

Fortis Care Limited

Merrick Close

Inspection report

19 Merrick Close
Stevenage
Hertfordshire
SG1 6GH
Tel: 01438487270
Website: www.fortiscare.co.uk

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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

The inspection took place on the 02 December 2015 and was unannounced. This was the first inspection of this service since registration in August 2014.

Merrick Close is a supported living service for up to four people who live with mental health needs, learning disabilities or autistic spectrum disorders. At the time of our inspection four people were using the service.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in

Summary of findings

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. We checked whether the service was working in line with the principles of the MCA.

At the time of the inspection we found that one person may have been Deprived of their Liberty and the appropriate application had been submitted to the Court of Protection by the manager to ensure this was being done lawfully. 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.

People's needs had been assessed, and personalised support plans detailed people's individual needs, preferences, and choices. There were risks assessments in place for all aspects of people's daily living and these were positively managed to enable people to live as independently as possible, without restrictions.

People were involved in decisions about their care and their opinions and feelings were listened to and valued by staff who supported them. They developed meaningful relationships with the support staff who knew how to support them effectively and enabled them to live an active life.

There were processes in place to safeguard people from the risk of avoidable harm and staff were knowledgeable about safeguarding procedures. Staff had a good understanding of their roles and responsibilities and had clear lines of accountability.

People signed individual tenancy agreements and they were supported to understand the house rules, their responsibilities and their rights whilst they were living at

Merrick Close. They were involved in decisions about their lives, they discussed their aims and objectives with staff, what they wanted to achieve and staff supported them through their journey to accomplish what they wanted.

The manager had a good understanding of people's specific needs and they accepted new people into the home after a thorough assessment. They ensured people were familiar with at least one staff member before they moved in the house. On occasions this meant staff travelled and stayed in paid accommodation for several weeks until they managed to build a relationship based on trust with the person who might potentially move to Merrick Close.

Staff knew people well, they were able to recognise and avoid triggers which could have provoked behaviours which were challenging to manage. People's physical and mental health needs were monitored and reviewed regularly by staff, psychiatrists and health and social care professionals.

Staff were trained and skilled to ensure they had the abilities and knowledge to understand and meet people's needs at all times. Newly employed staff had comprehensive induction training, they were given time to learn about people's mental health and physical needs. The manager allocated key workers for people after they analysed and assessed people's and staff's personalities and skills to ensure a good relationship between them.

People told us they were happy in Merrick Close and their life had a positive turn after they moved into the home. They were confident to raise concerns and discuss with management and staff if they had any issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks to people's wellbeing were identified and appropriately managed in a way to maximise independence and minimise restrictions.

Staff was well trained and knowledgeable in how to safeguard people from abuse and how to report concerns internally and externally.

There were sufficient numbers of experienced and skilled staff to meet people's needs safely at all times.

People were enabled to independently take their medicines, however staff had training and were knowledgeable in safe administration of medicines.

Recruitment processes were robust and ensured staff employed at the service were suitable and able to work with vulnerable people.

Good



Is the service effective?

The service was effective.

Staff had training which was effective and gave them the knowledge to support people with complex needs.

Staff felt supported and encouraged by management to have a personal development plan to develop new skills and progress in their career.

People were asked to consent to the care they received by staff. Consent forms were signed and held in people's support plans.

People were encouraged to eat a healthy balanced diet which they were supported to prepare themselves.

People's good health was promoted. Staff supported people to attend hospital appointments and see other health care professionals when needed.

Good



Is the service caring?

The service was very good in providing caring staff to support people.

The registered manager and staff were working together to promote and deliver person centred support which puts people first.

People had positive relationships with staff that were based on respect, trust and shared interests. People were treated with dignity and their confidentiality was respected.

Relatives and health care professionals felt that staff and management went the extra mile to provide compassionate and enabling care to people.

Staff offered people emotional support as well as physical support. People felt they could share their happiness, fears and sadness with staff who they complete trust in.

Good



Summary of findings

Is the service responsive?

The responsiveness of the service was very good.

People received one to one support which was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Staff encouraged people to attend college, work, pursue their interest and to develop new skills.

Feedback from people receiving support and their representatives was used to drive improvements.

Good



Is the service well-led?

The leadership and management of the service were good.

The registered manager promoted strong values and a person centred culture which was embraced and delivered by a committed staff group. The registered manager ensured this was consistently maintained.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were robust systems to ensure quality and identify any potential improvements to the service.

Good



Merrick Close

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 December 2015 and was carried out by one inspector. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, two staff members, a team leader and the registered manager. We talked to one health care professional and we contacted one relative to ask their views on the service provided to people.

We reviewed two people's support plans and risk assessments. We looked at three employment files. We looked at the systems that were in place to monitor the service and the audits relating to various aspects of the service including support plans and health and safety checks.

We observed staff interaction with people who used the service to assess how staff and people who used the service interacted and to see if people were treated in a kind, caring and compassionate way.

Is the service safe?

Our findings

People told us they felt safe and well looked after. One person said, “I feel very safe here because I have people around me and staff comes with me everywhere.” Another person said, “I feel safe here, staff are very good to me and give me reassurance when I am anxious. I feel safe knowing they [staff] are here.”

The staff and people living in the home were aware of risks associated with every activity they were involved in. These were mitigated in a way to ensure there were no restrictions to people whilst also enabling people to be independent. One person told us, “I am aware of my personal safety and others, however I need staff to give me reassurance when I am anxious to stay safe.” One relative said, “They [staff] support [person’s name] to cook their own meal. They give (my relative) a knife and let (relative) use the cooker. I know they may cut their finger but the joy and the pride (my relative) feels when they independently cook their dinner definitely outweighs the risks of a cut finger.”

People had comprehensive risk assessments in place which identified the level of risk associated with an activity; outlined the benefits and positive impact on people if they were doing the activity and the possible negative impact in case they were stopped doing the activity. There were also detailed management plans for people and staff to follow to ensure the risks were appropriately managed and any control measures were known. For example we saw a person was supported to independently manage their own medicines. The risks associated with this activity were identified such as a possible overdose, forgetting to take their medicines, or running out of medicines. Staff supported the person to be independent by reminding them to order their medicines, checked the medicines regularly with the person to ensure they were taking it correctly. Staff told us how important it was for the person to feel in control and be independent. This meant that risk assessments were developed to enable people to be independent and in control of their life.

The management and staff built support around people and assessed people as individuals when considering any risks. There were general risk assessments for each person in the home, for example personal evacuation plans in case of a fire, other risks were individually addressed by management, staff and people depending on their ability.

Staff told us about the people they supported; they knew how to avoid triggers to behaviours which were challenging and also how to diffuse situations before they become unmanageable. One staff member said, “Some people can have challenging behaviours at times. There are always signs that predict when people become anxious like, tapping their feet, staring at things, not responding to conversation. We [staff] know when we need to give them space or when they actually need us to be around.” This meant that staff knew people so well they were able to prevent challenging behaviours before it happened and they kept people safe. Triggers and signs of people’s behaviours were documented in their support plans and regularly reviewed.

Staff told us they recorded incidents and accidents in detail and these were discussed in reviews with the registered manager and the person involved to ensure that it was fully understood by them. The discussion covered what happened, why and if there was anything they could put in place to prevent it from happening again. For example we saw an incident report of when a person left the home in the middle of the night without telling staff. The staff alerted the police to ensure the person was found and returned safely. We saw that there were meetings with the person to ensure they understood what other options they had in case they wanted to leave the home in the middle of the night and how to do it safely.

Staff confidently described the safeguarding procedures and said they knew how to report their concerns under the whistleblowing policy. They told us they had very good relationships with people built on trust and they were confident that people would share with them their worries and any events which could trigger a safeguarding investigation.

Staff said they considered people their equal, encouraged them to embrace their individuality and gave them respect. One staff member told us about a person they supported, “I make sure [Person Name] knows I don’t judge them for how they are, I offer support and encourage them to be and live as they wish. We discuss everything and I never break their trust.” This meant that people’s rights were protected, their fundamental right to freedom was respected and promoted.

People had one to one support during the day and there were enough staff to meet their needs safely at all times. The provider followed safe and robust recruitment and

Is the service safe?

selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three of the most recently employed staff. Appropriate checks had been undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity. This process made sure people were safe and their needs were met by staff who were fit and able to carry out their role safely.

People were supported to independently manage their own medicines. There was one person who needed more

support from staff to ensure they ordered their medicines and they took them in time. Staff also signed the medicine administration records to indicate that this person had their medicines. We checked the medicines records for this person and saw that these were signed and medicines were ordered regularly, however we could not check the quantities for these medicines as the person had been out at the time of our inspection and they had their keys on them. The staff spoken with had medication training and they were able to describe the correct procedure when supporting a person to take their medicines.

Is the service effective?

Our findings

People were supported by well trained staff who were knowledgeable in how to support people effectively. Staff told us they received training relevant to their roles and they were supported by managers to develop and progress in their career. Staff had regular supervisions and discussed areas in which they could improve their skills and abilities. One staff member told us, “I have regular supervisions and we discuss my strengths, weaknesses and concerns I may have. We also discuss further development needs.”

The registered manager was working in partnership with a reputable care provider association to ensure the training delivered to staff was current and delivered by a recommended training provider. They had completed and gained an educational qualification to deliver the ‘care certificate’ induction training for newly employed staff. They told us, “We have a personal development plan for each staff member and we ensure they are up to date with their training and develop new skills.”

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood the legal requirements and submitted the appropriate to the Court of Protection to ensure this was being done lawfully. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put this into practice effectively, and ensured people’s human and legal rights were respected.

People were fully involved in all decisions about their care and treatment. Family members were involved when appropriate, to provide support and advocacy where more complex decisions needed to be made. . Other agencies such as the local community psychiatrist team, health and

social care professionals were also involved where appropriate. We saw consent forms were signed and held in peoples’ support plans to indicate they were in agreement with the support they received. One person told us, “I do have a care plan and I did agree with it.”

The registered manager was committed to promote people’s health and wellbeing. Each person had a personalised health action plan. This set out their specific health needs and provided guidance for staff about how to monitor and improve people’s health. The registered manager actively supported staff to make sure people experienced good healthcare and led meaningful lives. People were encouraged to live a healthy lifestyle and attended a local gym and Zumba classes. They were also supported to attend GP and hospital appointments.

The registered manager told us about a person who had to have a blood test at the hospital; however this person had a fear of hospitals. They had been working with the person to prepare them for their blood test, using pictorials to ensure they knew what to expect. This meant that people’s health needs were prioritised; staff and managers were working with people to ensure they made informed decisions about their health.

People were supported to cater for their own food and drinks. They were helped to plan a weekly menu and do their own food shopping. Staff also supported people to cook their own food encouraging them to eat healthy. One person told us, “Staff helps me to cook my own food. I always worry I don’t cook the meat enough.” Another person said, “I write my menu for the week and I do my own food shopping every Monday. Staff are with me when I cook my food.” This meant people were provided with all the support they needed to prepare their food as they liked and to eat and drink sufficient amounts.

Is the service caring?

Our findings

People said they liked the staff who they explained supported them through ups and downs in their life. They told us staff were more for them than just staff, they trusted and appreciated that staff supported them when they needed most. One person shared their thoughts and emotions about their support worker. They told us the staff member had supported them through a hard time when they had a serious health condition and they felt very down. They said, “[Staff member name] done more for me than anybody else. Without them I would have failed so many times. I would have given up long time ago.” Another person told us, “Staff are so good to me here; it is so much better than anywhere else I’ve been. I have my own key workers. I am very happy here.”

Staff told us they were fond of people and they considered them part of a big family. One staff member said, “I was [name of the person]’s support worker for a number of years and when they had a hard time and they moved to this house I was delighted that the managers here employed me as well and could continue to support [person]. There was no way I could have left them.” The registered manager told us, “I am a big fan of the people here and I always have their best interest at heart. I did employ [name of staff member] because there was no way I could put [name of the person] through another trauma.”

Staff were highly motivated to offer care that was kind and compassionate. They told us they were enabled to meet people and form relationships of trust even before people moved in Merrick Close. One staff member told us, “I like it here because we [staff] have the time to spend with people. We spend time with them even before they move in to ensure they are familiar with us when they come here.” A relative said, “Staff seem very enthusiastic all the time, they are not just doing a job. They are very good.”

The registered manager told us, “We do far beyond our duties. We pay for staff accommodation and wages when we have a person ready to move in who is not local. Staff will see the person daily until they manage to build a relationship and earn their trust. We are dedicated to do what it takes to maximise people’s chances of a successful placement.” A relative told us, “Two staff members came to meet [person] and spend time with them before they moved to Merrick Close. I feel this was very good and they met [Person] in their own environment and saw what they were capable of doing.”

A health care professional said how impressed they were with the support a person received the progress they had made and how independent and happy they were. The person had been cared for in hospital for a very long time because they had problems adapting to changes. They were previously sent back to hospital several times from other services due to their behaviour. The health care professional said, “This is a true success story, we [health care professionals] anticipated another failed placement, however thanks to the effort of the management and staff this is a huge achievement. This is all because of staff kindness, care and vigilance.”

People were encouraged to maintain good relationships with their family. One relative told us, “I was so impressed last time I went there, he was supported to cook me a meal which never happened before. It was very nice.” Staff supported people to have regular contact or visits to their families. For example staff told us they travelled on a train to a different part of the country to take a person to meet their relative and spend time with them. Relatives and professionals told us they always found the staff team in the home to be very calm and positive in their approach and attitude towards people. One relative told us, “It is no doubt in my mind that this is the best place for [person], they achieved so much since they moved in Merrick Close.”

Is the service responsive?

Our findings

People, relatives, and health care professionals told us they felt the service was responsive, flexible and staff provided people with the support they needed and this was shaped to their likes, dislikes and preferences. One person told us, "This is the best place I have been in. I wanted to learn to knit and staff taught me. They help me and support to do what I want." A relative told us, "[Person name] has come a long way and they are doing so many things they never used to do in the other place they have been. Staff help and supports [relative] to do what they want."

We saw that people's support plans were reflective of what they wanted to achieve in life and they were very personal to people's needs. For example the support plan for a person detailed about their aspiration to find paid employment working with animals and to become more independent and live alone in the future. When we discussed this with their support worker they told us, "[Person] likes animals and we are looking to find voluntary work at the beginning and see if we can support them to become more independent and maybe live on their own." This demonstrated to us that people's aspirations were taken seriously by the support staff and they were supporting people to achieve their dreams.

People were supported to pursue their hobbies and interests. Staff worked well together to support people to overcome barriers in their life and achieve what they wanted and as a result people's quality of life improved and was optimised to the full. For example we saw a person had been supported to attend to a local gym. They had to be accompanied by a staff member at all times and to avoid embarrassment and attention of other attendees at the gym the staff had trained with them and did the activity together. We saw this happened with other people and other activities like going to church, Zumba classes, shopping and all other activities people and staff did them together. A relative told us, "[Person] goes out a lot and staff supports them with this. They go to the church, the gym and I am happy that staff and managers are open for my suggestions that they can even do more. Staff really knows [my relative] and they are very good in communicating with them. This is a great achievement."

People were also supported to increase their independence, overcome their fears and the barriers stopping from progressing towards a more independent

life. For example a person had a fear about travelling alone on public transport and also about visiting the shops. We saw that staff had encouraged the person to be independent. They stayed on the phone with the person whilst they were on a bus and throughout their visit in the town when they visited different shops. This gave the person reassurance and made them feel good about their achievements.

People had their tenancy agreement explained when they moved in to Merrick Close. We saw people them signed these. The registered manager explained to people what the contract meant and the house rules. People's support plans explained, clearly what people agreed when they signed the contracts. One person's plan said, "I manage better when there is routine, structure and consistency in my life. I need firm boundaries in place." The plan detailed further the agreement on what people agreed to do and not to do whilst living under the same roof. For example, "We agree to respect each other's wishes and respect personal space" and "We should not enter each other's room without being invited."

The provider made information available about how to make a complaint. There was a written and pictorial procedure and staff discussed with people in weekly key workers meetings if they had any reasons to feel sad or angry. We saw that people were encouraged to express their feelings and this right was respected by staff. For example, one person when they were unsettled they channelled their anxiety by writing letters to the staff and display them somewhere visible. The manager told us, "Although this could be upsetting to staff who care a lot. I do teach them to see this as a positive way to get the person's anger channelled." They continued to say, "We always discuss the content of the letter with [person] and find the true reason why they did it. They always apologise to staff afterwards and write a letter of apology." We saw an apology letter from this person where they asked staff to forgive their words and explained the true reason why they wrote the letter.

There was one complaint received from a person regarding another person's behaviour towards them. The complaint was appropriately recorded and investigated. Both parties involved had a discussion with the manager and the person who complained had been fully updated with the outcome of the investigation and the measures in place to prevent the incident happening again.

Is the service responsive?

This demonstrated that complaints were taken seriously, investigated comprehensively, responded to quickly and professionally. Relatives were confident they would be listened to if they made a complaint.

Is the service well-led?

Our findings

People, staff, relatives and professionals we talked with were very positive about the leadership in the home. One person said, “I do know the manager well and if I need anything, or I am worried about anything I will always tell them.” A staff member told us, “This is the best place I ever worked in. The manager and the directors take a great interest not just in people’s wellbeing but staff as well.” They continued to say, “I was made to feel very welcomed here and feel valued and motivated by their attitude.”

The provider had a clear vision and values that were person centred and focussed on people having the opportunity to be part of their local community and independent in planning their life.

The registered manager demonstrated passion and commitment to providing an excellent service for people. They told us, “I put people in the centre; I am a dedicated to achieve positive outcomes with all of them.” These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. This was evident in the way staff and the registered manager described a variety of examples of innovative methods to support people. For example, how they formed relationship with people before they moved into the service. They did activities together with people rather than just supervising people. They provided one to one support for people to ensure every person had the attention and support they needed to achieve their aspiration. One relative told us, “Staff at Merrick Close under the management guidance does wonderful things for people.”

There was a strong emphasis on continually striving to improve the service for people. One relative told us, “The manager is open to suggestions and they had taken my feedback positively.” The team leader conducted regular monthly audits covering a range of areas for example they ensured that staff rotas were covered, supervisions conducted checked finances for people and checked that care plans were updated.

Quality assurance audits were also carried out monthly by the registered manager. They checked that the team leader had completed their audits that any outstanding issues were worked on with a clear action plan detailing what action to taken by whom and by when. They used technology to develop an efficient system to deal with issues promptly. For example staff had an application on their mobile phone from which they could see what appointments the person they supported had to attend or who was the manager on duty. The registered manager had access to oversee the system and could check if staff and people were where they should have been at all times and they could also conduct spot checks to monitor the quality of the service they provided. They told us, “This system is very useful, I can check if staff and people are safe, they can ask for help and support in an instant, they can plan the day with people knowing the appointments they have to attend.”

The provider made sure actions were followed through; they were monitoring action plans following the audits through management meetings. The registered manager received consistent support from the provider and told us that the resources required to drive improvement were readily available. They told us, “The director’s support is very good. I asked for more training for myself and staff and I had the finances granted.”