Mrs Julie O'Rourke

Merseyview Residential Home

Inspection report

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Merseyside
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Date of inspection visit:
07 August 2019

Date of publication:
16 September 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Merseyview Residential Home provides accommodation with personal care, for a maximum of 12 people aged 65 and over at any one time. At the time of inspection, 10 people lived at the home.

People's experience of using this service and what we found
The way in which some people's medications were accounted for required improvement. This was because records relating to the amount of medication in the home were not always correct. We found that people received the medicines they needed and that their medication was reviewed regularly with their GP. This was good practice.

Health and safety checks were undertaken at the home to ensure the premises and the equipment in use was safe. An inspection of the home's bath hoist needed to be undertaken and the home's written fire evacuation procedure required greater detail. The manager told us they would address both of these issues without delay.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Where people had the capacity to make decisions for themselves, the manager and staff supported their ability to do so as much as possible and respected their choices. The principles of the Mental Capacity Act were upheld by the manager and staff. Further work was needed however to ensure that this legislation was followed in full when applying for deprivation of liberty safeguards to keep people safe. We discussed this with the manager and they were fully committed to improving this process.

People told us they felt safe living at the home and told us the support was good. A relative we spoke with confirmed this. They were very complimentary about the support provided by the manager and staff to their loved one during a period of ill-health. They told us that they had gone the extra mile to ensure the person received the support they needed. Everyone we spoke with said the manager and staff team were kind and caring and that they were well looked after.

People received enough to eat and drink and had a choice at mealtimes. During lunch we heard people openly praise the chef for the quality of the meal served and people told us the food was nice.

Staff felt supported and received sufficient training to do their job role effectively. The manager was hands on and worked alongside the staff team as a positive role model. Interactions between staff and the people they supported were respectful, patient and compassionate. It was clear that everyone knew each other well and had genuine affection for each other.

People's care plans were person centred. Staff had guidance on what was important to people and how to communicate with them. This helped staff provide personalised support that met their needs and wishes

were met.

There was a range of social activities to help people combat possible feelings of isolation and loneliness. People's ideas and suggestions on the types of activities they would like to participate in where sought and acted upon. It was clear that people had a choice in how they lived their lives and that their support was tailored accordingly.

Records showed that proactive and prompt action was taken in response to people's ill health or changing support needs. The manager and staff worked hard to ensure people received the care they needed and as a result people's physical and mental well-being was supported by a range of health and social care professionals.

People's feedback about the support they received was positive both on the day of the inspection and via a survey conducted by the manager. The culture of the home was open and transparent. The atmosphere warm and homely and everyone we spoke with felt the service was well led.

There were adequate systems in place to monitor the quality of the service. Where improvements were required, for example with regards to the fire evacuation procedure we found the manager to be responsive and committed to ensuring the service provided was a good one. We found the service to be well managed.

Rating at last inspection (and update)
The last rating for this service was requires improvement (22 August 2018).

At the last inspection we found that the governance arrangements in place were not effective enough to ensure the service was always well led. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the last inspection, the provider completed an action plan to show what they would do to improve and by when. At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Merseyview Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Merseyview Residential Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service, a relative and a visitor to the home about their experience of the care provided. We spoke with the registered manager and a senior care assistant.

We reviewed a range of records. This included two people's care records, daily records and a sample of medication records. We looked at records relating to the recruitment, training and support of staff and a range of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated requires improvement.

This meant some aspects of the service were not always safe. Medication and some aspects of health and safety required improvement.

Using medicines safely

- A monitored dosage system was used to administer most of the medication in the home. This type of system provides people's daily medication in individual packs. Where people had 'as and when' required medications prescribed such as Paracetamol, these medicines were dispensed usually in a box of a set quantity for example, a box of 100 tablets.
- We checked a sample of people's 'as and when required' medications and found that the amount of medication recorded as in stock was not always correct. This aspect of medication management required improvement as it sometimes made it difficult to tell if the right amount of medication was left in stock.
- Medication administration records were completed correctly and showed the people received the medicines they needed to keep them well
- People's medications were regularly reviewed by their GP to ensure they continued to meet their needs. This was good practice.
- Staff had completed training in the administration of medication. The manager was in the process of assessing the competency to administer medications safely. The manager assured us they would complete these checks without further delay.
- People's medicines were stored safely and at the right temperature to ensure they remained effective.

Assessing risk, safety monitoring and management

- The home's written fire evacuation procedure needed to be more detailed. The day after the inspection, the manager informed us of the action they had already taken action to address this.
- An inspection of the home's bath chair to ensure it was safe to lift people in and out of the bath was overdue. The manager told us they would organise this immediately.
- People's needs and risks were assessed and managed. Staff had information on what support people required and guidance on how this was to be provided.
- Where people experienced periods of ill health proactive action was taken by the manager to mitigate the risk of further decline. Their health and well-being were monitored hourly and regular liaison maintained with medical professionals to ensure the person received the support they needed.
- The home was safe and adequately maintained. Regular checks on the home's environment and the fire, gas and electrical systems were undertaken and all were satisfactory.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living in the home.
● Staff had completed training in the safeguarding of vulnerable adults.
● Staff spoken with knew what action to take to protect people from harm and the risk of abuse.

Staffing and recruitment
●Only one new member of staff had been recruited since our last inspection. We saw that safe recruitment procedures had been followed with regards to their appointment.
● Pre-employment checks on their safety and suitability to work with vulnerable people had been completed. This included a criminal conviction check, the obtaining of previous employer references and proof of their identity
● The number of staff on duty was sufficient to meet people's needs and keep them safe.

Preventing and controlling infection
● We looked around the home and saw that it was clean and tidy. Standards of infection control were good.

● Staff had access to personal protective equipment to prevent the spread of infection. For example, aprons, disposable gloves and anti-bacterial hand gel.
● There were also arrangements in place to monitor the risk of Legionella bacteria developing in the home's water system.

Learning lessons when things go wrong
● Accident and incidents were properly documented with the action taken by staff to support the person's wellbeing at the time the accident or incident occurred.
●The manager reviewed how accidents and incidents occurred to be learn from and prevent a similar accident or incident happening in the future.
● The amount of accidents and incidents occurring at the home was minimal.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs and choices were assessed and documented. Staff were heard giving people choices and respecting their wishes.
- People received effective care to meet their needs; medical advice was sought to promote people's health and wellbeing and any professional guidance given was followed.
- Care records contained a health evaluation record that gave staff easy access to important and up to date information about people's health needs and care.
- People's care records showed that their health and well-being was supported by a range of professionals and that support was sought in a timely manner.
- People's relatives were kept up to date with changes in their loved ones needs and were encouraged to be involved in their loved ones care as much as they were able.

Staff support: induction, training, skills and experience

- Staff told us they received regular support and supervision to enable them to undertake their role and staff records confirmed this.
- New staff had received an induction into their job role. Existing staff had their competency to provide appropriate care assessed at regular intervals through observed practice.
- Staff training was provided in a range of subjects. For example, moving and handling, safeguarding, medication administration, fire safety, food hygiene and first aid.
- Staff told us that they felt thoroughly supported by the manager and that everyone at the home worked well together.

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough to eat and drink.
- The manager told us that they discussed what was planned for lunch and tea with each person on an individual basis. They said that people could have whatever they wanted but said most people were usually happy to have whatever was on offer.
- We saw that if people wanted an alternative this was respected. On the day of our visit, for example, one person did not fancy the lunch time option and requested scrambled eggs. This was provided without

hesitation.
● Lunch was a pleasant social event. Tables were set nicely with cotton tablecloths, placement, napkins and a floral centrepiece on the table. People had access to water, tea or coffee and their meals were served on china dinnerware. Soft music also played in the background, creating a relaxed social atmosphere.
● During lunch, we heard people openly praise the chef for the taste and quality of the lunch time meal. One person said, "The Scouse (Stew) was lovely" It was a success". Another person said, "It's beautiful".

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● DoLS had been applied for where the manager had concerns about the person's ability to keep themselves safe outside of the home on their own. Some improvements to the way this process was undertaken were required however to ensure that the MCA was fully followed. We spoke with the manager about this and they were receptive to our feedback.
● We spoke with a relative whose loved one had been subject to a DoLS application by the manager. They told us the manager had talked to the family about applying for a DoLS before it was applied for to ensure it was in the person's best interests. The relative told us they had lasting power of attorney rights so was able to consent to this on the person's behalf. Records confirmed this.
● People's care plans clearly reinforced to staff that people had the right to make choices about their own care. It was obvious that people were at the centre of their own support and that people's legal right to consent was respected.
● For example, one person's physical health had recently declined. The manager told us the person had capacity to make their own decisions and that they had respected their right to not follow the medical advice given in relation to their physical health. The person's records clearly documented the best interest discussions that the manager and other professionals had with the person and clearly showed that the person's right to refuse this advice had been accepted.
● During our visit, we heard staff consistently seeking consent from people before providing support with day to day tasks. This was good practice.

Adapting service, design, decoration to meet people's needs
● The design and layout of the service met people's needs. People knew where their rooms were and communal areas such as the lounge, toilets and bathrooms were easy to find.
● The garden was well maintained and secure and had a pleasant seating area for people to enjoy in good weather.
● The environment was homely and the atmosphere warm and friendly.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was strong and visible person-centred culture in the home. The manager and staff team ensured people's needs were met and that they felt well cared for.
- The manager was a visible and positive role model for staff. One person had recently become unwell, needing more support than usual. The manager had ensured that they were able to provide the person with the one to one support they needed when they became distressed. Records also showed they had worked hard with the person's GP and other professionals to help them access the support they needed.
- This person's relative told us "I have nothing but praise for them (staff). They have done everything and more". On the day of our visit the relative had brought in some gifts for the manager and staff to express their thanks for the care they had shown their loved one and their family during this difficult time.
- During our visit, we saw that people were treated with respect and kindness at all times. Staff knew what was important to people and treated them as individuals when providing support.
- Interactions between the manager, staff and people who lived at the home were light hearted, warm and genuine. It was clear that they knew each other well and enjoyed each other's company.
- The manager had recognised that some people may like to meet their relatives or visitors in a different space to the communal lounge or bedroom, so had set up a pleasant small seating area in the dining room for people to entertain their visitors. Relatives and visitors were welcomed at any time and it was clear that they had good relationships with the staff team. This showed that the relationships that were important to people were fostered and embraced by the service.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of people's needs and how they communicated and encouraged them to maintain their independence where possible.
- People's care plans recognised what people could do for themselves and what they needed help with.
- Staff promoted people's right to privacy and dignity. They knocked on people's bedroom doors before entering and talked and engaged with them before providing support, whether with their meals or their mobility.
- People's personal records were stored securely in the office. The local authority also confirmed that the service used NHS emails for confidentiality when sending identifiable information to the local authority in connection with people's care. This showed that the service respected people's right to confidentiality.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who understood their needs and what was important to them. This helped ensure the support provided was personalised to them.
- People's care plans contained information about their likes, dislikes and wishes and staff had guidance on how each person liked to be cared for. For example, what time they usually liked to get up or go to bed and what activities they enjoyed.
- Staff spent time with people, talking to them and offering them reassurance and support as and when needed. We observed that the support provided was naturally person centred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information on how best to communicate and interact with people. During our visit, we heard staff chatting to people with ease. It was clear they knew how to communicate and respond to with people effectively so that any support was understood and agreed to before it was provided.
- One person struggled to read written information. They had appointed their friends as their lasting power of attorney. The manager told us that they always ensured the person's friends were given a copy of any information important to the person or about the service so that they could read it out to them and discuss it with the person when they visited.
- We saw that within the home's activities folder, staff had access to pictures and symbols to communicate with people if they struggled to communicate their needs and wishes. The manager also told us that staff had recently devised bingo cards in giant print to enable people with visual difficulties to participate in a game of bingo.
- These examples show that the principles of the accessible information standard were promoted in service delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Regular resident meetings took place where people's views on the activities on offer were sought and their ideas and suggestions encouraged.
● We saw that people took part in a range of activities of their choosing. For example, quizzes, bingo, nails and pampering, DVDs, music sing alongs, time in the garden, chair exercises, bean bag throwing, ball games, making cakes, reminisce and movie time. If people did not wish to join in the activities this was respected.
● The manager had purchased an 'Alexa', a virtual digital assistant to enable people who liked to listen to their favourite music do so independently. This technology was voice activated so enabled people who may have struggled to operate a CD system to simply ask for a song to be played. During our visit, one person's favourite music played softly in the background as they ate their lunch.
● People were supported to spend their time as they wished. One person liked to read a particular magazine so that they could plan their TV for the week, so every Thursday staff ensured the person received a copy of this magazine.
● We saw that staff spent time chatting to people about the everyday things people talk about when they know each other well. This created a sense of homeliness and helped people feel included. As a result, the atmosphere in the home was relaxed and family orientated.

Improving care quality in response to complaints or concerns
●People and relatives told us they did not have any issues or complaints but that they would not hesitate to raise anything with the manager and staff it they did have.
● There was a complaints policy in place that gave people information on how to make a complaint and details of how their complaint would be handled.
● Everyone we spoke with was more than happy with the support provided. The manager told us no complaints had been received.

End of life care and support
● No-one living at the home at the time of our inspection was in receipt of end of life care.
● People's wishes with regards to cardiopulmonary resuscitation (CPR) in the event of ill-health had been explored.
● End of life care planning needed further development however to ensure that people's needs and wishes were clearly documented. We spoke with the manager about this.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, the governance arrangements in place were not always effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, sufficient improvements had been made and the service was now well-led.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with during our visit felt the service was open, honest, and well run. We observed that people and their relatives and visitors had a good rapport with the manager and the staff team.
- The manager had an excellent knowledge of the people within the home and took an active part in people's day to day lives and support.
- The culture of the service was positive, person centred and people felt well cared for. This type of culture fostered good outcomes for people in respect of both their physical and emotional health.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had adequate systems to monitor the quality of the service. This included regular health and safety checks, infection control audits and observations of staff practice. Where areas for improvement had been identified, these were acted upon. For example, a recent fire audit by the Fire Service had identified that some improvements to the home's fire doors were needed and this had been acted up without delay.
- Medication audits were also undertaken but further work was needed to ensure these audits were accurate and easy to understand. The day after our inspection, the manager told us they had sought advice on how to improve these audits after our feedback.
- The manager was open, transparent and responsive to suggestions to improve the service. For instance, although staff spoken with understood the home's fire evacuation procedure, we found that the home's written fire evacuation procedure was vague and open to interpretation. We spoke with the manager about this. The day after the inspection, they told us they had contacted a fire safety contractor to assist them with producing a more detailed procedure. This showed that the manager was proactive and responsive to feedback.
- The manager understood their regulatory requirements. They were clear and passionate about the ethos and culture of the service.
- There was an established staff structure with a low turn-over of staff that ensured continuity of care for

people living in the home.
● Staff we spoke with were proud to work in the home and felt the home was well managed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The manager had ensured that notifications were sent to us when specific incidents occurred.
● The home's most recent inspection rating was displayed within the home and the manager had submitted their Provider Information Return (PIR) as requested.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's individual and diverse needs were assessed and respected. This included information about their religious or spiritual beliefs. For example, one person's faith was supported by weekly visits from the church and local clergymen. The manager had a good knowledge of this person's faith and knew how important it was to them.
● Staff were supported to share their views about people's care directly with the manager, in handover meeting and staff meetings.
● Surveys were sent out to people and their relatives for their feedback on the quality of the care provided. Feedback on the service was positive. One relative had commented "I am more than happy with (name of person's) care".

Working in partnership with others
● Records showed people's health and wellbeing was supported by a range of health and social care professionals as and when needed. For example, tissue viability services, district nurses, chiropodists, GP's, opticians and mental health teams.
●The local authority told us the service used the NHS Teletriage service to help prevent unnecessary hospital admissions. This service enables care home staff to contact a nurse practitioner remotely by using technology such as skype. This meant that medical advice could be obtained for the person without them having to leave the home to attend an appointment.