

Merrycare Limited

Merrifield House Residential Care Home

Inspection report

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Tel: 01604705654

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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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Merrifield House is a residential care home providing personal care to 41 people aged 65 and over at the time of the inspection. The service can support up to 62 people across three separate units.

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

People play an active role in the running of the Care Home. Person Centred Care is the foundation of their strategy. Systems and processes were in place to ensure people were protected from abuse. Risks were well managed. All the people we spoke with told us they felt Merrifield House provided a safe environment. All staff spoken to were committed to non-discriminatory practices and throughout our discussions, all identified a commitment to providing good quality care, based on knowledge and the sharing of good practice. Inspectors found the service to be very clean. People received their medicines from staff who were trained to do so, and medicines were stored safely.

People's needs were assessed thoroughly and in good detail. Peoples desired outcomes and wishes were recorded and cross referenced into the care plans. Staff received an induction and ongoing training. People were supported to receive the nutrition and hydration they needed to stay healthy. Observations of the dining experience during the inspection was positive. People were supported to access a wide range of healthcare support. The service was working within the principles of the Mental Capacity Act (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Merrifield house facilitates placements to students from the local College, University and schools. Staff welcome and support volunteers of all backgrounds, experiences and ages. People have been involved with environmental improvements to support visual stimulation. Inspectors observed information about the importance of hydration displayed within the service. Staff told us people were informed about their own hydration needs. There were suitable numbers of staff, who were recruited safely and in line with current legislation. Staff had been trained to meet people's needs and consent to care was sought and recorded.

People were clearly at the heart of the service. The service encouraged people to make decisions in the day to day operations. People were free to voice their opinions. People participated in meal planning groups and interviews of new staff. People were involved in their care. The service was extremely well led by managers who were dedicated to providing a service which was responsive to need. People's views were listened to and acted upon. In the development of the service, people and their relatives had been involved in forums to improve the care for those people with dementia. The service had strong links with the village and local community. The wider community had been invited to regular events.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The last rating for this service was Good (published 19th June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Merrifield House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Merrifield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, registered manager, general manager, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- An electronic care management system was in place, which quickly identified concerns and alerted care staff. During the inspection, the system had indicated a person had lost weight. Care staff were able to explain reasons to management, by cross referencing from care notes to records to provide reassurance about the individual's health.

- Systems and processes were in place to reduce known risks associated with care and support.

A person had been moved to a ground floor room, to help promote their safety, as they were at risk of falls and had have fallen. Inspectors spoke to one relative, they were aware of the equipment used to help maintain the person's safety and commented upon the responsiveness of the provider to promote their relative's safety.

- Records showed risks associated with health conditions had been included and guidance had been provided to staff to reduce the recurrence of ill health. Policies also included practical steps for carers to follow which ensured all staff could implement the guidance.

Using medicines safely

- Systems to manage and administer medicines continued to be safe. Guidance had been implemented from community pharmacists. Where possible, people were supported to manage their own medicines and medication care plans indicated a scale of support needed, depending on their mental capacity. One person told us, "They [staff] support me with my tablets, as due to my health, I have tablets which I need to take at specific times."

- A digital Medication Records system was now in place and staff were observed using this during the inspection. All staff had received training on using the new system.

Preventing and controlling infection

- The service was very clean throughout the three units. People told us, "The cleanliness here is really good, so is the hygiene with regards to personal care. My [relative] has always looked fresh and clean, even their nails have been done."

- Staff were knowledgeable around infection prevention and control and staff were observed using protective equipment such as aprons and gloves. This is important to minimise the risk of infection and cross infection.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding and whistleblowing policy. Staff were aware of the safeguarding protocols, and the need to report potential abuse to a member of the management team. They were also aware of external organisations they could contact, which included the Police, CQC and the local authority.

Records showed staff were provided with regular training to ensure they were aware of the signs of abuse.

- The environmental safety of the service was assessed to ensure people could maintain independence safely. Risks associated with fire had been considered and there was a plan to ensure a safe evacuation could be achieved in the event of a fire. This included a grab folder for Personal Evacuation Emergency Plan's (PEEPS) for all people in the service and regular equipment checks. The service also employs a health & safety consultancy organisation to support them in their responsibilities.

Staffing and recruitment

- Staff were recruited safely. The provider had carried out background checks and Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- Records showed staffing levels were sufficient to ensure consistent and regular support. The provider told us, staffing was based on a mix of staff skills, in order to provide the best possible knowledge for the people they care for and to provide good management oversight of the service.
- Staff confirmed they undertook key training, to promote people's safety. This included, safeguarding, food hygiene, first aid and health and safety.

Learning lessons when things go wrong

- The provider had a system for reporting accidents and incidents. Records showed incidents were recorded clearly and information was shared with relevant bodies.
- The provider had a process for reviewing accidents and incidents to ensure lessons were learnt and measures were taken to reduce the likelihood of recurrences in the future. The management team used information from the local authority, best interest assessors and safeguarding to inform their practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service is committed to working as a learning organisation and training of staff is seen as an integral part of the operation of the service. Staff receive training in a variety of methods, in-house training programs, self-help manuals, staff meetings, distance learning, workshops and using outside specialist (Doctors, Community Psychiatric Nurses). Staff spoke positively about the training, they were supported in the development of their careers, in topics related to people's health and welfare and their safety.
- Staff members had regular supervisions from a variety of methods, one to one's, observational or group supervision, with a mid-year appraisal and a yearly objective led appraisal. Staff told us, these were used to identify training and development opportunities. Staff told us requests for development had been listened to.
- Staff told us communication was effective amongst the staff team and this was evidenced from observations made during the inspection, each member of staff knew who they were responsible for supporting during the day.

Supporting people to eat and drink enough to maintain a balanced diet

- The chef had information on people's dietary needs & preferences, which was regularly updated, with access to information detailing where people might be losing or gaining weight, so an appropriate response, such as a fortified diet could be offered. A relative confirmed this, "They have a fortified diet, using mild and cream to help maintain weight." Specialist diets were seen to be catered for, included soft diets, fortified and diabetic. The chef confirmed all meals were homemade, with a seasonal menu and spoke positively about the introduction of the new cooking equipment in the kitchen.
- People told us the food at Merrifield House was good. One person told us, "[The food] is great, I really enjoyed the lamb hot pot I had a lunchtime. I shouldn't really have had the jam sponge and custard, but it was so nice."
- The dining experience was calm and not rushed. Each member of staff knew who they were responsible for supporting, which meant people's meals were served and eaten in a timely manner. Everyone had a drink and people who required adaptive cutlery or plates were catered for. Each person was seen by inspectors being asked what they wanted to eat. Options were available and people who requested a second serving were provided with additional food.

Adapting service, design, decoration to meet people's needs

- An extension had recently been added to the service taking it to three units with communal areas across two floors. The service provides a sensory room, a hairdressing salon and a doctor's visiting room, an area

where the doctor can operate their weekly clinic from, to benefit those using the service.

- People could bring their own furniture into the service and had choices about their living spaces. A person told us, "It's very comfortable. I have my own room and living area, which means I can entertain my family friends when they visit."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service continued to maintain good working relationships with health services across the area, a doctor visits the service weekly with outcomes from visits being reviewed by staff.
- People had access to health care services. One person told us, "If I am unwell, I see the doctor. However, it's not often. I'm in pretty good shape for my age."
- People were supported to maintain their independence and mobility at the service, with staff supporting them with physical exercise. One person told us, "It's good that we do these [exercises], helps to keep us mobile and our limbs moving." Another person told us, "I join in some of the activities, such as skittles and throwing the ball, helps to keep my moving and loosen up my joints."
- Staff monitored people's physical health and supported them to receive appropriate physical and dental health care. Relatives had confidence in staff with regards to the monitoring of their relative's health. One relative told us, "They monitor their weight, and are generally observant".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial needs assessments were completed prior to people moving into the service. Support records showed assessments were sufficiently detailed to ensure needs and wishes were captured accurately. Information obtained during the initial assessment was reflected in the persons care plans. Records showed the person had been fully consulted during the assessment and had signed the assessment document to confirm they were happy with the contents. A relative spoke of the helpfulness of the provider in supporting their relative to move into the service, involving them in the planning.
- Care staff were delivering care in line with skin integrity good practice, Dementia care and clinical guidance in relation to Respite Beds for people. Staff confirmed, people had a care plan in relation to oral health.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People told us they were given space and time to give staff their consent for any care or support, and said their choices were always respected. They told us they were given choices and there were no restrictions on their movements. One person told us, "Nothing ever happens without my approval, we are always asked about everything. My making decisions about my life is very important to me."
- Staff received training and support to ensure people's rights under the MCA were respected and promoted.

- Support plans and associated documents included the signature of the person being supported, this showed the person's wishes had been included.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care they received from the provider and the staff team. One person told us, "I am more than satisfied. Staff here are great, and you only have to ask, and they'll help you." Staff here are very caring and helpful, and always seem to have a smile on their face." A relative told us, "I walk out of here, knowing my [relative] is looked after. They [staff] are angels. Staff know how my [relative] likes to be cared for, all very individual." These were just some of the comments we received.
- People were always treated with the utmost respect and kindness. We saw staff being calm and patient with people, and offering comfort when people become distressed. One relative told us, "My [relative] can be quite challenging at times, and staff are very patient".
- Staff we spoke to, knew the person they were supporting well, knowledgeable about person centred care, and their role as staff to consider each person as an individual. Staff were observed engaging people in conversation and responding to requests for assistance whether in person or by responding to call bells.
- The management team had established a strong caring culture which extended to support for staff. Shifts and duties were arranged to allow consistency of support balanced with time to reflect on people's behaviour.

Supporting people to express their views and be involved in making decisions about their care

- Care and support were designed around people's needs and goals. People told us they had been involved in the planning of their care through the assessment and care planning process and at on-going reviews. People confirmed staff always sought their consent before providing support and assistance. Relatives told us they were consulted regularly and were able to make suggestions to the provider if needed.
- One staff member told us, "To gain people's trust, you must be mindful in all care interventions of people's right to decline care, and to provide support and encouragement. Sometimes people living with dementia, decline personal care".

Respecting and promoting people's privacy, dignity and independence

- People told us about the attitude and approach of staff at Merrifield House. One relative told us, "Staff are very mindful of my [relatives] privacy and dignity. For example, when they help them go to the toilet, they afford them privacy and return later."
- Staff were respectful about people's privacy and we observed staff being respectful of people's individual preferences in relation to the choice of how they wished to spend their time.
- Staff demonstrated they were knowledgeable about how to promote independence. A person at the service was finding it difficult to eat as their hand was causing them pain. A staff member was observed

encouraging them to eat as much of the meal as they could by themselves, before taking over and assisting them to eat some more of their meal, to ensure they had enough to eat.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service continued to demonstrate how responsive they were to the needs of the people who lived at Merrifield House. Care plans accurately captured personal preferences and histories as well as the choices and decisions people could make for themselves. Relatives told us their relative's preferences were understood and promoted, one person told us. "They prefer to spend time in their room. My [relative] can be quite challenging at times, and staff are very patient".
- Information about people's needs were instantly available, and the electronic care planning system in place, alerted staff about the delivery of key care interventions. Staff spoke positively about the system and the use of I-pads to record care. Care plans had been put together with the full involvement of the people living at the service and their relatives. People's cultural preferences had been included in their plans and clear information about the persons likes and dislikes had been reflected. Staff told us they got to know people's life history so they could incorporate this into their daily lives.
- Care plans were regularly updated and reviewed. Staff had continued to receive training in the principles of person-centred care. Reviews were carried out with people and their relatives and included detailed discussions about whether outcome goals were being met. A person recently had a health condition diagnosed and staff had put in place a management plan with advice from a specialist, to reduce the times staff emergency services would have to be called to the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had excellent care to live as full a life as possible. The service helped to enrich people's lives by encouraging and supporting them to take part in activities, would help them live a varied and active life. One example of this, staff made it possible for a person to travel independently on a coach to visit family in another part of the country.
- People told us they were supported to maintain relationships following moving into the service. One person told us, the service was better suited to their needs, as a couple, it enabled them to be together, but still provided individual space, which they needed due to their individual needs.
- People were observed to be engaged in a range of activities. For example, we saw people playing a group game of skittles (Large, inflatable skittles). People were seen passing/throwing a ball to each other. One to one or small group activities were in place, which included people having a game of cards or playing dominoes. A variety of external activity entertainers were also provided by the service to ensure people's needs were met throughout the week.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was sensitive to people's communication requirements. For example, where it had been identified people had cognitive or visual problems, documents had been produced in larger font to aid their understanding.
- Staff took extra time to ensure the people they were speaking with understood and they had time to engage. Relatives told us staff were good at communicating with the people who lived at the service. One person told us, "We have seen staff sitting and talking with [relative], staff really knew them, understood their idiosyncrasies and what was important to them."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which gave timescales for how long it should take to address a complaint, and details of who to contact if they remained dissatisfied with the service. This information was displayed around the service.
- People told us they knew how to complain. The service kept copies of all complaints and had systems in place to track complaints and concerns through to completion. A relative told us, "They pick up on small issues, for example I noted my [relative] did not have a blind at a small window in their bedroom. The next time I visited, a blind was in place."

End of life care and support

- A person was being supported with end of life care at the time of our inspection. The service worked in partnership with primary care and the palliative care service to ensure support was being provided when needed and relatives were kept informed.
- The service followed the gold standard framework for end of life care and had a policy in place. Advance care plans were seen, and details of peoples lasting power of attorney had been recorded. Inspectors were shown some feedback from a family of a person who died at the service. It read, 'It was very comforting to know that our [relatives] last few days were peaceful and not stressful for her '.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service continued to be well led, with the addition of a strengthened management team, following the creation of a new general managers post to support the registered manager. The management team had developed a calming environment, with a culture of staff who understood positive outcomes could be achieved by providing consistent person-centred care and support.
- The provider recognised its employees represented one of its best assets. The service aimed to ensure all its employees were in possession of the knowledge, skills, and experience to enable them to perform their jobs to the highest standards. Staff said they felt supported by the registered manager and nominated individual and very much felt part of a team, whose ideas and opinions were valued. The nominated individual told us team working was a key aspect in ensuring people's needs were met at the service.
- All the people we spoke with praised the leadership and the culture of the service. The management team were very visible at the service. A relative told us, "The [nominated individual] is very open and transparent, happy to talk about anything to reassure you as a relative, that your family member is well and is being cared for."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The vision, values and culture of the service was based on a person-centred approach, placed people at the heart of service delivery. People were fully involved in their care plans, outcomes and reviews. They were encouraged to remain as independent as possible where appropriate and people were asked to comment on the service they received during reviews. Staff were continually problem solving and removing barriers to ensure people could leave the service when they wanted to, to either visit family in other parts of the country or access the nearby shops with their friends as a group. Another person at the service is supported to steam their own clothes. Staff have made this possible, despite the person's physical disability, staff said this was essential to the person's sense of wellbeing.
- People who used the service continued to be involved in monitoring quality. This was seen to have positive benefits, not only for the service but also for the people involved, for example, the service had a resident representative, who was actively engaged through their involvement with interviewing new staff members and showing people around the service. This person wanted to become involved as they had held several management roles in their previous working life and enjoyed asking and taking questions.
- We saw there had been a good response to the most recent service meeting, this showed a high level of satisfaction amongst people living in the service and their relatives. People had been consulted and

involved in a review of the menus at the service, with meal planning sessions now taking place monthly. One relative told us. "I attended a relative meeting, it was to talk about the re-branding of the home, and the theme. We spoke about the extension and the meal tasting sessions. We also spoke about the new style uniforms and colours for staff."

- Staff confirmed they participated in staff meetings. Meetings were used to discuss people's specific needs if they had deteriorated, and the emphasis on a safe environment was stressed. Staff had received training in equality and diversity issues, relationships were considered, and staff understood different cultures and respected traditions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their duty of candour and reported incidents and accidents to the appropriate authorities, including The Care Quality Commission.
- Robust systems to review, audit and analyse data and other records ensured quality standards remained high and processes were in place to ensure oversight and scrutiny of the care being delivered. Records showed the management team had developed a system to check the care was meeting regulatory requirements. All documented actions always included a rationale for staff. Management team had joint responsibility for the oversight of the care at the service.
- The service recognised its role to support people to pursue full and active participation in the local community. The staff had developed an extensive knowledge of services and community resources and activities available to the people at Merrifield House, to promote people's well-being and sense of connection with the local area. They had built links with the community, holding events and inviting people from the nearby village, a large event had taken place in the summer. The service also supported those who may be in need outside of the service. A local person in the village had been unwell and whilst waiting for a hospital bed to be delivered, had been referred to the service for respite care. Rather than admit the person for respite care, the service provided the individual and their family a suitable bed, so that they could remain at home and had no need for respite care.

Continuous learning and improving care

- Best practice is driving improvements at the service and the management team shared their ideas for the development of the service, with a keen commitment to providing outstanding care, through the environmental changes of the service to support people living with dementia.
- Staff told us the provider was always trying to improve care and had recently sought staff's feedback on a pilot of new technology in the service. As a result of positive feedback from staff, the provider implemented the electronic medicine system.
- The service was part of a university's research project titled 'The role of Social Care in prevention of Well-being and enablement'. It looked at the effect on family i.e. stress of loved ones with dementia who ultimately end up in residential care, in order to improve the support, they offer. A relative became involved in the study and has since shared some of the findings with others at the service and had remained part of the study.
- Working patterns have recently been changed, in line with local bus timetables, to enable people to be able to remain in employment at the service and to remove any barriers for those wishing to apply for employment at the service.