

Darbyshire Care Limited

# Merchant House

## Inspection report

45 Alma Road  
Plymouth  
PL3 4HE

Tel: 01752661979

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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

- People, their relatives and staff expressed confidence in the management team. Comments included, "Yes, it's well managed. I know (name) the registered manager and (name) the deputy.", "It's well organised" and "It's friendly has a happy atmosphere like a big family".
- Staff told us, and we observed morale was high. Staff told us the management team were approachable and supportive. One staff member told us, "(Registered Manager) is absolutely brilliant, I can go to him with anything, he is approachable. He's the best boss I've ever had".
- The registered manager and staff team promoted a person-centred culture to ensure people received personalised care and support. People told us they were happy living at Merchant House, and we saw they were relaxed and happy with staff.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

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

- The registered manager and staff understood their roles and responsibilities and strived to ensure care was delivered in the way people needed and wanted it.
- There were effective communication systems in place along with clear lines of responsibility and accountability across the staff team.
- The service had governance arrangements in place. Both the registered manager and provider recognised the importance of systems being effective to strengthen the quality of the service that people received.
- Regular audits were carried out by the registered manager and the provider. These included audits of care plans, medication and the day to day running of the service. Findings from audits were analysed and actions were taken to drive continuous improvement.

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

- From our observations and speaking with staff, the provider demonstrated a commitment to providing consideration to people's protected characteristics.
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience.
- Staff told us that they were involved in the development of the service, through discussions at individual supervisions and staff meetings.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.
- Records showed the provider worked closely and in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.

## 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 caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# Merchant House

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection 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.

#### Service and service type

Merchant House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Merchant House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and compliance and care strategy manager.

We reviewed a range of records. This included five people's care records and Medication Administration Records (MAR). We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spent time in the communal lounge observing interactions between staff and people We also walked around the building observing the environment.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff said, "I would report concerns to my manager and if I did not feel listened to then I would contact the safeguarding team or CQC (The Care Quality Commission)".
- The provider had clear policies and procedures in relation to safeguarding adults. We saw evidence of how these systems and processes worked effectively.

Assessing risk, safety monitoring and management

- The registered manager regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as nutrition, choking, mobility and pressure area management. Staff were familiar with and followed people's risk management plans.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People, staff and relatives told us there were enough staff to meet people's needs. Comments included "There's always someone round to keep an eye on us", "There's more than enough staff, we don't want for anything" and "There's always enough staff here".

- Staffing rotas confirmed, there were sufficient staff to meet people's needs. The registered manager assessed people's individual needs regularly to ensure staffing levels were adequate.
- During the day we observed staff having time to chat with people. Throughout the inspection the staff responded promptly to people who needed support.

#### Using medicines safely

- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The medicines management was based on current best practice. Where people received topical medicines, the topical Medicine Administration Records (TMAR) clearly showed when and where the medicine had been administered.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager and provider to identify any learning which may help to prevent a reoccurrence.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could be improved and used this as an opportunity to improve the service for people and staff.



# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in October 2018, the provider failed to ensure people had choice and were treated with dignity and respect at all times. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with respect and their dignity maintained. Comments included "They are very caring and would do anything for you", "All the staff are lovely; I can't fault them at all" and "They are very respectful".
- People were treated with respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- Staff were clear how they respected people's dignity and described how they encouraged people they cared for to do what they could do for themselves in order to promote independence.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed many positive interactions between people and staff during the inspection. The language used by staff to describe people they cared for when speaking with each other and us, was respectful, promoted people's human rights and showed people were valued.
- People told us that they had formed meaningful and caring relationships with staff. During our inspection we witnessed staff being kind and compassionate towards the people they supported and showed they had formed a strong relationship with people and knew them well.
- The diverse needs of people using the service were met. This included individual needs that related to disability, age and gender. Staff demonstrated through talking with us that they understood people's diverse needs and respected equality.

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes. One person we spoke with going down to the local shops later today with a carer on the mobility scooter".
- Relatives we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative said, "Absolutely, we feel involved".

- Where appropriate care plans were completed with people to ensure they reflected people's wishes.

# Is the service well-led?

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