

Adelphi Care Services Ltd

Merrington Grange

Inspection report

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13 April 2018
23 April 2018

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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

This unannounced inspection took place on 12 and 13 April 2018. At our previous inspection in February 2016 we had no concerns in the quality of care and had rated the service as good. At this inspection we found that the service was still good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Merrington Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Merrington Grange is registered to provide accommodation and personal care for up to nine people who have learning disabilities. At the time of our inspection eight people were living there.

Merrington Grange has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A manager was in post and was present throughout this inspection. They had recently been appointed by the provider and had yet to register with the Care Quality Commission (CQC). 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 continued to remain safe as staff knew how to recognise and respond to concerns of ill-treatment and abuse. There were enough staff to support people to meet their needs. Staff members followed safe infection prevention and control practices. The provider followed safe recruitment procedures when employing new staff members. The provider learnt from incidents and accidents and worked with people and families to minimise the risk of reoccurrence if things had gone wrong.

People were safely supported with their medicines by competent staff members. People received care and support from staff members who had received training and support to effectively assist them. New staff members received an introduction to their role and were equipped with the skills they needed to work with people.

People continued to receive care that was effective and personalised to their individual needs and preferences. 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 were able to access areas of their own home and garden.

People received support that continued to be caring and respectful. People were supported by a staff team

that was compassionate, thoughtful and kind. People's privacy and dignity was respected by those providing assistance. People were supported at times of upset and distress.

People, and when needed family or advocates, continued to be involved in developing their own care and support plans. When changes occurred in people's personal and medical circumstances, these plans were reviewed to reflect these changes. The management team had procedures in place to address people's care as they approached end of life. People's individual preferences were known by staff members who supported them as they wished. People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

Merrington Grange continued to be well-led by a management team that people and staff found approachable and supportive. People were involved in decisions about their care and support and their suggestions were valued by the provider. Staff members believed their opinions and ideas were listened to by the provider and, if appropriate, implemented. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Merrington Grange

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 was an unannounced comprehensive inspection completed by one inspector carried out on the 12 April 2018, with a further announced visit on the 13 April 2018. We spoke with some family members on 23 April 2018 by telephone.

The inspection was partly prompted by an incident which had a serious impact on a person using the service and that this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which may be subject to criminal investigation, we did look at associated risks.

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During the inspection we spoke with three people living there. However, we were not able to talk about the care and support they received in depth. We used the 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.

In addition we spoke with three family members, the manager, deputy manager and four care staff members. We looked at the care and support plans for three people including assessments of risk and guidance for the use of medicines. We looked at records of quality checks completed by the manager and the provider. We further confirmed the recruitment details of two staff members.

Is the service safe?

Our findings

People continued to be protected from the risks of abuse and ill-treatment whilst living at Merrington Grange. Staff knew how to recognise and respond to any concerns. One person said, "I am safe and happy here. It is my home." Relatives we spoke with told us they felt their family members were safe and protected by the staff that supported them. One relative said, "I am very happy with everyone at Merrington Grange. [Relative's name] is safe there."

Staff members we spoke with told us they had received training on how to identify and respond to any concerns of abuse or ill-treatment. We saw information was available to people, relatives and staff members on how to report any concerns that they had to the registered manager or the local authority. This included information in an easy to read format with pictures to help people's understanding. We saw that the provider had made appropriate notifications to the local authority in order to keep people safe.

People were safely supported to live at Merrington Grange. This was because risks from equipment and the environment were assessed and actions taken to minimise the potential for harm. We saw the provider had acted appropriately following an incident which had resulted in harm or could have resulted in harm. This included revision of appropriate risk assessments, alterations to the physical property and action to increase staff knowledge and awareness regarding specific risks.

We saw the provider completed regular health and safety checks to ensure the equipment people used was safe and maintained. The provider followed infection prevention and control guidance and undertook regular checks. We saw the last infection prevention and control check completed by the provider which identified no actions were needed. Staff members had access to appropriate personal protection and infection control equipment i.e. aprons and gloves, at the point where care was provided.

We saw people being safely supported around their own home. For example, we saw people being assisted in the kitchen areas to make their own hot drinks and prepare their own food. They were supported by staff members throughout to minimise the risks of scalds or burns. We saw staff members risk assessing activities in order to identify and minimise the risks of harm to people and visitors. For example we saw a garden party being planned. The staff member and manager made consideration to the physical environment, any potential food allergies and contingencies in case of adverse weather.

Any incidents or accidents were reported by staff members and monitored by the manager and the provider. This was to identify any trends or patterns which required further action. When an incident or accident could have been prevented the provider undertook an investigation to identify the facts and what could have been done differently.

People had personalised emergency evacuation plans in place which detailed their communication preferences and the assistance they would need in an emergency.

Family members told us, and we saw, that there were enough staff to support people safely and to assist

them to do what they wanted. Some of the relatives we spoke with told us over the last 12 months there had been some difficulties with a high turnover of staff. However, they believed this had now stabilised. The manager told us they had recruited new staff members which had reduced their dependence on agency staff. At this inspection site visit we saw new staff members undertaking their induction and working alongside existing and experienced staff. We saw that when people required additional support that this had been provided. For example, when someone needed the assistance of two staff members to take part in an activity this was available.

The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others. The provider had systems in place to address any unsafe staff behaviour. This included retraining and disciplinary procedures if required.

People received their medicines when they needed them and were supported by staff who were competent to do so. When errors had occurred the provider had systems in place to seek advice from medical professionals and to investigate the error. The provider had appropriate guidelines and policies in place to safely support people with the medicines they needed to keep healthy.

Is the service effective?

Our findings

People continued to receive effective care based on their personal needs and preferences. Relatives told us their family member's continued to be supported by staff who had the appropriate skills and training to effectively meet their relative's needs.

One relative said, "All (staff) do appear to be well trained and well supported by (provider)." Staff members we spoke with felt they were provided with the opportunities to expand on their skills with training relevant to their role. One staff member said, "I have completed my level two in health and social care and will be completing a refresher in effective communication shortly."

Staff members completed a structured introduction to their role at Merrington Grange when they first started working there. This included completion of induction training, for example, basic food hygiene and fire awareness. In addition to this they worked alongside experienced staff members until they felt confident to support people safely and effectively. New staff who had not had experience of working in care were supported to complete the Care Certificate. The Care Certificate is a nationally recognised training programme aimed at training staff to recognise the standards of care required of them.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems at Merrington Grange supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. This included involving the person, relatives and any advocates to arrive at a decision in the person's best interests. At this inspection we saw people making decisions about what they wanted to do, where they wanted to go and what they wanted to eat and drink.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and when required a repeat application had been made. We saw the provider was meeting any recommendations made from authorised applications.

People were supported to have enough to eat and drink to maintain their well-being. We saw people were supported to make healthy-eating decisions. We saw one person was supported to maintain a healthy weight and there was regular contact with the GP and dietician when concerns became apparent. The management team followed up on any advice or guidance, including the provision of a fortified diet and supplements.

People had access to healthcare services when they needed it. These included GP, district nurses and opticians. The provider referred people for healthcare assessment promptly if required. Family members told us they were kept informed about any changes in their relative's health. Staff members were knowledgeable about people's complex medical and health conditions and knew what to do to effectively support them.

The physical environment at Merrington Grange was suitable to those who lived there and all areas of the home and gardens were accessible to people. Signage was minimal but functional and in keeping with the homely environment.

Is the service caring?

Our findings

People continued to be supported in a kind and caring manner. Relatives described staff members as, "very good", "lovely" and "nice." One person told us, "I like them (staff). They are my friends and they help me to do things, like going swimming." All the staff we spoke with knew those they were supporting well. This included what they liked to do, eat and who mattered to them. Staff members told us about people's histories including where they used to live and any difficulties they have encountered and achievements they have experienced.

People were supported to follow their religious beliefs should they express a wish to do so. One person told us about how they used to go to church but did not feel the need to any longer. They went on to say that the staff went with them when they chose to go and asked if they wished to return. At the time of this inspection they told us they did not feel the need to actively practice their faith.

We saw that staff members took the time and opportunity to reassure people if they felt anxious or upset. One person started to tell us about things in their life which had upset them. A staff member supported them to express how they felt. One staff member told us about certain things which upset people and how they encouraged people to express how they felt. One staff member said, "We all feel sad but sometimes people need time and space to work out what it is that is upsetting them. We can support them to express themselves rather than bottle things up."

We saw people were involved in decisions they were able to make. For example, throughout this inspection we saw people were encouraged to make decisions about what they wanted to do both at home and in their local community. We saw people were offered choice when it came to food and drink and options were presented in a way people could make active decisions. This was supported by pictures or objects of reference which were specific to the individual and their preferred method of communication. One staff member told us, "When people are able to make a decision for themselves, great. We will support them in whatever way we can for them to understand and to tell us what they want. Sometimes it can be a bit more complex and we will use an advocate to help make the right decision."

We saw people's privacy and dignity was respected by those supporting them throughout this inspection. We saw staff members announcing themselves when they approached people and knocking on people's doors and waiting for a response before entering. We saw staff members arranging for one person to talk with a visitor in their room to encourage them to have their conversation in private. One relative told us, "I think [relative's name] is treated with the utmost respect and dignity. I have never questioned this."

We saw people were encouraged to do what they could which assisted in promoting their independence. This included, helping to make their lunches and to take part in house work. One person said, "This is my room and I like it how it is." This person went on to tell us they chose what they wanted in their room and how they helped to keep it clean. This mattered to them as it was their space and they could help keep it clean with some help from staff members.

Information which was confidential to the individual was kept securely and only accessed by those with authority to do so. We saw staff members confirming people's authority to access confidential information.

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. People, their family members and where appropriate advocates were still involved in the creation and development of their own care and support plans. The care and support plans that we looked at gave staff members the information they needed to help them effectively assist those they were supporting. These plans included information on personal likes and dislikes, histories and any specific medical diagnoses. One staff member said, "We all have input into developing these plans and the emphasis is on providing consistent care for people and to look at what they have done and what they can do next."

We saw these plans were regularly updated and reviewed to account for people's changing needs and wishes. One relative told us, "We are involved in regular reviews and have the option to express how we feel things are going. When there was a change in needs we saw this was accounted for in people's care and support plans. For example when a previously unknown risk became apparent regarding a specific behaviour this was addressed as part of a review of the person's care and support plan. We asked staff about this change and everyone we spoke with could tell us about the perceived risk and what to do to mitigate the risk of harm. This meant that people were supported by a staff team who were aware of their current needs and wishes and knew what to do to effectively support them."

People told us, and we saw, that they took part in a variety of activities which reflected their personal likes and preferences. At this inspection site visit people were involved in shopping, swimming, board games, walks and visits to local attractions. One relative said, "[Relative's name] is never in. We do phone to arrange a time to visit but this is only because we want to make sure they are in when we arrive. It is so nice to see them out and about and busy." We saw one person had been supported to a local attraction. One staff member told us, "This didn't go very well and [person's name] wanted to leave quickly. On reflection we realised it was a hot day and there were a lot of people around. We will review this and try again but when it is a little cooler and not at a peak time." We saw staff members reviewed what was going well for people and what they could do differently to make the experience more positive for those they supported.

People had individual assessments regarding their communication and information needs. These assessments followed the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

At this inspection Merrington Grange was not supporting anyone at the end of life. The management team had procedures in place to assess and respond to people's preferences and choices for their end of life care.

We saw information was available to people in a format appropriate to their communication styles on how to raise a complaint or a concern if they needed to do so. Relatives we spoke with told us they had the information they needed should they need to express a concern. One relative told us, "If I need to raise anything I just talk to [manager or deputy manager's name]. Failing that any of the staff will help me. I have not needed to make anything formal but I have confidence in [provider]. When concerns had been raised we

saw the provider had systems in place to investigate and provide outcomes to people whilst retaining anything that may remain confidential to the person or to staff members.

Is the service well-led?

Our findings

Merrington Grange continued to be well-led. At this inspection there was a newly appointed manager in post who had yet to register with the Care Quality Commission. However, they understood the requirements of registration. The provider had submitted notifications to the Care Quality Commission and displayed their previous inspection rating as they are required to do by law. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Relatives we spoke with told us they knew who the new manager and providers were and that they had been kept informed of the changes at Merrington Grange. One relative told us, "Change is inevitable I accept that and people come and go which is a shame but a reality. We had been kept informed of the changes and I have spoken to the new manager. I feel I can phone them at any time." Another relative told us, "We receive regular newsletters and updates regarding the whole organisation and not just Merrington Grange. [Staff member's name] asked us if we were alright about including a picture of [relative's name] and what they had done recently. This is to celebrate what they had achieved and they wanted to share it with others. Of course we fully supported that."

People told us, and we saw, that they were involved in decisions about where they lived. For example one person told us about the redecorations that were being completed and another showed us the room they had decorated. People also told us they were involved in regular resident meetings where they could talk about the things in their home that mattered to them including activities and menus.

Relatives we spoke with told us they were encouraged to provide feedback on the care and support their family members received. One relative said, "When we attend the regular review meeting we have the opportunity to feedback anything we want." Another relative told us they had recently completed a survey which asked about their family members experience whilst at Merrington Grange.

The staff members that we spoke with told us the management team at Merrington Grange was approachable and supportive to them as individuals and as a team. We asked staff about the values they followed when assisting those living at Merrington Grange. One staff member said, "We like to help people to achieve what they want in life in a safe environment but helping them to take some risks." Relatives we spoke with confirmed that their family members were safe whilst experiencing new and exciting opportunities in life.

Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

The management team and the provider undertook regular checks to drive quality. These included regular checks on the environment in which people lived and the support they received. As part of these checks the provider had identified a number of improvements were needed to the physical environment. As such they were completing a programme of redecoration which we saw was progressing at this inspection site visit.

The provider had established working links with the local community, other healthcare professional, and community services providing support for people. These included, GP, district nurses and specialist health professionals. People, relatives and staff told us they accessed their local community for a range of services including, leisure, educational and other local amenities.