







# Institute of Our Lady of Mercy Mercy Care Centre

## Inspection report

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Date of inspection visit: 1 July 2015  
Date of publication: 14/09/2015

### 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 took place on 1 July 2015 and was unannounced.

Mercy Care Centre is a purpose built development which has two houses – Beaumont House, which is a 30 care home for people with dementia and Carmel House, which is a 20 bedded care home. They offer residential and end of life care. There is also a sheltered accommodation in self-contained flats where personal care is provided to people living in their own accommodation. It is situated in Derby.

The home has a range of communal areas including lounges, dining rooms, and an enclosed well-kept and attractive garden.

At the time of this inspection there were 50 people using the residential service and four people provided with personal care in their own accommodation.

The home has a registered manager. This 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.

People using the service and relatives we spoke with said they thought the home was safe and had a 'culture of openness' which contributed to people feeling safe. Staff

# Summary of findings

were trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area. Not all incidents of potential abuse had been reported to the relevant safeguarding authority.

Some people's risk assessments were in need of improvement to help ensure staff understood how to support them safely.

People using the service and relatives told us they thought medicines were given safely and on time. Some improvements were needed to the way medicines were received into the home to ensure they arrived on time.

People told us they were happy with the competence and skills of the staff who were knowledgeable about the people they cared for, and had a good understanding of how best to meet their needs. Records showed staff had a thorough induction and on-going training.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the home's training records showed they had attended courses on this.

People said they liked the food. We observed the lunchtime meal being served. The dining room was nicely decorated with fresh flowers on the tables. Staff asked people what they wanted and individual requests were met.

All the people we spoke with told us they liked the staff and got on well with them and we saw many examples of staff working with people in a kind and sensitive way.

People said they were actively involved in making decisions about their care, treatment and support. People also said staff protected their privacy and dignity and we observed this in practice.

People told us they received personalised care that met their needs. Records showed their preferences, for example getting up and going to bed times, were met. Care plans were individual to the people using the service and focused on their strengths and preferences.

People said they were happy with the activities provided. Records showed that people had the opportunity to take part in individual or group activities depending on what they preferred. We observed activities being provided and the atmosphere was lively and people appeared occupied and contented.

People told us they would have no hesitation in speaking out if they had any concerns. Records showed that if a complaint was received, staff responded appropriately. However, not all concerns had been treated as complaints, and followed up accordingly.

People and staff said they were happy with how the home was run and said the registered manager was committed to improving the service. People had the opportunity to share their views about the service at meetings and on an individual basis and changes were made as a result of their input.

The registered manager and staff carried out audits and checks to ensure the home was running smoothly. Records showed they took prompt action if any improvements were needed to the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Staff knew how to ensure people were kept safe and protect them from avoidable harm although one instance of potential abuse had not been reported to the relevant safeguarding authority.

Enough staff were working to enable people's needs to be met.

Medicine was generally well managed in the home though some improvement was needed.

Good



### Is the service effective?

The service was effective.

Staff have been provided with relevant training to meet the needs of people using the service.

People were supported to maintain their health and have access to health services when needed.

Good



### Is the service caring?

The service was caring.

People and their relatives were highly satisfied with the care staff provided.

People were involved in the planning of their support needs. They were encouraged to express their views.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

The home's dedicated activities worker provided a range of group and one to one activities for the people using the service.

People told us they would have no hesitation in raising concerns if they had any.

Good



### Is the service well-led?

The service was well-led.

The registered manager was committed to improving the service.

People had the opportunity to share their views about the service at meetings and on an individual basis and changes were made as a result of their input.

The registered manager and staff carried out audits and checks to ensure the home was running smoothly.

Good



# Mercy Care Centre

## 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 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 took place on 1 July 2015 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A

statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with eight people using the service, five relatives, the registered manager, the care coordinator, two community nurses, one senior care assistant, and five care workers.

We observed people being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at five people's care records.

# Is the service safe?

## Our findings

Everyone spoken with said they felt safe living in the home. One person said, "I feel 100% safe." Another person who lived in one of the self-contained flats who received personal care also confirmed they felt safe. They said, "I feel safe. I would recommend the care to anyone". A relative told us, "My mother is absolutely safe here."

One relative said they thought the culture of openness in the home contributed to people feeling safe. They told us, "There are no visiting restrictions so you just turn up. I'm always welcomed by staff and they seem genuinely pleased to see you." A care worker told us, "If I thought anyone had been abused I would quickly report this to management."

The registered manager was generally aware that if a safeguarding incident occurred a referral would be made to the local authority, CQC, and other relevant agencies. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own. However, we found one instance where a person had an unexplained skin tear which was a situation of potential abuse. This had not been reported to the safeguarding authority. The registered manager stated she would contact this authority in the future for such incidents to see if a safeguarding referral was needed. The manager contacted us after the inspection to inform us that following further investigation after the inspection this was followed up with District Nurses and the information sent.

We observed that information about the safeguarding procedure was present on notice boards and was available to all staff. The staff we spoke with were clear about the different types of abuse and their responsibilities to act on any concerns including acts of omission and neglect by colleagues. They were aware of the home's reporting procedures. This ensured people were safe in the home.

Risks to people were assessed and regularly reviewed. For example, risks from falls, mobility and skin integrity were regularly reviewed. Care staff acted to lessen the risks to people and to promote their safety. Some people needed support to move safely. We observed one person being moved and saw this was carried out by staff in a safe way. It corresponded with the information in their assessment.

One person had an assessed risk of developing pressure ulcers. We saw that this person received the correct support. They had the necessary pressure relieving equipment in place. Care staff were very clear about the support this person needed. A community nurse also told us that staff acted appropriately to support people who were at risk of developing pressure ulcers. This information was not always recorded in people's care plans, so there was a risk that not all care staff would take proper steps to ensure this person's safety. The registered manager said this issue would be followed up and later informed us that risk assessments were completed but the outcome of risk assessments was not transferred into the section of the care plan. This was acted on within 24 hours of this being highlighted and we were sent evidence of this.

A care staff member told us, "We have been on the detailed moving and handling course so we know we have to use the right equipment and we make sure wheelchairs are working properly. Water temperatures for baths and showers are always checked." We looked at records and found that relevant issues of potential risk to people were being checked on a regular basis such as fire precautionary systems, bedrails and risks of people being scalded from hot water and falling. This kept people protected and safe from potential threats to their safety from the environment.

All of the people using the service we spoke with said they thought there were enough staff on duty to meet people needs and keep them safe. A relative told us that staff were always around so that they could respond to any situation and keep people safe.

All the care workers we spoke with said they thought there were enough staff to keep people safe. We observed that doors to the balcony on the first floor were open to let fresh air in on a hot day. The staff member said there was always a staff member around to ensure people were encouraged not to go out to the balcony where they might fall. We saw this was the case on the inspection. This ensured that people were kept safe.

During our inspection the home was fully staffed. We found people's needs met promptly and safely. Care workers said occasional staff shortages had been covered by current staff working more hours, or the use of agency staff. This had ensured that they were enough staff to meet people's needs and make sure people were safe.

## Is the service safe?

Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with people who used the service. We checked three staff recruitment files and all had the required documentation in place.

People told us that the staff were very busy but that they always had time to talk with them. They said they never felt rushed when being supported. One person said, “The buzzers are always answered quickly.” This gave us an indication that staffing levels were sufficient to provide safe care to people.

People told us that staff supported them to have their medicines. Medicines were stored both securely and at the correct temperature. We looked at how the staff managed people’s medicines. We talked with one person using the service about this. They told us they were satisfied with how their medicines were given. They told us, “I always get my medicines when I’m supposed to get them.” A relative also told us that from their observations medicines were always given safely and on time.

The provider’s medicines policy was comprehensive and covered key aspects of the safe management of medicines in care and nursing homes.

Some improvements were needed to medicines management. Some MARS [medication record administration sheets] were incomplete as they did not state when creams should be given but only stated ‘use as

directed’ so there was little information on when and why creams should be applied. The registered manager promptly instituted a system for administering creams and sent us details of this after the inspection.

The medicines records front sheets included a photograph of the person using the service which helped to ensure staff gave medicine to the right person, so people received their medicines safely.

We saw that medicines had not been available for three people for one to two days. Staff told us this was because they were out of stock, although this was not noted on medicines records. Staff told us that this medication had been ordered but said there had been miscommunication between the pharmacist and the GP surgery and it had not been ready on time. The care coordinator stated that she had discussed this issue with these services to try to ensure this did not happen again. The registered manager stated this issue would be followed up again as it was not acceptable for people to be left without their medication. She later stated that this could have been resolved by agreement with the GP to use medication from our home remedies or a member of staff could have gone to collect the prescription as previously done.

One person told us they looked after their own medicines. They confirmed that the staff had made sure that they could do this safely and had provided them with a facility to keep their medicines securely from the risk of other people accessing and taking it. This was confirmed in the records we checked.

# Is the service effective?

## Our findings

People were very positive about the staff and felt they understood how to provide care in the way people using the service wanted. We observed care staff providing support to people. This confirmed that they were aware of how to support people in an effective manner that upheld their rights.

People told us they were happy with the competence and skills of the staff. One person said, “The staff know how to help me.” A relative commented, “Staff are well trained. They know what they are doing and they keep me informed about everything.”

Staff were knowledgeable about the people they cared for and had a good understanding of how best to meet their needs. They said that they had received a “great deal” of training from the provider. This included annual basic training in such areas as moving and handling, safeguarding and fire safety as well as more specific training, for example, in supporting people with dementia and end of life care. Care staff also told us that new staff completed induction training and would not work unsupervised until they were sure they understood people’s care needs.

A staff member told us that moving and handling training was very detailed as it involved a three day course which ensured the support they gave to people was effective and specific to the people using the service. Another staff member told us that staff training on dementia was very detailed and gave them a comprehensive understanding of different types of dementia and how to respond to people in a way that understood and met their personal needs. The registered manager explained this training was organised by a recognised national leader in this field.

We looked at the staff training matrix. We found staff had been trained in a number of relevant issues. However, training did not include a number of people's health conditions such as stroke, Parkinson's disease or diabetes. The registered manager sent us information after the inspection which indicated that staff will be appropriately trained in these issues later this year. End of Life Care training was planned for all staff with a hospice to commence shortly. Some staff had attended training in by a leading dementia educator with whom the service has links to.

All staff were attending Supervision and Appraisal Training planned with an Investors in People trainer which supplies staff with an opportunity to enhance their own personal development.

People we spoke with told us that the staff always explained things to them and nothing was done without their agreement. Records we looked at included written consent to give medicines and there was evidence of regular discussions with people and their relatives about their care. Staff were very clear about people’s right to make decisions and choices about their care.

We observed staff supporting people in communal areas. We saw they were confident and skilful in their interactions with people and used equipment effectively. They always talked with people as they supported them and let them know what they were doing. They reassured people at every stage. A relative said, “They know how to help my mother. Their approach is excellent. I could not fault them.”

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the home’s training records showed they had attended courses on this issue.

We looked at a DoLs application. This had been properly completed and sent to the relevant authority. Staff understood what they needed to do if a person was unable to consent to their care or was putting themselves at risk in any way. This helped to ensure that people who on occasions might not make safe decisions for themselves would be protected.

People told us they were satisfied with the meals served. One person said, “Food is very good. I have no complaints.”

A relative told us, “I have been here during mealtimes and portion sizes on good.” A staff member said, “Everyone appears to enjoy the food here.”

We spent time observing lunch and saw that this was a relaxed and social occasion. Staff were available to provide people with any support they needed. People told us they enjoyed the meals. People we spoke with said there were lots of choices and they could ask for alternatives to the meal on the menu. They confirmed there was always plenty to eat. They told us there was always a three course lunch and fruit was always available. People said that during the hot weather they were offered ice creams and ice lollies

## Is the service effective?

during the day. We observed staff offering these things. People also told us they had plenty to drink throughout the day. We observed that care staff regularly offered people a choice of drinks.

We saw from care plans that people's nutritional needs had been assessed and special diets were made available when needed. We saw that the catering staff maintained good records to make sure people received the type of food they needed. For example, two people needed to have a soft diet and this was provided.

People told us and records confirmed that they were weighed regularly. Care staff confirmed they recorded people's food intake when there were concerns that people may not be eating and drinking sufficient amounts and we saw this was recorded in people's care plans. We also saw that when people had a significant weight change they were referred for specialist health care support. The cooks had detailed written information on nutrition and hydration to be able to meet people's needs, for example if they needed food of a certain consistency, or were on particular diets for health reasons.

The dining room was a pleasant environment with matching placemats. Fresh flowers were on tables. People were offered a choice of juices or water to drink. When the

food was served we noted that a person was just cutting up their food without eating anything. This staff member quickly went to the person and provided encouragement and support to eat.

People told us that the care staff called the doctor if they felt ill. One person told us that recently their legs had been very swollen and that the staff had ensured the GP was called. People told us they received regular health checks. However, in some care plans we saw there was no record of hearing, eye and dental checks and we noticed the last recorded chiropody visit was over six months previously. The registered manager followed this up and sent us information which indicated that people had received these checks, but this information had not been recorded properly. She said it would be in future.

Health care professionals who visited the home and the self contained apartments told us that the staff were alert to changes in people's health. They said staff referred people for health care support promptly and acted upon any directions and guidance given by them.

There were staff champions identified for issues, for example, falls, medication, moving and handling, the kitchen, health and safety, social care, end of life, first aid and infection control to ensure effective care was provided.

# Is the service caring?

## Our findings

Everyone we spoke with said they found the care staff very caring. One person said, “The staff are very caring. They show us respect”. Another person said, “The recipe for success here is ‘Love’ and that’s what we get here”.

Our discussions and observations confirmed that staff showed people a great amount of respect. We observed this in that way they spoke with and about the people supported. For example, we saw staff kneeling down to speak with people to make communication easier for them. This was done in a very gentle and caring manner.

People told us that staff respected their privacy. One person described how when they were supported to have a shower the care staff left them to wash where they could and did not return without gaining their consent.

One care staff member told us, ‘I like working with the people here. I want to help and we treat people in the way I would want my relatives to be treated.’

People made decisions about their lifestyles and this was encouraged and respected. For example one person told us, “It’s free and easy here. I get up when I want, I choose my food and choose where I want to eat.”

We saw many examples of staff working with people in a kind and sensitive way. For example, we observed staff listening attentively to people, socialising with them, and providing them with reassurance when they needed it.

People told us staff protected their privacy and dignity. One relative told us, “My mum is treated like a real person. Just because she has dementia doesn't mean she gets treated any differently from anyone else.”

People told us that they were supported to express their views about their care. One person told us, “I have a plan of care and I’m involved in deciding what I want.”

People told us they were involved in the refurbishment of the home. For example, they have chosen light fittings, colour schemes, crockery and flooring.

People told us and records confirmed that each person had a keyworker who ensured they discussed people’s care with them on a regular basis.

Relatives told us they were involved in the reviews of care. We found this to be the case when we looked at people's care plans. This proved that relatives were involved in how they wanted their care to be provided to their family members.

The registered manager explained that people were always involved in recruiting new staff. They played a full part in the recruitment process for all staff. This was highlighted in the letter advising all potential candidates when being invited for interview. They met the prospective staff member and were able to ask them relevant questions. Their opinion was sought when it was decided which person to appoint. The registered manager said on one occasion a person had not been offered a job as a care staff member because a person living in the home thought that their manner did not inspire confidence. This indicated to us that people were properly involved in running of the home.

# Is the service responsive?

## Our findings

People confirmed that the care staff provided them with the support they needed. They confirmed they were very involved with decisions about their care. They also told us care staff were available to provide them with care during the night if they needed it.

People told us that they were treated as individuals. They said that the staff knew the things they liked and how they wanted to be supported. One person said, "They know me. Whatever we want the staff will oblige."

People were supported to have individual care. They told us that staff listened to them and took account of their individual preferences. For example, one person told us that they liked to get up at a specific time and to eat their breakfast in their bedroom. They said these wishes were respected. Another person told us they did not like group activities and staff therefore supported them to undertake individual activities of their choice. We also observed that care staff knew each person well and could tell us about the care they needed and about their individual likes and dislikes.

People told us they received personalised care that met their needs. Records showed that people had an assessment prior to admission and this formed the basis of their care plans. These included information about people's health and social care needs and their likes and dislikes.

The care plans we looked at were individual to the people using the service and focused on their strengths and preferences. Questions such 'what is important to me' and people's life stories gave staff an understanding of the person in question which they could use as a basis for building a trusting and supportive relationship with them.

Records showed that plans of care were reviewed on a regular basis. We saw evidence that the people using the service and their relatives were involved in reviews. The staff were knowledgeable about the needs of the people who used the service and were able to tell us who needed extra support at times in order to minimise risk.

With regards to end of life care, there is a guest apartment available for families to stay on site for as long as they require and staff can provide support as needed.

People had the opportunity to take part in a range of individual and group activities. There were group activities every day during the week. This included quizzes, arts and crafts, poetry and board games. People were also supported to carry on with activities they enjoyed before they came to live at the home. One person told us they did knitting and another person told us they enjoyed completing jigsaws. This person also told us they had been supported to learn how to use a computer and now completed the minutes for the resident meetings and posters advertising activities on the computer. Two people arranged the flowers for the dining tables. People also had the opportunity to go out shopping and for meals.

Some people were supported to attend a Catholic mass at the adjoining convent chapel. We were also told that a Church of England service was available once a month and this was confirmed to us by friends of a person. This respected people's different religious preferences.

The registered manager told us they intended to increase the activities for people as they believed this greatly improved people's wellbeing. They had already started collaboration with an arts group to develop art and music therapy sessions for people. We saw evidence of this arts and music programme, funded by the service, which was being monitored and evaluated by the professionals involved to enable the service to understand the impact of this on people. This further develops staff skills in looking at different ways to engage people who live in the service. There was evidence of community involvement with local schools coming into the service. Also, there is a swimming group that uses a hydrotherapy pool at one of the local schools.

People told us they would have no hesitation in raising any concerns. They said they would talk to either the registered manager or the care coordinator who they said were approachable. They were sure that they would act on any concerns. One person said, "I would go to (staff name). I know they would try and sort my concern out."

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This included information on how to contact the Ombudsman, should a complaint not be resolved to their satisfaction, however no contact details were given. The registered manager said these would be added. There was also a reference to advocacy services if people needed support to make a complaint.

## Is the service responsive?

We looked at complaints records. We found that no complaints had been recorded. The registered manager said no one had ever made a formal complaint. However, she supplied us with information where a relative had made an informal complaint. This showed that the complaint was quickly investigated by the registered manager and a response sent to the relative who was satisfied with this action.

The registered manager stated that any issues raised through care review meetings, residents meetings, relatives meetings and team and departmental meetings and supervisions were followed through and acted on. This information was recorded on care reviews and acted upon

accordingly with families. She stated that all surveys and issues raised are discussed and actioned at all meetings and recorded. Records of relatives meetings are sent out to all families, whether they attend or not.

We also found some concerns expressed in relatives questionnaires. The registered manager said she would in future treat such concerns as complaints so that people could see what action was taken in response to any concerns expressed. Any issues would be recorded in the complaints records in the future. This would then show that any concerns expressed about the running of the service were always taken forward and people kept informed of how they were dealt with.

# Is the service well-led?

## Our findings

There was very positive feedback from people who live in the service, their friends and family, staff and visiting professionals and the praise and recommendations we saw on a national website. We saw many instances of friendly and efficient care. This testified to a service that had the ethos of treating people with dignity and providing individualised care to meet people's needs.

People told us that the management, the registered manager and the head of care, sought their views about running of the home. One person said; "They include us in decisions. We are part of running the home".

People told us that regular resident meetings were held. These covered such issues as menus, activities and future developments of the home. We were told that the cook attended these meetings and so people were able to put forward suggestions about meals. People confirmed these were acted upon. This indicates a well led service.

Care staff were positive about the culture and the style of management. They said that the registered manager always emphasised that people should always be respected and that care needed to be individual to people's needs. Staff were able to attend staff meetings and had individual supervision sessions. They said they felt listened to and felt that their views were welcomed. They

said service was a friendly place to work, that staff were supportive of each other and that the management valued their contribution. The very low staff turnover is likely to be a reflection of this high staff morale.

We looked at records for quality checks and saw that they covered a number of relevant issues such as medication, health and safety checks, premises checks, and fire precautionary testing. We also looked at the falls audit. This covered relevant features such as how to manage health and safety risks and issues such as ensuring people had safe footwear. It did not cover issues such as the identified causes of falls or whether there had been referral to the falls clinic. The registered manager stated that falls are addressed individually through regular assessment and referrals made to the falls clinic and appropriate equipment is used. For example, sensor mats are put in place to alert staff to try to prevent a fall. The registered manager said this audit would be reviewed and all relevant issues included.

The registered manager also completed a monthly manager's check. This covered relevant issues such as planning for people's care, safeguarding people, reviewing accidents and incidents, health and safety concerns, staff recruitment and training and service development. This was used to monitor and assess the overall quality of the service. It demonstrated that the registered manager and her staff were committed to providing high quality care to the people using the service.