

Alphagrange Limited

Merrivale Farm

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	

Overall summary

The inspection took place on 4 March 2015, it was unannounced.

The home provides accommodation and personal care for up to eight people who have a learning disability. At the time of the inspection eight people were living at the home.

It is a requirement that the home has a registered manager. There was a manager in post who was registered with us. 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.

People felt safe at the home and could tell staff if they had any concerns. Staff understood their responsibility to protect people from harm and knew how to report any abuse. People were supported by staff in sufficient

Summary of findings

numbers to meet their needs. Staff knew how to assist people and help them stay safe. People's safety and risks were considered when their care was planned and their medicines were looked after appropriately.

Staff felt supported in their work and were provided with training to help them meet people's needs.

People's consent was sought before support was provided. When people did not have the capacity to make decisions for themselves the legal principles to protect their rights had been followed.

People liked the food and mealtimes were homely and relaxed. They were supported to make choices about what they ate and to be involved in making their own meals and drinks. A healthy diet was encouraged. People were enabled to access health services including routine preventive health checks. They felt staff were caring when they were ill and staff worked closely with external professionals to meet more complex health care needs.

People had good relationships with the staff who they found caring. They were involved in planning and reviewing their support and their privacy and independence was promoted.

People's preferences and individuality was respected and staff took these into account when providing support. They were supported to make choices about how they wanted to spend their time and encouraged to try new things. Any concerns were picked up quickly and addressed.

People and their relatives felt the service was well run and their views were welcomed and listened to. They and staff felt able to raise any issues with the registered manager and providers. There was a clear management structure in place and the providers were monitoring the service. The environment had been improved during 2014 and further improvements were planned.

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. People felt safe, systems were in place to help protect them from avoidable harm and abuse. People were being supported by sufficient staff to meet their needs and had the help they needed with their medicines.

Good



Is the service effective?

The service was effective. People were receiving care from staff that were well trained and supported. People's consent to care and treatment was established whenever possible. Where people lacked capacity the legal requirements were followed and decisions were made in their best interest. People were supported to have the food and drink that they enjoyed and required and they had their health needs met with appropriate support from health professionals.

Good



Is the service caring?

The service was caring. People were treated as individuals and their differences were respected. They had good relationships with the staff who they found helpful and kind. People were involved in making decisions about their care and support.

Good



Is the service responsive?

The service was responsive. People's care needs had been reviewed and the service was personalised. People, their relatives and health professionals were involved in care planning.

People's views and preferences were respected and they were helped to stay in contact with their families and friends. They had opportunities to take part in meaningful activities and community involvement. Concerns were taken seriously and people felt listened to.

Good



Is the service well-led?

The service was well-led. People, relatives and staff felt there was an open culture where feedback was welcomed. People were involved in making decisions about the service and their support. The management arrangements were clear and monitoring systems were in place that led to improvements.

Good



Merrivale Farm

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.

The inspection took place on 4 March 2015. The inspection was carried out by one inspector and was unannounced.

Before the inspection we spoke with other agencies for their opinions of the service including the local authority

and Healthwatch. We looked at the statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We used this information to help us plan our inspection.

During our inspection we met the eight people who lived at the home and spoke with six of them. We spoke with both providers, the registered manager and one carer. We received feedback from two health professionals. We looked at a sample of records including two people's care plans, two medicine records, staffing training records and records relating to the management of the home such as fire equipment checks.

Is the service safe?

Our findings

Everyone who gave us feedback told us that they felt safe and free from risk of abuse. They said they would be able to tell staff if they had any concerns and had confidence that they would be listened to. One said, “I would tell [the provider’s name] if anyone upset me”. Another said, “There are no bullies here”.

Staff said they had received training on safeguarding adults from the risk of abuse and knew how to raise any concerns with managers or the local authority. The training was repeated each year and staff felt any concerns they raised would be listened to and taken seriously. The management team knew how to report safeguarding incidents to the local authority and to Care Quality Commission. This meant that systems were in place to help protect people from the risk of harm. No safeguarding incidents had been reported to us since our last inspection in January 2014.

People told us that staff helped them stay safe. One told us they went out on their own but only went to agreed places and staff always knew where they were going. Another person had a bell to call for staff assistance as they had some mobility needs. We saw that there were systems for managing people’s risks. We were given examples of how risk assessments and arrangements had been reviewed with the involvement of health professionals when people’s needs changed. Staff were able to explain how they kept people’s risks to a minimum. For example, following agreed daily routines to reduce the risk of people developing pressure sores.

Risk assessments formed part of each person’s care plan. These covered the support people needed and also environmental risks. Those we saw had clear information to guide staff, for example the help people would need to evacuate in the event of a fire. The providers and registered manager told us they saw all incident and accident reports and always discuss these with the team. Any significant events were recorded and kept in people’s care plans to help inform the planning of their support.

People told us that there was always staff available to help them. Staff told us that the staffing arrangements were sufficient to meet people’s needs in a flexible and relaxed way. The providers told us that robust recruitment procedures were in place to check the background of any applicants but there had not been any new staff appointed for five years. Staff confirmed that when they had started background checks had been carried out and they had been given time to learn the role and get to know how people liked to be supported.

People told us that staff gave them their medicines correctly. We saw that there was suitable secure storage, which had recently been improved with new cabinets and a medicines fridge. The administration records and medicine supplies we saw showed that people had been given their medicines correctly. Clear protocols were in place when medicines were administered in a specific way or only ‘as needed’. Staff completed training on medicines administration and a process to check their competencies had recently been introduced. This meant that suitable arrangements were in place to protect people from the risks associated with medicines.

Is the service effective?

Our findings

People told us that they liked the staff that supported them and they felt they had the right skills. One said, “Oh yes, they help me stay well”. A visiting professional told us, “I have always found all staff very welcoming, very well informed and motivated”.

Staff told us they were supported to stay up to date with good practice through training and regular discussions within the staff team. They felt they had received training that reflected the needs of the people they supported. They were able to tell us how they applied the training in their roles, for example, explaining how to monitor blood sugar levels and skin pressure areas. On-line learning accounts had recently been set up and staff were working through the training modules. Specific training had been held to ensure staff knew how to safely assist a person who had mobility needs. The providers showed us that the training needed was planned and refreshers booked when required. Infection prevention and control training was needed and this was being arranged. We saw from the records that training needs were discussed in staff meetings. This meant people were supported by staff that were trained to meet their needs.

People told us that staff asked for their consent before providing support. One person said, “Yes, when I bath they ask if they can help wash my back”. We saw that staff asked people if they would like their help to do something, such as write their daily diary. Staff encouraged people without pressurising them were flexible if the person did not want to to the task at that time. Staff told us they always seek people’s consent and offer them choices. For example, one told us they discussed people’s plans for their day in the morning and made arrangements around their wishes. Staff told us they were aware of the Mental Capacity Act 2005 (MCA) and understood that where people needed help to make decisions this support must always be given in their best interest. They were also aware of The Deprivation of Liberty Safeguards (DoLS) but felt these did not apply to most people in the home as they had mental capacity.

The providers told us they, the registered manager and staff had all attended training on the MCA and DoLS. They showed us records of MCA assessments and best interest decisions that had been made with external professionals. One example was about a surgical procedure. A DoLS

application had been made for one person in regards to the care arrangements in place for their safety. This meant the providers understood their legal responsibilities and had taken appropriate action to protect people’s rights.

People told us that they liked the food and they had a choice of what they ate. We saw staff offer people choices around food and drinks throughout the day. People had open access to the kitchen and the majority were involved in making some of their own food and drinks. People told us they discussed the food they wanted each day. One told us, “We go to the supermarket and we can choose things, like the biscuits we want”. Another said, “I now like Chinese and Indian food, I didn’t used to”. The providers said these were home cooked meals not takeaways and they encouraged a nutritionally balanced diet. We saw that a supply of fresh fruit and vegetables were available and people were offered fruit after their meal. People said they enjoyed the cooking sessions held where they had recently made spring rolls and Mexican chicken.

People told us that staff helped them with health appointments and looked after them when they were unwell. We saw surveys that people’s relatives had completed for the provider in January 2015. Comments included, “[Person’s name] is seen by the GP when necessary and given good care and treatment” and “I have always been kept informed and invited to attend appointments where appropriate”. Discussions showed that staff worked with health and social care professionals to help reach the best outcomes for people. For example, when a person’s behaviour changed their psychiatrist was involved and a medication change had proved beneficial for the person. People’s care records showed that routine health appointments were accessed. Those with specific health conditions were seen by the relevant specialists such as podiatrist. One to one staff support was provided when people were in hospital and ‘hospital passports’ with essential information were being developed for people with complex needs.

A health professional told us, “I have given carers instructions and advice with regard to daily monitoring and recording of areas of need and I have observed during my visits the carers delivery of care is thorough” and “Carers are intuitive and have been quick to pick up changes in my client”. This meant that people’s changing health needs were being identified and met through a joint approach with health professionals.

Is the service caring?

Our findings

People told us they found the staff helpful and kind. Comments included, “I like them all, and we have a laugh”. Another said, “Yes, they’re nice, I like going out with [staff member’s name]”. We saw that people were confident and at ease when with the providers and staff, for example they shared jokes or touched them affectionately on the shoulder. Several people were keen to tell us about the pet dogs, horses and chickens. The environment was homely and the atmosphere relaxed. People were seen moving freely around the home and grounds as they pleased.

One health professional told us, “I have always liked the way staff interact with all the residents, the respect they show them and how they work with visiting professionals”. We saw surveys that people’s relatives had completed for the provider in January 2015. Comments included, “I am always greeted warmly by the staff and residents at Merrivale” and “Staff are very friendly and approachable”.

Staff spoke about people in a kind way. They treated them with respect when engaging with them. For example, one of the providers quickly defused a disagreement between two people and then gave them some space to allow them to resolve the matter, which they did. We saw that staff noticed when people needed assistance and responded to help them. For example, one person had been unsettled

the previous night so staff regularly checked on them and only assisted them to get up when they indicated they were ready. Staff were unrushed and took time to work out what people wanted, taking account people’s methods of communication.

People told us they felt included in planning their support. One person showed us their care file and the diary they wrote daily with staff. This included pictures which helped them recall what they had done. People had been involved in agreeing what went into their care plan, for example their preferred routines and preferences.

People told us that they were supported with dignity and respect. One person said, “They knock on my door and wait until I say they can come in”. Another told us how they were helped with their hair and nail care and supported to buy clothes they liked. People looked well-presented and everyone had their own personal style. Some were keen to show us their nicely personalised bedrooms which they explained they cleaned each week. Some people had chosen to have a bedroom door key but other said they did not want one. We saw that people were encouraged to have personal hygiene routines. For example, one person was reminded to shower and change after assisting with animal care. We saw that staff assisted a person who had mobility and communication needs in an unrushed way and protected their dignity.

Is the service responsive?

Our findings

People felt they received the support they needed. One person told us, “They help me when I want it, I am happy here, why wouldn’t I be”. Another said, “I am very content, thank you”. We saw that people were offered a personalised service. For example, one person told us they liked to have breakfast in their flat and staff helped them shop for what they needed to maintain this independence. A small group had recently attended a course on Nordic walking to see if they enjoyed it and were joining a local rambling group. People discussed their needs and wishes at regular meetings with their keyworker (their lead worker) and in annual review meetings with people’s relatives and the funding authority. We saw surveys that people’s relatives had completed for the provider in January 2015. Comments included, “I have been invited to all care plan meetings with [person’s name] and their social worker at Merrivale”.

Staff told us they felt well informed about people’s needs and preferences. They found the care plans and daily handovers between shifts worked well and kept them informed about people’s changing needs. The providers told us that each person’s care plan had been kept up to date. The care plans that we sampled, confirmed this. We saw that the plans included details of the practical help people needed with daily living and self-care tasks as well as their communication and emotional needs.

The providers gave examples of how the service was working with health and social care professionals to help ensure good outcomes for people. A professional told us that they found the staff managed their client’s fluctuating needs at a high standard. They said, “I have been impressed with the skills of the staff at Merrivale and as a team they communicate well with professionals” and “They follow health care procedures, consistently record and monitor risk areas and respond quickly to emergency situations”.

People told us they were supported to do things they enjoyed and their ideas were listened to. One person gave the example of their recent trip to see The Lion King at a Birmingham theatre. We saw people taking part in activities at the home that they liked such as gardening, animal care and playing the piano. People told us about things they were planning, such as going to watch a football match in three weeks’ time or going to place a bet on the Cheltenham horse races. Three people had spent the morning at a weekly craft and animal care course, which they told us they enjoyed. One person told us they attended this and two other educational sessions each week and also went swimming with staff. Another person told us they enjoyed a new job working in a charity shop.

People were supported to stay in touch with their relatives. One person said, “I ring my dad when I want to” and “Yes, my dad is made welcome when he visits”. Three people’s relatives lived too far away for regular visits, so short breaks were arranged in these areas so they could meet up at least annually. We saw that other holidays were discussed in the residents meetings. Some people enjoyed going abroad and one showed us the photographs from their trip abroad in 2014.

People were given the option to attend the religious service of their choice and some were actively involved in maintaining religious grounds.

People told us that they felt able to tell staff if they had any problems. Comments included, “I can tell staff if someone has upset me” and “I can’t think of any complaints at the moment”. There was a system in place to record and show how formal complaints had been responded to. The providers told us that no complaints had been received since our last inspection January 2014. They said because they directly supported people, they picked up issues quickly and informally before they became formal complaints.

Is the service well-led?

Our findings

People told us they were happy with the service. They felt involved in planning their care and able to give their views. We saw several examples of people's ideas being listened to. For example ideas for outings or new activities had been actioned. People confirmed that they had been consulted about which staff they would like as their key worker. House meetings were held every two to three months where people were encouraged to give their views on shared issues. These included menus and shared holidays. People told us they felt able to say what they wanted at these meetings. A notice board in the dining room was used to share information with people about upcoming events and contacts.

A health professional told us, "The home environment is a warm friendly one and all the residents are involved in the daily running of the home i.e. household chores, menu choices, cooking, gardening". We found the home had a relaxed and friendly inclusive approach. People were encouraged to cooperate with each other to run the home, such as sharing daily tasks. One relative commented in the provider's January 2015 survey, "We feel part of a big family and are able to discuss [relative's name] with any staff".

Staff felt that the culture was open and there was a shared aim to give people a good quality of life and independence. They felt able to give their views and ideas at staff meetings or any other time. The providers said they had delegated additional responsibilities to staff in line with their strengths. This was to help staff be familiar with and engage with management tasks and help the service run smoothly. Staff told us about the areas they were involved with such as setting up on-line training accounts for colleagues and being the Fire Marshall. They told us they felt valued and were part of a team with good morale.

At the last inspection in January 2014 we issued compliance action and asked the provider to make improvements in the way they monitored the service. This was because some recommendations made by external agencies had not been actioned. At this inspection we saw that improvement had been made. An audit tool was in use to help make sure the medication policy was consistently followed and a recommendation recently made following the supplying pharmacist's audit had been promptly actioned.

Feedback surveys had been issued in the last year to people living at the home, relatives and health professionals and the findings collated. Feedback had been positive and no areas for improvement had been identified. The providers had continued to improve the environment including the refurbishment of bathrooms.

The providers worked well in partnership with other agencies. This had enabled them to continue to support people whose health and care needs had increased significantly over time. This level of physical care was not that usually provided by the service and so the knowledge and skill level of the team had needed to be increased. With the close support of health specialists this had been achieved. One of the health professionals involved told us the support had enabled their client to remain at the home, which was in their best interest.

The providers and registered manager was aware of their legal responsibilities and they had reported notifiable incidents to us and other authorities as required. The providers were now using the internet more to network and access information to help develop the service.