Children's

And

Joint

Commissioning

Quality Standard Framework

HARTLEPOOL BOROUGH COUNCIL

Organisation	**Prestige Group**
Home	**Merlin Manor**
Responsible Person	**Beryl Anderson**
Date of Report	**01.03.2023**
Contracts and Quality Officer	**Graeme Martin**

Overview of Home

Merlin Manor is a purpose built care home which opened in July 2022. The home provides residential and nursing care for up to 94 residents making it the largest care home in Hartlepool. Since opening, occupancy has steadily increased and the home continues to recruit new staff to ensure the service can operate safely.
The care home utilises an electronic care plan system which staff are able to update from portable devices. The system is simple to navigate and all staff receive training on how to operate it before starting.
As the service is still relatively new, it is not possible to say definitively that care plans are robust and more time is needed to show that all plans are accurate and updated in a timely manner. From care plans that were reviewed towards the end of 2022, no major issues were identified and management were responsive to feedback.

Summary of Outcomes

The home has achieved Grade 1 status.

Summary of Outcomes

Name of Home-Merlin Manor

Date of Report - 01-Mar-2023

	Determination
Person Centred Care	
1 - Assessment & Review	Fully Met
2 - MCA & Consent	Fully Met
3 - DoIS	Fully Met
4 - Nutrition & Hydration	Fully Met
5 - Promoting Dignity, Autonomy & Choice	Substantially Met
Safe Care and Treatment	
6 - Safeguarding/Understanding Safeguarding	Fully Met
7 - Medication	Fully Met
8 - Infection Control	Fully Met
9 - Premises & Equipment	Fully Met
10 - Health & Safety	
11 - Moving & Handling	Substantially Met
Governance	
12 - Leadership & Management	Fully Met
13 - Staffing, Recruitment, Support & Learning	Substantially Met
14 - Quality Assurance	Substantially Met
15 - Complaints	Fully Met

Person Centred Care

1 - Assessment & Review

Determination - Fully Met

All people receiving the service have an electronic care plan that is monitored, periodically evaluated and reviews are recorded to ensure the information is up to date and accurate.

People's physical, mental health and social needs are holistically assessed, and their care, treatment and support is delivered in line with legislation, standards and guidance, to achieve effective outcomes.

While the service is still relatively new, as occupancy levels have steadily began to increase people's care records were generally found to be accurate, complete, up-to-date, securely stored and available to relevant staff so that they support people to stay safe.

Technology and equipment is used to enhance the delivery of care and support, and to promote people's independence.

Staff work together to ensure that people receive consistent, timely, coordinated, person-centred care.

People's day-to-day health and wellbeing needs are met.

The service ensures that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes.

People are generally involved in regularly monitoring their health but continued development is required in this area to show that this practice is embedded into the day to day culture of the service, particularly as occupancy levels continue to increase.

People can access care, support and treatment in a timely way and referrals are made quickly to appropriate health services when people's needs change.

People generally contribute to planning their care and support, with their strengths, levels of independence and quality of life taken into account but continued development is required in this area to show that the process is robust.

People's care plans reflects their physical, mental, emotional and social needs and incorporate their personal history, individual preferences, interests and aspirations. Care plans are understood by staff so people have as much choice and control as possible.

The service identifies and meets the information and communication needs of people with a disability or sensory loss. Information is recorded, highlighted and shared with others when required with the consent of the person.

The service shares appropriate information and assessments with other relevant agencies for the benefit of people who use the service.

People's preferences and choices for their end of life care are recorded, reviewed and communicated and acted on where possible.

People, and their family, friends and other carers are generally involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005.

People are reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals.

The service ensures that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required ensures that people have rapid access to support, equipment and medicines.

The service supports people's families, other people using the service and staff when someone dies.

There are arrangements for ensuring that the body of a person who has died is cared for in a culturally sensitive and dignified way.

The Home has demonstrated achievement of this outcome.

2 - MCA & Consent

Determination - Fully Met

Staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support and staff help people to get this support. However, a formal process to record when people have been visited, particularly those with RPR's, would make this process more robust.

The service provides information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice about their care, treatment and support.

Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance.

People are supported and are given the information and explanations they need to make their own decisions in line with relevant legislation and guidance.

Decisions around a person's possible lack of mental capacity are assessed and recorded.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance.

When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.

There are arrangements for people to be involved in decisions about managing risks appropriately including positive risk taking.

Risk management policies and procedures are in place to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity.

Staff are trained to understand, prevent and manage people's behaviour that challenges whilst ensuring the individual is supported appropriately.

The Home has demonstrated achievement of this outcome.

3 - DoIS

Determination - Fully Met

The service promotes supportive practice that avoids the need for physical restraint, however where physical restraint is necessary, the service ensures that it is used in a safe, proportionate, and monitored way as part of a person-centred support plan.

Staff recognise when people who lack mental capacity, are being deprived of their liberty and they seek authorisation to do so when considered necessary and proportionate.

All staff are trained to understand the difference between lawful and unlawful restraint practices. Action is taken to minimise the use of restraint.

There is no formal system of monitoring in place to ensure the person's representative maintains regular contact with the person but the service would act if necessary. This task will become difficult when the service reaches full capacity and it is recommended that a robust system is introduced.

The service has a system to monitor DoLS authorisations and their review dates and this is maintained. Care plans contain the most up to date Conditions attached to deprivation of liberty safeguards (DoLS) authorisations.

Management has oversight on the process to ensure where a restriction may actually amount to a deprivation of liberty.

The Home has demonstrated achievement of this outcome.

Outcome 4 - Nutrition & Hydration

Determination - Fully Met

People are involved in decisions about what they eat and drink and their cultural and religious preferences are recorded, reviewed and acted upon.

People have access to dietary and nutritional specialists to help meet their assessed needs if required. There are sufficient quantities of food and drink at mealtimes in line with people's preferences.

Risks to people with complex needs or who lack capacity are identified and managed in relation to their eating and drinking.

All relevant staff have completed food hygiene training and the correct procedures are in place and followed wherever food is prepared and stored.

People have accurate nutrition and hydration assessments for eating and drinking which are carried out by knowledgeable staff.

Where people require support with eating, encouragement and prompting is done in a compassionate way that maximises people's independence and maintains their dignity. People do not feel rushed at mealtimes.

The service is aware of specialist diets, allergies, choking risks and lifestyle choices, and these are recorded, kept up to date and shared as appropriate.

People have access to specialist equipment in a timely manner to meet their assessed need.

Drinks are offered throughout the day and when required people's intake is monitored to ensure their assessed needs are being met. Snacks are offered outside of mealtimes and are available any time of day upon request.

People can choose the location of where they eat including the dining room, their own room or communal areas and are supported to do so.

People are offered a choice of food and drink and this is served at an appropriate temperature.

The Home has demonstrated achievement of this outcome.

5 - Promoting Dignity, Autonomy & Choice

Determination - Substantially Met

People are treated with kindness, respectfulness and compassion in their day-to-day care and are supported by staff who act in their best interests.

The service makes sure that people, and those close to them, feel like they matter, and that staff listen to them and talk to them appropriately and in a way they can understand.

People are sometimes encouraged to participate in developing the service, but further development is required in this area to show that the process is robust, including: • deciding how they choose to spend their day • planning activities and outings • decisions around personal care and how and when help is provided • devising menus and the timing and place of meals, and • people are consulted when alterations to their living space is planned.

Staff seek accessible ways to communicate with people (when their protected and other characteristics under the Equality Act make this necessary) to reduce or remove barriers.

Staff know the people they are caring for and supporting, including their preferences, personal histories and backgrounds.

Staff show concern for people’s wellbeing in a caring and meaningful way and respond to their needs in a timely manner.

Staff make sure that people's privacy and dignity needs are understood and respected including during personal care.

People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.

People's relatives and friends are made to feel welcome and are able to visit without being unnecessarily restricted. Further development is required to encourage relatives and friends to provide feedback on the service.

Processes are in place to ensure there is no discrimination when making care and support decisions.

Since opening, there has been no real evidence that people are encouraged to follow their interests or given the opportunity to participate in activities including in the wider community. However, a new Activity Co-ordinator was appointed towards the end of 2022 and it is expected that this appointment will drive improvement in this area.

The service ensures that people are encouraged and supported to develop and maintain relationships with people that matter to them.

The service does not have a nominated Dementia lead(s) to oversee and continually drive standards in dementia care. This is something that the manager is aware of and plans are in place to address this.

The Home has not demonstrated achievement of this outcome.

During observations it was noted that there was a lack of meaningful activities taking place, including opportunities to access the wider community. A dedicated Activity Co-Ordinator is in post it is expected that improvement will be made in this area during the next period of review. It was also noted that on occasion there were concerns from some family members about the quality of food on offer.

People are not always supported to participate in meaningful activities.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

Safe Care & Treatment

Outcome 6 - Safeguarding/Understanding Safeguarding

Determination - Fully Met

Safeguarding systems, processes and practices are in place, staff are aware and any updates are communicated to staff.

Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect. Staff can recognise signs of potential abuse and know what to do when abuse is suspected.

Processes are in place to ensure people are protected from discrimination, harassment and abuse, in line with the Equality Act.

People are supported to understand what safeguarding means, and they are encouraged to raise any concerns. If people are subject to a safeguarding investigation, they are supported during this process.

Staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

There are processes for reviewing and investigating safeguarding incidents when incidents occur.

Safeguarding investigations, reviews and audits ensure lessons can be learned to improve how care, treatment and support is delivered.

The Home has demonstrated achievement of this outcome.

Outcome 7 - Medication

Determination - Fully Met

The medication outcome has been assessed by the Medicines Optimisation Service further information can be found in the Assessment Report dated 09-Jan-2023 appended to this report.

Areas have been identified for improvement and the home are working towards an action plan.

The Home has demonstrated achievement of this outcome.

Outcome 8 - Cleanliness and infection control

Determination - Fully Met

There are suitable arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections and a range of risk assessments are in place and updated regularly.

Staff understand their roles and responsibilities in relation to infection control and hygiene.

Policies and procedures are maintained and followed in line with current relevant national guidance.

The service ensures that it alerts the right external agencies (e.g. HBC, visitors, professionals) to concerns around infections that affect people's health and wellbeing.

The home has a full domestic schedule in place.

There is a system in place to manage the occupational health needs and obligations of staff in relation to infection.

The Home has demonstrated achievement of this outcome.

Outcome 9 - Premises & Equipment

Determination - Fully Met

Technology is used to support people to receive timely care and support and is easy to use.

Regular health and safety checks of bedrooms and communal areas ensure that people are supported to stay safe. Any issues identified are resolved in a timely manner.

When things go wrong, lessons are learned, themes are identified, but further evidence is required to show that this process is robust and that action is taken as a result of reviews and investigations.

Further evidence is required to show that action is taken to improve safety across relevant parts of the service.

The service has arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. Information is shared to staff when appropriate.

People are generally involved in decisions about the environment but continued development is required in this area during the next period of review.

People have access to appropriate spaces: • in gardens and other outdoor spaces• to see and look after their visitors • to spend time together • to be alone.

Decoration and other adaptations to the premises help to meet people's needs and promote their independence. The service needs to continue ensure the environment is appropriate for all residents including appropriate signage for people living with a dementia.

Staff with responsibility for maintaining equipment are appropriately trained to ensure it is fit for purpose.

The service maintains and follows policies and procedures in line with current relevant national guidance.

The Home has demonstrated achievement of this outcome.

Outcome 10 - Health & Safety

Due to unforeseen circumstances it has not been possible to fully complete the Health & Safety Assessments for inclusion in this report. The home has therefore been awarded a notional 30 points which is the maximum points available for health & safety. The Council will continue to progress the assessments outside of the QSF reporting process.

Outcome 11 - Moving & Handling

Determination - Substantially Met

The service sees that moving and handling of people is undertaken in a safe way including: (a) A Moving and Handling Policy is in place. (b) All people who use the service are assessed in relation to their mobility and there is detailed task guidance in the support plan. (c) Services using specialist equipment include an OT assessment. (d) Risk assessments are appropriate. (e) Moving and handling training is provided by a competent trainer.

However, some staff have not had recent moving & handling training but the manger is aware of this and plans have been put in place to see that any training necessary is provided.

Moving and Handling risk assessments are robust and reviewed regularly.

Professional instruction is outlined in people's support plans. It is detailed, accurate, reviewed and followed by staff.

People are encouraged to assist, where safe to do so, in their own transfers.

When support is being given to move people, reassurance is given in a compassionate manner by staff.

The majority of staff have skills, competencies, qualifications, experience and knowledge, to meet people's individual needs. Some staff require formal training in moving & handling and the service is currently working towards this.

Equipment is checked, maintained and serviced to ensure it is safe for staff and people to use.

Moving and handling equipment is used in accordance with manufacturer's instructions.

There has been no near misses or accidents whilst hoisting in the last 12 months.

The Home has not demonstrated achievement of this outcome.

Some staff require Moving & Handling training.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

Governance

Outcome 12 - Leadership & Management

Determination - Fully Met

There are arrangements, including within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs and personal preferences are accounted for where possible.

Managers are aware of the day-to-day culture in the service including the attitudes, values and behaviour of staff.

The service promotes and supports fairness, transparency and an open culture for staff.

The manager makes sure that staff are supported, respected and valued. Their rights and wellbeing are protected and they are motivated, and caring.

The service shows honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using the service and their families in line with the duty of candour. The service ensures people are supported when incidents occur.

Leaders have the skills, knowledge, experience and integrity they need to lead effectively, both when they are appointed and on an ongoing basis.

The service has a clear vision and a set of values and leaders make sure these are promoted and understood by staff and embedded into practice.

The leadership is visible and capable at all levels and inspires staff to provide a quality service.

Managers and staff have a shared understanding of the key challenges, achievements, concerns and risks.

The organisation promotes equality and inclusion within its workforce and all staff have up to date equality and diversity training.

A manager is in post but they have not yet completed the CQC registration process.

The registered manager understands their responsibilities and are supported by the regional manager and the provider to deliver what is required.

All relevant legal requirements are understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications. Managers understand recommendations made by CQC, keep up-to-date with relevant changes and communicate them to staff.

Staff are actively involved in developing the service. They are encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice.

As the service is still relatively new, links to the community are not yet established and further development in this area is required.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care and does so in an open, honest and transparent way.

The service gives staff the time, training and support they need to provide care and support in a compassionate and personal way. Staff have time to listen to people, answer their questions, provide information and involve people in decisions.

The service has clear disciplinary procedures which are followed when it identifies that staff are responsible for unsafe practice.

The Home has demonstrated achievement of this outcome.

Outcome 13 - Staffing, Recruitment, Support & Learning

Determination - Substantially Met

All staff have received appropriate induction upon commencement of employment.

Staff generally receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take. This will be further reinforced once a full programme of supervision and appraisal is embedded within the service.

The service makes sure that responsibility and accountability is understood at all levels which promotes the delivery of high-quality, person-centred care.

There are clear and transparent processes for staff to account for their decisions, actions, behaviours and performance.

Staff are supported and protected when raising concerns and questioning practice including whistle-blowers.

Safety is promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures and observations.

Staff receive effective training in safety systems, processes and practices and this is reviewed regularly.

Staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress.

People have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.

Staff are supported to keep their professional practice and knowledge updated in line with best practice.

Supervision and appraisals have been infrequent and some gaps in staff training were identified.

Staff teams work collaboratively, share responsibility and resolve conflict quickly and constructively. There are cooperative, supportive and appreciative relationships among staff.

There are effective systems of communication to ensure information is shared timely and appropriately so staff can carry out their roles and responsibilities effectively.

The Home has not demonstrated achievement of this outcome.

Since the service opened staff supervisions have been infrequent.

Support to staff is not always effective.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

Outcome 14 - Quality Assurance

Determination - Substantially Met

The service maintains a log of whistleblowing, staff concerns, safeguarding and accidents or incidents and investigates each incident thoroughly. Plans are developed and monitored to ensure actions are completed.

Because the service is relatively new there has not been enough evidence to show that when incidents occur they are analysed to look for common themes and trends to ensure lessons are learned. There are process in place but further evidence is needed to show how these work in practice.

The service has detailed governance arrangements in place but further evidence is required to show that lessons learned from incidents are shared with staff to improve service delivery and prevent reoccurrence.

The service has a number of tools in place to ensure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality. However, as the service is new, not enough evidence was evident to show that these arrangements are robust and embedded into the day to day culture of the service.

The service enables and encourage accessible open communication with all people who use the service including their family, friends, staff and representatives. Residents / family meetings as well as staff meetings need to continue during the next period of review.

Some meetings have taken place with residents and staff to get their view and experiences, but further evidence is required during the next period of review to show that their views are acted on to shape and improve the services and culture.

Resources and support is available to develop staff and teams and drive improvement, examples of these were provided by the manager.

The service has a number of Quality assurance systems to enable evaluation to take place and to learn from current performance. However, further evidence is required to show how this drives continuous improvement.

Further evidence is required to show how success and innovation is recognised, encouraged and implemented.

Further evidence is required to show how Information from incidents, investigations and compliments are evaluated and that lessons are learned and changes are made if required.

The service ensures that the delivery of care, treatment and support is in line with current local and national guidance.

Information technology systems are used to help effectively monitor and improve the quality of care.

The provider is accredited as standards are met or approaching standards in the DPST Toolkit.

The Home has not demonstrated achievement of this outcome

A number of governance tools are in place but more evidence is required to show that these tools are routinely used to enable the service to effectively monitor quality.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

Outcome 15 - Complaints

Determination - Fully Met

People who use the service are provided with information on how to make a complaint or raise concerns and this is regularly promoted.

The complaints process is accessible, is easy for people to raise a concern or complaint and is encouraged.

There is a formal log of complaints which is kept up to date. Complaints are handled effectively with openness, transparency and confidentiality. The complainant receives regular updates, a timely response and an explanation of the outcome including the appeals process.

People who raise concerns or complaints are protected from discrimination, harassment or disadvantage and are supported throughout the process.

Further evidence is required to show how concerns and complaints are used as an opportunity to learn and promote continuous improvement.

The Home has demonstrated achievement of this outcome.

Date		Home	Total Points	Outcome of assessment	No. of points achieved
01 March 2023		Merlin Manor			
Person Centred Care			270		258.0
		1 - Assessment & Review	70	Fully Met	70.0
		2 - MCA & Consent	70	Fully Met	70.0
		3 - DolS	30	Fully Met	30.0
		4 - Nutrition & hydration	70	Fully Met	70.0
		5 - Promoting Dignity, Autonomy & Choice	30	Substantially Met	18.0
Safe Care and Treatment			260		248.0
		6 - Safeguarding/Understanding Safeguarding	70	Fully Met	70.0
		7 - Medication	70	Fully Met	70.0
		8 - Infection Control	30	Fully Met	30.0
		9 - Premises & Equipment	30	Fully Met	30.0
		10 - Health & Safety	30		30.0
		11 - Moving & Handling	30	Substantially Met	18.0
Governance			220		164.0
		12 - Leadership & Management	70	Fully Met	70.0
		13 - Staffing, Recruitment, Support & Learning	70	Substantially Met	42.0
		14 - Quality Assurance	70	Substantially Met	42.0
		15 - Complaints	10	Fully Met	10.0
Environmental Standards			250		250.0
Total of Overall Outcomes					
		Fully Met	11	73.3%	
		Substantially Met	4	26.7%	
		Partly Met	0	0.0%	
		Not Met	0	0.0%	
		**To be recorded	0	0.0%	
		Total	15		
Total Points		Person Centred Care	270.0		258.0
		Safe Care and Treatment	260.0		248.0
		Governance	220.0		164.0
		Environmental Standards	250.0		250.0
			1000		920
		Banding :	Grade 1		