

# Innovations Wiltshire Limited

## Merlin's Barrow

### Inspection report

10 George Lane  
Marlborough  
Wiltshire  
SN8 4BT

Tel: 01672515747

Date of inspection visit:  
14 January 2016  
15 January 2016

Date of publication:  
24 March 2016

### 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

Merlin's Barrow is a care home which is part of Innovations Wiltshire Limited and located in the town of Marlborough. It is registered to provide personal care for up to four people with a learning disability. The home is a detached house situated in a residential area.

The inspection took place over two days and was announced a day before the inspection. The provider was given 24 hours' notice because the location was a small care home for adults with learning disabilities who are often out during the day; we needed to be sure that someone would be in.

The service had a registered manager. 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. The registered manager told us they neither worked at nor managed the service because the service was managed by a home manager. The home manager was in the process of applying to be the registered manager.

People living at Merlin's Barrow described it as their home and each person's bedroom was decorated to their own taste. The home had a busy, happy atmosphere with people helping out in the household, for example laying and clearing the dining table.

People were able to tell us about their care and said how happy they were with the staff. People told us they felt safe living at Merlin's Barrow. We saw people were well cared for and relaxed in the home. They were confident to ask staff for help and staff responded with kindness, humour and warmth. Everyone at Merlin's Barrow spoke positively about the staff and living at the home.

Staff had a good understanding of how to keep people safe and was aware of their safeguarding responsibilities and showed positive attitude towards this.

Peoples' medicines were managed and administered safely. Medicines were stored safely in a locked cabinet in each person's bedroom. The premises were clean, tidy and well maintained.

People were assisted to go out into the community to enjoy leisure time and also to attend health appointments. Some people told us they did voluntary work locally. People had their own personalised care plans with associated risk assessments and positive behaviour plans were in place where needed.

We observed that people were given choices and consulted about their care. Relatives said they were kept informed by staff and felt welcome at the home.

There was a complaints procedure in place. The service had not received any complaints since the last

inspection on 3 January 2014. Management completed monthly audits to identify any issues or learning needs, which required improvement.

Staff members said they were well supported and felt valued by the management team. There was a sufficient number of staff to meet people's individual needs.

## 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 ●

This service was safe.

People were safe because they were protected from avoidable harm and potential abuse. Staff had an awareness and understanding of the signs of abuse. They felt confident any concerns raised would be taken seriously by the management team and where necessary acted upon.

Staff managed situations in a positive way to protect people's dignity and rights. Where people displayed behaviour that maybe seen as challenging, positive behaviour support plans were in place to offer staff guidance on how best to support the person.

People's medicines were stored securely. People received their medicines safely and as prescribed.

### Is the service effective?

Good ●

This service was effective.

Staff told us they felt supported. There were arrangements in place for staff to be able to discuss their work performance, training requirements and any concerns they had. Staff received regular meetings with their line manager.

Staff and managers had an understanding of the Mental Capacity Act (2005). People were always asked for their consent before any care or support was provided by staff.

People's health needs were constantly reviewed. Where required the service engaged with the relevant health and social care professionals.

### Is the service caring?

Good ●

This service was caring.

People felt they mattered and staff listened and talked to them in a kind and compassionate way.

Staff communicated effectively with people. Staff spent time with people and had a genuine interest in their wellbeing.

Staff provided support in ways that protected people's privacy.

### Is the service responsive?

Good ●

This service was responsive.

People received personalised care that was responsive to their needs. People were involved in their care planning and were supported to follow their interests.

People's changing care needs were identified and care plans updated to reflect this. Staff were informed of any changes with people's care needs in a daily handover.

### Is the service well-led?

Good ●

This service was well-led.

The provider and registered manager had systems in place to monitor the quality of service.

The registered manager was supported by a home manager who was responsible for the day to day running of the home.

Staff felt well supported by their manager and was clear about what was expected of them.

# Merlin's Barrow

## 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.

One inspector carried out this inspection which took place on 14 and 15 January 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults with learning disabilities who are often out during the day; we needed to be sure that someone would be in.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with four people who use the service and two relatives about their views on the quality of the care and support being provided. We also had discussions with the registered manager, home manager and owner of the service. We spoke to three members of staff.

People living in the home were able to tell us what they thought of the service. We observed the care provided to people who use the service to help us understand their experiences. We looked around the premises and observed care practices throughout the day.

We reviewed two care plans and their associated risk assessments and records. We analysed three staff recruitment files plus training, supervision and appraisal records. We checked documents including audits, and menus. We read some of the records made when one shift of staff 'handed over' to the following shift plus the staff communication book, and the daily records made by staff. We also checked cleaning schedules, surveys, policies and procedures, medication records, activities recording, and staff rotas. We also reviewed incident and accident reports.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said "It is good and safe".

Staff had a good understanding of how to keep people safe for example staff told us they would talk to people about "stranger danger" and how to stay safe when they had a boyfriend.

Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example the provider had carried out risk assessments in relation to accessing the community. Staff told us that risks assessments were very much about enabling a person to do something safely rather stopping people from taking part in activities. One staff member told us people were allowed to make mistakes. Another staff member told us it was about balancing risk and choices.

When people had accidents or incidents these were recorded and monitored to look for developing trends. For example incident sheets were completed when a person using the service hit out at staff. Management told us these incident sheets were analysed by them to look for any triggers to the behaviour and to help them develop plans to manage their distress and anger.

Occasionally people became upset, anxious or emotional. People were able to say how to best support them when getting upset or angry and this was recorded in their personal file. One person who had communication difficulties had a positive intervention plan, which used replacement activities such as housework, playing on the ipad or organising magnet pictures for distraction. Staff told us one person regularly got angry and the person had a behaviour support plan in place. We observed staff managing an incident by moving away from the person to give them space for calming down.

Peoples' medicines were managed, administered and stored safely. Staff told us they did a medicines check once a week to ensure there was no out of date medicines. The home manager also told us that medicines which needed to be kept at a certain temperature, for example the fridge, would be kept in a locked container in the fridge.

Measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which staff and people followed to ensure all areas of the home were appropriately cleaned. People took part in the cleaning and we observed one person doing the hoovering in the lounge area. Staff told us they were aware of infection control procedures and used personal protective equipment (gloves and aprons) when providing personal care. Staff told us if they did have an outbreak of an infection, they would isolate the person and provide food and drink in their bedroom.

There were sufficient staff to meet people's needs and promote their independence. Staff told us they were a small team, but people had the continuity of having the same staff. The registered manager and home manager told us they were fortunate to have very responsive and flexible staff. In case of sickness and leave absence, the home manager also had access to a small group of bank staff.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Personal Emergency Evacuation Plans (PEEPS) had been completed for people using the service and these took into consideration people's support requirements during a fire evacuation. There was a separate emergency evacuation file which staff could access and a fire lead ensured all new staff was aware of the fire procedures. The fire alarm was tested once a week and a fire drill was completed every 6 months. One person told us they knew what to do in a fire drill and told us where they would go during an evacuation. We observed that fire doors were used appropriately and that fire extinguishers were located around the home.

The service followed safe recruitment practices. Staff told us staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.



## Is the service effective?

### Our findings

People were supported to have enough to eat and drink. We observed people freely accessing the kitchen, making their own drinks and getting snacks from the cupboards. People told us they had a choice in what they wanted to eat at mealtimes. People met with staff to create a weekly menu for their evening meal, with the choice of their favourite meals. For example one person told us they liked fish pie, meatballs, curry and bolognaise. They would have the opportunity to cook their favourite meal with a member of staff present to support on their allocated day. Staff told us where people did not like the meal, an alternative would be offered. We observed people actively involved in mealtimes, for example preparing salad for lunch, laying and clearing the table and putting dishes in the dishwasher.

Nutritional needs were identified and monitored, for example one person was losing weight and referred to the general practitioner and dietician. The person subsequently was diagnosed with Coeliac disease and was now on a gluten free diet. Staff managed this by ensuring the person's gluten free food was kept separately from the other people's food in the house to minimise the risk of cross contamination. Staff also supported the person to manage this new diet by ensuring there was sufficient gluten free foods available. Staff told us the person loved to get a portion of chips from the local shop and felt upset that they could no longer have this. Staff supported the person through looking at alternatives. Staff told us they joined Coeliac UK to get as much information and advice to be able to support the person more effectively.

Staff told us they supported people to see a health professional such as a doctor or dentist when they needed to. Contact with health professionals were recorded in people's records which showed people's day-to-day health needs were met. There was good communication between staff during handovers. There was a diary where health appointments were recorded. It was also evident from care files that people were referred to relevant professionals such as Speech and Language Therapy. On the day of the inspection we observed staff noticing one person's ear was red. They discussed it with the person and acted on this by contacting the doctor's surgery and accompanying the person to their appointment the same day. It was evident that staff understood people's health needs and they also had health action plans in place. Health action plans hold information about the person's health needs, the professionals who support those needs, and their various appointments.

The registered manager and home manager made sure that the needs of people were consistently met by staff who had the right skills, knowledge and experience. Staff received a thorough induction which included shadowing an experienced member of staff. One staff member told us the induction had supported them to carry out their roles and responsibilities correctly. Care staff had the skills and knowledge to support people effectively and this was supported by core training they had completed, such as mental capacity, food hygiene, safeguarding, moving and handling and more specialists training such as understanding autism. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. One staff member told us she had experience in horse riding, which was beneficial to people using the service and loved horses as she was confident and able to take them horse riding.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 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).

Staff demonstrated a good understanding of supporting people to make choices. Staff were aware that some people lacked the mental capacity to consent to their care and treatment. They showed an understanding that people should still be encouraged to make decisions and choices about their daily living. We saw evidence of this recorded in the daily records. Staff further explained people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. We observed staff sought permission from people before undertaking any care or support.

Where people did not have the capacity to make decisions for themselves, mental capacity assessments were in place and decisions made in the person's best interest were documented to show who had been involved. For example one person lacking capacity needed dental surgery and was not able to consent to the surgery. Therefore a best interest decision had to be made. We saw evidence of a best interest discussion with the dentist recorded and staff told us that a formal best interest meeting with the relatives and the community team will be held.

During the inspection, the registered manager told us where needed they have made applications for DoLS authorisations. We saw evidence that an application had been submitted by the provider to the local authority and they were awaiting a response.

## Is the service caring?

### Our findings

We asked people if they were happy with the care they received. One person told us they were very happy and the best part of her day was to see staff member X. Another person told us it was like a family home. One relative we spoke to said "When Y visits us at home; she is always very keen to return to Merlin's Barrow, which she says is her home."

People could move freely around their home and could choose where to spend their time. People had their own bedrooms, which they decorated to their taste with all their personal belongings. We observed people going to their bedrooms when they wanted to or spending time in the lounge.

Staff knew people's individual likes, dislikes and preferences. For example one person didn't like to clean their teeth, but liked soft toys, so staff used the toys as a prop to get the person to clean their teeth. Staff also knew people's communication skills and abilities well. One person was not able to verbally make their needs and views known, however staff told us the person would use sign language or will point and lead staff to what the person wanted. Some staff was trained in Makaton signing (using signs and symbols) and also used Widgit, which uses pictures and symbols to aid communication.

We observed staff talking to people in a caring and respectful manner, for example asking a person in a kind voice "Why are you so angry today?" Another person was upset and we saw a staff member comforting the person. People seemed comfortable and happy around staff and we observed them approaching staff for example telling a staff member of a problem they had. One relative we spoke to said "Staff are brilliant and very supportive. We couldn't ask for more".

People were very much involved in their own care planning and decision making. We saw that people signed their care plan to say they agreed with it, except for one person who was unable to sign. There was constant interaction between people and staff. People told us they had regular meetings with their keyworker and there was a weekly house meeting where people had the opportunity to make shopping lists, choose menus or plan activities they would like to take part in. We also observed a staff member involving a person in making a decision about the collection of their prescription. The staff member explained what needed to happen, but gave the person the choice to accompany them to collect the prescription.

Relatives told us they were involved in the planning of their family members care and support. They said that each year they were invited to a review where they could express their views on the care and support being provided. One relative told us they were due to attend an annual care review held by Wiltshire Council. The home manager also completed 6 monthly reviews and we saw evidence of care plans updated in people's care files.

## Is the service responsive?

### Our findings

People and their relatives were actively involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines were specific to each person. Speaking with staff they told us they knew people very well and gave the example of one person who liked to have a long walk every day. Staff would ensure the walk would be incorporated into that person's day. Staff recognised that another person very much liked to be independent and have their own space. The person was able to go out unaccompanied to the gym or activity of their choice.

People told us they had a keyworker and looked forward spending time with them. A keyworker is a named member of staff that was responsible for ensuring people's care needs were met. Having a keyworker provided people with continuity in care and people had the opportunity to build trusting relationships with their key worker. Relatives we spoke to said keyworkers were proactive in identifying any change in the person's health and would make the necessary health appointments. The relative gave an example of their family member struggling with their weight and that the keyworker had made a health appointment to address this issue.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, such as horse riding or swimming, and staff provided support as required. Some people completed voluntary work in town for example one person worked in a charity shop and another person in a coffee shop. People could go into town if they wished to do so or go to the cinema. Staff told us the activities didn't always have to be planned, but people could also make spontaneous choices. People didn't always have to do the same thing. Staff told us the service had access to a car, however two members of staff who could drive, had recently left. People were restricted to using public transport at present. One relative told us they thought staff had managed this well as their family member was still accessing activities of their choice.

Staff was proactive and made sure that people were able to keep relationships that matter to them, such as family, community and other social links. Records contained the information staff needed about people's relationships and family background. People told us they had friends visited and their relatives regularly came to the house. People also regularly visited their family homes. On the day of the inspection people told us they were going to a birthday party of a friend. We observed staff talking to them about the party and planning what they were going to wear. People also had the opportunity to go into town to buy the person a present.

Handover information between staff at the start of each shift ensured that important information about people was known, acted upon where necessary and recorded to ensure people's progress was monitored. We observed staff updating the home manager on the outcome of a doctor's appointment for one of the people and also saw staff recording in the daily records.

The home manager told us people would say if they were unhappy or had any complaint. Where people

were not verbally able to do so, the manager felt confident that they would identify a concern by the person's body language or gestures. People we spoke to confirmed that they would talk to staff if they had any worries or concerns. Speaking to relatives they told us they had more immediate dealings with the home manager and would feedback any concerns. They felt they had very little contact with the registered manager. One relative we spoke to suggest a newsletter from the registered manager to keep relatives informed. This was fed back to the registered manager and they are in the process of looking at different ways of keeping relatives informed. The home manager told us they were developing a compliment and complaints book for relatives, which will be kept in the home for them to provide their feedback on the service. There have been no complaints about the service since the last inspection 3 January 2014.

## Is the service well-led?

### Our findings

The service had a registered manager who worked closely with the home manager; however the home manager was responsible for the day-to-day running of the home. The home manager was also responsible for another service, but staff told us the manager had a strong presence in the home and was always available. The management team told us they want their staff to be motivated and be happy at work. They said "It shouldn't just feel like a job, but a nice place to work."

The registered manager told us they had a vision of supporting people with complex needs to ensure they were not locked away, but had opportunities to be part of a community without standing out. Management said they were always looking for ways to improve. For example they are in the process of transferring their policies and procedures onto electronic versions, which would be more accessible to all staff on a central server. This would also improve the way policies and procedures are updated and reviewed, ensuring staff had up to date information for best practice.

Staff told us they had regular team meetings and communication between them and management was open and transparent. Staff said they were confident to raise any concerns and felt this would be acted on. Staff told us they were aware of the whistleblowing policy. The management team encouraged staff to make their views known. The registered manager said "We don't like the thought of people not wanting to come to work because they were unhappy."

People's experience of care was monitored through a customer satisfaction survey, which was completed with the person and their keyworker once a month. People could indicate how they felt about things by choosing a happy, neutral or sad face, for example to check if staff supported them with things they wanted support with or if their privacy was respected. Any feedback from the customer surveys were analysed by the management team and addressed if any concerns or requests were identified.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The management team completed regular audits of the service. These included managers completing a visual audit of the service once a month to look at specific themes such as risk assessments, care plans, infection control and manual handling. The management team would evaluate these and create action plans for the home to address any issues identified. The registered manager told us they also test staff's knowledge of certain themes, for example mental capacity. The management team would walk around the home with questions on a flashcard to identify staff's understanding of the subject and identify learning needs.

The provider also sent out quality assurance questionnaires for families and carers for their feedback. The information was analysed by the provider's Research and Development manager. Some comments left by relatives, included "We are very lucky to have such good and committed staff" and with regards communication "Not really happy as only information I receive is via Merlin's Barrow and not management." The registered manager told us they are looking into ways of improving communication. Relatives told us they knew who to talk to if they had a complaint and there were complaints procedures in

place.

The registered manager had recognised the challenges of providing the best quality care with the financial resources available to them. For example people using the service usually go on holiday once a year to a place of their choice, but funding from the local authority was limited. The registered manager told us the provider had to contribute to the majority of the cost to ensure holidays could continue as people looked forward to it.

People had been supported to maintain links with the local community and people told us they regularly go out into the community, for example doing their weekly shop at the supermarket or they were involved in raising money for Children in need by baking and selling cakes. The provider was also very active in the community, for example by sponsoring community events, putting up lights for Pewsey carnival and helping local schools with improvements to their playgrounds.