

Alliance Care (Dales Homes) Limited

Meyrick Rise

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 ●

Summary of findings

Overall summary

About the service

Meyrick Rise is registered to accommodate up to 75 people and provides care, treatment and support for older people. The service is split over two floors which were all accessible by stairs or a lift. There were 37 people using the service at time of our inspection.

People's experience of using this service and what we found

People told us they felt safe living at Meyrick Rise. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

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.

People were supported to maintain contact with those important to them including family and friends. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and gave individualised care and support.

The management of the service were respected. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service could continually improve. Audits helped identify areas for improvement and this learning was shared with staff.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Meyrick Rise

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 was carried out by two inspectors 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

Meyrick Rise 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They were no longer employed at the service, but the cancellation of their registration was not yet completed. There was a new manager in post who had started the registration process with the commission.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke with thirteen people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the regional support manager, manager, deputy manager, head of care, activities assistant, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, people's daily monitoring charts and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, service action plans and quality assurance records. We received feedback from two professional who regularly visit the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure that systems to manage medicines within the home were operated effectively. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 12. The provider wrote to us and told us they would meet the requirements of this regulation by 30 September 2018. The provider wrote to us and told us they would arrange for a more robust programme of medicine audit and observations. Staff would receive re-training and regular monitoring.

- The home managed their medicines safely. The home had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency assessed.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often. Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited each day.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally. There were posters around the home giving the telephone numbers of the local safeguarding team. A staff member told us, "I would try and find out what was wrong then I would tell my manager straight away".
- People told us they felt safe living at Meyrick Rise. A person told us, "I feel safe here". Another person said, "I feel safe because the carers know what they are doing". Staff told us that they knew people well and thought that this helped to keep them safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place for each person for all aspects of their care and support. There were general risk assessments for the home. Risk assessments were reviewed regularly and in response to people's needs changing. People's repositioning, food and fluids records were accurate and in line with the persons agreed risk plan. Staff had a good knowledge of people's risks.
- Assessments included clear instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed, what the risks were and the outcomes. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks.
- Learning was shared through staff meetings and handovers. Staff told us they communicated well together, and they were supported with this by the head of care and deputy. The manager told us that they would share learning through 'flash' meetings. These were meetings held each morning at 11am with all heads of departments.

Staffing and recruitment

- There were enough staff on duty. The home used a dependency tool to calculate the number of staff required to meet the needs of people and this was kept under constant review. The regional support manager told us there had been an increase in staff turnover this year due to management changes. However, this had settled, and recruitment was now going well. People and their relatives told us that continuity had been affected. A staff member told us, "I think there are enough staff but we are busy". A person said, "I have a call bell and I don't have to wait long before the carers come when I press it".
- The home had a recruitment process and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy. A person said, "It's immaculate, better than a hotel". Another person told us, "My room is cleaned every day. My bedroom is spotless".
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.
- The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

At our last inspection the provider had failed to ensure that they were working within the framework of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 11. The provider wrote to us and told us they would meet the requirements of this regulation by 30 September 2018. The provider told us they would arrange for all staff to receive MCA training. MCA assessments and best interests' meetings would be held where appropriate. Applications would be made under DoLS where necessary.

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. DoLS that had been authorised did not contain conditions at the time of the inspection.

- The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs and consent for photographs. This meant that people's rights were protected.
- MCA assessments had been carried out, the home held best interests' meetings for people. Records showed involvement of the person, family members, professionals and the GP.
- Applications had been made under DoLS as necessary. The regional support manager told us they were

compiling a DoLS tracker to ensure applications were made before expiry dates fell.

- People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines and food.
- Staff had received MCA training and were able to tell us the key principles. A staff member said, "Nothing is done without their [people's] permission".

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

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. A member of the management team went to see each person before they moved into the home.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, specific health conditions and nutritional needs.

Staff support: induction, training, skills and experience

- The home had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us they felt confident.
- Staff received training on subjects such as safeguarding, dementia and medicines.
- Registered nurses were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The deputy manager told us the home supported them with their development and re-validation.
- Staff told us they had regular supervisions and contact with the registered manager. The home was supported by a small staff team and they communicated together each day through handover meetings. The manager had created a supervision tracker to ensure all staff had regular supervision sessions.
- Staff said they felt supported, they could ask for help if needed and felt confident to speak with the deputy manager or head of care when required.

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

- People were supported to have enough to eat and drink. We received positive comments about the food including; "The food is very good, and I get lots of choice", "The food is lovely" and "The food is very good. I couldn't wish for better".
- People could choose an alternative if they didn't want what was on the menu. The chef told us that they have a menu, but people can choose whatever they want. There were milkshakes and higher calorie foods provided for those who struggled to maintain their weight.
- The menu was displayed with photographs of the meals. Records showed input from dieticians and speech and language therapists (SALT) where required.
- We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff.
- The lounge and dining room had tables laid with drinks and condiments. Food looked appetising and plentiful.
- People were encouraged by staff to eat their meals and have plenty of drinks. Drinks were available throughout the day and staff were encouraging people to drink.

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

- The regional support manager told us they worked closely with other agencies. This promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others. A professional told us that the home contact them in a timely manner and appropriately".

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

- The home was accessed by people across two floors using the stairs or a lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
- The home had a large lounge, separate dining area, various smaller seating areas and a large garden for people to enjoy. We saw people enjoying the outside spaces which all had level access.
- Volunteers visiting the home were tending to the garden area and had cleared the pathways, so they were accessible for all. This gave people access to the summerhouse and it was being painted in the colour the people had chosen.
- People were encouraged to bring their own belongings and furniture into the home. Notice boards around the home displayed information and matters of interest.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists.
- The deputy manager said they worked well with all professionals and were comfortable seeking their input when needed.
- The regional support manager told us they worked closely and were supported by their commissioners.
- Treatment instructions from medical professionals were recorded in people's care plans and they communicated to staff during handover meetings. This meant that people were receiving the most up to date support to meet their health needs.

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 their relatives told us staff were kind and caring. Comments included: "The girls are fantastic". "The carers are very kind". "They are lovely, caring in nature and well trained".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans. The home had a religious service every month for people to enjoy and a chapel for people to reflect.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care.
- The home had information about advocacy services if people needed support to make decisions and choices.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We saw many respectful interactions during the day. Record showed that staff received training in dignity.
- People were supported to be as independent as they could be. The head of care told us that it was important that people kept their independence.
- Records showed that the home had involved the person and family members in noting preferences. We observed staff supporting people to keep independent by assisting them to access the dining room and garden areas.

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to ensure that the care delivered met people's assessed needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 9. The provider wrote to us and told us they would meet the requirements of this regulation by 30 September 2018. The provider told us they would arrange for a review of all care plans to ensure they were up to date, and relevant information was included. Person centred care training would be implemented and a more robust handover of information between staff.

- People received personalised care that was responsive to their needs. The deputy manager was in the process of reviewing all care plans to develop them further. They told us, "We can always make them better".
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- People and their relatives were involved in their care. Reviews were held regularly or as people's health needs changed. The deputy manager and nurses completed the reviews and people, relatives and staff were involved in these.

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 identified, recorded and highlighted in care plans. These needs were

shared with others including professionals. People's communication needs were met by staff.

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

- The home had a programme of activities for people to enjoy. This was organised into a daily planner with additional activities for people to enjoy once a month. The activities were advertised in the home. The manager and regional support manager told us that activities were being developed further. A pictorial planner was displayed in the communal areas. This meant that people were reminded about what activities were available on the day.
- People and staff told us they enjoyed the activities in the home. Some comments were; "I like to get involved in activities. I like a lot of things, skittles, chair netball and table scrabble". "The activities are very nice, and they publish a weekly activities list".
- People were involved in creating the activities within the home. A staff member told us, "Every Wednesday a social club is held and during it residents are asked for ideas. There is constant feedback from residents".

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a complaints policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the management team about any concerns.
- Records showed that complaints were dealt with within agreed timescales and to people's satisfaction.
- People were confident that their concerns would be dealt with. Comments we received about this from people included: "If I was unhappy about anything I would speak to the senior staff. "I am very open, and I will tell them if I am not happy or concerned". "I would tell my daughter and she would speak to the manager".

End of life care and support

- At the time of inspection, the service was not providing end of life care for anyone. The manager told us they worked with the district nurses and GP when a person required end of life support.
- Each person had an end of life care plan however, the deputy manager told us these would be developed further during the review process.
- The home had received compliments about their end of life care. These included; "From the heart, thanks again to you and your staff for the care of my mother". "Meyrick Rise is clean, warm and all those measurable things... but what really mattered to us was the sincerity of the comfort and friendship that you offered to my loved one [name]."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that the care delivered met people's assessed needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 17. The provider wrote to us and told us they would meet the requirements of this regulation by 30 September 2018. The provider told us they would arrange for regular monitoring and audit of records. Allocate responsibilities to registered nurses for oversight of the shift. Staff would receive training and supervisions. Audits and action plans would be analysed.

- The management and staff understood their roles and responsibilities. The manager and regional support manager told us they were supported by their team. They told us, "We have the same vision".
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- Systems were in place to support learning and reflection. The registered manager had completed monthly audits, such as medication, accidents, incidents and care records.
- The manager and regional support manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.
- Learning and development was important to the provider and management team. They attended regular provider meetings and had used online guidance and publications. The manager had the support of a regional support manager, deputy manager and head of care in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt proud to work at Meyrick Rise. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "We work together really well. We are like a family"

really". "The care is there, they [staff] treat the residents kindly. I would put a family member here". "I think it's an amazing home."

- There had been recent changes in the management team within the home. Staff, relatives and people's feedback was positive. Staff felt supported. The comments included: "The regional support manager [name] has been very supportive, they are very good, has good character". "The deputy manager and head of care are so supportive, they work with us". "The new manager has the right attitude, they have already made good changes".

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 manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service sought people's feedback through questionnaires and meetings. The results of those were positive. The regional manager told us the provider sends an annual questionnaire to people.
- The home held regular people and relatives' meetings. Records showed they were well attended.
- The home had regular staff meetings which were well attended by staff. Minutes showed discussions about people, updates, ideas, training and good practice reminders.
- The service had some links to the local community. The manager told us they wanted to increase these links in the future. Some examples of supporting people to link with their community were, people using local cafes and shops.
- The service had good working partnerships with health and social care professionals. A health professional told us they have a good relationship with Meyrick Rise which had improved.