

As U Care Ltd

Merwood Rest Home

Inspection report

310 Queens Promenade,
Blackpool,
FY2 9AD
Tel: 01253 352221
Website:

Date of inspection visit: 20 October 2015
Date of publication: 01/12/2015

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 visit took place on 20 October 2015 and was unannounced.

At the last inspection on 23 September 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Merwood is a care home registered to accommodate up to 16 people. The home is situated on the sea front in Bispham close to local shops and amenities. Accommodation comprises of two lounges, dining room, kitchen, and laundry. Bedrooms are located on the ground and first floor and comprise of 14 single

bedrooms and one double room with ensuite facilities. A passenger lift is available to facilitate access between the ground and first floor. At the time of our inspection visit there were 15 people who lived at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We found sufficient staffing levels were in place to provide the support people required. We saw staff members were responsive when people required assistance. Call bells were answered quickly and people requesting help were assisted in a timely manner. One person we spoke with said, "I have no concerns about the staff being available when I need them."

The registered manager understood the requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People who lived at the home had freedom of movement and could spend time in their room if that was their choice. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were

provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by the Inspector. The people we spoke with said they were happy with the standard of hygiene in place.

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

People told us they were happy with the activities arranged to keep them entertained. On the morning of our inspection visit we saw staff undertaking armchair exercises with people. During the afternoon people were entertained by a singer. One person we spoke with said, "We have some really interesting activities organised for us. The entertainer coming this afternoon is very good."

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or management when necessary.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, staff and resident's meetings and care reviews. We found people were satisfied with the service they were receiving.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Merwood Rest Home

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 20 October 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector.

Before our inspection on 20 October 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, three staff members and four people who lived at the home. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called 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 looked at the care records of three people, recruitment records of two recently employed staff members, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of three people. We also undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with us told they felt safe when supported with their care. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person we spoke with said, “I moved here from another home where I wasn’t happy. The care here is much better and I feel safe with the staff. They are kind and caring towards me.” Another person said, “Yes this is definitely a safe place to live. The staff are very kind.”

We observed staff assisting people with mobility problems throughout the inspection visit were kind and patient. We saw they took time when they supported people with their personal care needs to ensure they received safe care. For example we saw staff assisted one person from their armchair to mobilise with their walking frame. They used appropriate moving and handling techniques. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. Staff spoken with told us they were aware of the whistleblowing procedure the service had in place. They said they wouldn’t hesitate to use this if they had any concerns about their colleagues care practice or conduct.

There had been no recent safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home. Discussion with the registered manager confirmed she had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation and informing the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the Inspector. We observed staff making appropriate use of personal protective equipment such as gloves and

aprons. The people we spoke with said they were happy with the standard of hygiene in home. One person said, “I chose to live here because it was clean when I came to look around. The staff do a very good job in my opinion.”

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found window retainers were in place to keep people safe. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee’s had a full employment history including reasons for leaving previous employment. We saw gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. We saw the deployment of staff throughout the day was organised. People who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals. People who required support with their personal care needs received this in a timely and unhurried way. One person we spoke with said, “I sometimes like to spend time in my room. If I need anything I use my call bell and they come to me in no time.” Another person said, “I feel safe knowing the girls will come to me quickly if I need them.”

We saw staff undertaking tasks supporting people without feeling rushed. We observed requests for support were

Is the service safe?

dealt with promptly. Staff responded quickly to people requesting assistance through the homes call bell system. Staff spoke with told us they were happy with staffing levels in place. One staff member said, "I have no issues with staffing levels. Yes we are kept busy but we also have time to spend with the residents. We do armchair exercises every morning and join in the activities in the afternoon."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately,

checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check that people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed medicines being administered at lunch time. We saw medicines were given safely and recorded after each person had received their medicines. The staff member informed people they were being given their medication and where required prompts were given. People who lived at the home told us they received their medicines when they needed them. One person said, "I agreed the staff would manage my medicines for me when I moved into the home. I am happy with this arrangement and I get my medication when I need it."

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and we saw people engaged staff in conversation as they went about their duties. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. One person we spoke with said, "I have a very active social life both in and outside the home. I have remained in contact with friends and go out several days a week to meet up with them."

We spoke with staff members and looked at individual training records. The staff members we spoke with said they received thorough induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work they undertook. One staff member said, "I have a care qualification but also receive regular training provided by the home. They make sure our training is in date and regularly updated."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. Most had achieved or were working towards national care qualifications. People we spoke with told us they found the staff professional in the way they supported them.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and had plenty to eat. The home worked to a four week menu and people were asked daily about meals and choices available to them for the day. On the day of our inspection visit the choices provided were shepherds pie or meat balls. One person we spoke with said, "I have opted for shepherds pie. It's always good."

We saw snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Throughout the inspection we saw the staff asking people if they required a drink.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience

with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

We spoke with the cook about meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. When we undertook this inspection there were two people having their diabetes controlled through their diet. One person required a soft diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection visit none of the people supported by the service were subject to DoLS. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning

Is the service effective?

process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

For example we saw on one person's care records a referral had been made to an occupational therapist. This was because the person was experiencing mobility problems and required the use of a walking frame.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. One person said, "I moved here from another home and the care is much better. The staff are lovely caring people." Another person said, "I am very happy with my care. Nothing is too much trouble for the staff."

We observed staff members enquiring about people's comfort and welfare throughout the inspection visit and responded promptly if assistance was required. For example we saw one staff member enquiring if a person who had just woken up if they had enjoyed their sleep. The staff member then went on to ask if the person would like a drink of tea.

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they were receiving the best possible care.

We looked at care records of three people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed by staff members were up to date. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines.

For example the care plan of one person nearing the end of their life described the care they were receiving. The care notes confirmed the person had received appropriate healthcare support and compassionate and supportive care from the staff. A recent visit from the person's (GP) had been recorded. Advice given was to ensure the person was made comfortable and inform their family members that palliative care had begun.

We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. They told us that it was a high priority. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards the people in their care and treated them with respect.

Walking around the home we observed staff members undertaking their duties. We noted they knocked on people's doors and asked if they could enter. One person we spoke with said, "I have found the staff both polite and courteous since I moved into the home. They treat me with dignity and respect my privacy."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information leaflets available to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no current concerns about the service.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, “The staff have been very supportive and helpful towards me from the day I moved into the home. I am very happy with my care.”

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

The daily notes of one person who lived with dementia showed the service had identified how to respond and engage with them. The person could present with behaviour that challenged and be uncooperative with staff trying to support them. The care notes had recorded that the person used to work on a production line. It had been identified that if staff placed a chair next to the person they would engage in conversation with them and be receptive to the support provided.

The service provided a range of social activities to keep people entertained. We observed these were advertised in

the entrance hall, were structured, varied and provided over seven days. On the day of our inspection visit we observed people attending and enjoying activities in both the morning and afternoon. In the morning we saw staff had organised arm chair exercises for people.

This was well attended and we observed people laughing and joking whilst undertaking the activity. In the afternoon people were entertained by a singer. Again this was well attended. We saw people singing with each other and the entertainer and their enjoyment was clear.

People we spoke with told us how much they enjoyed the activities they attended. One person said, “There are always plenty of things being organised for us. The entertainer coming this afternoon is very good.” Another person said, “I enjoy and look forward to all the activities. It keeps me occupied and we have lots of fun.”

The registered manager had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to staff or management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, “Yes I have a copy of the complaints procedure and know I can complain to the manager if I am unhappy.” Another person said, “I have never had to complain about anything. I am receiving good care, the food is good and we have lots of activities. I am very happy.”

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. One member of staff said, "The manager is very approachable and supportive. I enjoy working for her."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair and open.

The registered manager and staff on duty were knowledgeable about the support people in their care required. They were clear about their role and were committed to providing a high standard of care and support to people who lived at the home. People we spoke with said the registered manager was available and approachable if they needed to speak with her. Throughout the inspection visit we saw people were comfortable and relaxed in the company of the registered manager and staff on duty.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

We found the registered manager had sought the views of people about their care through meetings and surveys. We

looked at a sample of surveys recently completed. The feedback was positive with comments about the care provided, friendliness of staff and quality of food. Comments included, 'The staff do their very best to provide the best care.' And 'The food is good and I enjoy the activities'. We saw positive feedback had also been received about the service provided at a recent residents meeting. People said they were happy and had no complaints.

Staff meetings had been held to discuss the service being provided. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. We also saw the registered manager had discussed the standards she expected from her staff team for compliance with future CQC inspections.

The service worked in partnership with other organisations to make sure they were following current practice and providing a good quality service. They were part of the Community Care Coordination Team Plan, which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). Members of the Care Home Support Team are qualified senior healthcare professionals with district nursing experience employed by local NHS Trusts. Their aim is to work with the service to assist with care planning around the management of risk of falls and monitoring of pressure ulcers. The team would look into the reason for any hospital admissions and undertake a root cause analysis if people had been admitted to hospital. The team member would aim to find out reasons why people had been admitted to hospital and then feedback to the home and see if there were any gaps in the service. The registered manager informed us she had found the Community Care Coordination Team Plan valuable. This was because it helped to reduce the need for people who lived at the home to be hospitalised.