

Mercers

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Inspection Report

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Summary of findings

Overall summary

Mercers provided care and support for seven people with learning disabilities who may also have mental health needs. Six people lived in the main building and one person lived in a separate house nearby.

During our inspection we met three people who were willing and able to speak with us with some support. We saw that people were relaxed and confident in their interactions with staff. We also spoke with a relative of someone who lived at the service and a health professional who visited the service one or more times a week. The relative told us they were happy with their relative's progress and they had become more independent. The health professional told us that their specialist knowledge was sought to ensure risks were managed in the best interest of the individual.

We found people who used the service were receiving safe and effective care which met their needs and promoted their well-being. Their health was monitored and they were supported to access health professionals according to their individual needs.

People's human and legal rights were upheld by staff and the risk of abuse and avoidable harm was minimised.

People were cared for by staff who were considerate and respectful and who understood their needs and preferences. Staff consulted with people and encouraged them to express their views.

Staff received the training and support necessary to develop the knowledge and skills to care for people. Staff responded to changes in people's needs to ensure they received care that was effective. We found there were sufficient staff to support people with both their care and their social needs. When people were at home staff had time to have conversations with them in a relaxed manner. If someone wanted to go out for a walk or shopping staff accompanied them.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The service had procedures in place in the event a DoLS application needed to be made. At the time of our inspection no applications had needed to be submitted by the service.

There was no registered manager at the time of our inspection but the management team, which consisted of the provider and the care manager, provided effective management of 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.

Are services safe?

We found that staff provided a safe service for people who lived at Mercers. People were treated with respect and they were supported and encouraged to make decisions for themselves. Staff knew people well and responded to their needs in ways that the individual preferred.

We found that people were protected from the risk of abuse because the service had effective systems in place to identify abuse or poor practice and to respond appropriately. Staff had received training in the safeguarding of vulnerable adults and understood their responsibility to report any concerns.

Staff understood their responsibilities under the Mental Capacity Act 2005 to ensure people's rights were upheld. We saw that appropriate assessments of people's mental capacity to make decisions for themselves had been carried out

Staff followed robust procedures to support people to take their prescribed medication safely.

Are services effective?

People's needs and preferences were documented in sufficient detail to ensure staff provided care effectively. People's health and well-being was monitored and any health needs were met with input from relevant health professionals.

People had input into their care plans where they were able, and when additional support was needed, relatives and advocacy services were accessed.

There were sufficient staff available to support people to do the things that they wanted and to provide effective care.

Are services caring?

People were cared for by staff who understood their individual needs and who met those needs with kindness and respect.

Staff listened to people and encouraged them to express their views. They treated people as individuals and recognised their diverse needs and preferences.

Are services responsive to people's needs?

People or their representatives were involved in planning their care and treatment; their views were acted upon and staff responded to people's changing needs.

Summary of findings

People who used the service were supported to remain as independent as possible. They were encouraged to take part in activities of their choice and be a part of the local community.

Are services well-led?

The management team were open and inclusive; staff felt they were consulted in matters that related to people's care and were confident that their opinions were respected.

We found that staff were enthusiastic, caring and knowledgeable. They received the training they needed to provide care safely.

Staff told us they felt well supported and would not hesitate to raise any issues with the management team.

There were processes in place to monitor the quality of the service people received, including audits of medication and people's care records.

Summary of findings

What people who use the service and those that matter to them say

We spoke with two people who used the service on the day of our inspection; a third person communicated with us using pictures and signing. Other people who used the service chose not to speak with us.

During the course of our inspection we saw that people who were not able to speak with us were relaxed and at ease with staff and people were treated with kindness and respect.

People told us they enjoyed special entertainment and treats for any important event in their lives such as birthdays, Christmas or Easter.

One person told us about what they enjoyed which included going out shopping independently, going to college and meeting with friends. Staff supported them to undertake these activities

The relative of one person who used the service made positive comments about the support their relative received. They told us they visited regularly and said: "I am happy with X's development."

Mercers

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 service was inspected as part of the first test phase of the new inspection process we are introducing for adult social care services. Before our inspection we looked at all the information we had available. This included information submitted to The Care Quality Commission via our website and findings from our last inspection of the service. We used this information to plan what areas we were going to focus on during the inspection.

We carried out a visit to the service on 2 April 2014. The inspection team included an expert by experience who was

able to speak with people about their experiences of using the service. Our expert had a background in learning disability care services. The inspection visit was unannounced.

During our inspection we spoke with three of the six people who lived at Mercers as well as a visiting relative. We spoke with the provider, the care manager and two care workers who were on duty during our inspection.

We examined records which included two people's care plans as well as records that related to the management of the home which included an overview of all staff training records.

We observed how care was delivered and noted how people who lived at the service interacted with one another and with members of staff.

Are services safe?

Our findings

We observed that staff and people who used the service communicated well with one another. Staff we spoke with were able to demonstrate a good understanding of people's needs, preferences, likes and dislikes.

Records confirmed that there were risk assessments in place to identify areas of risk and processes were in place to reduce the risk so that the person was enabled to do activities of their choice. A health professional told us that the service had reviewed risk assessments for one person and sought the input of the specialist health team to assess how best to manage the risk so that care plans could be put in place that took into account the skills and knowledge of health professionals. This helped staff understand the best way to support the person.

We examined medication systems to assess whether people received their medication safely. We found that there were robust systems in place; staff were able to demonstrate a good understanding of medication processes and we saw that the correct procedures were being followed. Medication was stored in securely locked cabinets within a locked room. When we monitored medication systems in the service we saw there was a record of storage temperatures which confirmed that medication was stored within the recommended range. This showed us that staff ensured that medication was safe to be administered. Medication given to people by staff was clearly recorded on medicines administration record (MAR) sheets. We noted that MAR sheets contained a photograph of the individual to reduce the risk of errors in administering medication to the wrong person. This meant that people were receiving their medication as prescribed.

We noted that some people had medication that they took as and when necessary, which is sometimes referred to as PRN medication. PRN medication may be prescribed, for example, for pain or to help reduce anxiety. When people had been prescribed medication on a PRN basis there were protocols in place to guide staff about what signs to look out for that would indicate people's PRN medication was needed. These protocols ensured that staff responded safely to people's needs and that medication was given consistently. A health professional told us the PRN protocol

for one person, which had been put in place by the care manager, was up to the standard the specialist health team would expect. This showed us that PRN medication was given safely to people.

Staff also received training in the administration of Buccal Midazolam, a medication for uncontrolled epileptic seizures. Staff demonstrated their knowledge of the use of this medication and understood how to respond should anyone require it in an emergency.

There were also systems in place to support people who were able to take their medication themselves. At the time of our inspection two people living at Mercers self-medicated. The system included processes to check that the person had taken their medication. If someone did not want to take their medication staff gave them advice on possible effects of not taking their medication. This ensured that people were able to take responsibility for their medication in a safe way.

Records we viewed confirmed that staff received training in the administration of medication, which ensured they had the knowledge and skills to support people safely with their prescribed medication. The management team observed staff's medication practices as part of their quality monitoring processes.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to supplement the Mental Capacity Act (2005) Code of Practice.

We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if people have restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The care manager told us there was no one living in the home who required an authorisation. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

The care manager and staff spoken with understood that they had responsibilities under the Mental Capacity Act 2005 to ensure people's rights were upheld. There explained how people were consulted about their care

Are services safe?

plans and were involved in making decisions about their care and support. We saw from care records that assessments of people's capacity to make day-to-day decisions had been carried out.

We saw that staff received a range of training which was delivered across a consortium of homes. The provider explained that accessing training together with other services ensured that they could provide staff with a wide range of training courses. The core training included infection control, first aid, moving and handling, food safety and fire safety. Staff also received training specific to the needs of people living in Mercers. This additional training included non-violent crisis intervention, epilepsy awareness, diabetes awareness, autism and Makaton (a

method of signing to assist understanding for people with limited or no verbal communication). This range of training ensured staff were provided with the knowledge to provide care safely.

Staff spoken with demonstrated a good understanding of what constituted abuse or poor practice and they knew what they should do if they became aware of any abusive practices. They confirmed they would act promptly should they witness or suspect any abusive practices. Staff training records confirmed that staff had received training in safeguarding vulnerable adults. This ensured that staff knew what action to take to keep people safe from the risk of abuse.

Are services effective?

(for example, treatment is effective)

Our findings

People saw a range of health professionals according to their individual needs. The health sections of people's care plans showed that people had input from doctors, dentists and other specialist health professionals such as community nurse specialists for epilepsy or behaviour.

We noted from records that relatives or advocacy services were consulted where people did not have the capacity to understand and agree to the plan of care. This ensured that people's care was planned effectively and in their best interests when they were unable to make decisions for themselves.

People's health records contained details of specific health conditions and how they were managed. These records included information from community health professionals and hospital visits. One person had a condition that could potentially cause serious deterioration in their health. All staff spoken with were able to explain how the person was

supported and knew what to do in an emergency. In such situations an advanced care plan (ACP) recorded details of what the person wanted to happen, what they did not want and who would speak out on their behalf. The service had involved an independent mental capacity advocate to establish whether the person had the capacity to consent to the care plan. A Mental Capacity Act assessment had been completed and a relevant ACP had been put in place.

People's care and support needs were reviewed and monitored so that care plans could be updated to ensure care was provided effectively.

During our inspection we saw that there were sufficient staff to provide care and support for people living at Mercers. We saw that staff spent time with people doing individual activities or simply chatting socially with them. If anyone wanted to go out, for example one person said they wanted to go out to the shops, there were staff available to support them.

Are services caring?

Our findings

We talked with staff about their understanding of people's care needs. Staff demonstrated a good awareness of each individual's needs, preferences, likes and dislikes. People told us they were able to take part in activities they enjoyed. One person told us they were free to go out independently and enjoyed going shopping in town. Staff told us the kind of things people liked to do and they also respected people's decisions if they chose not to take part in something.

During our inspection we saw that staff treated people with respect. One person told us: "I am happy and safe here." People told us that staff met their needs and they respected their privacy.

Staff understood about equality, diversity and human rights. We saw them consult with people throughout our inspection and it was evident that people's choices were

respected. We noted that staff consulted with people about whether they wished to meet the inspection team. Two people chose to stay in their rooms and their wish for privacy was respected

During our inspection we saw that staff were skilled at communicating with people in a range of ways according to their individual needs. One person, who was unable to communicate verbally, used Makaton (a method of signing) as well as a smart tablet with specific applications to aid communication. We saw that staff used pictures to assist one person with making choices and decisions. For example the person was able to choose what they wanted to eat using this method. We noted that staff listened to the person and gave them time to respond.

The atmosphere in Mercers was relaxed and calm; staff were supportive and respectful when talking with people. We saw that staff did not enter people's rooms when they had asked for privacy and if they needed to speak with someone who was in their room, staff knocked on the door and waited for a response before entering.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Staff communicated well with one another and there were good systems in place to hand over information both verbally and a written record about people's care was in the handover book. This ensured that staff had the necessary information to identify any changes to people's needs and respond to them. Care plans and risk assessments were reviewed regularly in response to changing needs so that staff had all the information they required to meet people's current needs.

People were consulted about their care and, where people were able, they signed their care plans to say they agreed with them.

Staff told us that people were supported to be as independent as possible. One person said that they enjoyed going to college and they also went shopping independently. We saw that they had been supported with budget planning so that they could manage their money.

We saw that people were able to take part in activities of their choice and during our inspection we saw that people were supported to access the local community.

One person explained that important events like birthdays, Christmas and Easter were always celebrated and made them 'feel special'.

On occasions people had displayed behaviours that could be challenging or an incident may have occurred. We noted that any such events were recorded on an incident form. There was detailed information about events immediately preceding the incident, a description of what happened and any injuries that may have been sustained as a result. Actions taken to manage the incident were recorded as well as any further actions to reduce the possibility of further occurrences. An example of this was a new behaviour management strategy that had been introduced for one person with input from a community nurse specialist. This showed us that the service had responded effectively to the changing needs of this person.

Are services well-led?

Our findings

At the time of our inspection there was no registered manager in post. However the provider explained that they had applied for a Disclosure and Barring Service (DBS) check and the application to register a manager would be submitted to CQC as soon as possible. In the interim period the service was managed by the provider and a care manager, who worked together as a team to ensure the service was led appropriately on a day-to-day basis.

We spoke with three people, one person could not communicate verbally and was supported by staff who understood their specific ways of communicating with signs and pictures. There were clear systems in place to ensure staff understood individual behaviours and communication needs. This was well managed and staff had opportunities to discuss people's individual needs, such as the group supervision meetings, which ensured the support people received was consistent.

During our inspection we noted that systems and processes were well managed with the focus on meeting the needs of the people who lived there. There were systems in place to review people's care and update care records in response to their changing needs. Where a risk was identified there was a clear process to assess and manage the risk, with input from health or social care professionals where appropriate. A health professional told us that there was very good communication with the care manager and the management team and staff were really keen to listen to advice.

In our discussions with the care manager we saw that processes in place to manage the service emphasised promoting the independence of people living at Mercers. For example, there were no specific times for meals, getting up or going to bed. Mealtimes were flexible according to what individuals were doing throughout the day and people could choose when they wanted to go out.

The management team understood that it was important for people with complex needs to receive support from a

staff team that knew people well and provided support consistently. The members of staff we spoke with were able to demonstrate a good awareness of their roles and responsibilities. This showed us that the right people were employed by the service.

There was a stable staff team in place Staff were positive about the training provided and were confident that it gave them the knowledge and skills to support people according to their individual needs. Staff also said they felt motivated to do a good job.

Staff felt well supported by the management team and said they would have no problems raising any issues. Staff had the opportunity to raise issues at team supervisions; this could be discussions about care practices or how the service was run. The care manager explained that they previously had larger team meetings, but they felt having small meetings gave staff more opportunities to discuss issues.

The management team had effective processes in place to monitor the quality of the service. These included audits of care plans, medication systems and health and safety processes such as checking fire equipment and electrical systems.

We noted that there had been no formal complaints since the last inspection. A visitor told us that they would discuss any concerns with staff or the care manager and they were confident that any issues would be addressed. We saw from incident reports that the service analysed and discussed incidents so that they could develop and improve management strategies to deal with them more effectively.

Although at the time of our inspection the service did not have a manager registered with the Care Quality Commission, there was an effective management team in place. We saw that areas such as the delivery of person-centred care, staff support and training and quality monitoring were well managed.