Mercers

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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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 30th September 2016 and was unannounced. The last inspection of this service took place on 2nd April 2014 and at that time the service was meeting all required standards.

Mercers is a care home that provides care and accommodation for people with support needs related to their mental health and/or learning disabilities. At the time of inspection there were six people living at the service, five people lived in the main building and one person was housed in a separate building across the road.

At the time of inspection there was no registered manager in post with no active plans to recruit which meant that the service was not meeting a condition of its registration. The registered provider was acting as manager and was responsible for the day to day running of the service assisted by a deputy manager. 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 were safe because the management team and staff understood their responsibilities in terms of managing risk and identifying abuse or poor practice.

Potential risks to people had been identified with steps recorded of how the risk could be reduced. This meant that people received safe care that met their needs, protected them from harm whilst promoting their freedom and rights to exercise choice and control.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

There were sufficient staff employed who had been recruited safely and who had the skills and knowledge to provide care and support that met people's needs and preferences.

The physical and mental health needs of people were managed effectively with input from relevant health care professionals as necessary.

People had access to food & drink that they enjoyed which matched their preferences and met any health needs.

Staff respected people's privacy and choices and treated people with kindness and respect.

People were encouraged to be independent and take part in interests they enjoyed.

The service supported people to maintain relationships with friends and family and links with their community so that they were not socially isolated.

There was an open culture and the provider encouraged and supported staff to provide care that was centred on the individual.

There were systems in place to monitor and review accidents and incidents to safeguard people's wellbeing. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make 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 was safe.

There were sufficient staff who had been recruited safely.

People received their medicines safely and as prescribed.

Staff understood how to protect people from abuse or poor practice.

Staff had a good understanding of managing risk safely whilst allowing for positive risk-taking to safeguard people's rights and freedom.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to care for people effectively.

People's physical and mental health needs as well as their wider social and emotional needs were met by staff who understood their individual requirements and preferences.

The Mental Capacity Act legislation and guidance and Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People had enough to eat and drink and were supported to make healthy choices whilst respecting their rights to exercise choice and control.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and respected their need for privacy.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People's choices and preferences were respected when staff provided care and support.

Staff were familiar with people's interests and supported and encouraged them to take part in activities that they enjoyed.

People were supported to maintain links with the community to prevent social isolation.

There were processes in place to deal with people's concerns or complaints appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led as a condition of the providers registration had not been met.

The registered provider was visible in the service as acting manager and was committed to driving continuous improvement for the benefit of the people who use the service.

Staff felt well supported by the management team and were confident that any concerns they had would be dealt with promptly and fairly.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

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 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.

Before the inspection we looked at all the information we held about the service. This included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us. We were satisfied from this review that the service dealt with events that occurred at the service appropriately.

The inspection took place on 30th September 2016, was unannounced and carried out by one inspector. There were six people living in the service. Four out of six of the people who lived there did not want to or were unable to provide feedback about the service. Because of this we reviewed the most recent service-user survey that all of the people had completed. We also spent time observing the care and support provided and the interactions between staff and people to help us to appreciate peoples experience of living at Mercers. This helped us to understand how people felt about the service.

As part of our inspection we spoke with four members of staff and the registered provider and two people who used the service. We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the service. We looked at the last satisfaction survey which had been completed by five people all of whom reported that they felt safe and liked living at the service. We observed people interacting with staff and they appeared at ease and comfortable in the company of the staff team.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. When reviewing people's care plans we saw up to date risk assessments for aspects such as medication, fire evacuation, personal hygiene, behaviour and physical and mental health. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner.

Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people safely. Risk assessments relating to community and domestic skills and social activities were also completed to promote positive risk taking, so people's human rights could be protected. For example, one person had a comprehensive risk assessment in place so that they were able to travel independently. They told us, "I go to college, I enjoy what I do, I get a taxi on my own." Risk assessments were reviewed regularly to ensure they reflected people's current needs.

We saw that the service had sought advice and guidance from external professionals to assist them to manage risks with regard to people's behaviour. The service had worked in collaboration with the Behavioural Support Team (BATS) to develop a positive behaviour support plan for one person. The impact of this partnership working was that the incidents of challenging behaviour of the person had decreased considerably which had a positive impact on their safety and wellbeing. We reviewed the management plan and saw that staff were knowledgeable about the strategies advised by the BATS team and were using these in their daily practice when supporting the person to manage their agitation and distress.

We found there were enough staff employed to meet people's needs and keep them safe and staff confirmed this was the case. A staffing rota was in place to plan ongoing staff cover which was based on people's support needs on any given day. The provider told us that they used 'floating' staff from their sister service to provide extra staffing if required, for example, if a person had a health appointment and needed a member of staff to accompany them.

Staff told us they had been trained in safeguarding and understood their responsibilities to protect people from the risk of harm. The records we looked at confirmed that safeguarding training was up to date. Staff knew what signs to look for that might tell them someone was being abused, for example, bruising or changes in personality. Staff told us that because they knew people well they would notice a change in behaviour that would alert them that something was wrong. We observed a team meeting and found that staff were very vigilant about noticing changes in people's behaviour and mood and were quick to share their observations with the team.

There was a robust system in place to safeguard people from financial abuse with procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all peoples' money received and spent. Money was kept safely and what people spent was monitored and accounted for on a daily basis. Each person had their own wallets individually labelled and the contents were logged. The records were checked three times a day by two staff who counted monies to ensure the records were up to date and accurate. Those people who were not able to manage their own finances independently and were unable to access support from friends or relatives were supported by Essex Guardians, an organisation which provides a service to handle financial affairs for people who lack capacity in relation to managing their money safely.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances and fire fighting equipment were properly maintained and tested. People had a personal emergency evacuation plan and staff and people were involved in weekly fire drills.

We looked at the recruitment records for five staff members and saw that there was an appropriate system in place to ensure staff were recruited safely including taking up satisfactory references, obtaining a full employment history and completing a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

Medicines were managed safely. Designated shift leaders were responsible for the administration of medicines and they had been trained to administer them safely. Regular competency checks were carried out on staff to ensure their continued proficiency. Medicines were stored securely and appropriate systems were in place for ordering, recording, administering and disposing of prescribed medicines.

We saw that records for medication were clear and accurate and up to date. Unwanted medicines were recorded and disposed of safely. Each person had an individual medicines record chart (MAR) with their photograph and a list of the medicines prescribed, what they were for and any side effects to look out for. Protocols were in place for medicine prescribed to be taken 'as and when required' (PRN) to guide staff as to how and when these should be administered.

There were also systems in place to support people who were able to take their medication themselves to ensure that people were able to take responsibility for their medication in a safe way. Medicine audits were carried out on a daily basis to check that medicines were administered and managed safely and we saw records to demonstrate that these audits had taken place.

Accidents and incidents were recorded by staff and were reviewed by the manager. Where necessary incidents were investigated further and an action plan was then completed. We saw an example of a recent incident and could see that this was recorded and dealt with appropriately to keep people safe and reduce future risks.

Good

Is the service effective?

Our findings

We found that staff had the skills and knowledge to care for people effectively. When new staff joined the organisation they had a comprehensive induction which included the opportunity to read people's care records and shadow existing members of staff until they were confident and competent to work unsupervised. This meant that staff were given the time to get to know the people they would be supporting and understand how best to meet their needs.

New members of staff were supported to complete the Care Certificate as part of their induction. The care certificate represents a set of minimum standards that social care and health workers should adhere to in their work. This demonstrated that the service was committed to providing staff with training based on best practice which would encourage workers to develop their skills and knowledge and help them to provide a quality service.

The provider had its own training centre and provided staff with a structured programme of learning to equip them with the necessary skills and qualifications to meet people's needs. The manager kept a record of all staff training to identify when refresher training was required to ensure staff knowledge remained current. We saw that competency checks and appraisals had been completed regularly, checking staff learning and understanding and highlighting any areas that required improvement to promote staffs continuous learning and development.

Staff told us the training was good and that specialist training was provided which was relevant to the people using the service. For example, staff had received training in epilepsy and positive behaviour support training which gave staff the tools to manage challenging behaviours positively. We observed this training being put to good use on the day of inspection, staff used techniques such as distraction and re-direction to alleviate people's distress or agitation.

We saw that staff had not always received formal supervision which the manager advised was due to past recruitment issues. However things had improved more recently and staff were now receiving consistent and structured one to one supervision. Supervision sessions were used to identify any training needs and talk about any concerns they had about the people they were supporting. Staff told us that they felt supported by the provider and were encouraged to take more advanced qualifications in social care to develop professionally . A member of staff told us, "I love it here, they are very supportive." Another staff member said, "Supervision and appraisal is very helpful we can discuss anything."

Communication practices between staff were effective. Staff told us they used a range of methods to communicate both written and verbal to ensure that all workers had up to date and current information about people. One staff member told us, "We have verbal hand-overs daily and share information at lunch time as well to update each other on what has happened during the morning."

The Mental Capacity Act (MCA) 2005 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records demonstrated that staff had received training in the Mental Capacity Act and on the day of inspection we saw staff applying the principles of the act in practice through their interactions and behaviour with people. For example, we observed staff members asking for people's consent before providing any care and support. Staff were able to tell us how they supported people to make choices on a day to day basis by allowing people enough time and space and giving information in a way that supported understanding to enable people to make their own decisions. One staff member told us, "I always take [Person] to the kitchen and show them items to pick from to help them make decisions. I always try to make sure people get the right level of support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the manager had made an appropriate DoLS application and had involved others in the decision making process including the person's advocate to ensure that they were represented. This ensured the service was acting lawfully and safeguarding people whilst upholding their rights.

The provider had links with mental health care professionals such as psychiatrists to support with monitoring and developing strategies to manage behaviour that challenged. People who had behaviour which could challenge themselves and others had detailed guidance in their care plans for staff to follow so that they could be pro-active in preventing or de-escalating situations. Staff were able to describe the types of triggers they would look for and what their action plan would be to manage behaviours, demonstrating a good understanding of the people they supported.

Aside from their care plans, people also had separate health folders which contained all of the essential information to support people to maintain their physical and mental health and wellbeing. We saw that people's physical and mental health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, opticians and dentists had been recorded with any outcome and future appointments were scheduled and logged.

The service supported people to have enough to eat and drink of their choosing. People told us that the food was good. One person said, "Its very nice food, tonight is fish and chips, I always have cod." Food shopping was delivered weekly and people were supported by staff to be involved in choosing food and planning menus. Staff demonstrated a good awareness of people's nutritional needs. Where health professionals had been involved we saw that any advice provided had been followed, for example, keeping food and fluid charts to monitor what people were eating and drinking and monitoring people's weights.

People were supported by staff to promote their independence by helping to prepare meals, snacks and drinks. The evening meal was prepared by staff with involvement by people if they wanted. People could choose where they wanted to eat their food, for example, in the dining room, lounge or in their own rooms if they wanted. A staff member told us, "It's their house they can do what they want."

Good

Is the service caring?

Our findings

People told us the staff were nice and caring. One person told us, "They are all really nice here.". Another said, "I love my key worker."

Staff spoke with warmth and familiarity when talking about the people they supported. One staff member told us, "[Named] and I have lovely conversations together." During the inspection we observed numerous examples of positive interactions between staff and people who used the service. For example, one person was interacting with a staff member and they were laughing and joking together.

When we spoke to staff about the values of the service they told us, "We give care in the best way possible, treat people as equals, respect their wishes and try to make them happy." And, "We love making a difference in people's lives, to make them feel as equals and treat them as equals." We saw these values being put into practice in the way that staff spoke and interacted with people.

We saw that people were treated with dignity and respect and their privacy was upheld. Staff knocked on doors before entering and asked permission before providing care and support. People were provided with their own key pad system for their bedroom doors and could enter and leave independently using their own code. One person told us, "They always knock on the door and ask my permission, they treat me very well."

Care plans we looked at had comprehensive information about people's communication needs and guidance for staff on how to meet these needs. In one care plan it stated that the person used pictorial symbols to communicate with staff and we saw this method being used in practice. Staff told us they used these symbols with the person to let them know about any new situations that might be happening to alleviate any anxiety or distress.

Where people had received input from other professionals such as speech and language therapy, we saw that staff had followed any advice or recommendations made. One person used Makaton (basic sign language) and staff were able to demonstrate their knowledge of the vocabulary and how they used this with the person. One staff member told us, "We communicate with [person] using a mix of body language, words and eye contact, we use Makaton, [person] has a book with pictures in it which helps us communicate."

People's independence was promoted in a number of ways. For example, through staff working with people to develop their daily living skills. People were supported to be included in domestic chores such as washing up and tidying after meal times and doing their own laundry. A rota was in place so that people knew what was expected of them. The service had recently introduced new paperwork that recorded and measured people's skills and abilities. This information was used to set specific goals and targets that people could work towards. One staff member we spoke to said, "We want to promote independence and support people to retain and learn new skills".

The service was caring and sensitive when managing transitions for people moving out of the service.

Consideration was given to the potential impact on everyone concerned and people were given the reassurance and support they needed to help them adapt to the change. The manager told us of plans for a person to move on from the service in the near future into a supported living environment which would give them greater independence and control over their lives. The person told us, "I'm very excited and happy to be moving." The support provided, included helping the person to choose furniture and taking them to visit their new home to celebrate their birthday in preparation for the move. The transition had been carefully thought out with the plan that existing staff would accompany the person when they moved to help them settle to provide familiar and consistent care and support.

Good

Is the service responsive?

Our findings

When people joined the service they had an initial assessment which focussed on their health and wellbeing, their daily living skills and the level of support they required both in and out of the home. Information was gathered from relatives and professionals who knew them well. Where people were able to communicate they were provided with the opportunity to say what was important to them and how they wanted their care and support to be delivered.

Based on all of the information gathered a care and support plan was developed over time which was informed by the staff who supported people on a daily basis. Care plans were reviewed in response to feedback and observations from staff to ensure that they were up to date and accurately reflected the level of care and support each person required as well as their wants and needs. The people we spoke with told us they knew what was in their care plan and that they had been included in the process.

The care records we looked at were written sensitively and were person-centred which means that the person was placed at the heart of everything that the service did. The records painted a pen picture of the person including what was important to them, their hobbies and interests and guidance on how to help people feel happy and calm. This information helped staff to understand how best to support people in ways that they preferred.

During conversations with staff they demonstrated a detailed knowledge of people's care plans and could describe what was important to the person and how best to support them and manage any difficulties they experienced at home or when out in the community. For example, one member of staff described a situation where one person with a complex health condition required a person centred approach while out and about. The staff member told us, "If [Person] feels unwell when we are out they can get embarrassed and might cry, I let them hold my hand and put it against their cheek as this makes them feel better."

We found that staff were responsive to any changes in people's emotional states and demonstrated a good awareness of the kind of things that might upset the people they cared for and what was the best way to support them and avoid potential situations that might cause people distress. For example, a staff member told us about a person who could become upset if they were asked to repeat information and how to manage potentially distressing situations by giving the person time and space.

The service supported people to pursue their interests and hobbies as well as education and social opportunities. A person told us, "I go to college, I chose the courses myself, I enjoy what I do." Care records detailed what people enjoyed doing and what support people needed in order to access activities. For example, one person that enjoyed gardening had a gardener who came to the service to support them with this interest.

People had activity plans in place which were pictorial where appropriate to aid understanding and were tailored to meet their individual needs. For example, one person who could only cope with one day at a time had an activity plan which only displayed the current day. The daily activities were attached to the plan

by Velcro and were removed once the activity had finished. This helped the person feel secure in knowing that their day was structured and they knew what to expect each day.

People were supported to maintain relationships that were important to them, one person told us, "They help me when I want to speak to my brother on the phone, and they arrange visits." Staff told us about a person who was supported to visit their sister's home for lunch to meet with friends that lived there. We also saw that people who used the service had attended a relationship and sexual identity course to help them with their social skills and interact and build relationships with others.

The service had systems in place to manage complaints. The people we spoke to knew how to make a complaint and told us they felt confident they would be listened to and the matter addressed. An easy read version was available. One person told us about a complaint they had made and the service had responded swiftly and appropriately and dealt with the issue to their satisfaction.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection there was no registered manager in post. At the time of this inspection, over two years later, a registered manager had still not been appointed and the provider was not actively recruiting due to potential changes to the structure of the organisation. This meant a condition of the provider's registration was not being met. We subsequently spoke with the provider who has advised that it is their intention to register as manager of the service in January 2017.

The service was being well managed by the registered provider who was acting as manager and was responsible for the day to day running of the service assisted by senior support workers and a deputy manager who was based at another service nearby. The management team understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The registered provider and deputy manager were visible within the service and would work with people, providing additional support if required as well as cover when staff were on holidays or off work due to sickness. Because of this hands-on approach staff and people who used the service told us that they found the management team helpful and approachable and felt listened to. Staff told us they would feel confident to whistle-blow if required and that their concerns would be actioned. Whistle-blowing is when a member of staff raises a concern about a wrong doing in their workplace.

The culture of the service was person-centred with a focus on promoting peoples independence. The attitude of the management team was one that was keen to continue to learn and develop and they were pro-active in working in partnership with health and social care professionals to seek advice and support for the benefit of the people they supported. We received many positive comments about the quality of the organisation by staff. Comments included, "It is a very person-centred service and people do not want for anything, they are happy and healthy". And, "It is an excellent place to work, best place I have ever worked." And, "We all work well as part of a team, I like coming to work."

Staff told us they felt included in the running of the service. Staff meetings were held every two months and were used to share information and put forward ideas about improving the service. We observed a staff meeting and found that it was used constructively to share information and ideas for the benefit of people who used the service as well as the well-being and professional development of staff.

Minutes of meetings were taken and staff were required to sign to say they had read them to ensure all staff had the most up to date information. We looked at a selection of these documents and found that meetings were also used as opportunities to reinforce the values of the service. For example, we saw that at one meeting staff had talked about respecting people and discussed one individual's activity plan and how it could be met in the way that they wanted.

Regular meetings were also held for people that used the service, these meetings were an opportunity for people to have a say in how the service was run and what they wanted to do. We found that the service

listened to people and responded to feedback. For example, one person had asked if they could go for a meal with their key worker once a month which was then arranged. This demonstrated that people were empowered to have their say and were listened to and actions were taken to improve the quality of service they received. Staff also used resident meetings as an opportunity to provide education and advice to people, for example, regarding good hygiene practices and safe storage of food items. This meant that people were supported to improve their life skills and promote their independence.

The service had quality assurance systems and processes in place to ask for people's feedback and drive improvements. For example, the service sent out annual quality assurance questionnaires to people using a variety of formats tailored to meet people's individual communication needs. The most recent survey indicated that all of the people using the service were happy with the provision they received and had no concerns or complaints.

A staff survey had also been completed for 2015, and we saw that the service responded proactively to feedback from staff. For example, feedback had been given about a pay scale issue and a pay review had been held in response.

Regular audits were carried out to monitor medicine administration, accidents and incidents, complaints, health and safety, finances and the home environment. The information obtained was monitored and analysed to check the safety and effectiveness of the service and learn from any mistakes to help the service to learn and develop.