

# Derby City Council

# Merrill House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 26 and 27 April 2017. The first day was unannounced. At our previous inspection during December 2014 the provider was meeting all the regulations we checked. However under well-led the provider needed to make improvements in relation to seeking peoples opinion on Merrill House. At this inspection we found that improvements had been made in this area.

Merrill House is registered to provide residential care and support for up to 40 people older people. At the time of our inspection there were 14 people using the service. The service is located within a residential area of Derby. There are bedrooms on the ground and first floors. It is split into three wings each with its own lounge and dining area.

There was a registered manager in post. 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 who were supported with their medicines were not always protected against the risks associated with poor medicines management. For example our observation showed that staff did not always observe people to ensure they had taken their medicines.

We saw that a person had experienced weight loss between February and April 2017. However we saw no evidence that medical support was sought to ensure the person's dietary needs were being met. This demonstrated that people were not always supported to ensure they received adequate nutrition.

We found that the provider's quality assurance systems had not picked up some of the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

People who used the service were positive about the support they received and praised the quality of the staff and management. People told us they felt safe at the service. We saw staff interacting with people in a relaxed and friendly manner. People were supported to socialise and take part in activities to promote their wellbeing.

Risk assessments and care plans had been developed with the involvement of people. Staff told us that they had relevant information on how to minimise identified risks to ensure people were supported in a safe way. There were sufficient staff available to support people.

Staff we spoke with understood their responsibility in protecting people from the risk of harm. Recruitment procedure's ensured suitable staff were employed to work with people who used the service. Staff told us they had received training and an induction that had helped them to understand and support people.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff gained people's verbal consent before supporting them with care tasks and supported people to make their own decisions.

People told us staff provided support with kindness and compassion. People were treated with dignity and respect by staff and encouraged to express their views. The delivery of care was tailored to meet people's individual needs and preferences. People were supported to use healthcare services.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People told us they felt if they raised any concerns these would be taken seriously and would be addressed by management.

People felt the service was well managed. There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines management was not always safe to ensure people received medicines safely. Recruitment procedures ensured suitable staff were employed. There were sufficient numbers of staff to meet people's needs. Staff told us they followed the guidance in people's risk assessments and care plans when supporting them. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring.

### Is the service effective?

Good 

The service was effective.

People's needs were met by staff who had received training to provide them with the knowledge and skills to meet people's needs. Staff supported people to make decisions independently. People were supported to eat and drink enough to maintain their health. However where concerns were identified with people's nutritional intake, the provider was not always proactive in seeking medical support. People told us staff contacted the GP when they were unwell.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind and considerate. Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

### Is the service responsive?

Good 

The service was responsive.

The support people received was personalised, taking into account people's individual needs and preferences. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

### Is the service well-led?

The service was not consistently well-led.

The management systems were not always effective in recognising areas which required improvements. The service had a registered manager. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities.

**Requires Improvement** 

# Merrill 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This first day of this inspection was unannounced. The inspection took place on 26 and 27 April 2017. This inspection was carried out by one inspector.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with three people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also spoke with two relatives, the registered manager, the assistant manager, team leader, five care staff and one visiting health professional. We also spoke with a faith leader via telephone following the inspection visit.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We also looked at records which related to the management of the service such as quality assurance, staff training records, recruitment information and policies and procedures.

# Is the service safe?

## Our findings

Majority of the people told us that staff looked after their medication. They were happy with this arrangement and told us they received their medicines on time. One person said, "The staff look after my medicines and I get them on time." Another person told us they self-administered their own medicines. They said, "I look after my own medicines, every week I am given a pack which contains all my medicines." The registered manager told us the person had a lockable drawer to store medicines safely. We spoke to the person who confirmed this. However the risk assessment and care plan did not specify how staff monitored this or the frequency. This meant that systems were not in place to ensure the person had taken their medicines as prescribed. We discussed this with the registered manager who told us they would take action to address this.

We saw where a person had been admitted to the service from hospital they had brought their own medicines with them. We found that there was a discrepancy in the amount of a particular medicine they had left in stock. One entry recorded that the person came into the service with 28 tablets and another stated 18 tablets. This did not provide assurance that medicines were always checked into the service correctly, to ensure there was a clear audit trail. The registered manager told us they would be taking immediate action to ensure the recording of medicines into the service was thorough.

We saw a staff member did not always stay with people to ensure they had taken their medicine before recording this, as we observed two people being left with their medicine at lunch time to take with their meal. By the end of the meal both people had taken their medicine. However the staff member did not wait and observe the people had taken the medicines. There is an element of risk with this as other people could pick the medicine up and take it.

We saw that there had been a medicines error during April 2017 where one person had received double the dose of the same medicine. Once the error was identified by the registered manager they obtained medical advice. Due to the amount of medicine which had incorrectly been administered by staff, the GP advised the registered manager to monitor the person for 18 days. This did not ensure people received their medicines safely. The registered manager carried out competency assessments on the staff involved in the incident and records showed that they had passed this. The registered manager told us that they would be introducing a protocol to ensure where staff were not sure what they were administering they would need to check with the pharmacist, before administering the medicine.

We found that the medicines fridge was not always within the required range of two to eight degrees. Records showed that during April 2017 on a number of occasions the temperature was between 9.5 and 11.2 degrees. On the day of the inspection the temperature was 9.8 degrees. This showed that medicines in the fridge were not being stored in a range to ensure that they were fit for use. The registered manager told us they had defrosted the fridge and if the temperature remained outside the required range they would use another thermometer to check the temperature. If this was still not within the required range, they would order a new medicines fridge.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We were told that only authorised staff administered medicines. We saw staff were trained in medicines administration and their competence assessed before they were able to administer medicines.

People and relatives we spoke with said the service provided safe care. A person said, "I feel safe at Merrill House, I have been here for three years and have no concerns. When I ring the call bell in the middle of the night, I have not had to wait for the staff." Another person said, "I feel safe as there are staff around." A relative told us, "My mother is safe at Merrill House, I wouldn't leave her otherwise."

Policies and procedures were in place to guide staff on actions to take if a safeguarding incident occurred. Staff we spoke with were aware of these policies and told us they would not hesitate to report any concerns they had. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. They were aware of the signs to look out for that might mean a person was at risk of harm or abuse. A staff member said, "If a person was acting out of the ordinary or had physical marks on them. I would report the concerns immediately." Training records and staff confirmed they had received training in identifying and understanding safeguarding. Staff also told us they would report concerns around poor practice via the whistle blowing policy. This demonstrated the provider had taken steps to reduce the risk of abuse to people at the service.

People had individual personal emergency evacuation plans (PEEP) in place in the event of a fire or any other incident which required the service to be evacuated. This was to help ensure people received the appropriate level of support in an emergency to keep them safe. Risk assessments were in place to support people to reduce identified risks to them. We saw risk assessments for areas such as moving and handling and falls. Staff we spoke with told us the risk assessments provided them with sufficient information on how to support people. Staff told us that they would report any concerns or changes in people's care to the person in charge. Staff we spoke with knew about people's individual risks and explained the actions they took. They explained what equipment they used to support people safely.

We observed there were sufficient staff available to support people. People told us there were enough staff available to provide support for them when they needed it. A person said, "On the whole their on enough staff on shift." A relative stated, "At the moment there are plenty of staff, there are not many residents." A staff member said, "At the minute there are definitely enough staff." However another staff member said, "Sometimes there are not enough staff and agency staff are used. If the staffing levels are kept at three or above during the day things are manageable." We discussed staffing levels with the registered manager. The PIR stated that the provider used a dependency based tool to ensure enough staff were on shift which was reviewed daily, The registered manager told us that staffing levels were determined by the needs of the people at the service and were kept under review to ensure they were appropriate. A visiting health professional said, "There always seem to be enough staff, it all seems well organised." The registered manager told us if staff rang in sick or were on holiday these shifts would be covered by the existing staff team, or staff from other services within the provider group or regular agency staff. Staff we spoke with confirmed this. This demonstrated the staffing levels were sufficient to meet people's needs.

The provider had robust recruitment procedures in place. Staff employed had been subject to the required pre-employment checks. Checks included the Disclosure and Barring Service (DBS) checks and references. Staff we spoke with told us that pre-employment checks such as DBS checks were completed prior to them commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.



We found that staff employed at Merrill House had been working for the provider for several years. The provider had a process to update DBS checks. Staff told us that they had had their DBS renewed since working for the provider. This showed that people's suitability to work with people was kept under review.

## Is the service effective?

### Our findings

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 people 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.

We saw that staff gained people's verbal consent before assisting them with any care tasks and supported them to make choices. For example at lunch time we saw people were asked about their preference in food and drink. Staff had received training in the MCA, records we looked at confirmed this.

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). The provider understood when an application for a DoLS should be made. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. At the time of this inspection visit none of the people living at the service were subject to a DoLS authorisation. The registered manager told us they were waiting for the outcome of two DoLS applications that they had submitted.

We received positive comments about the support people received from the staff team. A person said, "The staff understand my needs, I feel they have got the knowledge and skills to support me." Another person said, "Yes the staff seem to know what they are doing."

Staff we spoke with told us their induction included training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. A staff member said, "I did some training on autism and dementia it has helped me to understand people's needs better." Another staff member said, "I have received dementia training, which I found interesting. It has given me an insight into the needs of people living with dementia. I have also had training in different areas such as infection control and first aid." Staff felt supported and able to raise any issues or concerns outside of formal supervision sessions. Supervisions are regular meetings with a manager to discuss any issues and receive feedback on a member of staff's performance. A staff member said, "I feel supported through my supervision sessions and training." Another staff member said, "During my supervision I can say what I want to."

People told us they enjoyed the food provided at the service and were able to choose meals they liked. One person said, "We have a choice, we are asked after breakfast what we want for lunch." Another person told us, "The food is good, we have a choice." We observed the lunch time experience and saw that it was relaxed and informal. The interactions between people and the staff were positive. Our observations showed that people at the service had access to drinks and snacks throughout the inspection visit. People were provided with a choice of hot or cold drinks.

Records showed people's nutritional needs were assessed. The registered manager told us that people

received support from other health professionals such as GP's and dieticians, if there were concerns about a person's food and fluid intake. However we found this was not being done consistently. We saw that a person had experienced some weight loss and there was no evidence that any support from a GP or dietician had been sought. This did not provide assurance that people received adequate nutrition. We discussed this with the registered manager, they told us that the person's food intake had improved, however we saw no evidence to support this. Following the inspection visit we received information from the registered manager which confirmed that a referral to the dietician had been requested via the GP.

People told us they were able to see health professionals when necessary, such as their GP. People said that the optician visited the service annually. One person said, "They [staff] contact the GP if you are not well. I have also had the optician visit." Records showed that the staff liaised with health and social care professionals, including the GP as necessary. Staff we spoke with understood people's specific health care needs. Staff we spoke with understood that a person required regular repositioning whilst in bed to reduce pressure damage to the skin. However we found the associated repositioning charts had not been consistently completed. The registered manager told us they would be taking action to address this. Staff confirmed that if they had any concerns about people's health they would inform the registered manager or staff member in charge. A visiting health professional told us that staff followed through instructions they left and felt staff were knowledgeable regarding people's needs.

# Is the service caring?

## Our findings

People told us staff were caring and treated them with respect. Comments from people included, "The staff are caring. If there is anything wrong with you, they [staff] will ask you if you are okay. If you are not eating they [staff] will check on you" and "The staff listen and are very kind and caring. I broke my hip sometime ago, the staff were marvellous." A faith leader said, "The staff are caring towards people. On the whole the staff have a genuine caring approach towards people."

People told us how staff supported them and encouraged them to be as independent as possible and we observed this during our inspection visit. A person said, "A lot of them [staff] support you to be independent. For example I look after my own medicines, which I take without staff support." Another person told us, "I do as much as I can for myself." Staff we spoke with understood the importance of supporting people to remain independent. A staff member said, "We encourage people to remain independent, we see what they can do and don't take over."

People told us staff treated them in a respectful manner. A person said, "Staff treat you with dignity and respect." We saw privacy and dignity was respected when people were receiving care and support during our visit. We observed staff knock at a person's door before entering. When staff attended to the person they closed the door. Staff were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. Staff told us that they ensured doors were closed when people were using the bathroom and covering people up whilst assisting with personal care. A staff member said, "I always discreetly ask people if they need to use the bathroom, I would never shout across the room." This demonstrated that staff treated people in a dignified manner, respecting their privacy and dignity.

We observed positive interactions between and staff. We saw staff interacting with people in a respectful manner. A person was getting restless whilst in the lounge. A staff member sat with the person, talking with them calmly and providing them with support as required. We saw staff sitting talking with people, they spoke in a kind and reassuring manner to people.

People's care plans provided information about their health and social needs. We received mixed feedback about people's involvement in developing their care plan. One person said, "Yes I have a care plan and I was asked questions about the care." Another person told us, "I don't think I have a care plan, but the staff do ask me about the support need." A relative said, "There has been a significant change for the better in [person's name] since they have been at Merrill House."

Information in the PIR stated that, people were able to receive visitors at any reasonable time. During the inspection visit we saw some people received visitors. A person said, "My son visits me every other day. There are no restrictions on visiting." Another person said, "People have visitors when they like." This showed that people were supported to maintain contact with people who were important to them.

The registered manager told us that advocacy services were available to support people in the decision making process. Advocacy is about enabling people who have difficulty speaking out to speak up and make

their own, informed, independent choices about decisions that affect their lives. Information on advocacy services was displayed at the service. Two people were currently supported by advocates. This meant that the people were being supported in making decisions about their care when they required support to do so.

## Is the service responsive?

### Our findings

We observed positive relationships between people that used the service and the staff. People's daily routines were varied and relaxed; we saw that people were able to spend their time as they wished. For example some people spent time in their rooms, whilst others moved around the communal areas. People told us the routines at Merrill House were flexible. People said they could choose how they wished to spend their day and what time they retired to bed. A person said, "Like spending time in my room and come down for my meals. I go to the local shops independently."

People told us that there were some organised activities within the service including quizzes, board games and crafts. One person said, "We have a room with board games and jigsaws. You can access the room whenever you like. We also have entertainers coming into the service. We had afternoon tea for St George's day. There is also a hairdresser who visits regularly." However another person stated, "There isn't always a lot to do, there are not many people at the home. We do have a singer who comes to the home." During the inspection visit we observed people watching TV, reading books or newspapers as well as talking to each other and staff. People told us they have had discussions on what they wanted to do during 'residents meetings'. This demonstrated that people were supported to maintain their interest and hobbies.

A visiting health professional told us that the service was responsive to people's needs. "It's not task orientated here, you do see staff sitting with people and talking to them. If you ask a staff member about a person, they can tell you about the person's needs. There is a lot of continuity in staff." A faith leader said, "The staff have supported people with end of life care. They [staff] have been very sensitive to people's spiritual needs."

Information in care plans demonstrated that people or their representatives were involved in the reviews of their care. People's care records showed that pre admission assessments had been completed before they used the service. Staff we spoke with understood the needs of the people including how they supported people.

Staff told us they had handover meetings at the beginning of each shift. Each person who used the service was discussed. A staff member said, "During handovers the discussions also include any concerns we have about people's well-being." This ensured staff were kept up to date with people's needs or any changes, which meant staff were able to continually provide the appropriate care and support.

People told us that they had not needed to make a complaint. One person said, "We have got no grumbles. I do feel if we had a grumble they [management] would listen." Another person said, "I am aware of the complaints process and if I did have a complaint I would speak with the registered manager. But I have never needed to make a complaint." A relative shared this view. One relative said, "I am sure concerns would be taken seriously. In the past I raised some concerns and they were dealt with." A faith leader told us since they had been going into the service, they had not seen anyone who was disgruntled with the care they received. Staff told us if anyone raised any concerns with them they would inform the management team including the registered manager. This demonstrated that people felt confident that the provider would

listen to their concerns and would take action to resolve issues.

The PIR stated that the provider had not received any complaints over the last 12 months. At the inspection visit the registered manager confirmed this. The provider did have a complaints policy which people were aware of.

## Is the service well-led?

### Our findings

At our previous inspection visit during November 2014 people told us they had not been asked for their opinions on the home. At this inspection people told us 'residents meetings' took place which gave them the opportunity to raise things and that they received information from management. One person said, "We do have residents meetings and we do get asked for our views or suggestions. We have talked about entertainment and menus. There is also a suggestion box which we can use." Another person said, "Yes we do get asked for our views and opinions on the service." However people told us they could not recall completing satisfaction surveys. We fed this back to the registered manager. The registered manager told us that surveys were not currently being used as they were being revised.

We saw that the provider had measures in place to monitor the quality of the service and drive Improvement. Various audits were carried out which included, building checks, water temperatures, catering audits, medicines audit and communication logs. We saw that the provider had introduced a new infection control check which would be rolled out during May 2017. The completed audit would be sent to the infection control lead, who would advise the service on what action was required if issues had been identified. An accident tracker was also to be used to analyse accidents and implement changes as required. However we saw that the audit from March 2017 identified that the alarm fixture was missing in the shower room. At the time of the inspection visit we saw that this had not been replaced. This meant that in an event of an emergency staff or a person may not be able to summon immediate support. We discussed this with the registered manager who told us that they would be raising this again with the maintenance department.

During this inspection visit we found that the provider did not always have effective systems to ensure people received their medicines in a safe way. The registered manager told us they would be addressing the issues identified at the inspection visit. We found that the medicines audit had not taken place during March 2017. The registered manager told us that they would be carrying this out after the inspection visit.

Staff did not record people's care and treatment in a contemporaneous manner. Records we reviewed showed that a person had not been repositioned at the required intervals, to prevent skin damage. The lack of maintaining accurate records placed people at risk of inappropriate or unsafe care because their well-being could not be monitored effectively. We discussed this with the registered manager who told us they would be addressing this immediately. Following the inspection visit we received information from the registered manager that positioning charts were being checked four times a day by managers to ensure the records were accurate confirming that the person had been repositioned.

People told us that Merrill House was clean and maintained to a satisfactory standard. A relative said, "The home is maintained to a good degree." Systems were in place to ensure that the maintenance and servicing of equipment had taken place when required. We saw a sample of health and safety records which showed that the servicing of equipment and building were up to date. This included gas servicing and portable appliances testing. We saw health and safety audits were carried out regularly and covered cleanliness and fire safety. At our previous inspection visit during November 2014 the provider had identified that Merrill House needed the electrical system to be upgraded. At this inspection the registered confirmed that the



work had been completed.

People and a relative we spoke with felt the service was well managed. One person said, "I know who the manager is, she manages the home well." A relative said, "From what I have seen it's a well-kept service." Another relative said, "The registered manager is efficient."

The registered manager had been in post since 2011. This demonstrated that there had been consistency in the management of the service. The registered manager was supported by the management team including the assistant manager and team leader and the staff at Merrill House. Staff felt the service was well managed. A staff member said, "The registered manager is open to ideas." However some staff members felt that the management team were not always supportive. One staff member said, "I Sometimes feel undervalued by the management team here." Another staff member told us, "Management have not been supportive however things are improving."

We were told by people and staff that there was uncertainty surrounding the future of Merrill House. A relative said, "We were involved in the consultation about the future of the home, however this has dried up. Nobody seems to know what's happening." A staff member said, "Morale is low amongst staff. We are not sure about our jobs and about the future of the people at the service." Another staff member said, "There are changes happening at the moment. We are not sure about the future of the home, which has impacted on staff morale." The registered manager told us that discussions were still taking place at senior management level regarding the future of the service.

Staff were generally positive about the communication at the service. A staff member said, "We are kept informed of changes. The registered manager does listen to you and we all work well as a team. However another staff member said, "We are not aware of what's happening with Merrill House. Communication is not good, information is not always passed on."

The registered manager was clear about their responsibility in notifying the CQC of the incidents that the provider was required by law to tell us about, such as any allegations and incidents.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not have effective arrangements in place regarding the safe management of medicines. Regulation 12