

Prestige Care (HM) Limited

Merlin Manor Care Centre

Inspection report

Merlin Manor Care Centre
Merlin Way
Hartlepool
TS26 0BF

Date of inspection visit:
21 June 2023
27 June 2023
30 June 2023
07 July 2023

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31 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Merlin Manor Care Centre is a residential care home providing personal and nursing care for up to 94 people. The service supports older people, those with physical disabilities or sensory impairments and people living with a dementia. People are accommodated in one specifically built building. At the time of our inspection 65 people were using the service.

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

Fire risk was not safely managed at the service. Systems were not in place to ensure safe staffing levels. People had not always been safeguarded from abuse as unwitnessed incidents were occurring. Governance systems were not always effective at managing risk.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Effective infection prevention and control systems were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. Staff were supported with regular training, supervision and appraisal. The building was adapted for people's comfort and convenience. The service worked effectively with a range of external professionals to promote people's health and wellbeing.

Staff were caring and kind. People and relatives spoke positively about the support people received. People were treated with dignity and respect.

People received personalised care based on their needs and choices. In some cases records did not reflect this, and action was being taken to address this. People were supported to communicate and access the information they needed. A range of activities that people enjoyed were on offer. Systems were in place to investigate and respond to complaints. The complaints policy was made available in communal areas and people and relatives knew how to use it.

We received positive feedback on the leadership of the manager. Feedback was sought from people and relatives, and was acted on. The service worked in effective partnership with others to ensure people received the care and support they wanted.

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

Rating at last inspection

This service was registered with us on 27 July 2022 and this is the first inspection.

Why we inspected

We inspected this service to give it a rating.

Enforcement and Recommendations

We have identified breaches in relation to fire safety, staffing and governance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Merlin Manor Care Centre

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

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Merlin Manor Care Centre 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. Merlin Manor Care Centre is a care home with 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 not a registered manager in post. A new manager had been appointed to the service in the week before we inspected.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the service was registered with CQC. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 5 relatives about their experience of the care provided. We spoke with 18 members of staff including the manager, the nominated individual and care and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records and medicine administration records. We looked at 3 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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had failed to ensure identified fire risks at the service were addressed. These included safety issues arising out of how the building was used. An action plan was put in place to address these during our inspection.
- Systems were not always in place to effectively review and address risk. For example, the provider's fire risk assessment was carried out before the building was occupied by people and had not been reviewed when they moved in. During our inspection the provider arranged for a new fire risk assessment to be carried out.

Systems had not been established to ensure the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks arising out of people's health and medical support needs were assessed and effectively monitored. Care records contained information on the risks people faced and how they could be safely managed.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Effective systems were not in place to ensure safe staffing levels. People's support needs were regularly reviewed, but this was not effectively used to plan staffing levels. The provider told us the service was fully staffed but additional staff were being recruited to increase staffing levels. One member of staff told us, "Although by the dependency tool we are on correct levels of staff the actual needs of the unit are much higher."
- During the inspection we saw staff working very hard and being pulled between different tasks. In some cases this led to delays in people receiving the support they needed. For example, one person became distressed and asked if they could sit with the inspector as there were no staff around to help them.
- Relatives and staff told us there were not enough staff at the service. One member of staff told us, "Working like this I feel as though I can't always meet the needs of residents and that they are not getting the care they need, which is sad." A relative told us, "I don't feel there are enough carers to look after people."
- People had not always been safeguarded from abuse or lessons learnt as unwitnessed incidents were occurring. External professionals and staff raised concerns that this was linked to staffing levels. One member of staff said, "The needs of some residents requires 2 carers for a long period of time and if a senior or nurse is carrying out a medication round at this time it leaves the floor unoccupied by staff to keep an eye on things which has led to incidents occurring."

Systems had not been established to ensure sufficient numbers of staff were deployed. This placed people at risk of harm. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included reviewing employment histories and Disclosure and Barring Service checks.

Using medicines safely

- Medicines were managed safely. People received their medicines when needed to help promote their health and wellbeing.
- Medicines were safely and securely stored. Clear records of medicine use were kept, including Medicine Administration Records.

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.
- Systems were in place to support safe visiting to the service and no unnecessary restrictions were in place.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and reviewed on an ongoing basis. This helped ensure they received effective support. One relative spoke positively about their experiences of the service, saying, "They are attentive to [named person's] needs."

Staff support: induction, training, skills and experience

- Newly recruited staff were required to complete induction training on joining the service. This included meeting the people who lived there and learning about policies and procedures.
- Staff received ongoing training to ensure they had the knowledge and skills needed for their roles. Some training was overdue, but the provider had plans in place to address this. One member of staff said, "They do provide a lot of training and constantly make sure that everyone is up to scratch."
- Supervisions and appraisals were held to provide ongoing support to staff. Records showed that these meetings were used to discuss both professional development and staff welfare.

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

- People were effectively supported with eating and drinking. Where people required specialised diets we saw these were provided. In some cases people's dietary preferences had not been recorded in their care records. We spoke with the manager about this, who said action would be immediately taken.
- Most people and relatives we spoke with were positive about the food on offer at the service. One person told us, "The food is alright and I can't complain about it." A relative said, "The food looks fine and [named person] enjoys it." Some people and relatives said the menu did not always reflect their preferences or choices. We spoke with the nominated individual and manager, who had a meeting with kitchen staff on changes to the menu.

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

- The service worked effectively with external professionals to promote people's health and wellbeing. During the inspection we saw staff engaging with a range of such professionals to seek advice on people's care and support.

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

- The premises were designed to meet people's needs. People's rooms were spacious and they had access to a number of communal areas where they could spend time socialising. One person told us how they had initially been unsettled moving into the service but that their family had been able to customise their room

to help them settle in.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS were applied for and monitored where needed. For one person we saw that a condition of their authorisation had not been complied with. We discussed this with the nominated individual and manager who said action would be immediately taken to address this.
- People were asked to consent to their care. Where people lacked capacity to do so best interest decisions were made on their behalf involving relatives and external professionals involved in their care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 spoke positively about the care they received. One person told us, "It's nice here and I am happy. The carers are very nice."
- Relatives said people were well treated and supported by kind and caring staff. One relative said, "I can't fault the carers, they are lovely."
- During the inspection we saw numerous examples of people receiving caring support from staff who clearly knew them well. For example, we saw a person laughing and joking and staff before telling us, "This is a caring place."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. This included staff being friendly but professional when supporting people and respecting their personal boundaries. A relative told us, "The carers are lovely, very professional."
- People were encouraged to maintain their independence by doing as much as possible for themselves. One relative told us how staff had encouraged one person to do more and more themselves to the point where they had been able to take over managing some of their personal care previously done by staff.

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

- People were supported to express their views and make decisions about their care. One person told us, "There is always someone around to help and they ask what you need." A relative said, "[Named person] is fully able to make her own choices and decisions."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People received personalised care based on their needs and choices. One person said, "They look after us well." A relative told us, "Staff are absolutely great with [named person]."
- Care plans were generally personalised and reflected the support people wanted and needed. In some cases we saw records were missing information on the care people wanted. We spoke with the manager and nominated individual, who said these would be reviewed.
- Effective systems were in place to ensure staff were updated on any changes to people's choices or needs. One member of staff said, "The staff on the floor look after each other and we look after the residents so well."
- Staff knew the people they supported well and used this knowledge to give them personalised care. A relative said, "Carers are good, they notice differences in [named person] and will react accordingly."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate and access the information they needed. For example, easy read versions of menus and surveys were used to ensure people could access these.

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

- People were supported to avoid social isolation by maintaining and creating relationships. During the inspection we saw people laughing, joking and socialising together. One person said, "It is lovely here... I like sitting here with people." A relative told us about one person who was socialising more now that they were living at the service.
- People took part in activities they enjoyed, within and outside of the service. A relative said, "[Named person] gets to go to the pub for coffee, there is karaoke and I know he loves to sing."

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. The complaints policy was made available in communal areas and people and relatives knew how to use it.

End of life care and support

- Nobody was receiving end of life care when we inspected, but systems were in place to provide this should it be needed.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were not always effective at managing risk at the service. Checks carried out had not always identified or addressed issues with fire safety or staffing at the service.
- There had been a number of managers at the service since it was registered with CQC in 2022. This had impacted on management audits and quality checks. For example, manager monthly audits had not always been carried out. This meant issues at the service had not always been identified or addressed.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A new manager had been appointed to the service shortly before our inspection. We received positive feedback on the impact they were already having in the role in developing a positive culture. One member of staff said, "The new manager I believe will bring the stability to the service it needs. She will also bring her knowledge and experience as a manager to make the home a more safe and well run home."
- People and relatives were aware of manager turnover and also spoke positively about the new leadership team. One relative said, "The manager seems to have an open door policy and she talks to us."
- The provider and manager understood the duty of candour and had open communication when things went wrong. An external professional told us, "The service is transparent."

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

- Feedback was sought from people and relatives, and was acted on. For example, a survey had been carried out and people had submitted feedback on activities. Action was taken as a result of the feedback.
- Staff were engaged for their views on the service. One member of staff told us, "Regular staff meetings are held where you are able to voice any issues or raise any suggestions you think would make the service better."

Continuous learning and improving care ; Working in partnership with others

- The service worked in effective partnership with others to ensure people received the care and support they wanted. Appropriate referrals were made and input sought from external professionals.
- The provider, management and staff were committed to the ongoing improvement of the service. This included seeking ongoing advice and support from other professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to ensure the premises were safe to use for their intended purpose and were used in a safe way. Regulation 12(1).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Regulation 17(2)(a) and (b).
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Effective systems had not been established to ensure sufficient numbers of staff were deployed. This placed people at risk of harm. Regulation 18(1).