Serincourt Limited

Merlin Park

Inspection report

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Date of inspection visit:
01 October 2019

Date of publication:
22 October 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
Merlin Park is a residential care home providing personal care to people aged 65 and over. At the time of the inspection, there were 25 people being supported some of whom were living with dementia or other cognitive impairments. The service is registered to support up to 25 people.

People's experience of using this service and what we found
There were enough staff available to support people. The environment was clean and people had access to appropriate equipment where needed. Risks to people and the environment were managed safely. People could be confident they were supported by staff who had access to appropriate guidance and understood how to keep them safe. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these. Medicines were administered safely and as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People's needs were met in an individual and personalised way by staff who were kind, caring and responsive to their changing needs. We observed staff respecting people's privacy and protecting their dignity. People and their families were involved in the development of personalised care plans that were reviewed regularly. People were offered and took part in a range of meaningful activities. People felt listened to and knew how to raise concerns.

The provider had effective systems and processes to monitor quality within the home. The manager understood their regulatory responsibilities and shared information with stakeholders in a timely way. People, their families, staff and external professionals all told us that the manager and provider were very supportive, and the home was well led.

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

Rating at last inspection: The last rating for this service was good (published 26 April 2017).

Why we inspected: This was a planned inspection based on the previous rating. However, before the inspection we had received some information of concern relating to the care people received. We looked at these issues during this inspection. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Merlin Park

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Merlin Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The previous registered manager was no longer working in the service and the provider had appointed a new manager who had applied to the Care Quality Commission to become the registered manager. Throughout the report we refer to this person as the manager.

Notice of inspection: This inspection was unannounced.

What we did before the inspection: Before the inspection we reviewed information, we had received about the service. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection: Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal

areas of the home. We spoke with two people who used the service and five relatives about their experience of the care provided. We received feedback from eight members of staff including the manager, care staff, ancillary staff, senior management staff and the provider.

We reviewed a range of records. This included four people's care records and 10 people's medication records; three staff files in relation to recruitment and all staff supervision records; a variety of records relating to the management of the service, including incidents, accidents, complaints and quality assurance records.

After the inspection
We received feedback about the service from two external health and social care professionals.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

People told us they felt safe and relatives confirmed they also thought their family members were safe. One person told us, "Yes very safe, if I am not I will talk to the manager" and a relative said, "Yeah, staff are good to her, there is always somebody on the floor, if you ring the bell they'll come in".

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse and people told us they felt safe.
- Staff had received training and had the knowledge and confidence to identify safeguarding concerns. Staff were aware of types and signs of possible abuse. Staff were confident to escalate the concerns to more senior management and to the local authority if they felt this was needed. The manager was aware of their responsibilities in safeguarding procedures.
- Where concerns that were of a potential safeguarding nature were identified, these had been investigated and reported to the appropriate external bodies.

Assessing risk, safety monitoring and management

- Staff had detailed knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks.
- Records reflected that risks for people were assessed and plans developed to mitigate these. This included risks associated with moving and handling, falls, nutrition and hydration as well as specific health conditions such as diabetes.
- Where it was required, supported from a specialist health care team was sourced and advice followed by staff.
- Equipment was managed in a way that supported people to stay safe. Regular maintenance checks were completed for equipment, such as hoists and lifts.
- Business continuity plans were in place to ensure that staff were able to respond to unplanned events which could affect the safety of people.

Staffing and recruitment

- Relatives provided mixed views about staffing levels in the home. Comments included; "Not always, sometimes there is not enough staff"; "That's a difficult one, sometimes they are under pressure, but generally they cope very well"; "I would say yes, the open plan is good, it helps them to assist the residents" and "I think so, no complaints". People said they felt staff had enough time to meet their needs.
- Staff told us they felt there were sufficient staff. One said, "On occasion (sic) where a staff member phones in sick for their shift [manager] is very good and (sic) coming into work and helping us all out to ensure the

residents are not affected".
● Our observations were there were enough staff to support people safely and to ensure people's needs could be met. Staffing levels were calculated according to people's needs.
● During our inspection we saw that staff were responsive to requests for assistance and recognised when people needed help and had time to spend with people, chatting and completing activities.
● People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely
● Appropriate arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance.
● People's medication records confirmed they received their medicines as prescribed.
● There was information about 'as required' medicines and when these should be offered to people.
● Staff completed training in medicines administration and their competency was checked annually or following any errors, to make sure they continued to practice safe medicines administration.

Preventing and controlling infection
● People were protected by the systems in place for the prevention and control of infection.
● Staff received infection control training.
● Staff had access to and used appropriate personal protective equipment.
● The home was clean, tidy and free from bad odours.

Learning lessons when things go wrong
● Accidents and incidents were documented and investigated. A system was in place to monitor these and was overseen by the manager and a senior member of staff. This ensured appropriate actions had been taken to support people safely.
● The provider had a process in place to ensure learning from incidents, concerns and complaints. Following a complaint received, a full investigation was conducted and as a result the provider identified a number of areas that could be improved upon. This included training for staff and clearer and more comprehensive daily documentation for people. We found this training had been delivered and documentation had been improved upon.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives confirmed they had been involved in an assessment of their needs. One person told us, "Yeah, all the due diligence were done and I like the place" when asked if they were involved. A relative said, "Yeah we were invited several times to view the house, this was in the presence of mum" and "I have visited the house before mum settling in and all was ok for us."
- People's needs were comprehensively assessed and regularly reviewed, care plans clearly identified people's needs and the choices they had made about the care and support they received.
- Nationally recognised assessment tools were completed, and the information helped to inform the development of people's care plans and risk assessments.
- Best practice guidance was used to inform the providers systems and staff practice. For example, guidance from the National Institute for Health and Care Excellence (NICE) informed the competency framework used to assess staff administering medicines. The provider had recently introduced an oral assessment tool based on NICE and CQC guidance.

Staff support: induction, training, skills and experience

- People and their relatives felt most staff were trained to meet people's needs. One person said, "Yes they know what they are doing, they are very good at their job". One relative told us, "I would say reasonably well, there are changes in staffing and some are more knowledgeable than others". A second said, "Yes, I think so, they go to a lot of training".
- Staff completed an induction when they started working in the home. This involved four days training which covered the care certificate, followed by an internal induction and then the completion of a 12 week assessed 'skills for care' workbook. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff received training to enable them to have the skills and knowledge to support people effectively. This included a variety of subjects such as; principles of person-centred care, dignity and respect, equality and diversity, moving and handling and medicines administration. In addition, staff also completed more specialised training to support their understanding of dementia, pressure ulcer prevention, rescue medicines and some health conditions.
- Staff told us they found the training supported them in their role and were able to talk to us about what they had learned from this. In addition, staff were encouraged and supported to complete vocational qualifications.
- All staff were supported through supervisions and appraisals. One staff member told us, "I have a

supervision 3 monthly with my manager, and we have an appraisal every year with manager. If I have any concerns or problem or I witnessed abuse in the home I would take it up with my manager as soon as it happened, I wouldn't wait until my supervision."

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

● Prior to the inspection, we had received concerns that people may not be receiving sufficient support to meet their nutritional needs and weight loss was not managed well. We did not find these concerns at the time of our inspection.

● People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.

● People's nutritional status was monitored and where people had lost weight we saw appropriate action had taken place. This included increasing the calorie content of meals, monitoring people's intake and if needed, the frequency of checking their weight was increased. Staff referred concerns about people's nutritional status to their GP's. We saw some people were supported by dieticians and prescribed additional supplements, which staff ensured they received.

● Staff were knowledgeable about people's differing dietary requirements. Kitchen staff told us they were kept informed by nursing? care staff of people's needs, like and dislikes. They used this information to ensure people received meals that provided them with good nutrition and that they would find appetising.

● People told us they were given a choice of meals and if they did not want what was on the menu, alternatives were available. One person said, "Yeah, very much so, they ask what you want to eat and they cook it, if I change my mind I will be offered an alternative."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Prior to our inspection we received concerns that staff failed to contact health professionals in a timely manner when a person showed signs of becoming unwell. We did not find these concerns at this inspection.

● People and their relatives confirmed that access to other health care professionals was supported by staff when this was needed. One person told us, "Yeah when I am unwell."

● Changes had been made to the recording of contact with health professionals, which was now much clearer and demonstrated that where this was needed, staff supported this. We observed a variety of other professionals were involved in the service including GP's, dentists, podiatrists, speech and language therapists and other specialist professionals.

● The advice given by external health and social care professionals, was incorporated into care plans and followed by staff. For example, where speech and language therapists had recommended a particular consistency of diet, care plans had been amended and shared with all staff, including kitchen staff.

● Handovers between staff took place to ensure they were kept up to date about everyone's needs. Staff confirmed they worked well as a team and felt communication between them was effective.

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

● Merlin Park was not purpose built however, work had been undertaken to make it accessible for people and it had decorated to meet the needs of people living with dementia.

● Communal doors had dementia friendly signage; Most bedrooms were identified using personalised memory boxes located outside of the room.

● Peoples' rooms were furnished and decorated to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in personalising their rooms.

● The manager told us they would be undertaking an audit of the environment, to assess this against national guidance for environments for those living with dementia.

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 when this is in their best interests and legally authorised under the MCA. 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 conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff's understanding of the Mental Capacity Act 2005 was good. They had received training and understood people's rights to make their own decisions, where they were able to. One member of staff told us, 'Make sure I have consent before supporting with any personal care and ensure I have explained what I am doing. Respect their wishes and if they do not give consent not to carry on and respect, they have said no.'
● Every person we spoke with told us staff always asked their permission before carrying out any tasks. We observed staff gaining people's consent throughout our visit.
● Mental capacity assessments had been completed when required, but on some occasions the recording of the decision to be made was too wide ranging and not decision specific, in line with the legislation. The manager told us they would address this.
● It was evident when talking to people and their relatives, they were involved in decisions and the principles of the MCA were applied day to day.
● Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these. At the time of our visit, two people had conditions associated with their DoLS which were being met.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and relatives told us the service was caring. Comments included; "Very lovely, very caring", "Very compassionate" and "Very interactive".
- Staff promoted inclusion, equality and diversity for people. They promoted people's rights and made sure support was provided in a person-centred way.
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. One member of staff told us, "We have had some residents with cultural beliefs and have attended church on Sunday. Those that struggle to leave the building have holy communion brought to them from a local church." We saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.
- Staff were provided with training in equality and diversity and were confident that no discrimination would be tolerated.
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect.
- We heard conversations between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.

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

- Staff supported people to make decisions about their care. For example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time.
- Staff understood peoples' communication needs and people and their relatives confirmed they felt engaged and listened to. One person told us, "We share opinions, yes the manager is available and listens" and a second person said, "I can speak to managers when I need to, they do listen when I? talk to them, I am happy." A relative told us, "Yes, mum speaks to all of the managers and she is being listened to by staff. For example. her chair has been altered."
- Meetings between staff, people and their relatives had taken place, although these had not been very frequent. Minutes reflected that these enabled discussion about wider aspects of the service.

Respecting and promoting people's privacy, dignity and independence

- Observation demonstrated people's independence was supported as much as possible. People were encouraged to mobilise independently where they were able, and staff observed and provided guidance

where needed. Relatives confirmed staff supported people to be independent. One told us, "Yes staff prompt her, it's hard to tell because mum has dementia, but they talk to her" and another said, "They encourage her to do things for herself."

● People's rights to privacy and confidentiality were maintained. Care records were stored safely and securely. Conversations took place discreetly where needed. Staff were observed knocking and waiting before entering people's rooms.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us they felt their needs were met. Records indicated that staff responded to changing needs and sought input from other professionals, when needed. For example, GP visits had been requested when people showed signs of being unwell.
- People had person centred care plans that described their individual needs and what was important to them. People's life history was captured, and families confirmed they had been involved in developing these. Care plans were reviewed regularly, and changes made promptly when needed.
- Staff had a good understanding of individuals, their needs, likes, dislikes and preferences. For example, staff were able to tell us in detail about how one person struggled with being around too many people. As a consequence, they were supported in an alternative environment during meal times.
- Throughout our inspection we saw staff responded to people's individual needs and requests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered. Menu's and activity plans had been done in pictorial format for those who may not recognise text. Contracts had in the past been produced in large print and a senior manager told us this could be done for all policies where needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives confirmed they were supported to maintain relationships. Everyone told us, visitors were welcomed at any time.
- People were provided with the opportunity to participate in a range of activities. The activities coordinator told us "I do talk to the residents concerning their favourites [activities] and compile them and come up with a timetable of activities". People told us they had plenty to do and staff commented that activity provision had improved. During the inspection we observed staff supporting people to be engaged in activities and discussions that were relevant to them.
- People were supported to go out and do what they wanted. For example, on the day of our visit two people had chosen to visit the submarine museum.
- Some people were able to access the community independently A staff member told us how one person liked to go out to visit family and look round the shops. The person had a mobile phone and contact details

for the home, in the event they needed help.

Improving care quality in response to complaints or concerns

● A complaints procedure was available, and people knew how to access this. People told us they had not had any reason to complain. One person said, "I don't have no reason to make a complaint, to me here is like a hotel." However, they and their relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result. One relative told us, how they had raised concerns and appropriate changes had taken place.

● Records confirmed that any concerns or complaints reported had been investigated, responded to and action taken to prevent reoccurrence.

End of life care and support

● No one was receiving end of life care at the time of our inspection. People were encouraged to discuss their end of life wishes in their care plans.

● People and their families had been asked to complete, with the support of staff where needed, advanced care plans. These looked at the person's needs, wishes and wants in relation to their end of life support.

● Some staff had received training to support them to understand end of life care and further training was either in the process of completion or booked. Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The organisations values focused on providing person centred care, making sure needs were met in a timely, responsive manner and being open and transparent with people. We observed that staff understood and cared for people in line with this ethos.
- The manager and provider demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- CQC were notified of all significant events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A new manager was in post and everyone spoke positively about them. They were described as open, approachable and supportive. The manager had applied to become the registered manager and was in the process of completing a leadership in care qualification. They were aware they may need some support in this new role and this was provided to them by a senior member of staff.
- There was a clear staff structure throughout the service and all staff understood their roles and responsibilities.
- People, relatives and staff were comfortable about raising any issues or concerns and were confident appropriate action would be taken to resolve these.
- The provider had a schedule and range of quality assurance processes in place, including multiple audits of the service. these had been effective and led to contact with other professionals or improvements being made. The manager worked with an action plan to develop the service and make improvements where needed. This included for example, updating care plans to ensure they were person centred and completing advanced care plans which we observed being completed at the time of the inspection.

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

- Staff told us they felt listened to and supported. Regular meetings took place and staff were encouraged to provide feedback and make suggestions which would improve things for people.
- Feedback surveys were also used to gain feedback from external professionals. Comments from external professionals included, 'Clearly you have your residents' best interests at heart' and 'Very well led, caring

and professional. Feedback from people suggested activity provision could be improved upon. An action plan had been developed and we saw actions had been taken to make these improvements.

Working in partnership with others

● The service had good links with other resources and organisations in the community to support people's preferences and meet their needs. For example, close links were maintained with the community nurse teams, GP's, advocacy and other health and social care professionals.