Serincourt Limited

Merlin Park

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 took place on 5 November 2014. It was unannounced.

Merlin Park is a residential care home which does not provide nursing care. It is registered for 25 people, and at the time of our inspection was fully occupied. Twenty-three people were living with dementia and two had a mental health condition. People were accommodated on two floors. Shared areas comprised a dining area, a television lounge and a quiet lounge. There was an enclosed garden which was accessed from the television lounge.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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's relatives were confident their loved ones were safe and well looked after. They said staff were "up front and honest with us". They told us they always found the home to be clean and well maintained and there were enough staff to support people safely. We found people were protected against the risk of avoidable harm and abuse, and against risks associated with medicines.

People told us they were happy to be living there. They were supported effectively by caring and competent staff. They were satisfied with their rooms and with the food. Care and support were provided with people's consent or appropriate processes were followed where people lacked capacity to make specific decisions.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which apply to care homes. We found the provider had suitable procedures in place to safeguard people against the risk of being unlawfully deprived of their liberty.

There was a friendly, cheerful and open atmosphere at the home. Staff supported people in a caring manner to be as independent as possible and in ways that preserved their dignity and privacy. People were able to make choices about how they lived.

People had opportunities to take part in appropriate activities if they wished to do so. Staff responded to people's preferences and changing needs, and adapted their care and support accordingly.

A visiting healthcare professional said it was always a pleasure to visit the home. Staff were motivated to provide the required standard of care. The manager communicated values of individuality, respect, independence and a zero tolerance of abuse. They monitored the quality of the service they delivered. They took action when needed to maintain standards and improve the quality of the service.

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?

Good

The service was safe.

Processes were in place to protect people from harm and abuse.

Risks were managed to promote people's safety.

There were enough skilled and experienced staff to support people safely.

Arrangements were in place to store and manage medicines safely and protect people against the risks associated with medicines.

Is the service effective?

Good

The service was effective.

People received effective care and support from staff who were trained and supported to deliver care to the required standard.

The provider delivered care and support with people's consent. If people lacked capacity to consent, the provider followed processes that complied with legal requirements.

People were encouraged to maintain a healthy intake of foods and fluids.

The provider worked in cooperation with other healthcare providers when necessary to maintain people's good health.

Is the service caring?

Good

The service was caring.

There was a positive, friendly atmosphere in the home. Staff treated people as individuals and were aware of their background and preferences.

People could express their choices and preferences and these were respected.

Opportunities were available for people to influence the service they received. People's dignity and privacy were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support were planned and delivered to take into account their individual needs and preferences. There were various leisure activities available for people to participate in according to their interests and preferences.

The provider listened to comments to improve the service. There was a complaints process, which had not been used recently.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People received care and support which focused on them as individuals. Their independence was respected in an open environment which fostered two-way communication.

The manager communicated their desired values clearly. There was good teamwork and staff were motivated to deliver care to the required standard.

The provider had a system of checks and audits in place to maintain a high quality service.

Merlin Park

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 5 November 2014 and was unannounced. One inspector carried out the inspection.

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. Before the inspection we reviewed the PIR and other information we had about the service, including notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with three people who used the service and three people who were visiting family members. We also spoke with the registered manager and two care workers. We had conversations with the registered provider, the Director of Care and the provider's training coordinator. A healthcare professional who visited the home during our inspection gave us their impressions of the service.

We observed the care and support provided in the shared areas of the home. We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans and associated records of four people who used the service, the provider's business continuity plan and risk assessments. We also reviewed the provider's internal checks and audits, accidents, incidents and complaints.

We last inspected Merlin Park on 1 October 2013 and found it was meeting minimum standards in all the areas we looked at.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and comfortable in the home. One person said, “Oh yes, I am safe. The staff are well intentioned.” All the visitors we spoke with were confident their loved ones were in a safe environment. One person visiting their relative told us, “It is nice to leave here knowing [name] will be safe.”

None of the people we spoke with had needed to complain or raise a concern about how they or other people who used the service were supported by staff. They told us they would be able to do so without fear of the consequences, and they were confident any concerns raised would be dealt with properly. Staff told us they were certain any concerns would be handled appropriately by the manager and provider.

Staff told us they received regular refresher training on safeguarding adults. The provider’s training coordinator confirmed this subject was included in the staff induction training package and in annual refresher training. They tracked when staff completed the training and were aware when the next refresher training in safeguarding was due. The manager and training coordinator told us safeguarding was one of the topics regularly covered in staff observations and supervisions. The manager also checked staff training status, and their monthly audit report showed they had reviewed the training report recently. The provider took steps to ensure staff were aware of their responsibilities to keep people safe.

Staff knew about the risk of abuse, the different types of abuse, the signs and how to recognise it. They told us they had not seen any recent indications of a problem in the home and were sure people were safe.

Where allegations of abuse were made or concerns raised, the provider handled them appropriately and made the necessary notifications to the Care Quality Commission and to the local authority. Three notifications made by the provider in the previous year had been resolved or found to be unsubstantiated. The provider had suitable procedures in place to ensure concerns about people’s safety were followed up.

People’s care plans had assessments where individual risks had been identified. There were associated action plans which were intended to keep people safe without restricting their freedoms. These included risk assessments for medicines, falls, going out, and risks associated with people’s rooms. Risks were assessed regularly, and recognised tools were used to assess whether people were at risk of malnutrition or pressure injuries. Staff knew about people’s risks and how to manage them. We saw people at risk of falls being helped to move about the home safely using appropriate equipment.

There were environmental risk assessments which addressed specific areas of the home, such as the kitchen, and staff had clear procedures to follow, such as the control of substances hazardous to health (COSHH). The manager had a business continuity plan with actions to follow in the case of emergencies, loss of utilities or other major disruption to the service. Arrangements were in place if they had to evacuate the home and could not return immediately. Agreements had been made with another of the provider’s homes and the local parish hall to accommodate people temporarily. Staff received regular training in fire safety and first aid. Arrangements were in place to keep people safe and comfortable in the event of an emergency.

Staff told us they had strategies to use if people’s behaviours were likely to be dangerous to themselves or others. These included de-escalation and redirection. The home’s policy was to avoid physical restraint. The manager and Director of Care confirmed this and told us they had followed guidance from the Bradford University Dementia Group in this area. During our visit we saw staff redirecting people. Risks were managed in a way that supported people’s rights and freedoms.

Good

Is the service safe?

There were enough staff to support people safely. People told us they did not have to wait if they needed assistance. One person said, “They are very quick if you are not feeling well.” We saw that staff were able to support people in a calm, professional way and had time to chat and interact with them. Visitors told us the level of staffing during our inspection was consistent with what they usually found, and they could always find a member of staff if they needed them.

The manager based staffing levels on assessments of people’s behaviours and the support they needed with activities of daily living. They told us they had observed the “sundowning” syndrome when people living with dementia became more confused in the evening. They had increased staff levels during the twilight shift to accommodate this. The numbers of staff on duty were based on people’s needs.

The provider had appropriate arrangements in place to store and administer people’s medicines safely. They stored medicines securely and according to the manufacturer’s guidance. There was a refrigerator for medicines which needed to be kept below room temperature. We observed part of a medicines administration round. The staff member administering medicines checked the appropriate records and made sure medicines remained secure during the round. They explained what they were doing and stayed with the person until they had taken their medicines. People were supported to take their medicines in their own time safely.

Medicine administration records showed medicines were checked and recorded when they were delivered by a local pharmacist. They showed people received their medicines at the correct time. There were no recording errors or gaps in the records we saw. Where people had medicines prescribed to be taken “as required”, staff recorded either “not required” or the time and dose administered. This meant there was a complete record of the medicines people had taken. People were protected against the risks associated with medicines.

Good

Is the service effective?

Our findings

All the people we spoke with were positive about their care and support. Visitors were satisfied their relatives were supported by properly trained, competent staff. People told us the food was good and there were always choices. A visitor said of the food, “It always looks and smells delicious”.

Staff told us they were supported to deliver care to a high standard by means of appropriate training, supervision and observation. One staff member described the training available as “exceptional” and described how the manager had recently observed them as they administered people’s medicines. Staff were able to train for relevant qualifications and request specific training. Training included caring for people living with dementia and managing challenging behaviour. Staff received appropriate training to provide care and support according to people’s needs.

The provider took steps to make sure staff knowledge was kept current. First aid training was delivered by an external provider. Training in caring for people living with dementia and challenging behaviour was delivered by a registered mental health nurse. Training in all areas was followed up by staff observations to ensure it had been effective. The manager checked and reported on training needs monthly. There were records of staff observations in medicines administration, infection control, and moving and handling. The provider had processes to ensure training was delivered in a timely fashion and to validate that it was effective.

Where people were able to consent to their care and support the provider acted in accordance with their wishes. We observed people were offered choices, for instance about what to eat for lunch and where to sit to eat it. People’s preferences were recorded in their care plans. If people had made advance decisions about care, for instance by appointing a lasting power of attorney, this was recorded in their care plan. Staff were aware of people’s choices and acted accordingly.

The manager and staff were aware of their legal obligations concerning mental capacity and deprivation of liberty. Staff received regular training in the Mental Capacity Act 2005, and information about it in policy documents and on notice boards was available in the areas of the home used by staff.

Records of capacity assessments showed the provider took into account the principles of the Mental Capacity Act 2005 and its associated Code of Practice. The manager was aware improvements could be made in the way capacity assessments were recorded. They were planning to introduce the local authority’s mental capacity toolkit, which would guide staff to record the necessary information when carrying out assessments. Where people were assessed as lacking capacity to make a specific decision a best interests process was followed. Records showed these involved advocates such as the person’s family, social services and where appropriate, the community mental health team.

If people were at risk of being deprived of their liberty, the provider was aware of and followed the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). Information about a relevant Supreme Court judgement was posted on the notice board in the staff kitchen. This showed the provider took steps to keep staff up to date with legal developments in this area.

The DoLS require providers to apply to the local authority as the “supervisory body” for authorisation to deprive people of their liberty. The provider had made applications when appropriate. Most of the applications were awaiting assessment. Where authorisation had been granted, this was included in the person’s care plan. The manager had notified the Care Quality Commission when DoLS were authorised. The provider had processes in place to safeguard people against being unlawfully deprived of their liberty.

Good

Is the service effective?

People were supported to eat and drink enough. Staff told us the people using the service at the time of our visit did not need assistance to eat, but some had to be reminded and prompted when it was time for a meal. People were offered a number of choices for breakfast, lunch and in the evening. The food was prepared and served in an appetising way, and staff made mealtimes convivial and cheerful. This encouraged people to eat an adequate diet.

The manager told us none of the people who used the service had dietary requirements based on religious or cultural preferences, but there were some whose diet was restricted by diabetes or food intolerance. Staff were aware of these and told us these people had specially prepared meals. One visitor told us their relative's food was kept separate in the kitchen to ensure they only had appropriate meals.

Where people were at risk of poor nutrition, their weight was checked weekly and records kept of their food and fluid intake. The chef made their own high energy drink for people whose GP recommended this because they found this was more pleasant to drink than commercially available products. The recipe for this had been agreed with people's GPs. The provider took steps to ensure meals met people's nutritional needs and were appetising.

People were supported to maintain good health. People visiting their relations told us GPs, dentists and district nurses called on the home whenever necessary, and that staff escorted people if they had out-patient appointments. Records were kept in people's care plans of visits and appointments with healthcare providers including opticians and community mental health nurses.

A visiting health care professional said the service called them when needed and in a timely fashion. The service had prepared the necessary information when they arrived and they were satisfied any advice they gave was followed. They said the service was proactive in requesting support and asked for general advice to improve people's health as well as advice on how to manage individual conditions.

Where people were being treated for a health related condition, they had appropriate care plans. Staff were aware of these, and we saw they were carried out. For instance, one person was encouraged to sit with their legs elevated. People received appropriate support to maintain their health.

Good

Is the service caring?

Our findings

Relationships between people and staff were positive and caring. One person told us, “The staff are very good.” A visitor told us staff always found time to chat and respond to requests. Staff showed a caring attitude. One staff member said, “It is their home. They can do what they want to, and I am here to assist them.”

Staff were aware of people’s preferences and life histories. We heard them talking with people about their families and interests. They knew when people’s relations normally visited and used this information to reassure a person when they were concerned. At lunchtime one staff member checked a person had the meal they had chosen, “because you don’t normally have meat”. Staff encouraged interactions between people and between people and their visitors. There was a lively, entertaining atmosphere in the shared area of the home with staff, people and their visitors laughing and sharing jokes.

Conversations between people and staff were not limited to the care or support being provided. Staff talked about how people had slept and more general subjects such as remembrance services, poppies and fireworks. Staff gave people emotional encouragement and support. They complimented people on their appearance and clothes. After people had taken their medicines, staff thanked them before moving on to the next person. People’s individuality was respected.

The service treated people equally. One person’s relative told us their loved one had a food intolerance. When the chef made cakes according to their dietary requirements they made sure they were decorated the same as everybody else’s. This meant their relation did not feel they were getting unusual treatment.

People and their relations told us they were involved in decisions about their care and support. People’s care plans contained information about their “circle of support” which showed individuals who were important to the person and how they were included in their care. Staff said people could make choices, for instance about their food, when they went to bed and got up, and what clothes they wore. One person’s relative told us there were no set times, and if people wanted to stay in bed their wishes were respected.

People could stay in their room or get up as they pleased. Everybody was offered the same choice for breakfast whenever they chose to get up. The manager told us one person had chosen to have a “pyjama day” and was being supported in their room. Staff allowed people to do what they wanted provided there was no impact on others. People were able to make choices and behave as they would in their own home.

People were able to influence the service more formally through “residents committee meetings”. The minutes of the most recent of these showed it had been attended by eight people who used the service and four representatives. It gave the opportunity for people to express their opinion about suggested activities and changes to the service, and to put forward their ideas. The minutes showed it had been decided at people’s request not to do anything for Halloween or bonfire night but details were included about plans for Christmas. People had a say in how their service was provided.

People were treated with dignity and respect. People’s relatives told us they were very confident their loved one was treated properly. When asked, one visitor replied, “Definitely.” They were able to visit at any time, and they were always welcomed by the manager and staff. If they wanted to spend quiet or private time together there were places in the home they could do so.

Staff knew about issues around dignity and independence. They told us it was part of the ethos of the home that people should be assisted to be as independent as possible. They described examples of how they supported people to do things as much as they could, and actions they took to ensure people’s dignity and privacy were preserved. The manager told us there was an

Good

Is the service caring?

emphasis on dignity. Information and reminders about individuality, respect and independence were posted in the areas of the home used by staff.

One person said they preferred to spend time in their room and not in the shared areas of the home. We saw they were supported to do this. Their care plan stated they wanted to be told if the local vicar visited the home. Staff were aware of this. Arrangements were made for people who preferred privacy.

People's rooms were furnished with people's belongings and photographs. Where people shared their room, there were curtains installed which could be used to preserve people's privacy. Staff told us there was also a portable screen they could use to provide an additional degree of privacy. People were supported in an environment which fostered their privacy and dignity.

Good

Is the service responsive?

Our findings

People's care and support were planned and delivered in a way that focused on them as a person. People and their relatives told us they could decide their own daily routine and make choices about what to do.

All staff we spoke with referred to the importance of treating people as individuals. "They all have different personalities." Staff said they had time to give people individual care and support. They used the time they spent with people to check their preferences were still valid. We saw examples of this where staff checked with people where they wanted to sit, how they wanted their food served and presented, and whether they wanted sauces and condiments with their meal.

All our observations of interactions between staff and people who used the service were positive. Staff took time to make sure people understood them. They used eye contact, spoke clearly and gave people time to respond. If they were not certain the person had understood, they rephrased what they had said. Staff used people's preferred names and offered them choices. When a person started to get up from their chair, they made sure their walking frame was in reach. People received responsive support in activities of daily living.

People's care plans were written in a way that emphasised their individuality. In each area of care they documented people's abilities first, then the support they needed and their personal aims. People and their representatives were involved when their needs were assessed and each person had a member of staff nominated as their key worker. The key worker system was intended to allow staff to build up a closer relationship with the person and come to a better understanding of their needs. Key workers were involved in the monthly reviews of people's care plans and risk assessments. Where these reviews identified changes, they were actioned and followed up. One person's records showed their medicine dose had been reduced after a review with their GP. Another person had the frequency of their weight checks increased from monthly to weekly in response to concerns about their nutrition. The service responded to changes in people's needs.

Staff made efforts to understand people's preferences when they were unable to communicate with them. One person's care plan stated their assessment had not provided insight into food they like or disliked. Staff were guided by the care plan to monitor them for indications of their preferences. We saw staff doing this while they served lunch. They made efforts to understand people's preferences and plan their care accordingly.

There was a variety of planned and informal leisure activities and pastimes available for people. One visitor told us their relative enjoyed music, bingo, and games including skittles and a dartboard game. There was an activities plan displayed in the home, so people knew in advance what to expect. During our visit we saw both group and individual activities taking place. If people preferred to sit quietly in their room to watch television or read, they could do this.

Visitors told us they were invited to take part in events and activities. Records showed there had been a summer fete, activities to mark the anniversaries of World War I and D-Day, entertainment, baking and crafts. There were opportunities for people to participate in activities according to their interests and preferences.

The provider's complaints procedure was made available to people and their representatives. People we spoke with were aware of it but had not needed to use it. They were confident concerns would be dealt with if they were to raise them. One visitor said, "The manager's door is always open. You just need to mention something to her and it gets sorted." The manager confirmed there had been no formal complaints in the past year. If complaints were received they would be included

Good

Is the service responsive?

in the manager's monthly audit report to show they had been logged and what action had been taken. There was a process in place to manage complaints.

Good

Is the service well-led?

Our findings

People who used the service were happy with the atmosphere in the home and they considered it to be well managed. There was frequent informal communication between staff, visitors, people who lived in the home and the manager.

Visitors confirmed there was a welcoming, open atmosphere. One visitor described how they had visited the home before their relative started living there. They had turned up without notice, but had been made welcome with a cup of tea. A member of staff had shown them round and answered all their questions. Another visitor told us they were always invited to have a meal when they visited.

The manager told us the home had links with the community through the local church and singing group. Their monthly audit report showed the family church had visited for singing and individual contact with people. On the day of our inspection a priest arrived to visit one of the people living in the home. The manager told us they were investigating possible links with a local school to expand people's opportunities to connect with the community. The service had a positive, open culture.

The provider had clear aims and objectives, which were documented in their "Philosophy of Care". This was a short statement outlining the principles of individuality, choice, respect and inclusion. It was kept up to date and was available to people and visitors in the "Residents Guide". A copy of this together with the provider's statement of purpose and last inspection report was available at the front door. There was also a notice welcoming visitors. This notice invited visitors to discuss any special arrangements with the manager. The provider took steps to communicate their principles of individual and inclusive care.

The manager's management system encouraged people and their relatives to contribute ideas to the service both informally and more formally by means of the quarterly "residents committee meeting" and by a quality assurance questionnaire. The most recent meeting had been in the month before our inspection. The minutes of the meeting showed it had covered planned events, activities, entertainment, menus and enhancement to the outside and indoor environment. People who lived in the home and their relatives were invited to raise new items.

The quality assurance questionnaire was attached to the August 2014 edition of the home's newsletter. The newsletter contained items about the "residents committee", past and future events and activities, and introduced new staff and the "Philosophy of Care". The service had established channels for two-way communication with people and their relatives, which contributed to the culture of openness and inclusion.

Staff responded to the manager's leadership style. They communicated the ethos they wanted to promote by means of information displayed in areas of the home used by staff. This encouraged staff to keep in mind the values of individuality, respect, independence and zero tolerance of abuse. They planned to appoint a "dignity champion" to provide a focus for that aspect of people's care and support.

Staff said the manager also communicated their values informally and by personal example. They were aware of the home's values and said they were clear about their roles and responsibilities. There was good communication. One said, "There is always somebody to talk to." They said there was good teamwork, and they got "moments of motivation" from the people they were supporting. They described the manager as "on the ball".

People were cared for by staff who were supported by the manager. In turn the manager told us they felt supported by the provider when there were suggestions about how to improve the service or the fabric of the building. They had recently built a porch to shelter people while they were waiting for the door to be opened. There was an effective system of management and leadership which had a positive influence on the service people received.

Good

Is the service well-led?

The provider had a system of checks and audits to monitor that the service provided was of a high quality. These included annual environmental audits of people's rooms and checks on other outcomes which affected the service people received. Actions from these, such as repairs to fixtures and fittings, were followed up and recorded as completed.

The manager completed a monthly audit report for the provider. This included checks that assessment and care plan processes had been followed for any new people coming to live at the home. A sample of care plans and risk assessments were audited each month to check they were reviewed monthly, updated and comprehensive. The care and support of people identified as at risk of poor nutrition or pressure injuries was reported. The audit report included checks on the management of medicines, complaints and safeguarding, the management of people's money, accidents, activity plans, staff changes and training. The service people received was monitored by the provider and manager to ensure standards of care were maintained and improvements made.