

# Felixstowe Care Homes For The Elderly Limited

## Merryfields

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Merryfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Merryfields accommodates up to 20 older people in one adapted building. There were 18 people living in the service when we inspected on 12 March 2018. This was an unannounced comprehensive inspection.

At our last inspection of 21 March 2016, the service was rated Good. At this inspection, we found the evidence continued to support the rating of Good. There was no information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

The service continued to provide a safe service to people. This included systems designed to protect people from abuse and avoidable harm. Staff were available when people needed assistance. The recruitment of staff was done safely. The service was clean and hygienic. People received their medicines safely.

The service continued to provide an effective service to people. People were cared for by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received care and support to maintain a healthy diet and good health. People were supported to access health professionals where needed. The environment was suitable for the people living there.

The service continued to provide a caring service to people. People had good relationships with the staff. Staff interacted with people in a caring manner. People were consulted about the care and support that they received.

The service continued to provide a responsive service to people. People received care and support which was assessed, planned and delivered to meet their individual needs. People were supported to participate in meaningful activities that interested them. A complaints procedure was in place. There were systems in place to support people at the end of their life.

The service continued to provide a well-led service to people. The service had a quality assurance system to monitor and assess the service provided to people. These systems assisted the registered manager and provide to identify and address shortfalls promptly. As a result, the quality of the service continued to

improve.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Merryfields

## **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 unannounced comprehensive inspection was carried out by one inspector on 12 March 2018.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who used the service and two relatives. We observed the interactions between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager, the provider's director and five members of staff including care, domestic and catering staff. We also spoke with a visiting health professional and a visitor who was providing an exercise activity for people. We looked at records relating to the management of the service, five staff recruitment records, training, medicines, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection of 21 March 2016, the service was rated Good. At this inspection, we found the service remained Good.

People told us that they felt safe in the service. One person said, "I am safe." One person's relative told us that they felt that their family member was safe living in the service and the staff kept them updated with any changes in the person's wellbeing.

People received care and support from staff who were trained and demonstrated that they understood how to recognise and report abuse. There had been no reported safeguarding concerns about this service in the last twelve months.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks in their daily lives were reduced. This included risks relating to mobility, nutrition and falls. There were systems in place to reduce the risks of people developing pressure ulcers. This included the use of pressure relieving equipment and the provision of support from health professionals. There were systems to monitor and reduce the risks of people falling. This included analysis of incidents to identify patterns and actions to minimise risks. This demonstrated that when things went wrong the service had systems to learn from them and use them to drive improvement.

People told us that they felt that there were enough staff to meet their needs. One person said, "I think there are enough [staff]. There is always one of them around." One person's relative told us that they felt that there were enough staff. The registered manager had a system in place to calculate the numbers of staff required to meet people's assessed needs. Staff told us that they felt that there were enough staff to meet people's needs safely. Discussions with the registered manager and records showed how the service was staffed each day. This was also confirmed in our observations. The service continued to recruit staff safely.

Medicines continued to be administered safely. People told us that they were satisfied with how the staff supported them with their medicines. One person said, "They [staff] help me with my pills, never miss them." We observed part of the lunchtime medicines administration round and saw that staff did this safely, for example, by locking the trolley when it was left. Staff were trained in the safe management of medicines. Records showed that medicines were given to people when they needed them. Medicines were kept safely in the service. Audits on medicines management assisted the service to identify shortfalls and take action to address them.

People told us that they felt that the service was clean and hygienic. Staff were trained in infection control and food hygiene. The service had achieved the highest rating in a food hygiene inspection. All bathrooms and toilets held hand sanitiser and disposable paper towels. There was also hand sanitiser provided in the entrance to the service. There were gloves and aprons around the service that staff could use to reduce the risks of cross contamination. We saw that staff used the disposable gloves and aprons, for example, when preparing to support people with their personal care. This demonstrated that the systems in place

supported good infection control processes.

## Is the service effective?

### Our findings

At our last inspection of 21 March 2016, the service was rated Good. At this inspection, we found the service remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. The registered manager told us that they had positive relationships with the local GP surgeries and community nurses. This was confirmed by a health professional we spoke with, who told us that the service's staff made appropriate referrals when they were concerned about people's wellbeing. The registered manager told us that a health practitioner from the GP surgery contacted the service every week. This supported the staff to make referrals about people when they were concerned about their wellbeing and to ask for support and guidance.

People told us they were supported to access health professionals when needed. We saw a staff member taking one person out to a health appointment. The person said, "I am going to see the doctor." People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans. This ensured that people continued to receive consistent care.

There were systems in place to support people to move between services effectively. There was an 'Emergency Admission Pack' in people's care records, which included important information about their needs and wellbeing. Staff shared this with health professionals, for example if a person was admitted to hospital. One person's relative told us that this was a good system and when they had taken their relative for an appointment they were given all the information they needed to take with them.

The service continued to support people to maintain a healthy diet. People told us that they chose what they wanted to eat and drink and where they wanted to eat. One person said about their lunch, "This is lovely, [chef] is a good cook." One person's relative said that they felt that their family member was provided with a healthy and balanced diet. We observed lunch time, which provided a calm and positive dining experience for people. People chose where they wanted to sit and people who required support to eat were provided this at their own pace. There was a menu on a white board in the service which identified alternatives to meals that people could have if they did not want what was on the menu.

Records showed that, where there were risks associated with eating and drinking, such as weight loss or the risk of choking, referrals had been made to health professionals. People were provided with high calorie and fortified food and drinks where they were at risk of losing weight. The chef and staff spoken with were knowledgeable about people's dietary requirements and preferences. During our inspection, we saw that people had access to snacks. Staff offered people homemade cakes and bowls of cheese snacks, a person's relative told us that this was usual practice.

The service continued to provide staff with training and support to meet people's needs effectively. Training



provided to staff included safeguarding, moving and handling, fire safety, dementia and equality and diversity. New staff were provided with an induction and the opportunity to complete the Care Certificate. This is a set of induction standards that staff should be working to. Records and discussions with staff showed that they continued to be supported in their work role. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty. Staff had been trained in MCA and DoLS and continued to demonstrate they understood these subjects and how they applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service.

People were complimentary about the environment that they lived in. One person said, "I am very comfortable. I can stay in my room or come down here [communal areas]." The environment was accessible to people using the service. This included a passenger lift for people who could not access the stairs. The lift was designed to be accessible to people, for example those living with dementia. There was signage in the service to assist people to navigate around. The registered manager told us that they were starting to paint bedroom doors to resemble front doors. They were also planning to have memory boxes at bedroom doors to further assist people to locate their bedrooms. Regular checks on the environment and equipment, including mobility, electrical and fire safety ensured they were fit for purpose. There were plans for ongoing improvement of the environment, this included moving the dining room from the first floor to the ground floor. There was work being undertaken at the time of our inspection to create a larger laundry area. We saw the provider's director speaking with a visiting company about the purchase of new chairs.

# Is the service caring?

## Our findings

At our last inspection of 21 March 2016, the service was rated Good. At this inspection, we found the service remained Good.

People told us that they felt that the staff were caring and respectful. One person said, "They are all lovely." One person's relative said, "All of them [staff] are compassionate and caring." We saw cards and letters received by the service from people's relatives thanking them for the care and support provided. One relative stated, "It was important to us that [family member] was happy and content and with people who would treat [them] with the respect and dignity [they] deserved." Another thanked the staff for the, "Love, care and kindness."

Staff spoke about and to people in a compassionate manner. Staff spoke with people at their eye level and listened to what they said. One person asked staff several times where they were and why there were in the service. Each time the staff kindly answered the person's questions, despite them repeating these. One person said that they did not want to eat their meal to the staff member supporting them. Another staff member sat with the person and encouraged them to eat more. This demonstrated how the staff provided a caring service for people. The service had a reflection book where the staff wrote memories about people who had died. Comments included, "Used to tell me stories about the Navy," "Lived a full and exciting life and would tell us stories of [their] past adventures," and, "Is truly missed around the home."

People's independence continued to be promoted and respected. We saw a staff member assisting a person to eat, they placed the food on the fork and passed it to the person and encouraged them to eat. People's care records identified how their independence should be promoted and respected and identified the areas of their care that they could attend to themselves.

People's privacy and dignity continued to be respected. We saw that staff closed bedroom doors when they were supporting people with their personal care needs. Staff spoke with people in a discreet way, so others could not hear, when they were talking with people about their personal care needs, such as if they wanted to use the bathroom.

People told us that they continued to make decisions about their care and that staff listened to what they said. One person said, "It's my choice what I do, no one makes me do anything. They [staff] do what I ask them to." People and where required, their relatives, had been consulted in their care planning. Care Records identified people's usual routines, likes and dislikes, and preferences, such as when they went to bed at night and got up in the morning. People had signed documents to show that they agreed with the contents. People's bedrooms were personalised with pictures, photographs and ornaments, which reflected their choices.

People were supported to maintain relationships with friends and family who were important to them. There were areas in the service where people could entertain their visitors, in private if they wished. In addition, the service had made adjustments to support the accommodation of a couple. They had a shared

bedroom and another room was used to provide them with a private lounge area. One of these people told us how they liked their rooms. There was also a notice for Mother's Day lunch, which was the weekend before our inspection. The registered manager told us that lots of family attended.

## Is the service responsive?

### Our findings

At our last inspection of 21 March 2016, the service was rated Good. At this inspection, we found the service remained Good.

People told us that they were satisfied with the care and support they received. One person said, "I am quite happy here thank you." One person's relative commented, "We are very happy with [family member's] care." We saw cards and letters received by the service from people's relatives thanking them for the care and support provided. One relative stated, "You [did] a fantastic job of looking after [relative] for me."

People's needs and preferences continued to be assessed, planned for and met. Care plans guided staff about how to meet people's needs. The records included information about their conditions, including dementia and diabetes, and how they affected people in their daily living. The care plans were computerised and there were areas in the service where staff could update daily records where needed.

People told us about the activities provided in the service. One person said, "We are never bored here." One person showed us the photograph displays in the service of them enjoying activities, "There I am, the first one." One person's relative told us about all the activities that their family member enjoyed. A staff member showed them books of photographs which showed people enjoying activities and entertainment on Valentine's Day and at Christmas. The relatives were in the photographs and they talked about how these were enjoyable days. We saw people participating in activities during the day including a reminiscence quiz, bingo, and exercise.

There continued to be a programme of activities that people could participate in if they chose to. This included visiting entertainers, exercise, and games. The provider had recently purchased a mini bus, which people used for outings. There were items in the service such as stuffed animals that people could use. The registered manager told us that one person particularly liked one of the animals, which they stroked. They also told us that they were working with a local nursery and children visited the service to do activities with people such as playing games, which both people and the children enjoyed. There were also vegetable boxes for people who said that they had enjoyed growing vegetables before they moved into the service. One person who had attended church was supported to continue with this.

People told us that if they had a concern about the service they would report them and were confident they would be addressed. There was a complaints procedure in place and information posted in the service about how people could raise a complaint. In addition, people were asked at the meetings they attended if they had any complaints about the service. We received a concern about the service following our visit. We wrote to the registered manager who fully investigated this and responded to us about actions taken. This showed that there were systems to address concerns promptly.

People's care records included information about the choices that people had made regarding their end of life care. This included if they wished to be resuscitated and where they wanted to be cared for at the end of their life. The registered manager told us about the systems in place to care for people at the end of their life.

This included close contact with the GP to ensure that people were pain free and comfortable. In addition, staff volunteered to sit with people, including overnight, so they were not alone in their last hours. Staff were provided with training in end of life care. There were Gold Standards Framework (GSF) champions in the service and a notice board was dedicated to this subject, including information on bereavement and end of life care. The GSF is a recognised set of standards for end of life care.

We saw cards and letters received by the service from people's relatives thanking them for the end of life care and support provided. One relative thanked staff, "To those in the last week who checked up on me and [family member], made us smile and offered drinks. It is relieving and comforting to know [family member] was in such a friendly and caring environment." Another stated, "[Family member's] final few days were peaceful and comfortable and we thank you for that." They also acknowledged the staff's attendance at their relative's funeral, "It meant a lot to us." Another relative thanked the staff for, "The love and care you gave [family member] the last 10 days, thank you for all the help you gave us as a family."

## Is the service well-led?

### Our findings

At our last inspection of 21 March 2016, the service was rated Good. At this inspection, we found the service remained Good.

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

There was also a deputy manager and an assistant manager who assisted in the managerial duties. The registered manager said that there was always one of the management team available for staff in case they needed guidance or support. The registered manager told us that they felt supported in their role and that a provider's director visited the service on a daily basis. The registered manager told us that the staff team were strong and committed to providing good care to people. This was evident during the recent bad weather where snow had affected travel. The registered manager told us that all of the staff had attended for their shifts.

People and relatives were complimentary about the management in the service. One person's relative told us that they could speak with the registered manager and provider's director at any time. We saw the registered manager and director were a visible presence in the service. People chatted to them and clearly knew who they were. The registered manager promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included in meetings, attended by people using the service, and satisfaction questionnaires. Where comments from people were received the service continued to address them. The registered manager told us that they had achieved the top 20 care homes in the East of England for the past three years by an on line recommendation site.

The minutes of staff meetings showed that the management team kept staff up to date with any changes in the service and people's needs and they could share their views and comments to improve the service. Staff told us that they were happy working in the service. One staff member told us, "There is a good culture, lovely environment to work in. This is my best job." Another commented, "Supported is an understatement, senior staff go over and beyond to make a nice atmosphere."

The registered manager continued to undertake a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety, and care records. These audits supported the registered manager and provider in identifying shortfalls they needed to address. Where incidents and accidents had happened, there were systems to analyse these to check for any trends, to learn from these and reduce the risks of future similar incidents happening.

There were notices in the service with staff who were 'champions' for various subjects including nutrition, infection control and dementia. There was also information about these subjects that people, visitors and staff could read.

The registered manager told us how they were trying to establish working relationships with other care homes in the local area. This included visiting other services and inviting visits to Merryfields. They were also speaking with homes about doing a charity football match. They said that the communication would benefit the services because they could share examples of good practice. The registered manager and provider's director were committed to providing good quality care to people at all times and had systems in place to continually improve.