

Mrs Julie O'Rourke

Merseyview Residential Home

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

Merseyview Residential Home provides accommodation and personal care for up to 12 people. The home is a four storey converted period property. Accommodation is on the ground and first floors and there is a stair lift to assist people to get to the upper floor.

This was an unannounced inspection carried out over two days on 22 December 2014 and 2 January 2015. The inspection was carried out by one Adult Social Care inspector.

We last inspected Merseyview on 1 October 2013. At that inspection we found the service was meeting all the

Summary of findings

essential standards that we assessed except for one. We found there was an out of date complaints policy and procedure in place. Following this the provider sent us evidence that the issue had been addressed.

We observed care and support in communal areas, spoke to people in private, and looked at care and management records. There were eight people living at the home on the first day we visited, and nine on the second day.

People told us that they felt safe in the home and the staff knew how to recognise and report abuse. We found that the premises were clean, safe and well-maintained. Staff were recruited safely and there were enough staff to provide the support people needed. People's medicines were handled safely.

The staff were trained and competent to provide the support individuals required. People received enough to eat and drink and choices were always available. People

received the support they needed to see their doctor. Where people had health care needs, appropriate specialist health care services were included in planning and providing their care.

People were supported to maintain their independence and control over their lives. People were treated with kindness, compassion and respect. Relatives of people who lived at the home told us that they were very happy with the care their loved ones received.

People's needs were assessed and provided as agreed in their care plans. People made choices about their lives in the home and were provided with a range of activities. There was a system to receive and handle complaints or concerns.

The provider was also the registered manager and worked full-time at the home. Staff told us that they were well supported by the manager and there were good communication systems in place.

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.

Staff in the home knew how to recognise and report abuse and people told us they felt safe.

Staff were recruited safely and there were enough staff to provide the support people needed.

The premises were clean, safe and well-maintained.

People's medicines were handled safely.

Good



Is the service effective?

The service was effective.

The staff were trained and competent to provide the support individuals required.

People received enough to eat and drink and choices were always available.

People received the support they needed to see their doctor. Where people had health care needs, appropriate specialist health care services were included in planning and providing their care.

Good



Is the service caring?

The service was caring.

People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

People were treated with respect and their independence, privacy and dignity were promoted. The staff in the home were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and provided as agreed in their care plans. People made choices about their lives in the home and were provided with a range of activities.

There was a system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well-led.

The provider was also the registered manager and worked full-time at the home.

The staff were well supported by the manager and there were good communication systems in place.

Relatives who contacted CQC considered that the home was well managed.

Good



Merseyview Residential Home

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 visited the home on 22 December 2014 and 2 January 2015. Our first visit was unannounced. On the first day we focused on speaking with people who lived in the home and a visitor, and looking at records. The second visit was to speak with staff.

During the inspection we spoke with four people who lived in the home, one visitor, the owner/manager and three

other staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records relating to staff and to how the home was managed. We checked how people's medication was managed.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since the last inspection. The provider/manager had not been asked to complete a Provider Information Return. We contacted local commissioners of the service who told us "They have recently updated their policies and procedures as part of an action plan but are otherwise compliant. The home is quite small and run by the owners who are very passionate about their residents. Documentation is quite basic but we have no concerns around the residents' care and treatment."

Is the service safe?

Our findings

The people we spoke with all said that they felt safe living at Merseyview. The relative we met told us “For the first time I could go on holiday without worrying. I know my (relative) is safe here.”

We spoke with two members of staff about safeguarding. They were all able to tell us what action they would take to ensure that people were protected from abuse. One member of staff said “We have had lots of training about abuse.” This was confirmed by training records. The staff told us that they knew where to find information about safeguarding including the telephone number for the local authority to report any issues. The manager had made a safeguarding referral earlier in the year which related to an incident between two people who lived at the home. This was fully documented and the records showed that appropriate action had been taken.

We spoke with the manager about how risks to people’s safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. Risk assessments relating to mobility, falls, nutrition, and other issues relevant to the individual, were in people’s care plans and were reviewed regularly. Accident and incident policies and procedures were in place. We saw evidence of accident/incident reporting and were told how feedback occurred through handover reports, communication books and daily diaries with a review of the risk assessments and care plans communicated and implemented.

We found that the home was clean and well-maintained and provided a safe environment for people to live in. People we spoke with said that the home was always kept clean. Records we looked at showed that the required checks for gas, electric, fire safety and emergency lighting were carried out and the catering arrangements had received a five star food hygiene rating. The stair lift and bath hoist were serviced regularly. No bedrails were in use at the time of our visit. The manager told us that district nurses provided nursing beds, pressure mattresses and other equipment when needed to keep people safe.

We looked at the staff rota which showed the staffing levels at the home. There were always two staff on duty, usually three in a morning, with one sleeping and one waking staff at night. During our visit we saw that there were enough staff to support people and everyone we spoke with considered there were enough staff. Some of the people who lived at the home were independent for daily personal care and others required minimal support. The manager told us that staff numbers were flexible and an additional member of staff could always be deployed for social outings or if anyone required extra support. The staff we spoke with confirmed this and one told us “It’s so nice here. You’re not tired when you leave, even after working a long shift.”

There had been one new member of staff since our last inspection. We looked at the records which showed that robust recruitment procedures had been followed to ensure that the person was safe and suitable to work with vulnerable older people. There was evidence of the staff member having an induction programme which covered all basic aspects of employment such

as uniforms, holidays, company information and policies and procedures. The member of staff already had a National Vocational Qualification (NVQ) in care.

We looked at the arrangements for the management of people’s medicines. Medicines were stored securely and in a tidy and orderly way, which meant that it was easy to find the correct items and check that people had received their medication as prescribed. The manager told us that she checked the medicines every day and we saw that she maintained a stock control sheet. She told us that if she found any missed signatures, she phoned the member of staff who had done the medicine round to clarify whether the medicines had been given and why the sheet had not been signed. Any unused items were recorded at the end of the month and were collected for disposal by the pharmacy. The pharmacist who supplied the medication for the people who lived at the home provided annual training for all of the staff.

Is the service effective?

Our findings

One person told us; “There aren’t any restrictions on what I do, I go out on my own quite often.” A relative told us “There has been the odd occasion when [my relative] has fallen during their many years a resident. [The manager] made sure that [relative] was treated appropriately and immediately contacted me. She and her staff have also spent many an hour by [their] bedside during spells in hospital due to medical issues.”

Further comments we received from a family member were “My (relative) had the very best care whilst she was mobile and during her final months bed bound. The staff did everything for her and managed in those months to keep her free from pressure sores, very calm and comfortable.”

The manager was familiar with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No DoLS applications had been made or were in place. The manager showed us information she had, and which she would use for guidance if any issues arose. Other staff we spoke with said they had heard of the Mental Capacity Act when they did NVQ but had not received any specific training about this subject. During our visits to the home we did not identify any issues with regard to consent or the use of restraint. We were told that there were no bed rails in use and no one at the home was given medicines covertly (hidden in food or drink). Our observations and examination of records proved this to be the case.

The home had a team of 12 staff and whenever training was arranged it included all of the staff. An external training agency was used, and a room on the top floor of the premises was available for training. We looked at the training that staff had received. There was evidence of all staff having received relevant service specific training in essential topics including food safety, first aid, moving and handling, medicines, safeguarding and fire safety. Staff files contained certificates to show that eight staff had attained NVQ level two, and two staff had NVQ level three in care. The other member of staff was working towards NVQ level two. Staff told us that regular supervision occurred, although this may not always be recorded formally. Staff told us that regular staff meetings were held and enabled them to be kept up to date with any changes in people's needs and topics such as safeguarding and health and safety. The manager told us that the next staff meeting and training day was planned for February 2015.

The member of staff who took main responsibility for catering told us that the menus were flexible and alternatives were always provided for anyone who didn't want to have the meal that was planned. We were told that people usually had porridge or corn flakes and toast for breakfast but could have other things if they wanted, for example one person liked to have a bacon sandwich. One person liked to have breakfast in bed, but others went to the dining room at a time that suited them. People's likes, dislikes and preferences were recorded and were well known to all of the staff.

Lunch was around 12:30pm to 1pm and we saw records that a variety of meals was provided. On the first day we visited lunch was steak pudding, mashed potato and peas. On the second day it was fish and chips from a fish and chip shop. We were told that this was a monthly event that people enjoyed. Tea was served around 5pm and consisted of soup, sandwiches, and whatever people wanted, for example cheese on toast. Staff told us “We often make about six different things.”

One person told us they didn't like the meals much, but the other people we spoke with had no complaints. A visitor told us “There is plenty of home cooking and fresh vegetables. They give [my relative] an alternative, ask her what she would like and buy it especially for her.” Food and drinks were available 24 hours a day and staff had full access to provisions to make anyone a snack. Staff told us “There is always plenty of food and nothing is locked away in kitchen”. People had a cup of tea or coffee after their meals, mid morning and afternoon, and by request.

A nutritional assessment was completed in people's care plans using a formal assessment tool. People's weights were recorded monthly and monitored. The manager told us that one person had not been eating and their family had brought in ‘Complan’ which they liked. The person had been taking plenty of fluids and had been seen by their GP.

People were all registered with a local GP practice. People told us that they had recently had a flu vaccination. People were supported to access community health services including dentist, chiropodist and optician, and this was recorded in their care notes. District nurses supported people who had health needs and provided support with end of life care so that, whenever possible, people could stay in their own surroundings when they became terminally ill. We saw that one person received on-going support from district nurses to manage a medical

Is the service effective?

condition. One person had an unusual illness and information about the condition had been provided in the person's care notes so that all of the staff could read it and understand the condition.

The home had a stair lift, an assisted bath, and a wet room which could be used by people who had mobility difficulties. One person had been assessed by an occupational therapist and provided with a recliner chair, which also helped the person to get up from the chair.

Is the service caring?

Our findings

A visitor told us “I visit every day and if there was an award for care homes I would give it to them. It would be hard to find anything bad to say about it.” People we spoke with said “Everyone here is treated as an individual.”; “She [the manager] is so good to us all. All the staff are lovely, we have a good laugh.” and “We are very comfortable here, it’s really homely.”

Following our visit, the relatives of a person who lived at the home sent us the following comments “We are extremely satisfied with the care and attention that [our relative] has and is receiving. The staff are very attentive and cope, sometimes under very difficult circumstances, with great patience and dedication. We would and have recommended this care home to others.”

Another relative completed a feedback form and told us “I am very happy with Merseyview. I feel my [relative] receives excellent care. She’s very happy, warm, clean and cared for. I would like to thank [the manager] and all her staff for all they do for my [relative]”.

We received the following comments from another relative “I cannot fault the care that [my relative] receives. It is very important to us that we feel that the care is very 'caring'.”

A member of staff said “We give people choices in their daily routine and try to give encouragement to stay independent.” We observed that staff were caring, kind and good-humoured and gave people time to make decisions for themselves. Staff also engaged with people in a respectful way throughout our visit.

We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. The staff we spoke with were able to give us examples of how they maintained people’s dignity and privacy, for example by knocking on the door before entering a bedroom, closing curtains and blinds when giving personal care. They said that people could be left on their own in the bathroom if they wished, but most people felt safer with a member of staff there. People could have a shower whenever they wanted to and one person had a shower every day. Where needed, people were supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity. The visitor we spoke with said “My [relative] always looks nice.”

Is the service responsive?

Our findings

The visitor we spoke with told us that they looked round a few homes but chose this one because it was very welcoming. On the day we visited, a new resident was expected later in the day. The manager had been to the hospital to meet the person and to assess whether the person's care and support needs could be met at Merseyview. A bedroom had been made ready for them. We asked the staff whether they were given information about people before they went to live at the home. They told us that they had read information from the hospital and the person's social worker but they would need to do their own assessment as the information the home received was often not accurate.

We looked at the care records for three people. The documentation contained admission details, life histories, risk assessments and care plans for daily living. Care plans were basic in detail, however they were personalised and contained plans for personal care, emotional, social wellbeing, medication and mobility. A daily report was completed for each shift and a communication book was used to ensure that important messages were passed on to all staff. The care plans had been reviewed monthly and, where needed, updated to reflect any changes in people's care needs. Care plans gave evidence that people and their families were consulted and people who lived at the home, and the relative we spoke with, confirmed this.

People we spoke with confirmed they had choices in all aspects of daily living and were asked what they would like to eat, what clothes they would like to wear, whether they

would like to join in any activities. A member of staff told us "The people here can all express their views, and they do."

The staff we spoke with showed that they were knowledgeable about the people in the home and the things that were important to them in their lives. The life histories in people's care plans gave the staff information about their life before they went to live at the home.

Staff told us about social activities that happened at the home. They told us that people enjoyed bingo, card games, having a singsong, and watching DVDs. They also provided one to one activities for people, for example one person enjoyed a game of dominoes with staff. One person told us "What I like best is sitting in the garden in the summer." A member of staff told us about taking one person out to a football ground and said how much they had enjoyed it. People told us that they went out with their families.

People we spoke with said that they had no complaints but they knew the owner/manager well because she provided care for them five days a week and they were able to tell her if there was anything they were not happy about. At our last review of the service in 2014 we found that the provider had revised their complaints policy and procedure. The provider stated in the policy that they welcomed complaints and looked upon them as an opportunity to learn, adapt and improve in order to provide a better service. This meant that people could be confident that if the complaints policy and procedure was followed their complaints would be dealt with appropriately. A complaints log had been implemented to record details of any complaints received. No complaints had been logged and the CQC had received no concerns about the service.

Is the service well-led?

Our findings

In 2014, a member of the public contacted CQC using a feedback form. They told us “Mum went into respite at Merseyview, staff and management wonderful. Couldn't have asked for anything better.” The relative we spoke with during our visit reported “Good communication every step of the way”. Staff we spoke with said “We like to talk to the relatives and include them in everything.”

A relative who contacted us after our visit wrote ‘(The manager) makes everyone in her care feel like part of the family. That also extends to families of people in her care. In my view, if the person in charge has the right caring ethos, it filters through the staff and is felt by those in their care. It is evident in Merseyview.’

The home was managed by the owner, with support from other family members. The manager had completed NVQ level 4 and a City and Guilds qualification in Community Care Practice. She was registered as manager with the CQC. A senior care assistant was able to deputise when the manager took a holiday. The senior care assistant told us that information was available in the office for anything they needed to look up if the manager was away.

Staff told us that the leadership was good and a positive influence on the home. The manager worked alongside the staff five days a week. The manager told us that members of the family would be working on Christmas morning so that staff could have that time at home. Two staff members

said they could speak to the manager with any ideas they had and express their views. They told us “The boss listens to us, she is our boss but also our friend, she always asks our opinion, but she would tell us off if she needed to.”

There was no formal audit programme in place, however the manager told us she checked care plans “all the time”, and the documents we looked at were completed in full and up to date. The manager told us that she checked the medicines daily, and we confirmed that medicines were appropriately stored and records were well maintained.

Satisfaction surveys were available for people who lived at the home, relatives, and visiting professionals, however none had been completed since our last visit.

Questionnaires that had been completed before this were very positive in their comments. The manager told us that people who used the service and their relatives were able to contribute their views and feedback on the service by informal face to face conversations.

We saw that kitchen checks were undertaken with reference to fridge temperature monitoring and food temperature monitoring. General environmental checks took place regularly, including checking the flooring, individual rooms and lighting. Cleaning schedules were in place.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.