-interests decision-making involving people's relatives and relevant health and social care professionals. These decisions related to the use of specific restrictions within the home's environment to keep people safe, and proposed medical interventions to address specific health concerns. The management team had also assessed whether anyone was being deprived of their liberty at the service. On this basis, they had made a DoLS application for one of the people living at the home, which had been granted by the local authority. The provider was meeting the conditions set out on this individual's DoLS authorisation.

People were supported to have enough to eat and drink, and to maintain a balanced diet. People and their relatives complimented the provider on the quality of the food and drink on offer. One person told us, "The food is very nice and lovely; it's first class." Another person said, "The food is very good. I like the macaroni cheese and the rice pudding. I also do cooking sometimes." A relative explained, "I've seen the meals and [person's name] is well nourished." A visitor from a UK charity told us, "They provide good home-cooking from what I see." We saw staff helped people to grow and harvest their own vegetables in the home's garden.

Staff created the weekly menu based on what people said they wanted to eat and their known preferences. People told us they had plenty to eat and drink, and that they could choose an alternative if they didn't want what was on the menu on a given day. One person explained, "I say if I don't like it, and I'll have something else."

The management team individually assessed, monitored and put plans in place to address people's dietary and nutritional needs. This assessment took into account any special diets associated with individual's long-term medical conditions, such as diabetes, and any physical assistance needed with eating and drinking. We saw mealtimes at the service were flexible, relaxed and unhurried. One person required one-to-one support from staff to eat comfortably, and this was provided in a patient and sensitive manner.

People described the support they received from staff when they were unwell or in pain. One person told us, "I tell them (staff) if I'm unwell, and they make an appointment for me." Another person said, "They (staff) help me see a doctor when I'm unwell – in Ledbury usually." People's relatives talked to us about the

important role staff played in helping their family members stay healthy and keeping them up to date with any changes in their health. One relative praised the manner in which staff monitored a recurring health problem affecting their family member. This person explained, "As soon as it starts playing up, [person's name] tells staff and they take him straight to the doctor." Another relative described how, for the first time, their family member was now attending all routine health appointments and check-ups with consistent support and encouragement from staff. Where staff were required to monitor and manage people's long-term health conditions, such as epilepsy and diabetes, they had been given appropriate training to do so and maintained appropriate associated records.

Is the service caring?

Our findings

People told us they liked the staff and that staff treated them well. One person said, "They (staff) are very kind and friendly; they're all good. I can't really fault them." Another person told us, "They (staff) are very helpful, kind, friendly and sensible. They're very good to me." People's relatives felt the management team and staff treated their family members with kindness and compassion. They told us staff had taken the time to get to know their family members as individuals. One relative told us, "I think they (staff) genuinely care. [Person's name] also really likes [management team] and can say anything to them." An IMCA said, "They (staff) are definitely genuinely caring; I've no doubts whatsoever about that. They have got to know [person's name] very well in terms of understanding their behaviours and meeting their care needs."

The staff we spoke with demonstrated a clear insight into people's personalities, needs and their preferred ways of being supported. They were able to talk about individuals' hobbies and interests, and the people who were important to them outside of the home. During our inspection, we saw people were comfortable and at ease in the home's environment. They chatted freely with staff, and did not hesitate in making requests of staff or the management team. Staff took the time to listen to people and responded to them in a polite and professional manner.

The provider supported people to be involved in decision-making about their care and support. They encouraged people to attend any formal care reviews held with external health and social care professionals. When reviewing people's assessments and care plans, the management team involved and discussed any changes with people. The key workers helped people to complete their own monthly review of their care and support. As part of this, people were encouraged to reflect on their activities and accomplishments in the preceding four weeks. Staff organised regular service user meetings to give people a further opportunity to be involved, as a group, in decisions that affected them. People were also invited to complete an annual feedback survey, which prompted them to comment on important aspects of their care and support. We saw the management team reviewed the feedback people gave on these surveys. The management team informed us they would assist people to access independent advocacy services if they needed help to make any specific decisions. At the time of our inspection, one person was receiving support from an IMCA.

People's relatives told us staff respected their family members' rights to privacy and dignity. One relative described how staff always spoke to their family member in a polite and respectful manner, adding, "[Person's name] has always been treated perfectly well." Another relative talked about the steps staff took to ensure they were able to spend quality time, in privacy, with their family member when visiting them at the home. People's relatives confirmed they were able to visit their family members without any unnecessary restrictions.

The staff we spoke with recognised the importance of protecting people's personal information, and treating them in a dignified and respectful manner. We saw the provider had given staff guidance on the importance of confidentiality at work. Staff gave us examples of the kind of things they did on a day-to-day basis that demonstrated their awareness of people's rights. These included giving people choices and

personal space, respecting their wishes, knocking on their bedroom doors before entering and protecting their modesty during personal care. We saw the provider placed an emphasis people's independence and their ability to share responsibility for a range of household tasks. During our inspection, we saw people involved in, amongst other things, household cleaning, gathering wood for the bonfire, bringing in coal, composting and caring for plants. People spoke to us about their contribution in these areas with pride and enthusiasm. On this subject, one person told us, "I work at the stables and do gardening. I also get the coal in from the bunker for the fire, do the hoovering and wash and dry up sometimes."

Is the service responsive?

Our findings

People told us they had a happy life at Merrivale Farm, and received care and support that was right for them. One person said, "I have a nice lifestyle. I wouldn't be here if I wasn't happy and contented. I reckon Merrivale is heaven on earth." People talked enthusiastically about the different ways in which they spent their time doing things they found interesting and enjoyable. One person told us, "They (staff) take me shopping and to get toy cars. I like going to college and helping out in the greenhouse to see how the plants are getting on." Another person said, "I work in the garden - sawing wood, edging, raking up the leaves and mucking the stables out. I also like reading and listening to music. I'm never bored." People explained that staff helped them to stay in contact with friends and relatives outside of the home by, for example, arranging home visits and helping people with telephone calls.

People's relatives also felt the care and support provided was shaped around their family members' individual needs and preferences. They told us the provider encouraged them to be involved in assessments and care planning to ensure their family members received personalised care and support. One relative explained, "They (management team) involve me fully. I'm invited to all care reviews." People's relatives praised the support staff gave people to participate in a wide range of activities on site and in local community. One relative told us, "[Person's name] has a stimulating life. They're well occupied at Merrivale." Another relative said, "[Person's name] goes swimming and everywhere now. They've done more in the last two years than they ever have."

People's care files reflected an individualised approach towards assessment and care planning. They contained information about people's personal backgrounds, interests and preferences, in addition to their individual care and support needs. People's care plans took into account important aspects of their care, including their health and wellbeing, communication needs, personal care, daily living skills and support with relationships. The information in people's care plans was kept under regular review by the key workers and management team, to ensure it remained accurate and up to date. Staff told us they were given time to read and understand people's care plans, and they demonstrated good insight into these.

People and their relatives were clear about how to raise any concerns or complaints with the provider. People told us they would approach the management team or a member of staff. One person told us, "If I've got a problem, I go to one of the staff. They help me with it." Another person said, "I'd talk to [key worker]. They would help me." People's relatives said they would not hesitate in contacting the management team with any such issues, and had confidence they would be listened to. The registered manager informed us they had not received any complaints about the service to date. We saw the provider had developed formal procedures to ensure any concerns or complaints were handled, investigated and responded to in an appropriate manner.

People's relatives felt the management team welcomed any feedback they had to give on the service. They described how their open, ongoing dialogue with the management team enabled them to put forward their views and suggestions at any point. We saw the management team distributed feedback surveys to people, their relatives and the health and social care professionals involved in people's care on an annual basis. All

feedback received was analysed and, if necessary, acted upon by the management team.

Is the service well-led?

Our findings

People, their relatives and the staff we spoke with described an open and inclusive culture within the service. People knew the management team well, and had confidence in their ability to help them with any problems they may have. During our inspection, we saw that both the management team adopted a hands-on approach, working directly alongside their staff. People's relatives told us they had a positive relationship with, and trust in, the management team. They praised the manner in which the management team kept them up to date about their family members' health and wellbeing. One relative explained, "If there were any concerns, [director] would be the first to get on the phone to me." People's relatives felt the management team operated in an open and transparent manner, and had confidence in their ability deal with issues in fair manner. They felt involved in the service and listened to by the provider. One relative said, "They (management team) include you and make you feel very welcome."

In promoting open and inclusive ways of working, the management team had also taken steps to strengthen their links with the local community. They had organised open events at the home over the Christmas period and planned to invite the local community to a garden party at the home this summer.

Staff also spoke very positively about the management of the service. They felt they were valued members of a positive and cohesive team that included the director, registered manager and care manager. One staff member explained, "I love working here; we are all one big family. You are asked for your opinion and everyone's opinion counts. I know what I do is appreciated." Another staff member said, "This is one of the best jobs I've ever had. There is no management bickering. We're all part of a working team." All of the staff we spoke with expressed enthusiasm about their work at Merrivale Farm and were clear what was expected of them.

Staff had confidence in the management team's willingness to listen to them, and to act on any issues brought to their attention. They felt comfortable about challenging any decisions taken by the management team, if necessary, and understood the purpose of whistleblowing. One staff member told us, "They (management) are all approachable and they listen to what you say. If there was an issue, I know for a fact that I could go to them and that they would deal with it in an appropriate manner." Another staff member said, "They (management) are really responsive. If we need something, they will get it sorted for us." This staff member went on to describe how the management team had acted on their suggestions to produce people's care plans being produced in a more user-friendly format. The management team had a set a specific aim and objectives for the service that centred upon giving people a good quality of life. Staff had a sense of shared purpose with the management team. One staff member explained, "What I want for the people who live here [management team] also want."

During our inspection, we met with the registered manager of the service. They had a good understanding of the duties and responsibilities associated with their post, and provided effective leadership and management to the staff team. They had not told us about the outcome of a DoLS application made for one of the people living at the home, due to an oversight on their part. However, based upon our discussion with the registered manager, we were assured that, moving forward, they would submit notifications in

accordance with the requirements of the registration with us. Statutory notifications ensure that the Care Quality Commission (CQC) is aware of important events affecting the people who use services, and play a key role in our ongoing monitoring of services. The registered manager spoke positively about their working relationship with the director, and felt they had the support and resources needed to make improvements in the service.

The management team carried out regular audits and checks to assess and monitor the quality of the service provided. These included medicines audits, health and safety audits, staff training audits, the distribution of feedback surveys. These quality assurance procedures had enabled them to identify, and put plans in place to address, the need for improvements in staff training and additional space for on-site activities. The management team explained how they kept themselves up to date by reading care publications, attending further training and networking with other providers. This enabled them to measure the quality of the service against current best practice.