Merryfield Home Limited

Merryfield House Nursing 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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Merryfield House Nursing Home is situated on the outskirts of Witney and is registered to provide care and support for up to 24 older people. The bedrooms, bathrooms and toilets of the service are situated over two floors with stairs and passenger lift access to the first floor. Communal areas including lounges, a conservatory and a dining room are available to people.

At the last inspection, the service had been rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People remained safe living in the home. There was a sufficient number of staff to meet people's needs and staff were recruited safely. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines as prescribed.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives. Staff provided people with support in the least restrictive way possible and the procedures in the service supported this practice. People could access health professionals when needed. Staff worked closely with people's GPs and other professionals to ensure people's health and well-being were monitored.

The service continued to provide support in a caring way. Staff members supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People and, where appropriate, their relatives were involved in making decisions about people's care needs and the support people required to have their needs met.

The responsiveness of the service was outstanding. Regular monitoring and reviews helped to ensure referrals were made to appropriate health and social care professionals and, where necessary, care and support were changed and implemented to accurately reflect people's needs. Care planning was fixed upon having the individual at the heart of their support. The service identified how people wished to be supported so they received meaningful and personalised care. Activities were plentiful and meaningful, enabling people to live as full a life as possible. A range of group and one-to-one activities were available for those who liked to participate. People and relatives appreciated the activities co-ordinator. Staff had maximised stimulation for people who lived with dementia to give positive meaning to their lives.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff, and promoted a caring ethos.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Outstanding ☆

The responsiveness of the service was outstanding.

Care planning was fixed upon having the individual at the heart of their care. Relatives said support was extremely responsive because staff really understood the principles of outstanding personalised care.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

Changes in people's needs were immediately recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

People were encouraged to raise any complaints or concerns and were given opportunities to do so.

Is the service well-led?

Good

The service remains good.

Merryfield House Nursing 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 checked 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.

This unannounced inspection took place on 13 October 2017 and was carried out by one inspector and one 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. The expert by experience for the inspection at Merryfield House Nursing Home was knowledgeable about caring for older people.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

We found people who lived at the service used a variety of different ways to communicate. During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing interactions between staff and people while people were being provided with care. SOFI is a specific way of observing care to help us understand the experience of people who cannot talk to us. We undertook two SOFI observations at different times of the day to check the consistency of the service's approach to care.

We spoke with six people who lived in the home and six relatives of people. After the inspection we contacted another three relatives. They shared their views about the care and support provided by the service with us. We also spoke with the registered manager, the deputy manager and twelve staff members which included care staff, the training co-ordinator, the activities co-ordinator, a member of the housekeeping team and the cook.

We looked at a range of documents and written records, sampling five people's care records, medicine administration charts, recruitment files of four staff members and training records. We also looked at the information about the arrangements for managing complaints and other records relevant to the monitoring the quality of the service provided.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People felt safe and were supported in a way that promoted positive risk taking. One person told us, "I have been here for three years and have had very good care here since I had my second stroke. Can walk around the home with my walker and the staff take me around in a wheelchair if I get tired".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that relevant action would be taken if they raised any concerns relating to potential abuse. A member of staff told us, "If I had any concerns, I would report things to the manager. If they did not respond, I would whistle blow to the local authority and to the Care Quality Commission (CQC)".

There were sufficient numbers of staff on duty to meet people's needs. Staff were not rushed in their duties and could spare their time sitting and chatting with people. One person told us, "I think that there are enough staff here. They seem to often have time to chat to us".

The provider had safe recruitment and selection processes in place. These included not only completing checks but also using a candidate screening tool provided by an external company to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to work in the home until references and disclosure and barring service checks had been received.

Medicines were managed safely and people received their medicines as prescribed. Medicines were safely stored in a locked trolley secured to the wall. Systems were in place to ensure stocks of medicines were appropriately managed and were safe to administer. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines.

Risks to people were identified in their care plans. Where risks were identified, there were plans in place to show how risks were managed. People were able to move freely around the home and if it posed any to people, there were systems in place to manage these risks. For example, where people were at risk of falls, they were referred to healthcare professionals whose guidance was recorded and followed.

There were detailed maintenance records that showed equipment and the environment were monitored. Any issues were addressed and resolved promptly.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Throughout the inspection staff used their skills and knowledge to effectively support people. People and relatives praised the knowledge and professionalism of staff. One person's relative told us, "Our dad is a difficult patient in the respect that his needs are very complex. The team at Merryfield have taken him in and as far as we can tell, show him (and us) nothing but affection, professionalism, care and respect".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received induction and completed training when they had started working at the service. Staff also received training updates and specialist training where required. Staff members told us they were well supported through supervisions (a one-to-one meeting with their line manager). A member of staff told us, "We have our supervision meetings every three months. We learn about our strengths and weaknesses. Everytime the manager asks us if there is any training we would like to complete".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. A member of staff told us, "The MCA exists to protect those who are unable to make decisions themselves".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager had a clear understanding of DoLS. At the time of our inspection there were 15 DoLS applications awaiting authorisation. We saw the evidence that the registered manager regularly checked for updates about the progress of the applications.

People were satisfied with the quality and amounts of the food. One person told us, "I usually have two fried eggs and a banana for breakfast in my room. This is my choice and it starts the day off well". People enjoyed their meals and were supported to meet their nutritional needs. We saw that people were given choices and if they appeared to not like their meal, staff offered them alternatives. Where people had specific dietary requirements, these were met.

We spoke with the chef who told us, "We are trying to accommodate everybody's needs and wishes. For example, we are ordering diabetic ice creams. We offer different food and we ensure that everyone gets good quality food".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included a GP, the care home support service (CHSS) and a speech and language therapist (SALT). Visits of healthcare professionals, assessments and referrals

were all recorded in people's care plans.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people. People and their relatives benefitted from caring relationships with the staff. One person's relative told us, "Every time I visit my father I am treated like part of the Merryfield family and welcomed by all members of the staff. I am truly grateful for their friendly and supportive attitude towards me. Possibly they are not aware of just how much their support means".

People were involved in their care. Care plans contained documents stating people had been involved in the creation of their support plans. These were signed by the person or their legal representative. Throughout our inspection we observed staff involving people in their care. A member of staff told us, "We always ask our residents about their opinion and choices. For example, we ask if they would like to have a bath, a shower or just a wash. Also, we give them choice of what they would like to wear. We show a choice of clothing to people who are unable to speak so they can point at it and communicate to us 'This is my choice'".

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. The language used in the care plans was respectful. People were addressed by their preferred name and staff knocked on people's doors before entering. A member of staff told us, "We always try to promote people's privacy and dignity. When providing personal care, we close all the doors and windows. We use a towel to cover the parts of the body that we are not being washed at the moment. We always explain to people what we are doing".

The service had appointed six dignity champions from the staff group. A dignity champion is someone who is knowledgeable about the need for people to be treated with dignity and respect. They act as a role model for their colleagues.

People were supported to be independent. Throughout our inspection we saw staff encouraging people to maintain their independence. For example, one person was supported to go to the local shops. One staff member told us about supporting a person to become independent. They said, "As far as people are able to do something, we just encourage them and supervise them".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. The care plans and other personal records were stored securely.

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation.

Outstanding ☆

Is the service responsive?

Our findings

People's opportunities to engage in activities meaningful to them were outstanding. The activities co coordinator was passionate about their role. They were available to provide people with entertainment and ways to pursue their hobbies and interest from Monday to Thursday. We inspected the service on Friday and we saw that when the activities co-ordinator was absent, people were visited by external entertainers. People and relative's feedback concerning the free time activities was excellent.

The service employed unique and innovative techniques to provide people with activities. The service used virtual reality (VR) equipment to provide stimulation to people who did not enjoy other types of activities. VR devices can provide relief to people living with dementia by triggering memories and positive emotions. Even those in the later stages of dementia who are often responsive to very little can benefit from the VR experience. The activities co-ordinator told us, "We found it worked particularly well with [person] who does not always engage as well in other activities. [The person] loves animals and was transformed when watching kittens through the headset, talking and making comments and laughing when she was given the headset to hold herself, this gave her control so she did not feel under pressure. There was a marked change in her behaviour afterwards, she was brighter and more alert to what was going on around her".

Some people living at the service used to be farmers. The service recognised this and provided them with the activities they enjoyed. For example, the service arranged visits by volunteers with behaviourally assessed animals. The activities co-ordinator told us, "The residents all enjoyed the visits, particularly the farmers, as it gave them the chance to share their knowledge and experience, giving us tips on feeding and handling and generally talking farm 'shop' with the visiting farmer. The residents fed the goats with bottles of milk and were able to hold the young turkey chicks. Those residents who were not able to come outside were included with visits to their rooms from the baby goats and turkey chicks, any visiting family members were also able to hold or feed the animals. [Person] was a farmer and was still talking about it to his family and friends for days afterwards. [Person] would not come in until the last goat was loaded up, it was a very successful afternoon". This visit turned out to be a huge success and all people living at the service enjoyed the visitors and their animals. Animals visiting people stimulated social interaction and eased people's agitation. Staff told us that people benefited from the presence of therapy animals as it helped to reduce people's agitation and improve their eating. It also provided people with physical activity and the pleasure of spending time with an animal companion.

The importance of one-to-one activities for those who did not like large groups, noise or required individual attention and support was recognised in the home. People were able to do activities in the comfort of their own bedrooms. A member of staff told us, "We can see the impact of the activities. Even though some people cannot talk, they move and shake their heads. Their faces are lighting up. People who are bed-bound are provided with music sessions or hand massage. We bring animals to their own rooms if they wish so. We also have time just to be with them and talk to them". One bed-bound person's relative told us, "My father is always included in Merryfield's social calendar. At main events such as the Summer Party or Bonfire Night, a member of staff is always allocated to him so that he can feel part of what is going on (the staff member explained to the person what was happening, described the events and assisted the person to take part in

them). Members of the local church visit him in his room fortnightly and also singers will come and sing a few songs from time to time. My father has recently been introduced to a barn owl and various farm animals".

In addition to a wide range of group and social activities such as exercising, arts and crafts, Easter raffle, people's individual hobbies were also catered for. For example, some people enjoyed playing scrabble and some people preferred playing bridge. The service had organised a bridge club and a scrabble club for people so they could spend time playing together and teaching other people who wished to join the clubs. One person said, "I look forward to the scrabble and quizzes. And look, I have one home's scrabble trophy!". Another person told us, "I started the card club and scrabble and I like teaching the other people here. I feel that this is place is more like my home now and because it is small, I do not feel that I am in an institution".

Other people delighted in gardening and this was also accommodated by the service. We saw evidence that in a spring time and summer time people had access to especially adapted raised flower beds. The flower beds were raised high enough so the wheelchair users could also enjoy the gardening.

People and relatives we spoke with said they felt staff were very responsive to their needs. One person's relative told us, "Because he sleeps through breakfast, they have added in extra meals for him. They have also identified that dad needs a new bed, a lower bed which helps him to be safer as he is prone to falls. As soon as they identified the need, they ordered it for him as well. They have identified that Dad needs a special chair, which the NHS won't fund so [the registered manager] and the team are doing everything they can to help us purchase it, as it costs a considerable amount of money". Another person's relative told us, "When he arrived there, he was thin, could hardly communicate and had some sores and other issues and really had no quality of life. Over the last 10 months we have been truly amazed to see him improve quite dramatically. He loves the food there and has gained weight and strength. His sores have disappeared. He is brighter and actually tries to communicate and even says some things that make sense. He is always dressed beautifully and looks like my father again".

The service also helped people to celebrate events that were important to them. One person's relative told us, "The staff are only too happy to help organise family occasions, for instance my parents' Diamond Wedding Anniversary celebration which took place last year. I know that a lot of thought and effort goes into arranging these events so that we all can enjoy the occasion as much as possible".

Community links and relationships were facilitated and encouraged to ensure that people did not become socially isolated. The activities co-ordinator had arranged visits of school children at Christmas who sang carols for people. In warmer months garden fetes encouraged the local community to visit the service.

When we visited the service, the registered manager was in the process of updating files for the person who had previously been receiving end of life care. The person's condition had improved and as the person had developed different care needs this was being updated in their care plan.

The service used doll therapy with people who could benefit from this. Doll therapy is known to be a very effective way for a person with any kind of dementia to decrease stress and agitation. One person's relative told us, "They clearly know my dad very well even though he's only been there for a few months, they take time to figure out what comforts him and ensure that he has those things wherever possible, they know he loves holding hands and that this brings him huge comfort as does his teddy [named after one of the characters from the person's favourite movie series]. Whenever we go and see him, he has Chewy to cuddle, Chewy calms our dad down when he's anxious. I think having the companionship of this brings him comfort; they have also identified that dad likes a knitted white teddy and he is given this when he is resting or

especially anxious".

People's spiritual needs were met by weekly bible study and representatives of two different churches visiting the service.

People's communication needs were recognised and accommodated by the service. Some people were provided with large print versions of documents while other people used communication aids in order to communicate with staff. We saw that sets of pictures used to communicate with people were placed in the communal areas so they were easily accessible to staff and visitors.

The service used an external e-learning provider so not only staff but also people's relatives could access training courses. For example, they could access training on dementia which would enable them to get the knowledge of the condition of their loved ones.

People were encouraged to personalise their own rooms with photographs and other souvenirs and things they cherished. Staff we spoke with told us people were encouraged to bring in familiar items to help them feel at home. People told us they liked their bedrooms. One person said, "I like my downstairs room with the French windows. I feed the birds and have even had a hedgehog visiting in the garden".

People's care was planned proactively with people involved where possible. People's needs were assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had been incorporated in the plan of care. Staff told us they felt a good assessment was fundamental to ensuring people's care needs could be fully met.

The home's approach to care was person-centred and holistic. The care plans were informative and provided staff with thorough information about people's lives. They reflected people's full involvement in developing their care plans and people confirmed this. The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. People told us that staff knew their life histories and often engaged in a conversation about people's past. One person told us, "I used to be a farmer and like chatting to the carers about my life and about my grandfather who worked in the local sawmill". Another person said, "I like talking to the staff about Witney and its past and the carers always have time for a chat. They are very special people and respectful to us. It is more like a big family living here".

People and their relatives told us they participated in regular residents and relatives meetings. One person said, "I went to a residents' meeting and brought up the suggestion of having croissants before breakfast and now we have them sometimes".

People and relatives told us they knew how to raise a complaint, however, they had no reason to do so. The service had not received any complaints in the last 12 months.

Good

Is the service well-led?

Our findings

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.

The registered manager and the deputy manager promoted a culture that ensured people were seen as individuals. This culture was promoted through all interactions with people, relatives and staff. One member of staff said, "It is great. Everybody works as a team and we enjoy the company of the families". One person's relative told us, "I think Merryfield is a special, unique and excellent nursing home and I wouldn't want my father to be anywhere else".

The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included care plans, training, bedroom quality and dignity care. The registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Findings from audits were analysed and action plans created to drive continuous improvement. For example, following one audit, care plan review dates had been updated to ensure people's needs were being met.

The provider had introduced an observation tool based on the CQC's Short Observational Framework for Inspection (SOFI). This helped the registered manager to assess and monitor the quality of care and interactions between staff and people. We saw evidence that if there had been lack of relevant interaction between staff and people, this had been later discussed during individual supervision.

The service implemented the Gold Standards Framework (GSF) programme. The GSF provides training and guidance on how to achieve the highest possible standard of care for people who may be in the last years of life. This helped the service to establish good relationship with a local hospice and local GPs.

The high quality of the service was recognised by one of the websites providing guidance on care homes in the UK. The service was awarded a Top 20 Award for the top 20 recommended small care homes in the UK basing on positive feedback from people and their relatives.

The provider had a clearly defined mission statement and vision for the service. There was a family atmosphere where everyone was valued and included. The service worked in partnership with GPs, local mental health teams and district nurses.

There was a whistle blowing policy in place that was available to staff in the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Staff told us their morale was good and the registered manager recognised their work. There was an incentive scheme in the service for awarding members of staff for going 'the extra mile'. A member of staff told us, "We are getting awarded for our hard working and helping the residents and other staff. It boosts our morale, makes you go forward thinking 'I want to do this'".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.