

Richmond Fellowship(The) Meridan House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection of Meridan House on 4 January 2016.

Meridan House provides accommodation and care services to people with mental health needs. The service provides an intense service to prepare people for independence to move on to their step down services nearby to help develop their life skills further. This would eventually lead to people moving on to their own independent accommodation in the future. All rooms are single occupancy and have en-suite facilities. At the time of our visit there were seven people using the service.

People were treated with dignity and respect by staff who were supportive and caring. We observed that staff interacted with people in a respectful manner and people responded positively. We saw that there was a system in place for managing medicines, however, Staff understood the requirements of Deprivation of Liberty Safeguards (DoLS) and acted where this was to safeguard people. People were protected from the risk of abuse because staff knew what action to take if they suspected that anyone was suffering abuse. The service had submitted a

Summary of findings

DoLS application for one person who was subject to restriction. We saw evidence of this on their care files. People subject to decisions made by the Court of Protection had copies of documents in their care files.

People's nutritional needs were met by the service. People were able to prepare their own meals, were given choice and involved in the weekly shop for the service. We observed people accessing the kitchen on the day of our inspection. Staff also provided support to people where this was required. People's risks were assessed and reviewed and risk management plans were in place.

People received care and support that was responsive to their needs. Support plans provided detailed information about people so staff knew exactly how they wished to be cared for and supported in a personalised way. People were encouraged to pursue their own interests and hobbies.

People were actively involved in developing the service and interviewed and met with new staff before being

employed by the service. Residents' meetings were held to encourage people to give their views about the service and make suggestions for improvement and involved in making decisions about the environment, such as choosing the colour of paint to decorate communal and personal bedroom areas.

The service was well led by a staff team who was knowledgeable and motivated. The home had a set of vision and values which was incorporated into the way the service was run and helped to deliver high quality support in line with people's individual requirements.

Staff had received recent training in areas such as, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding, medicine management, assessment of risk and support planning.

We have made a recommendation about the management for managing as required medicines (PRN).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Although medicines were stored in a locked cabinet, the room temperature was not always within the recommended NICE guidelines.

People's risks were assessed and there was guidance for staff on how to keep people safe.

People were protected from the risk of abuse because staff knew what action to take should they suspect abuse.

There were sufficient numbers of staff to meet people's needs safely. Staff recruitment practice was in place to ensure staff were safe to work with people.

Good



Is the service effective?

The service was effective. People were given choice at mealtimes and were encouraged and they were involved in preparing their own meals.

People had their healthcare needs met by a range of professionals.

People's rooms were personalised and we saw that rooms were personalised.

Staff were trained to enable them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Good



Is the service caring?

The service was very caring. People were treated with dignity and respect by kind and caring staff who knew them well. However, we received mixed feedback from relatives.

Staff were extremely caring and kind and people felt well cared for.

People were supported to express their views at a time that suited them and were actively involved in making decisions about all aspects of their care.

Good



Is the service responsive?

The service was responsive. Care plans were individualised and provided staff with detailed information about people's care and support needs.

Staff understood the concept of person-centred care and put this into practice when looking after people.

People participated in a range of group and individual activities.

People were also encouraged to pursue their own hobbies or interests and staff supported them with this.

Complaints were encouraged by the service and people felt listened to as these were acted on.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Managers at the service were involved in people's care and were hands on. Staff felt safe and well supported by service managers.

People were at the heart of the service and were actively involved in developing all aspects of the service.

Systems were in place to audit key aspects of the service and an improvement plan in place to ensure continuous improvement. However, we received mixed feedback from relatives and healthcare professionals.

Meridan House

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.

We undertook an unannounced comprehensive inspection of the service on 14 January 2016. The inspection team consisted of two inspectors.

The service was last inspected in February 2014 and there were no concerns.

Before the inspection, 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed interactions between staff and people using the service and spoke with people and staff. We spent time looking at records including four care records, three staff personnel files, reviewed medication administration record (MAR) sheets for three people using the service, staff training records, complaints and other records relating to the management of the service. On the day of our inspection, we met and spoke with three people living at the service. We spoke with the registered manager, a team leader, two support workers, senior support worker and a health professional.

Is the service safe?

Our findings

People told us they felt safe and happy living at Meridan House. Relatives told us they felt on the whole that their relative was safe. One relative told us, “I’m very secure about [my relative] being here. I feel [my relative] is safe.” Another relative told us “Since [my relative] has been here, I don’t feel they are in danger, but concerned about their [my relative] personal belongings being stolen.” The registered manager told us that she was not aware of this, but would investigate this.

Staff we spoke with knew people well and were able to tell us the signs they would look for that would indicate someone maybe suffering abuse. They were able to tell us the types of abuse and said that any concerns would be reported in the first instance to their manager and if appropriate action is not taken they would report concerns to external authorities, including the local safeguarding authority, Police and The Commission. Records and some staff confirmed that staff had received safeguarding training.

We saw that people’s medicines were stored safely. The team leader told us that there was a medication lead on every shift. Each person had a medication folder which contained their details, Medicine Administration Record (MAR) sheets and other medicine related records. Daily checks were carried out on fridge temperatures where medicines were stored. On the day of our inspection the room temperature where medicines were stored was above the recommended temperature set out in NICE guidelines for managing medicines care homes. However, we saw that a method to control the temperature of the environment was in place. The team leader and registered manager told us of plans to relocate the medicine cabinet. There was a medicine leave form for people administering their own medicines when out in the community or visiting relatives. We saw that there was no individual guidance in place where medicines had been given when required (PRN). The registered manager told us that this is recorded in people’s support plan.

We saw that some people managed their own medicines and others were administered by staff or the mental health team. People’s capacity to administer their medicines had been assessed in line with the provider’s policy. This empowered people to be independent with this aspect of their care and treatment. Medicines Administration Record

(MAR) charts showed that people received their medicines as prescribed and staff had signed the MAR to confirm this. Staff had received training in the administration of medicines. The registered manager told us the staff administering medicines undertook a medicine proficiency assessment. This was confirmed by staff who told us that they had shadowed an experience staff member administering medicines and completed a medication proficiency assessment. We saw evidence of proficiency assessments on staff personnel files.

Risk assessments and safety management plans were in place and we saw that the service allowed people to take positive risks. People’s individual risks had been assessed and documented, and this included risk of absconding and risk of self-neglect. For one person at risk of self-neglect and isolation, the risk control included staff to encourage them to take part in activities. We saw that this person had taken part in a group activity on the day of our visit. Information and guidance was in place to assist staff to support people to mitigate risks. Each care record had detailed information about the risks associated with people’s care and support and how staff should support the person to minimise the risks. Care records included risk assessments of people’s mental health, including relapse indicators. There was a system in place for reviewing risks. A fire risk assessment was in place and each person had a personal evacuation plan relevant to their needs. We saw that evacuation drills had taken place in July 2015 and January 2016.

Safe recruitment practices were followed when new staff were employed. Staff files showed that the necessary checks were made prior to staff working with the service, this includes Disclosure and Barring Service criminal checks, proof of address and identity and obtaining references. This included proof of address and obtaining appropriate references. The registered manager told us that the provider’s human resources section carried out all the necessary staff checks, which included obtaining references and proof of address. Staff joining the service were subject to a six months’ probation period to ensure that they were suited for their roles.

We examined the service incident and accident records and these contained a clear description of the incident and indicated whether it should be reported. Completed forms explained the outcome of the incident and included details of action taken to avoid re-occurrence. A monthly report of

Is the service safe?

incidents is produced and accidents reported to the health and safety lead in the organisation. Staff told us that learning from incidents were discussed during handover meetings or staff meetings. We saw evidence of this on the day of our visit.

On the day of our visit we saw that there were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. Staffing levels were planned around people's needs, appointments and their chosen activities. We observed that the registered manager and team leader were visible and on hand to staff and people using the service. They talked to people and staff and there was an open and comfortable atmosphere amongst staff and people using the service. However, we received mixed feedback from relatives. One told us that they felt there were enough staff on duty and said, "There's always staff about." On the other hand another relative told us although

staff were, "friendly and they [staff] do greet you." They had waited for more than 30 minutes to get access to the building because staff were not available and staff spent most of the time in the office. A healthcare professional told us that staff spent most of the time in the office and did not interact with people and there was not enough staff and no one to answer the door. The registered manager told us that staffing levels were based on level of need and staff provide one to one care including personal care. We saw that the PIR submitted by the provided had highlighted the need for the service to improve staff interactions with people who use the service by mentoring new staff to be better at listening and offering person centred support.

We recommend that the service consider current NICE guidance on managing as required medicines (PRN) and take action to update their practice accordingly.

Is the service effective?

Our findings

People told us they felt supported by staff and felt staff had the skills they needed to support them. Relatives gave mixed feedback on staff. One told us that staff were, “Friendly. They do try and improve.” Another relative said their relative’s key worker did, “Good things with [my relative].”

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff and records confirmed that staff received supervision and a yearly appraisal. All staff spoken with told us they felt supported by their managers at the service and said they were able to approach them with any concerns and this would be resolved. One staff member told us, “I love it” and said their previous experience had enabled them to feel comfortable in their role and working with people using the service. Regular team meetings were held, which gave staff the opportunity to discuss people using the service.

All staff underwent a formal induction period which included staff shadowing experienced staff until such time as they were confident to work alone. Staff felt they were working in a safe environment during this time and that they were well supported. Staff had completed training in areas such as, health and safety, safeguarding, administering medicines, equality and diversity, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were opportunities for staff to take additional qualifications and for continual professional development. One staff member received training to develop their management skills and told us they felt the training was robust and had allowed them to feel confident about their role. This was evident during our discussions with the staff member on the day of our inspection.

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 decisions 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. We saw that the service had acted in line with the MCA where this was in the best interest.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the MCA and put this into practice. They described the purpose of the Act to us and its potential impact on people they were supporting. Staff members were aware of the Deprivation of Liberty Safeguards, which is part of the MCA. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We saw that one person subject to DoLS had the necessary paperwork and authorisation in their care records. This was confirmed by a relative who told us that they had been involved in the meetings to review their relative’s requirements under DoLS. They also told us that they felt the service needed to improve to ensure that their relative did not leave the building without a staff member in line with the DoLS authorisation.

People had their own front door key and everyone could come and go as they pleased. We observed people coming and going on the day of our visit and people told us that they were able to go out into the community. People would let staff know when they were going out for health and safety. We saw that DoLS leaflet displayed on the communal notice board providing information to people using the service.

People made choices about what they wanted to eat and some people prepared their own meals and meals for other people living at the service. Staff also cooked meals and encouraged people to take part. We saw that there was a list displayed in the kitchen of ‘residents cooking and eating habits.’ This detailed how people liked their meals and any special dietary needs. The registered manager told us of an arrangement between a group of people living at the service who often cooked meals for each other. The registered manager told us that people able to prepare their own meals were given an allowance to buy food of their choice and to develop their cooking skills further. This was confirmed by two people using the service. One person told us, “I cook on my own.” They said that they enjoyed cooking and received a weekly allowance to buy food. Another person said they cooked for themselves. Healthy

Is the service effective?

eating was encouraged through a healthy eating club where people using the service and a neighbouring service came together to cook meals. People were given choice and involved in weekly shopping for the service. Therefore people's independence was encouraged by the service. We saw that people were given personal space to store their food in the freezer. Throughout lunch we saw that people were accessing the kitchen at different times for drinks.

We observed information displayed in the kitchen detailing what makes a healthy balanced meal and requirements relating to various food allergies. We saw evidence that the service worked closely with other healthcare professionals to ensure that people's individual needs were met, this included the locality mental health team, district nurse for one person who was diabetic and dietitian for someone with special dietary requirements.

Is the service caring?

Our findings

People spoke highly of staff and told us that staff were kind and caring. One person told us that staff were, “nice and good.” Another person said they were happy with the support. Feedback from relatives was mixed. One relative told us that some staff were caring and felt that staff did not always respond to people in a respectful way. On the other hand another relative who was asked whether they felt staff were caring told us, “Absolutely.”

We observed some positive interactions between staff and people who use the service. We saw that people were treated respectfully. Staff spoke to people in a caring and kind manner. People responded in a positive manner and freely chatted with staff. Staff had built up relationships with people and were familiar with their preferences and knew them well. People told us that staff respected their personal space and always knocked on the door before entering. We observed this on the day of our visit. People said they liked living at Meridan House. One person said Meridan house was nice. A staff member told us of the importance of respecting people’s privacy, they told us “We create an environment where people feel safe respected and feel good about being themselves in a diverse environment.” Staff enabled people to remain independent and had an in-depth appreciation of people’s individual needs around privacy and dignity. Staff gave us examples of how they supported people to develop their independence through regular key working sessions. Such as the work done to inspire one person who required a lot of encouragement to go out into the community. This involved giving them responsibility for buying food for the service, which staff said they enjoyed doing. We saw that this was documented in the person’s support plan.

People told us that they were involved in making decisions about their care and staff took their preferences into account. This view was supported by their relatives. One person told us that they were involved in developing their

support plan with their key worker. We saw on one person’s care records evidence of involvement from their relative who had commented on the support plan. One staff member told us that person centred care was “Care built around the individual.” The registered manager told us that where people needed support to make decisions and had no representatives, advocates had been organised who supported people to have their say.

Staff had extensive knowledge of people’s needs, likes and dislikes and this was reflected in people’s support plans. We saw that people’s goals for what they wanted to achieve were set out in their support plan, where these had been achieved a certificate of achievement was issued by the service. During our visit we saw one person had a certificate displayed in their room. People’s cultural needs were met by the service. This included supporting people to attend their place of worship and celebrating various religious festivals and events to promote equalities and diversity.

We saw that the managers worked alongside staff and constantly monitored staff practice to ensure that the positive respectful approach was sustained. Staff consistently took care to ask permission before intervening or assisting people and we saw evidence of this during our visit. There was a high level of engagement between people and staff throughout our inspection. We saw that people was empowered to express themselves in an environment that encouraged and involved them in their care and support in the way they preferred. For example, we saw one person had a notice in their room to remind them of what they needed to eat to help manage their health. This was confirmed by the person who had invited us into their room. We saw that people’s rooms were personalised to their individual requirements. .

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People said staff had been responsive to their needs. A healthcare professional told us that they felt the service had been responsive to the person's physical health needs. One relative told us that staff from the neighbouring service had attended an activity with their relative in their own time and this was, "Very much appreciated."

People moving into Meridan House were given a handbook, 'helping you make a home.' This contained information about moving in and their rights and responsibilities, as well as supporting people to become a valued part of their community. The service had employed a community link worker who worked with people across all services to promote community involvement and support people to pursue their individual interests and hobbies. We saw that one person had completed an IT course to enable them to use the computer. On the day of our visit we saw that this person was using the computer situated in the communal dining room. The registered manager told us that they had been keen to learn the computer and they had worked with the community link worker to access the right course. We saw that people took part in various individual and group activities to meet their needs. We saw that there was a programme of activities, including gardening and baking group. On the day of our visit we saw people taking part in a cake baking group. We spoke with the external facilitator who told us about the healthy eating group which focuses on eco therapy and healthy eating. He had drawn up a planting plan which is currently a working progress.

Support plans were legible, up to date and personalised. They contained detailed information about people's support needs, for example, in the management of risks associated with people's dietary needs and the risk of going out in to the community. Support plans contained detailed information about people's background history. People's choices and preferences were also documented. The daily records showed that these were taken into account when people received support. Staff had extensive knowledge

about people's needs and gave examples of how the service responded to these. We saw that the service had had been responsive in meeting the needs of one person whose health needs had changed dramatically and their support needs increased in a short period of time. The service had made adjustments to the way care and support was provided, such as carrying out hourly observations and keeping food and fluid charts to ensure their nutritional needs were met.

We observed handover meeting with staff changing shift. We saw that this gave staff the opportunity to discuss events of the day and discuss people using the service. This also allowed staff to ask questions. We were shown a copy of the handover record form used to document the handover discussions and actions, including lead roles and key working arrangements.

People's interests and hobbies were noted in their support plans. We saw that the service had a programme of activities that had taken place, as well as planned and ongoing activities. This included a women's group. These were displayed on a notice boards situated in the communal reception area and hallway. This also contained information about other activities, such as a weekly art group and talking therapy group.

There was a system in place for logging and responding to complaints. All complaints were dealt with no matter how small they were. People were listened to and every effort was made to resolve any concerns that people had raised. The complaints procedure was displayed around the service and people knew how to make a complaint and told us that staff encouraged them to make complaints. People said they had no complaints, but if they did they would talk to the staff. Relatives told us that they knew how to make a complaint and felt comfortable approaching staff with any concerns. One relative who had made a complaint told us that the service was, "Quite on top of the complaints." They said the service had responded immediately to their concerns. Another relative told us that they did not have any complaints and felt the complaints policy was clear.

Is the service well-led?

Our findings

People were actively involved in developing the service. We asked if people were involved in matters relating to staffing at the home. We were told that people formed part of the interview panel when the provider was seeking to recruit new staff members.

Relatives gave mixed views about how the service was run. They told us that the team leader was approachable and very knowledgeable. One relative told us the service, “Seems to run very well. If the key worker can’t do something someone else will.” Another relative told us that the team leader was, “Doing quite well, quite new but seemed involved.” They also felt that improvements were required to the way their relative’s needs were being met and understanding of their condition. This view was shared with a healthcare professional who told us the service required some improvements, such as doing more towards recovery. The registered manager told that the service worked with a number of people with high needs and there had been a lot of individual work done with people who use the service. Following our inspection we were sent evidence of the service involving healthcare professionals in the support planning process.

People and staff said that the managers were approachable and supportive and they could speak to them whenever they wanted to. We observed people approached the managers whenever they wanted on the day of our visit. People entered the office to talk with staff and we saw that staff responded in a caring manner. There was a clear and open dialogue between the people, staff and the managers. The managers worked alongside staff supporting and coaching them. Despite the constant demands, we saw that staff remained calm and engaged with people in calm and caring manner at all times.

Staff were clear about their roles and responsibilities and received regular feedback from the managers about their performance. They were able to describe their roles well. Staff lone working had access to an on call emergency service centre and told us this helped them to feel safe. The staffing structure ensured that staff knew who they were accountable to. The meetings were also used to share ideas for improving the service and to give coaching and guidance to staff.

Staff told us that managers were always available and gave practical support and assistance. They told us they felt supported by the managers at the service. One staff member told us they felt the service was well led and that the team leader was “organised.” Another staff member told us, “Staff know what they are doing.” They also told us that the registered manager had been with the service for a long time and you “Trust her guidance and judgement. You feel you’re in good hands.”

There was a staff competency framework for staff covering six main areas: team work, customer focus, communication, valuing diversity, continuous improvement, and planning and organising. The registered manager and team leader told us that the service celebrated staff remaining with the organisation for every five years, whereby a surprise party was held. After 10 years of service staff received gift vouchers and additional leave. This was confirmed by staff we spoke with.

The provider has a set of values which the service stated was at the heart of everything they did. This included the belief that recovery is possible for every individual and giving people encouragement and support to achieve their goals. This approach was evident from our observations on the day of our inspection and discussions with staff. Staff were able to tell us about these values and how this influenced the way they worked with people who use the service. They told us of the importance of respecting people's choices and developing their independence to ensure that they are able to manage when they move on to their own accommodation..

We saw that the service had a five year continuous improvement plan. This prioritised areas for improvement and resulted in an action plan of how these would be achieved. We saw that this included areas such as the introduction of a medicine lead for each shift following a number of medicine errors identified as part of the service audits. We saw evidence of this detailed on handover records and observed staff checking of medicines before starting their shift.

The registered manager told us that the provider was in the process of working towards Investors in Diversity accreditation. This is a standard which helps organisations to manage equality, diversity and inclusion through a planned and holistic approach which focuses on a co-production involving staff and people using the service. We noted evidence of this in meetings held with people

Is the service well-led?

using the service and a quarterly newsletter 'Sparks' produced by the provider and put together by people and staff. The registered manager told us that further improvements were needed to engage people who use the service and involve them in decisions about how the service is run. This includes setting up a co-production group, where people who use the service and staff can identify areas in the service that could be improved and how to improve them. This was also reflected in the PIR submitted by the registered manager.

The provider had undertaken monthly audits of accidents and incidents in order to identify trends, for example, falls due to environmental hazards. Corrective action was taken as necessary as a result of these audits. The audits enabled the registered manager to monitor the quality of the service and make improvements where necessary.