

National Autistic Society (The) Merlewood House

Inspection report

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Date of inspection visit:
20 February 2019
21 February 2019

Date of publication:
10 April 2019

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 ●

Summary of findings

Overall summary

About the service: Merlewood House is a residential care home and is registered to provide accommodation and personal care for up to 6 people with autism. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, 4 people were using the service.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, rights, independence and social inclusion. This was to support people using the service in living their life as other citizens.

People's experience of using this service: A relative told us, "It gives me peace of mind knowing [my relative] is there. It's marvellous."

We observed people were relaxed and content in the company of staff and managers. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on positively responding to people's behaviours and safeguarding and protection matters. Relatives told us they felt people were safe at the service.

Processes were in place to make sure all appropriate checks were carried out before staff started working at the service. There were enough staff available to provide care and support; staffing arrangements were kept under review.

The provider had arrangements to promote the safety of the premises, this included maintenance, servicing and checking systems. There was a good standard of décor and furnishings to provide for people's individual needs, comfort and wellbeing.

People's needs were assessed, planned for and reviewed. Each person had a care plan which was designed to ensure their needs and choices were met. People were supported with their health and well-being, changes were monitored and responded to. Where necessary, people received appropriate medical attention. The service followed good processes to manage people's medicines safely, in a person-centred way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People had opportunity to develop their independence skills, gain confidence and try new experiences.

Relatives made positive comments about the caring attitude of staff. We observed staff interacted with people in a kind, pleasant and friendly manner. Staff knew people very well and they were respectful of their choices and preferred routines. People's privacy and dignity was respected.

There were opportunities for people to engage in a wide range of community and in-house activities. People were supported to keep in touch with their families. Visiting arrangements were flexible, relatives said they were made welcome at the service.

People were offered a variety of meals and drinks; healthy eating was promoted and monitored. Individual needs and choices were known and catered for.

The service had creatively responded to and managed people's complaints. Relatives had an awareness of the service's complaints procedure and processes and were confident in raising concerns.

The provider had arrangements to encourage people to express their views and be consulted about Merlewood House. They had opportunities to give feedback on their experience of the service and make suggestions for improvements. Managers and staff completed regular checks on quality, systems and processes.

We found there were management and leadership arrangements in place to support the effective day to day running of the service. Progress was ongoing to ensure the management arrangements met legal requirements.

Rating at last inspection: Good (21 July 2016)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Merlewood House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Merlewood House provides care and accommodation for up to six people with autism.

The service had a manager registered with the Care Quality Commission. However, the registered manager had left the service and a new manager had been appointed who had applied for registration. This means, once registered, that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We inspected the service on 20 and 21 February 2019. The first day was unannounced.

What we did: Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. We contacted Lancashire County Council contract monitoring team and the local authority safeguarding team. We used information the provider sent us in the Provider Information Return. This is information providers give us annually about the service, it includes what the service does well and any improvements they plan to make. We used our planning tool to collate and analyse all the information, to help us plan our inspection.

During the inspection we spent time people who used the service and observed how they were supported. We talked with three support workers, a team leader and the manager. We looked around the service and reviewed a sample of records, including two support plans and other related care documentation, two staff recruitment records, complaints records, staff meeting records and quality assurance records and audits. Following the visit, we talked with two relatives of people who used the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We observed people appeared relaxed and content in the company of staff and managers. One relative told us, "There's no abuse or anything like that. He is definitely safe there."
- Each person had a 'keeping me safe' assessment and a 'positive behaviour' support plan in response to their specific needs.
- Staff were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice.
- Staff had received training on adults at risk and positively responding to people's behaviours.
- Ways of sharing with people the concept of 'adults at risk' were being developed.

Assessing risk, safety monitoring and management

- People's individual wellbeing and safety was risk assessed and support plans guided staff on minimising risks in a person-centred way.
- Staff were aware of people's individual risk assessments. One told us, "We have to read and sign the risk assessments."
- Processes were in place to maintain a safe environment for people who used the service, visitors and staff. Staff completed health and safety checks.
- The provider had arrangements to check and maintain the service, fittings and equipment. Including gas safety, electrical wiring and fire extinguishers. Fire drills and fire equipment tests had been carried out. There were contingency plans to be followed in the event of failures of utility services and equipment.
- Staff recorded incidents and accidents and monitored, to support a proactive 'lessons learned' approach.
- People's personal information and staff records were stored securely, they were only accessible to authorised staff.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- All the areas we saw appeared clean and hygienic. There were cleaning schedules, recording and checking systems to maintain hygiene standards.
- Staff used personal protective equipment, such as disposable gloves and aprons. Infection control and food hygiene training was provided.

Staffing and recruitment

- Staff recruitment procedures protected people who used the service. The service had disciplinary procedures to manage unsafe and ineffective staff conduct.
- There were sufficient numbers of staff to support people to stay safe and meet their needs.

- Most staff spoken with said staffing levels were appropriate and they had time to provide safe, effective care.
- Processes in place to monitor and adjust staff deployment, in response to people's, needs, appointments and activities. The manager explained staffing arrangements were currently under review and additional weekend staff were to be provided for support with activities.

Using medicines safely

- People were supported with the proper and safe use of medicines.
- Clear and accurate medicines management records were kept.
- Medicines were safely stored.
- Staff providing support with medicines had completed training. Their competence had been assessed. Medicine management policies, procedures and recognised guidance was available.
- Regular audits of medicine management practices were completed.

Learning lessons when things go wrong

- Processes were in place to monitor incidents, share outcomes and develop the service, to help prevent similar incidents and reduce risks to people.
- Records were kept of accidents and incidents. Staff understood their responsibility to report and record accidents and incidents.

Is the service effective?

Our findings

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

People's outcomes were consistently good and people's experience confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There had not been any recent admissions at Merlewood House. However, the provider had processes to ensure people's needs were fully assessed with their involvement. Careful consideration would be given to the person's compatibility with people who already used the service.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make specific decisions had been assessed. The support they needed with making decisions was reflected in their care plans.
- Appropriate action had been taken to apply for DoLS authorisations through local authorities in accordance with the MCA code of practice. Authorised conditions were being met.
- Relatives said they had been involved with supporting their family member with decisions in their best interest.
- We observed staff were patient and encouraging when supporting people to make decisions. They involved people and got their agreement before providing care and support.

Supporting people to live healthier lives, access healthcare services and support

- People had the opportunity and support for physical exercise, including cycling, walking and swimming.
- Each person had an 'anticipatory health calendars' to promote the daily observation of their health and wellbeing and any changes.
- The service had liaised with health care professionals to respond to people's needs. Relatives commented, "They have dealt with doctor's appointments really well" and "There was a recent hospital visit. It was managed sensitively."

Staff working with other agencies to provide consistent, effective, timely care

- People had 'health passports' which included information to share with other services.

- Records and discussion showed people had been assisted to receive care and attention from healthcare professionals. One relative said, "Things [health care needs] are dealt with as quickly as possible."

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

- People were supported to eat and drink enough to maintain a balanced diet. People's specific dietary needs and preferences were known and catered for. The menu was planned to include known favourites, offer choices and help provide a balanced diet.
- Staff monitored people's diet and checked their weight, to help monitor risks and support people with their nutritional needs.
- Mealtimes were flexible in response to group and individual living patterns. We observed people being sensitively supported by staff to make their own drinks and snacks.
- Staff had an awareness of nutritionally balanced diets.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design and decoration of the premises.
- We observed people were comfortable and relaxed in the service. Relatives said, "They have upgraded the home. There's a lovely garden and summerhouse" and "It's like home from home. They have recently improved [My relative's] room for him."
- Care planning took into account each person's specific needs and preferences relating to their personal space. Furnishings and décor were of a good standard.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. One relative told us, "They are very good at everything."
- Staff said they had completed training. There was an induction programme for new staff. There was ongoing training to help ensure they understood people's needs and were able to provide effective support.
- Staff had, or were supported to achieve nationally recognised qualifications in health and social care. They received regular one to one supervisions and an annual appraisal.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness, respect and compassion and they were given emotional support when needed.
- We observed very sensitive and respectful interactions between people who used the service and staff. Staff showed understanding and consideration, when responding to people's support and care needs.
- Relatives made very positive comments about staff. They said, "The staff definitely have lots of patience and [name] likes them" and "The staff couldn't be any better."
- We saw detailed records of people's routines and expectations and how they wished to be supported. Included were important details on people's backgrounds, personal relationships, family contact, specific preferences, cultural heritage and spiritual needs.
- There was also in-depth information on how each person's autism influenced them.
- Staff and managers knew people very well, they described how they provided support in response to their individual needs, preferences and personalities.

Supporting people to express their views and be involved in making decisions about their care

- As far as possible, people were supported to make choices in their daily lives. We observed staff supporting people to make the own decisions and responding their preferences.
- Staff gave examples of how they sensitivity involved people with decisions, with minimal impact upon their anxieties.
- People's records were written in a person centred way. They included illustrations to make them easier to understand.
- Relatives confirmed their involvement with decision making, care planning and reviews.
- Each person had been provided with their own guide to service, which had been personalised to meet their needs. Information was also available on other services which could provide support, such as, health and wellbeing advice and details of local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People could choose where to spend their time. They had their own bedrooms with lockable doors and they could access the communal rooms and the garden.
- We observed staff respected people's private space and confidentiality of verbal discussions. They described how they upheld people's privacy and confidentiality of information.
- People were encouraged to develop independence skills, by doing things for themselves, trying new experiences and accessing community resources. A relative explained how their family member had been

supported to do things for himself and others.

- Positive relationships were encouraged, people were supported to keep in contact with their families. One relative said, "They are very good with communication and I can visit anytime."
- There was a keyworker system which linked people to a named staff member, to promote beneficial and trusting relationships.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. They had individual care and support plans, which had been developed in response to their needs, preferences and experiences.
- Daily records were kept of people's daily lives, their well-being and the care the support provided to them. Additional, specific monitoring records were used as necessary.
- Staff confirmed they had access to people's care plans. There were staff 'hand over' discussion meetings to share relevant information.
- People had opportunities for stimulation and engagement. Relatives told us of the range of activities provided, one said, "There has been some positive progress." We observed people accessing the community and taking part in activities.
- There were daily and weekly activity plans. Each activity had a learning objective to focus upon the person's individual life-skill development and recognise their achievement.
- There were photographs, to provide a reference journal of people's experiences with individual and group activities.
- Staff described the range of meaningful activities on offer, to support people in experiencing new ventures, developing skills and confidence building.
- The service understood and had responded to The Accessible Information Standard. People's sensory and communication needs were included in the assessment and care plan process.
- Personalised methods were used to communicate and engage with people, using ways best suited to their individual preferences and abilities.
- The service used technology to respond to people's needs and choices. There was Wi-Fi throughout the building. There were computer tablets to support communication and skill development.

Improving care quality in response to complaints or concerns

- Action had been taken to respond to people's expressed dissatisfactions as complaints. This meant they had been taken seriously and proactively empowered to make improvements. We found complaints had been effectively managed.
- Relatives indicated they would feel confident if they had concerns or wished to make a complaint. One told us, "I have no concerns, but I am aware of the complaints procedures. I would be straight onto it."
- Efforts had been made to produce the complaints procedure in formats people could access.
- The provider had processes to record, investigate and respond to complaints and concerns.

End of life care and support

- The service did not usually provide end of life care. However, the manager described the ongoing progress in sensitively identifying and planning for people's needs and preferences.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had left the service and a new manager was in post. The new manager had applied for registration at Merlewood House. The new manager was, experienced, enthusiastic and knowledgeable about the role. They were supported by area managers and the previous registered manager.
- Staff expressed a good understanding of their role in providing person centred care and support. They had job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates were brought to their attention.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We found Merlewood House had a calm, welcoming and homely atmosphere.
- Relatives appreciated how the service was run. They said, "It's marvellous, I am generally happy with the management," "The management is lovely. They are running things well" and "They all work well as a team."
- The provider's vision and philosophy of care was on display and was reflected within the service's written material.
- Throughout the inspection the manager was open and transparent. Staff told us managers were effective, supportive and approachable. They said, "I feel positive about the changes in management. Things are good" and "The new manager is approachable and is doing a really good job."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff ensured people's experiences of the service were considered in their care and support reviews. The provider used consultation surveys and 'inclusion events' to gain feedback from people, relatives and staff. The responses were evaluated and used to inform future planning.
- Regular staff meetings were held; where various work practice topics had been raised and discussed. Staff said their ideas and suggestions were listened to and acted upon.
- The service had development plans to provide direction and oversight of the service.

Continuous learning and improving care

- Monitoring systems included various daily, weekly and monthly audits and checks. The provider had a quality monitoring audit tool kit to achieve compliance with the regulations.

- Quality monitoring visits were carried out by the quality manager. Reports following visits included any recommendations and followed up on actions from previous reports.
- The manager also completed a 'self audit'. This resulted in a plan of action to develop the service.

Working in partnership with others

- The service worked well with relatives and other agencies, including health care professionals and social services.
- The provider had procedures for reporting events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams.
- Merlewood House's CQC rating was on display at the service and their internet website.