

Mid-Norfolk Mencap Merle Boddy House

Inspection report

**55 Norwich Road,
Dereham,
Norfolk
NR20 3AX**

Tel: 01362 694643

Website: www.midnorfolkmencap.org

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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

This inspection was carried out on 21 May 2015. The last inspection took place in July 2013, during which we found the regulations were being met.

Merle Boddy House is registered to provide accommodation and non-nursing care for up to 10 people who have physical and learning disabilities. There were eight people living in the home when we visited.

At the time of our inspection a registered manager had not been in post since February 2015. 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 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications were in place where required and had been submitted to the relevant local authorities.

Summary of findings

We saw that people who lived in the home were assisted by staff in a way that supported their safety and that they were treated respectfully. People had health care and support plans in place to ensure staff knew how people liked their needs to be met. Risks to people who lived in the home were identified and plans were put into place to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs. Medicines were safely audited, stored and administered to people.

Staff cared for people in a warm and sensitive way. Staff assisted people with personal care, eating, drinking and going on trips out in the local community throughout our visit to the home.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities and were supported by the manager to maintain and develop their skills and knowledge through ongoing support and regular training.

Arrangements were in place to regularly monitor health and safety and the quality of the care and support provided for people living at the home.

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 were trained and informed about how to recognise any abuse and also how to respond and report any concerns correctly.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

Medicines were stored securely and safely administered.

Good



Is the service effective?

The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

People were supported by staff who had received training to carry out their roles.

People's social, health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

Staff were sensitive and caring in their approach and they supported people to be as independent as possible.

People were offered choice and received care in a way that respected their right to dignity and privacy.

People were involved in reviewing their care needs and their relatives were included in this process.

Good



Is the service responsive?

The service was responsive.

People's health and care requirements were assessed and regularly reviewed so that their needs could be met consistently.

People and their relatives/representatives were encouraged and supported to provide feedback on the service. People's relatives and representatives were aware of how to make a complaint.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Good



Is the service well-led?

The service was well-led.

Management arrangements were in place to ensure the effective day to day running of the home

Effective arrangements were in place to monitor and improve, where necessary, the quality of the service people received.

Good



Summary of findings

People were supported to be part of the community.	
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Merle Boddy House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 21 May 2015. The provider was given 48 hours' notice because people at the service are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed the provider information return (PIR) This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We also made contact with health care professionals who were in regular contact with the home. This included; a practice manager from a local surgery, a specialist nurse and a local authority contracts officer.

We spoke with two people living in the home, the manager, four members of staff and three relatives of people living at the home. We looked at three people's care and support plans and records in relation to the management of the home including audits and policies and staff records.

During our inspection we observed people's care and support to help us understand the experience of people who could not talk with us. We observed people taking part in their individual hobbies and interests and also saw how they were supported by staff.

Is the service safe?

Our findings

One person that we met told us “I like living here and the staff help me with my medicines”. Another person said they had lived in the home for a number of years and said “I am happy and like the bedroom that I have”. We spoke with three relatives of people living at the home and they were positive and complimentary about service and had no concerns about the care and support their family member received. One relative said, “My [family member] is very happy there and I feel that they are in safe hands”. Another relative said, “They [the staff] are excellent and keep us informed of any events or changes in my [family member’s] care”.

Staff demonstrated that they had an understanding of how to recognise different types of abuse and how to report concerns. They told us that they received safeguarding training and felt confident dealing with safeguarding issues. They were aware of the safeguarding reporting procedures to follow and were aware of the whistle blowing policy. One member of staff told us that they had received training and had been given a copy of the local authority’s safeguarding contacts and information. They said that, “I would not hesitate in reporting any incidents of abuse to my manager”.

Risks to people had been identified so that staff were aware of any associated risks when providing support to each person. Examples included assessed risks regarding eating and drinking, bathing and assisting people when accessing the community.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff so that they had the opportunity to be supported at home and whilst out in the community. We saw that staff provided care and support in a patient, unhurried and safe manner. The manager told us that staffing levels were monitored on an ongoing basis to meet people’s individual changing needs, and that bank and agency staff were made available to meet those needs. One member of staff told us that staffing levels were good and allowed them to have enough quality time when supporting people. Staff told us that they had the opportunity to assist people to go out in the local town and surrounding areas to go shopping and access activities.

Staff only commenced work in the home when all the required recruitment safety checks had been satisfactorily completed. We looked at a sample of three recruitment records and we saw that all appropriate checks had been carried out. This showed that the provider only employed staff who were suitable to work with people living in the home.

Staff confirmed that they that they had received an induction which covered a variety of topics regarding care and support issues. We saw a sample of a completed induction records where the staff member’s competency had been assessed by the manager. Staff told us that they had been assisted by more experienced staff when they first started work in the home to ensure that they understood their role and responsibilities.

Staff told us that they had received training so that they could administer and manage people’s prescribed medicines safely. Following their training staff’s competence to administer medicines had been assessed. Medicine Administration Records [MAR] showed that medicines had been administered as prescribed. Two staff signed off MAR sheets and this was checked during the handover of each shift to ensure that stock levels were correct and that medicines had been safely administered. We saw that dates of opening had been recorded on medicines such as creams and liquid medicines. Medicines were stored safely and at the recommended temperatures. Regular audits of medicines had been undertaken. This showed that arrangements were in place to manage people’s medicines in a safe way.

There were fire and personal emergency evacuation plans in place for each person living in the home to make sure they would be assisted safely in the event of an emergency. Fire alarm, drills and emergency lighting checks had also been carried out to ensure people’s safety in the home.

Building improvements were being carried out to the premises. These include the addition of further communal and office areas. It was noted that whilst these alterations were ongoing areas were kept locked so that people were protected from any potential risks or hazards. We saw that contractors signed in and out whilst attending the premises. A risk assessment was in place to minimise any hazards or concerns whilst building work was in progress.

Is the service effective?

Our findings

Health care records were in place that documented visits from or to health care professionals. We saw that people had regular appointments with health care professionals. This included appointments with a GP, dentist, chiropodist and an optician. Healthcare professionals told us that where advice was given the staff ensured this was followed. A relative told us that, “The staff will contact a doctor if my relative is unwell.” This demonstrated that people were being supported to access a range of health care professionals ensure that their general health was being maintained.

People had a ‘Hospital Passport’, which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission/treatment in hospital.

The manager and staff told us they were supported to gain further qualifications in health and social care to expand on their skills and knowledge of people and provide them with effective care. This included the diploma in health and social care. Staff said that they enjoyed and benefited from their variety of training sessions which included; fire safety, epilepsy, safeguarding, infection control and MCA/DoLS. Staff training was kept up to date and monitored by the manager in conjunction with the organisation’s training officer.

Staff confirmed that they had undertaken training and demonstrated an understanding regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards which applies to care services. We saw that the manager had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty.

This was to ensure people were cared for in a safe way without exposing them to unnecessary risks that were not in their best interests. We saw a sample of three authorisations for people living in the home had been appropriately processed by the relevant local authorities and up to date documentation was in place regarding MCA and DoLS.

People’s dietary and food preferences were recorded in their care plans. We observed that the lunch and evening meal times were sociable occasions, with lots of interaction between the staff and the people at the home. People were assisting with serving up meals where possible helped to lay the tables and ensure drinks were available. A daily meal plan was displayed in the kitchen; it was varied, including healthy options and a choice of main courses. Staff assisted people to decide the choices of meals for the week and there were pictures and photographs of food and meals to aid people’s choices. We saw that people went on shopping trips to the local supermarket with staff to purchase food.

A relative told us, “When I visit my [family member] I have seen that the food is always nicely presented”. The manager told us that they had access to dieticians and speech therapists to discuss any issues regarding nutrition and any concerns regarding people’s eating and drinking. We saw correspondence in care plans regarding advice about eating and drinking.

The practice manager at the local surgery used by people living at the home was positive about the way staff dealt with people’s health care issues. They said staff were knowledgeable and provided good quality information to GPs when required. A contracts manager from the local authority and a specialist nurse told us that the manager and staff at the home were committed to improving the service for people and communication was good.

Is the service caring?

Our findings

Not all of the people we met during our inspection were able to tell us about the care and support they received due to their complex needs and we observed staff to be keen and attentive to people to meet people's needs. A relative told us, "[My family member] is very happy living at Merle Boddy House and I have no concerns."

We saw that staff were aware of individual people's body language and any sounds that they made which showed the person was happy or was upset. Staff spoke with people in a kind and attentive way to respectfully preserve the person's dignity when providing care and personal assistance. Observations showed that people were encouraged to be involved in making decisions and staff used visual prompts to encourage participation including pictures of meal choices.

There was a friendly atmosphere created by the staff in the home. People were seen to be comfortable and at ease with the staff who supported them in a cheerful and attentive way. People were assisted by staff to complete domestic tasks such as putting laundry away, tidying their bedroom and going out for a variety of trips in the local community including shopping for personal items. We saw that assistance was given in a caring and supportive way. A relative told us, "My family member has lived happily at the home for many years."

Staff members were enthusiastic about the care and support that they provided and talked with warmth and affection about the people living in the home. One staff member told us, "I really enjoy my work here and it is a good and supportive team." We saw staff speaking with

people in a kind and caring manner and explaining what they were doing whilst providing assistance. Staff knocked on people's bedroom/bathroom doors and waited for a response before entering. This demonstrated that staff respected people's privacy.

People were able to choose where they spent their time and could use the communal areas within the home and in their own bedrooms. People's bedrooms had been personalised with their own furnishings and belongings to meet their individual preferences and interests.

Staff treated people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and all personal care was provided in private. Staff positively engaged with people throughout the day and enquired whether they had everything they needed.

Each person had an assigned key worker whose role was to evaluate and monitor a person's care needs on a regular basis. We saw that staff had recorded that people's daily needs were checked including any significant events that had occurred during the person's day. Some documents in the care plans and food choices were available in a pictorial/easy read format where required. This showed us that information was available in appropriate formats to aid people's understanding.

A relative told us that they had seen staff to be kind and caring. Another relative told us, "The staff know my [family member] really well and understand how to care and support them." The manager told us that no one living at the home currently had a formal advocate in place but information about local services were available if required.

Is the service responsive?

Our findings

People had opportunities to be involved in hobbies and interests of their choice. A number of people had been involved in a local day service which they enjoyed going along to. One person told us that they enjoyed going shopping to buy their favourite magazine. Two people had been involved in personal shopping and another person had attended a local drop in service, with a member of staff, during the day. People living at the home also had access to a local social club and an activities centre where they had the opportunity to participate in a variety of organised events and activities. This demonstrated to us that people had opportunities to go out into the community and take part in their individual social interests.

The majority of people that we met with during our inspection were not able to tell us about the care and support they received, due to their complex needs. However observations we made showed that staff were knowledgeable and reacted to people's non-verbal cues to ensure their support needs were being met.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person's answer, and understanding what a person's body language and facial expressions were telling them.

Staff supported people with their social activities and when eating and drinking. We also noted that members of staff included people in conversations, such as talking about going on a shopping trip. From our observations we saw that people responded positively to this and responded by smiling, laughing especially when being included in conversations.

The manager and staff told us that they regularly sought the guidance of health care professionals where any changes to people's support were needed. One member of staff told us, "We are in regular contact with a variety of healthcare professionals when there is a concern or health problem." This demonstrated that people's care needs were effectively responded to.

One person told us, "I am happy living here and the staff help me with what I need." We observed members of staff assisting people who lived in the home and it was evident

that they understood and responded to their physical care needs. We saw one person being helped by staff with their mobility in a reassuring and patient manner so that they safely navigated their way around the home.

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including; their likes and dislikes, communication needs, epilepsy management guidelines, activities, personal care and daily routines. The care plans were written in a person centred way that reflected people's individual preferences. Pictorial aids were incorporated in care plans to assist people's understanding. People were encouraged by staff to be involved in the planning of their care and support as much as possible.

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. One member of staff gave an example about how they needed to carefully reassure a person about their daily routines and activities to minimise their anxiety levels. There was a homely and calm atmosphere and people were being assisted by members of staff in a cheerful, attentive and unhurried way

There was a complaints policy and procedure displayed in the home which was also available in easy read format so people could access it and use it themselves if they wanted to. A relative told us that they knew how to raise concerns and said, "I can always visit and discuss any issues and I feel listened to." Another relative told us, "We have the home's contact number but we have never had need to complain about anything". Relatives told us that they were regularly contacted by staff where there had been any changes to their family member's care and support needs. A complaint recording log was in place but there were no complaints recorded in the last twelve months.

We saw that people's care and support plans were reviewed on a six monthly basis or more regularly as individual needs changed. This was to ensure that information about people's care needs was up to date and any changes were responded to and documented. We saw an example of this in one care plan regarding changes to the management of a person's epilepsy guidelines which had been done in conjunction with a specialist nurse. A relative told us that, "I am invited to reviews and able to

Is the service responsive?

have a say in my [family members] care, and everyone is very helpful". Another relative told us that communication was good with the manager and staff and they were kept informed of any changes to their family members care.

Is the service well-led?

Our findings

There was no registered manager in post at the time of this inspection. However, there were suitable management arrangements in place to ensure the day to day management of the home. A new manager had been appointed and they had submitted an application to register with CQC.

Observations showed that people living in the home interacted well with the manager in a cheerful and comfortable way. Observations made during this inspection showed that staff were attentive and readily available to people living at the home and assisted them when needed. On speaking with the manager and staff, we found them to have a good knowledge of people's care and support needs.

A relative we spoke with during our visit had positive comments about the home and they were happy with the service provided to their family member. We saw evidence that people's relatives had completed a satisfaction survey and we received positive feedback regarding the care and support being provided. One relative told us, "Staff are very helpful and keep in touch with me about any events or concerns regarding my family member." People living at the home had good links with the local community and visited a variety of nearby places including local shops, pubs and activity centres.

Staff told us that they were supported by the manager and senior staff. They said they were able to confidently raise any issues or concerns with the manager. A member of staff told us, "It's a good team here, and I feel well supported."

Another staff member told us, "Our manager is very supportive and helpful and I can speak with them any time I need to." Staff told us that there was a handover book in place where they were made aware of any updates and events in the home.

The manager and staff monitored a number of key areas including; care issues, staffing, training, health and safety and any concerns or complaints. We saw up to date fridge temperature records, fire records and water testing and temperature records. This meant that the quality of people's care was consistently monitored. The home also had regular visits from the organisation's operational manager who carried out audits to ensure the home remained safe and delivered effective care. We saw that there were effective arrangements in place for the servicing and checking of fire safety appliances and alarm system. Repairs and maintenance issues were reported and actioned in a timely manner.

The manager showed us reports that they had submitted to their manager which monitored the home's services and highlighted any identified risk. Where a need for improvement had been highlighted action had been taken to improve the system. This demonstrated the home had a positive approach towards a culture of continuous improvement in the quality of care provided. Incident forms were looked at by the manager. Any actions taken as a result of incidents were documented as part of the home's on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.