

# Institute of Our Lady of Mercy

# Mercy Care Centre

## 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

Mercy Care Centre is a residential care home providing personal care to up to 50 people. The service provides support to younger and older adults, people with sensory or physical impairment, mental health diagnosis and dementia. Mercy Care Centre accommodates people over 2 floors. On the ground floor is Mount Carmel that provides residential care to people. Beaumont House supports people with dementia and is provided on the ground floor and first floor. At the time of our inspection there were 47 people in total using the service.

Mercy Care Centre also has an on-site extra care facility of 18 flats, known as Kinsale Court. The support provided to people at Kinsale Court, is managed by independent care providers that are employed directly by people living in the flats. Therefore, we did not include the extra care facility in the inspection. However, the provider remains registered to provide this facility and we advised them to remove this from their registration if it is no longer required.

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

People were protected from the risk of harm as staff knew the procedure to follow to report concerns. Assessments were completed and followed as staff had guidance to support people safely and records were up to date and completed. The home was cleaned to a good standard and well maintained and free from environmental risks. Medicines were managed safely, and people received their medicines as prescribed. Staff were recruited safely, and there was enough staff deployed at the service to ensure people's needs were met.

People were supported by trained staff. Where needed, people were supported to eat and drink. Where people were at risk of malnutrition and dehydration this was monitored, and referrals made to the relevant healthcare professionals. People were supported to access health care services.

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's equality and diversity was fully respected. People were supported by kind and compassionate staff who understood what was important to them. People told us staff treated them with kindness and respect. People were encouraged and supported to express their views.

People received personalised support tailored to meet their needs and preferences. People were supported to choose and engage in activities of their preference. Complaints were used to improve people's experience of care and support. People were supported in a sensitive way to share their wishes in regard to end of life care and support.

People, relatives, and staff were encouraged to feedback into the running of the service. The provider and registered manager worked alongside partner agencies to enhance the support provided to people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# Mercy 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

The inspection was carried out by 2 inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mercy Care Centre is a 'care home' without nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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. 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 of this information to plan our inspection.

#### During the inspection

Inspection activity started on 13 September 2023 and ended on 22 September 2023. We visited the service location on 13 September 2023.

We spoke with 17 people who used the service and 10 members of staff including 2 deputy managers, 4 care assistants, the cook, 2 member of housekeeping and the maintenance person. The registered manager was not on duty on the day of the inspection.

We completed observations of care in communal areas. We reviewed a range of records including 5 people's care records, food and fluid charts and other monitoring records. We also reviewed a range of medication administration records, 4 staff recruitment files and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training records and a variety of audits.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected by trained staff that understood how to safeguard them. Staff confirmed and records demonstrated they had received training about how to protect people from abuse. Staff understood the signs to look for and who to report to, both internally and externally if needed.
- People told us they felt safe at the service. One person told us, "I feel safe here". Another person said, "If I was worried about anything I would talk to staff."

Assessing risk, safety monitoring and management

- Assessments of needs were comprehensive. Expected outcomes were identified and care and support were regularly reviewed and updated
- People were protected from risk. Information regarding assessed risks were up to date and accurate. Referrals were made to external health professionals as needed to manage people's assessed risk.
- People were supported to maintain good skin integrity, as guidance was in place to support staff. People's skin condition was monitored on an ongoing basis.

Staffing and recruitment

- There were enough staff employed to support people. Staff were available throughout the day in communal areas and supported people promptly when needed. One person told us, "Staff look after us quite well." A member of staff said, "Staffing levels are fantastic. Very good ratio of staff, enough to enrich people's lives."
- The provider followed safe recruitment practices. Pre-employment checks had been made before staff worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by trained staff to take their medicines safely. Processes were in place for the timely ordering and supply of medicines.
- A sample of medicine administration records (MAR) were checked against the medicines in stock and corresponded. This indicated medicines were administered as prescribed.
- People were given time to take their medicine and this was done in their preferred way.
- Records were in place for controlled drugs and for medicines requiring refrigeration and demonstrated the correct checks were undertaken as required.

Preventing and controlling infection including the cleanliness of premise

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting people to receive visits in line with current government guidance.

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. A reflective account of all incidents was undertaken with the staff member involved. This enabled the staff involved to review the incident and reflect on what could have been done differently and what will be done differently in the future. □
- Agreed improvements were monitored, to ensure they were maintained, and any future actions required were implemented swiftly.



# 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 our last inspection we rated this key question good. The rating for this key question has remained 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 holistic needs were done prior to them moving into the service. People confirmed they were involved in this process.
- Nationally recognised tools were used to monitor people's health and wellbeing. This included the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk. These were used consistently to ensure people's needs were met.

Staff support, training, skills and experience

- New staff completed an induction and worked with experienced staff to understand and gain knowledge about the job role.
- Staff confirmed they were provided with supervision to monitor their performance and enable them to professionally develop. One member of staff told us, "My induction was amazing, it was done over 4 weeks."
- People were supported by trained staff and records showed they received the training they needed to meet people's needs. One member of staff told us, "All of the training is incredible." This staff member told us that they had recently achieved a vocational qualification and said the provider had been very supportive in providing study time for them.

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

- People at risk of malnutrition and dehydration were monitored and encouraged to eat and drink. Food and fluid records were in place for those identified at risk of malnutrition, or dehydration and referrals to the appropriate health care professionals were made when needed.
- Food and fluid charts demonstrated that people had been offered enough to eat or drink on a regular basis. We observed people being encouraged and supported with drinks and snacks throughout the day.
- People told us they enjoyed the meals provided and we saw they were consulted about their preferences. One person told us, "The meals are lovely, and we always get a choice." Another said, "Meals are very good and there is variety in the menu."
- The cook had a good understanding of people's dietary needs and preferences. We observed the cook at the lunch time meal and saw they had a good rapport with people.

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

- Systems in place supported staff to provide consistent care. Records were in place to monitor people's health and well-being and enable the management team to follow up on any concerns.
- Staff worked with a range of visiting healthcare professionals.

- Staff confirmed and we saw that staff had the relevant information to help support people's health and wellbeing.

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

- There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- All areas were maintained and decorated to a high standard, in a way that people had asked for, and took into account people's cultural needs for how the space was used.
- Rooms were personalised, and communal areas included spaces available to relax, such as a sensory room, a music room, prayer rooms, a pub, reading corners, an activities room, a hair salon and pamper room. There was also a secure garden area with seating and a pathway to enable people to walk around the garden safely.

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

- We received positive feedback from people and relatives regarding access to healthcare provision. One person told us, "We have regular visits from district nurses and GP. On bank holiday Monday I wasn't well and [staff member] rang 111. After helping me to answer the questions on the telephone [staff member] went to collect a prescription from the pharmacist."
- People were supported to access health care professionals such as chiropodists, opticians, and dentists. Everyone was registered with a local GP and had access to support from their surgery as needed.
- We saw people were supported to access vaccines to protect them from illness. Referrals were also made promptly as needed to healthcare professionals to support people in maintaining good health.

#### 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.

- Staff had received training in the MCA and understood the principles of the act. Staff understood the support people needed to make decisions about their care, and this was reflected in their care plans.
- People were supported to make their own decisions and helped to do so when needed.
- The provider had applied for DoLS where required.

# 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 good. The rating for this key question has remained 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 told us they liked the staff. One person said, "Staff are very helpful". Another person said, "The staff are very nice and helpful."
- Overall people were supported by staff who knew them well and understood their preferred routines and preferences. The provider was using some agency staff at night whilst recruiting additional staff. Two of the 17 people we spoke with told us they felt the agency staff were not as attentive to them as regular staff. They confirmed they felt safe with these staff, but preferred staff directly employed by the provider, as they felt they were more caring. We fed this information back to the provider to enable them to discuss this further with people using the service.

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

- People confirmed they were involved in reviews of their care package and asked for their opinions on the quality of care they received. One person told us, "There is an annual review of my care plan, and we discuss anything that needs to be changed."
- We saw staff explained what they were doing when they supported people. For example, with meals or activities and this support was provided at the person's own pace.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy and dignity was respected by staff. Several people told us they were able to independently wash, and dress and that staff respected this and only supported them when needed.
- People were supported to maintain their independence. We observed a member of staff discussing with a person who had capacity, the health and safety implications of not wearing any footwear. The staff member provided clear information to enable the person to make an informed decision.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care; 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 received personalised care and support tailored to their needs and preferences.
- Care plans were reviewed regularly with people, or as their needs changed.
- Opportunities were available for people to participate in activities on a daily basis. We observed a variety of activities. This included the homes own dementia choir, who were practicing on the day of inspection.
- People were encouraged to participate in the many activities available. However, this was a personal choice and we saw some people preferred not to participate in communal activities.
- People were supported to practice their chosen religion/ faith and 2 chapels, and a prayer room were available for people to use. One person told us, "We are allowed to go to mass, but we are not given enough notice. There used to be a weekly printed planner which was changed to monthly. Things change and we are not notified." We fed this back to the registered manager to address.

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.

- The provider complied with the Accessible Information Standard. We saw that information was available in an accessible format to support people's understanding. For example, signage was in place around the home to enable people to orientate themselves when needed.

Improving care quality in response to complaints or concerns

- People told us if they had any complaints they would tell the registered manager or their relative.
- A procedure was in place to manage complaints and information was available on how to make a complaint.
- We saw complaints were addressed following the provider's complaints policy and managed appropriately.

End of life care and support

- The provider was not supporting anyone with end-of-life care at the time of this inspection. The registered manager and staff team knew who to involve at this important time of people's lives, such as palliative care

teams and GP's.

- Information regarding people's wishes and preferences on where they preferred to be cared for, and their religious and faith needs were recorded in their care plan.
- We saw some information was recorded regarding if people had a ReSPECT form in place. This is a Recommended Summary Plan for Emergency Care and Treatment and provides a summary of a person's clinical care wishes in a future emergency.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The service was well-led. The registered manager and staff team understood the key risks and priorities for the service. This enabled them to support people to achieve good outcomes.
- People using the service told us they were happy living at the home. One person said, "The staff are lovely; nothing is too much trouble. A member of staff bought in some lavender from her garden to make lavender bags and lavender oil with us."
- Staff were positive about working at Mercy Care Centre. Feedback from staff about the service and management was positive. Comments included "The management leadership is really strong. We have a fantastic manager, and the deputy managers are great. The home is run very effectively." And "I think the heart of the institute and passion for life drives the quality of care in this home." And "Mercy ethics are the soul of this place."

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 provider and registered manager was aware of, and there were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager understood their role. The management team completed statutory notifications regarding incidents such as safeguarding concerns to CQC and other agencies. This meant external oversight and monitoring was maintained.
- Staff were clear about their roles and responsibilities and felt listened to, valued, and supported.
- Systems were in place to provide oversight of the service. Weekly and monthly audits were carried out. This included people's care records, infection control, accidents and incidents and medicines management.

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

- People and their relatives had opportunities to provide feedback. We saw regular meetings were held with people using the service to gather their views and opinions.

- The management team shared their knowledge with staff through staff meetings, supervisions, handovers, and communications.

#### Continuous learning and improving care

- The registered manager had a positive attitude towards learning and making improvements to achieve good outcomes for people.
- Learning was encouraged and supported. Staff were given champion roles, with responsibility for aspects of care including, falls, nutrition and hydration. Staff were also given responsibility for specific rooms, such as the sensory room, music room or the pub to encourage people to use these facilities.
- Continuous monitoring through audits and involving people using the service, staff and other professionals, enhanced the support people received.

#### Working in partnership with others

- The provider, registered manager and staff team worked in partnership with health and social care professionals to achieve good outcomes for people. One visiting professional told us the service was proactive in getting them involved in the care of people who were at increased risk of developing pressure sores. This ensured people had the right care and equipment in place to support them safely.