

M Rashid

Melrose House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Melrose House is a residential care home providing accommodation and personal care to up to 34 people. The service provides support to older people and people living with dementia in one adapted building. At the time of our inspection there were 18 people using the service.

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

Although risks to people's safety and wellbeing were assessed and recorded, not all risk strategies were being followed by staff to ensure people's safety. The service had experienced recent challenges relating to staffing levels. Whilst steps had been taken to address this, the deployment of staff was not always suitable and communal lounge areas were left unsupported.

Where issues were raised relating to staff's conduct or their performance, no information was recorded to demonstrate how this was being monitored to ensure positive outcomes and lessons learned. The dining experience was not positive for all people using the service and improvements were required. Not all people using the service had had their oral healthcare needs assessed and a care plan compiled. Not all people were supported to maintain good oral healthcare.

Not all people were supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Quality assurance arrangements were in place to monitor the quality of the service provided. Whilst there was evidence available to demonstrate some improvements had been made since our last inspection to the service in June 2021, these arrangements required improvement as they had not identified the issues found during our inspection.

Staff knew how to keep people safe from harm and people told us they were safe. Medication practices ensured people received their medicines as they should. Suitable arrangements were in place to recruit staff to ensure people would be supported safely. People were protected by the registered provider's infection control practices and procedures. People received training and an induction.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement [published August 2021].

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This is the second consecutive time the service has been rated Requires Improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Melrose 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Melrose 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. Melrose 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 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

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 sought feedback from the Local Authority who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff. We also spoke with the registered manager. We reviewed 11 people's care files and three staff personnel files. We looked at the provider's arrangements for managing risk, medicines management, staff training and supervision data, complaint and compliment records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at the service's quality assurance arrangements and spoke with four people's relatives about their experience of the care provided for their family member.



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 remained 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.

At our last inspection to the service in June 2021, the provider's recruitment practices were not safe. This was a breach of Regulation 19 [Fit and proper persons] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

Staffing and recruitment

- Relatives told us it was difficult to confirm if staffing levels at Melrose House were appropriate or not as they had not been able to meet with their family member other than within the visiting pod in the garden or the back lounge which was accessed via the garden.
- The service had experienced recent challenges relating to staffing levels. This included not having a cook or sufficient domestic cover and care staff having to undertake additional tasks that detracted from caring for people using the service. At the time of our inspection the service had employed a cook and the registered manager confirmed domestic cover was now available seven days a week. However, the deployment of staff was not always suitable and communal lounge areas were left unsupported. This did not ensure people's wellbeing and safety.
- Staff stated there were not always sufficient numbers of staff available to meet people's needs, particularly in the afternoon when staffing levels were reduced by one member of staff. The impact of this meant people did not always have their personal care needs met in a timely manner and staff did not have the time to sit and talk with people or to facilitate activities. One person using the service told us, "Staff do not come and see me as much as I would like. It can take time for staff to change my pads."
- Staff rosters demonstrated staffing levels as told to us were not always maintained. The registered manager did not have autonomy to book agency staff as this was managed and arranged by the provider. The Local Authority were monitoring the situation and were holding regular meetings with the provider and registered manager.
- Staff recruitment records for two members of staff were viewed. Relevant checks were completed before a new member of staff started working at the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Yes, I feel safe." A second person told us, "I think so."
- Relatives confirmed they had no concerns relating to the safety of their family member. One relative told us when asked if their family member was safe, "I'd like to think X is safe, I hope so." A second relative told us, "I think I would know if X was not right, X's demeanour would change. I do feel they are very safe at Melrose

House."

- Staff had completed safeguarding training and demonstrated a good understanding of the actions to be taken to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the registered manager, senior staff and external agencies, such as the Local Authority or Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded. However, not all risk strategies were being followed by staff to ensure people's safety.
- For example, one person's risk assessment stated they were at risk of choking, required supervision at every mealtime and required their food to be cut up into bite sized pieces. During the lunchtime meal the person's food was not cut up into bite sized pieces and they were observed to place large amounts of food into their mouth which could be a choking risk. Throughout the lunchtime meal, the person received little supervision from staff. The failure to provide support in line with the person's risk assessment placed them at potential risk of harm. This was brought to the registered manager's attention and they confirmed discussions were held with staff to mitigate future risks.
- The fire risk assessment was completed in December 2019 by an external organisation, to be reviewed within 12 months. There was no evidence to show this had been reviewed and updated to reflect the service's current staffing levels and occupancy figures.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP) for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for eight out of 18 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as stipulated by the prescriber.
- Observation of the medication rounds showed these were completed with due regard to people's dignity and personal choice.
- Staff involved in the administration of medication received appropriate training but not all staff had had their competency assessed. The registered manager told us this would be undertaken as soon as possible.
- Medication audits were completed each month and demonstrated a good level of compliance had been achieved.

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 admitting people safely to the service. The registered manager ensured people's COVID-19 status was sought prior to admission.
- We were assured that the provider was using PPE effectively and safely. Relatives confirmed they always completed a Lateral Flow Test [LFT] and wore a face mask when they visited. However, during the inspection several members of staff were observed to wear their face mask under their nose.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and that infection outbreaks could be managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us they were able to visit their family member but were restricted to seeing them either in the communal lounge to the rear of the premises or in the visitors pod in the garden. Whilst relatives were happy to be given the opportunity to visit their loved one, relatives stated they would like to see their family member in their home.

Learning lessons when things go wrong

- This inspection highlighted lessons had been learned and improvements made since our last inspection.
- At our last inspection in June 2021, regulatory breaches were found relating to the service's quality assurance arrangements, staff training and induction and recruitment practices. At this inspection the provider was no longer in breach of these regulations.

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 Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection to the service in June 2021, staff had not attained up to date training or received a robust induction. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- Since our last inspection to the service, staff had completed a range of required training. This was to ensure staff had the right knowledge and skills to carry out their role and to meet people's needs. However, because of recent COVID-19 outbreaks at the service, staff had not yet completed practical moving and handling training and this remained outstanding.
- Newly employed staff had received an induction and completed 'shadow' shifts, working alongside existing experienced members of staff. The registered manager was in the process of ensuring all staff completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff stated they felt supported and valued by the registered manager and received formal supervision. However, where issues were raised and recorded relating to staff's conduct or their performance, no information was recorded to demonstrate how this was being monitored by the registered manager to improve staff's practice and ensure lessons were learnt.

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

- People's comments about the quality of meals provided was positive. Comments included, "The food is quite nice" and, "The meals are okay, there is always enough food." The only negative comments received related to the lack of filling in sandwiches at teatime.
- The dining experience was not positive for all people using the service. One person's food was placed in front of them, despite the person being asleep at the table. Staff provided no support for a period of approximately 15 minutes and this was provided only after the inspector was seen to check if the plate of food had remained hot. An alternative meal choice was not offered, despite this being a spicy option and a favourite of the person using the service as detailed within their care plan.
- Another person was observed to be supported to eat their meal. The member of staff was seen to rush the person whilst assisting them to eat and to dismiss the person's visual cues indicating they did not want to eat the meal being offered.

- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice, such as, dietician or Speech and Language Therapist [SALT].

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

- People had access to healthcare services when needed.
- Relatives told us they were kept informed by the service of their family member's healthcare needs. One relative told us, "I am given regular updates from staff about X's healthcare needs. We get a newsletter but it doesn't say very much. However, I am confident X is looked after well."
- Not all people using the service had had their oral healthcare needs assessed. Not all people had a completed oral health care plan in place.
- Not all people were supported to maintain good oral healthcare, to clean their teeth or dentures. One person told us they liked their dentures to be cleaned with Steradent and toothpaste as they liked the taste and this provided assurance their dentures were cleaned. They told us staff did not do this and when discussed with the registered manager they confirmed they were unaware of the person's preference to have their dentures cleaned in this way.
- The registered manager and staff told us people's teeth were cleaned twice daily during personal care [morning and night]. However, six out of seven people's toothbrushes when checked were dry and had not been used.

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

- People had personalised rooms which supported their individual needs and preferences.
- People had access to three communal lounge areas and separate dining facilities.
- People had access to a secure garden to the rear of the property.

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.

- One person was exposed to restrictive practices. Documented reasons for the restricted practices were not recorded or to evidence the restrictions had been agreed as part of 'best interest' procedures. A 'best interest' assessment determines the person's wishes and whether any restrictions in place are in the person's best interest. Following our inspection we contacted the Local Authority. Arrangements were made for the service to liaise with a MCA assessor and healthcare professional to ensure the service operated within the legal framework of the MCA.

- People's capacity to make day to day decisions had been assessed and these were individual to the person.
- Staff demonstrated a basic understanding of MCA and DoLS and how this impacted on people using the service was variable.

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 Requires Improvement. At this inspection the rating for this key question has remained 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.

At our last inspection to the service in June 2021, suitable arrangements were not in place to assess and monitor the quality of the service provided. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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; Continuous learning and improving care

- Quality assurance arrangements were in place to monitor the quality of the service provided. Whilst there was evidence available to demonstrate improvements had been made since our last inspection to the service in June 2021, these arrangements required improvement and embedding as they had not identified the issues found during our inspection.
- The registered manager told us they regularly spoke with the provider. However, there was no formal reporting arrangement from the registered manager to the provider and vice versa. Therefore, we could not be assured the provider had sufficient oversight of the service to know if compliance with regulatory requirements was being achieved.
- People's comments about the quality of care received were positive. Relatives told us they were happy with the care provided for their family member. Where reservations were expressed this was because of the impact of COVID-19 and the limits in place to enable relatives to see their family member.

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

- People using the service, relatives and staff were consistently complimentary regarding the registered manager and described them as supportive and approachable. One relative told us, "X is very good, better than previous managers at Melrose House." Staff were positive about working at Melrose House. Comments included, "I like coming to work, X is a good manager. They are very understanding and I can go to them." and, "The manager is great, the best."
- We asked the registered manager about their supervision arrangements. The registered manager confirmed they did not receive formal supervision or an appraisal of their overall performance.

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

- Arrangements were in place for gathering people's, relatives, staffs and healthcare professionals views about the quality of service provided or what it was like to work at Melrose House. A summary of the feedback was recorded in March 2022 and this confirmed the findings were positive. However, where questions were raised, there was no action plan completed to demonstrate if a response had been provided.
- Relatives spoken with and recorded feedback from the survey summary undertaken in March 2022, confirmed communication with the service was positive. Comments included, "The staff communicate really well," and, "Staff communicate with a great deal of care."
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Meeting minutes were evident but did not include an action plan detailing how areas for improvement highlighted were to be addressed and monitored. Additionally, not all language used was dignified and respectful when referring to people who use the service. For example, the meeting minutes referred to, "feeding the bed bounds" and, "start with all the feeds first."
- Monthly newsletters were introduced following our last inspection to the service.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations, such as, GP surgeries, Dementia Intensive Support Team and District Nurse services.