

# Mrs Amina Makda & Miss Shazmeen Makda

## Melrose Residential Home

### Inspection report

50 Moss Lane  
Leyland  
Preston  
Lancashire  
PR25 4SH

Tel: 01772434638

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

Melrose is located in a residential area of Leyland, close to the town centre. The home is on three floors, with passenger lift access. Accommodation is provided in single rooms for up to 26 adults, who need assistance with personal care. There is easy access to amenities, such as shops, supermarkets, pubs and churches. Some parking spaces are available at the front of the home and on road parking is also permitted. There are garden areas at the front and the back of the house.

The last inspection of this location was conducted on 11 June 2015. An overall rating of 'Requires improvement' was awarded at that time. We did not find any breaches of the previous Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. However, we did make some recommendations.

This inspection was conducted on 07 February 2017 and it was unannounced, which meant that people did not know we were going to visit the home.

The registered manager was on duty at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

We found that new staff had been appropriately appointed and therefore people who lived at Melrose were protected by the recruitment practices adopted by the home.

We found that a varied training programme had been provided for the staff team, which helped them to keep abreast of current practices and any changes in legislation. Supervision sessions and appraisals for staff were being conducted, but these were on an ad hoc basis and were not structured.

At this inspection we found the environment to be warm and comfortable throughout. However, we noted a fire door was propped in the open position. We made a recommendation about this. We observed staff members interacting well with those who lived at Melrose. People looked happy and comfortable in the presence of staff and were enjoying their company.

Records we saw did not demonstrate that potential risks to people's health, safety and welfare had been assessed and actions implemented to mitigate such risks, in order protect people from harm. Conflicting information was sometimes provided within the records we saw.

Systems within the home had not always been serviced in accordance with the manufacturers' recommendations. During the course of this inspection we assessed the management of medicines and found that on this occasion these were not being well managed.

Fire procedures were easily available, so that people were aware of action they needed to take in the event

of a fire and records we saw provided information about how people needed to be assisted from the building, should the need arise. Records showed that equipment and systems within the home had not always been serviced in accordance with the manufacturer's recommendations.

Records showed that Mental Capacity Assessments had been conducted, but these did not demonstrate how the level of capacity had been determined. We made a recommendation about this.

People's privacy and dignity was consistently respected.

The service had, in general reported safeguarding concerns to the relevant authorities and suitable arrangements were in place to ensure that staff were deployed, who had the necessary skills and knowledge to meet people's needs safely. A range of health and safety training was provided for the staff team.

People we spoke with were aware of how to raise concerns, should they need to do so. A complaints procedure was in place at the home and a system had been implemented for the recording of complaints received.

The service worked well with a range of community professionals. This helped to ensure that people's health care needs were being appropriately met. Meals were, in general being well managed.

People we spoke with were complementary about the staff team. They felt that they were treated in a kind, caring and respectful manner. People expressed their satisfaction about the home and the services provided.

Regular meetings were not held for the staff team. This would enable those who worked at the home to discuss topics of interest in an open forum. Residents and relatives meetings had not been held either at regular intervals. This would enable the managers of the home to pass on any important information and would enable people and their relatives to discuss any areas of concern, which they may have.

We did not see evidence of the provision of leisure activities and people who lived at the home felt this was an area which could be improved. We recommend that the provision of activities be assessed and tailored to the wishes of those who live at the home.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, need for consent, good governance and person centred-care.

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

We always ask the following five questions of services.

### Is the service safe?

This service was not always safe.

Recruitment practices adopted by the home helped to ensure that only suitable staff were appointed to work with the vulnerable client group.

The home was clean and comfortable throughout. However, risks to people's health, safety and welfare were not being appropriately assessed and medicines were being not well-managed. Conflicting information was sometimes provided within the records we saw.

Safeguarding referrals had, in general been made to the relevant authorities. Staff members were aware of the procedures to follow should they have concerns about the welfare of those who lived at the home.

Systems within the home were not always serviced in accordance with the manufacturers' recommendations.

**Requires Improvement** ●

### Is the service effective?

This service was not always effective.

Records showed that staff received an induction programme when they started to work at the home. This was followed by a variety of training programmes. However, supervision and appraisals for staff were not structured.

Detailed mental capacity assessments had not always been conducted, in accordance with the Mental Capacity Act.

Deprivation of liberty Safeguard approvals been requested on behalf of those who lacked the capacity to make specific decisions and who were being restricted in any way. However, these were not always followed up.

The premises provided pleasant surroundings for people to live in and meal times were being, in general well managed.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

This service was caring.

Staff were seen to be kind, caring and respectful of people's needs and people were treated equally.

Records were retained in a confidential manner and people's privacy and dignity was consistently respected.  
Those who lived at the home were supported to maintain their independence, as far as possible and staff members communicated well with those in their care.

### Is the service responsive?

This service was not consistently responsive.

Improvements were needed in the planning of people's care  
Although pre-admission assessments had been conducted; care plans had not always been generated in a timely manner and therefore person centred care was not promoted.

People were offered some choices. However, those who lived at the home felt that the area of activities could be improved.

Complaints were being well managed.

**Requires Improvement** ●

### Is the service well-led?

This service was not well-led

The registered manager did not have enough hours to manage the service effectively and there was a lack of recorded oversight by the registered provider. As such  
the home had not established methodologies for assessing and monitoring the quality of service provided.

The views of people who had an interest in the home were not regularly sought. Meetings for those who lived at the home, their relatives and the staff team were not arranged on a regular basis

A wide range of policies and procedures were in place at Melrose. These were in the process of being reviewed. .

**Inadequate** ●

# Melrose Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider had addressed the breaches identified at the previous inspection, if they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a new rating for the service under the Care Act 2014.

This inspection was unannounced and was conducted by two Adult Social Care inspectors from the Care Quality Commission (CQC) and an expert by experience. An expert by experience is a person who has experience of the type of service being inspected. At the time of our inspection there were 16 people who lived at Melrose. No family members or friends of those who lived at the home visited on the day of our inspection.

We also spoke with three members of staff and the registered manager of the home. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of five people who used the service. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We also looked at the personnel records of two staff members, which helped us to establish the robustness of recruitment practices and the level of training provided for the staff team. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to our inspection we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents, deaths and safeguarding incidents. We also looked at the information we had received from other sources, such as the local authority and community professionals involved in the care and support of those who lived at the home.

# Is the service safe?

## Our findings

Everyone we spoke with said they felt safe living at Melrose. Comments we received from those who lived at the home included, "I am not frightened of anyone breaking into the home. We are locked in and safe. There are always people about if I need help"; "The environment is safe. Everyone is so friendly; nice and chatty. All my food is prepared for me. We don't have to bother about intruders. I feel very safe here." And, "I was falling all the time when I lived at home. Here there is always someone about looking out for you."

Some people we spoke with felt that there was not always enough staff on duty. Comments we received included, "They are rushed off their feet. I have the extension to the buzzer here; I have to press it if people need help. It's no good shouting, as the staff could be on the top floor. There are only two of them on duty at any one time"; "The staff are run off their feet. If I ring for them in the night to get me a glass of water they will say 'I am very busy at the moment. I will get you one in a little while.' They come as quickly as they can."; "There are only two staff to look after us all. I may have to wait for them to come through the day, but if I press my buzzer at night they come pretty quickly." And, "The staff are fantastic, but they are rushed off their feet, as there's only two of them. When they are bathing people or taking them to the toilet you have to wait. They come pretty quickly or as quick as they can."

Staff members we spoke with told us they were happy with the current staffing levels. The duty rotas we saw confirmed the numbers of staff on duty and these seemed to be sufficient to meet the needs of those who lived at the home. One member of staff told us, "At the moment it is OK [staffing levels], as we have enough [staff] on each shift. Staffing levels are safe for residents at the moment." We noted that call bells were available near the dining tables, should someone need to summon assistance whilst dining.

We looked at the care records of one person who was at high risk of falls. A falls risk assessment had been completed, which identified a category of high risk. However, this document was not person centred and it contained generic information, such as, 'Obtain details about past falls, including how many, causes, activity at time of fall and any injuries. Consider contacting GP or falls prevention team.' The plan of care for this individual, in relation to personal safety failed to include guidance, such as ensuring a clutter free environment and good fitting footwear, despite them being assessed as at high risk of falling. Other risk assessments we saw also lacked person centred information.

We looked at the care files of two people who had been recently admitted to the home. Pre-admission assessments had been conducted by the home and information had been obtained from the funding authority about individual needs, before a placement was arranged. However, no risk assessments had been conducted for either of these people, despite one having a poor prognosis, diagnosis of diabetes, short term memory loss, poor mobility and being at risk of skin damage. The other person had a history of falls and had sustained a fractured shoulder, as a result of a fall at home, three months previously. We did see a falls risk assessment for another person, but, this was only partially completed and important aspects of risks, such as their history of falls was omitted. The pressure risk assessment for another person showed they were at high risk of developing pressure sores. However, the plan of care did not outline action needed for the mitigation of risk in this area of care.

These examples did not promote safety and therefore people were potentially at risk of harm by receiving unsafe care and treatment. This was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no business continuity plan in place, outlining what action staff needed to take in the event of an emergency situation arising, such as gas leak, power failure, flood or utility disruption. Records showed that systems and equipment within the home had not always been serviced in accordance with the manufacturers' recommendations. The electrical installation certificate showed the system had been serviced on 31 January 2012. The electrical installation is normally serviced every five years. However, the last testing showed the system to be 'unsatisfactory' and urgent remedial work was needed as soon as possible to make the improvements necessary for safety reasons. However, we were told this work had not been actioned. The Landlord's gas safety certificate showed that gas appliances were last serviced on 14 January 2016, which was overdue. These failings did not promote safety within the home.

This was a breach of Regulation 12 (1)(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other systems and equipment within the home had been serviced appropriately, such as emergency lights and the hoists. Any accidents were recorded in line with data protection guidelines. This helped to protect people's identity and to ensure records were maintained in a confidential and secure manner.

During the course of our inspection we assessed the management of medicines. We observed the lunch time medicine round being conducted and noted that on one occasion the Medication Administration Record [MAR] for one person was signed before the medicines were offered to the individual, which was not in line with the National Institute for Health and Care Excellence [NICE] Guidance.

Hand written entries on the MAR charts were not countersigned by a witness and specific instructions were not always transferred from the medication containers to the MAR charts. For example, the medicine for person stated on the box, 'One tablet to be taken every morning at least 30minutes before breakfast, caffeine containing drinks or other medication.' The MAR chart showed, 'One tablet to be given every morning', but no instructions about the length of time before food, caffeine or other medications. The registered manager told us that this person had been given this tablet at the same time each morning, since their admission two weeks previously and that on the morning of our inspection they were given all their morning medications at the same time. We asked the registered manager to contact the pharmacist to clarify the situation and it was confirmed that this medication should be given before food, caffeine and other medication, because it absorbs better on an empty stomach. The last medication audit was conducted five months prior to our inspection.

The drugs fridge was located in the staff room. This was not locked, in order to maintain the safety of medicines. Some items in the fridge were shown as needing to be kept within certain temperature ranges. However, the temperature of this fridge was not being recorded. Medicines stored outside of recommended temperatures could potentially have a reduced shelf life and therefore become ineffective.

Disposable gloves were not worn to handle medicines and handwashing was not observed between the administrations of each person's medications.

The above findings demonstrated that the medication policies and procedures of the home were not being followed in day to day practice, as these included instructions, such as, 'A daily log (on each working day) of temperatures recording using a maximum and minimum thermometer'; 'Fridge should be locked'; 'Medicines should not be handled during administration'; 'A weekly reconciliation audit will be carried out



by the registered manager. The purpose of these audits is to review medication records and identify any errors or anomalies' and, 'It is the responsibility of the registered manager to ensure this policy is followed by the staff.'

This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the MAR charts we viewed contained a photograph of the relevant person to help reduce the risk of identification errors. Important information, such as any known allergies had also been included. We looked at how the service managed controlled drugs. We found that these were stored safely and the recording of administration was accurate. Evidence was available to demonstrate that reviews of prescribed medicines had been conducted by GP's, as was required. One person was prescribed a topical cream. The MAR chart stated, 'Spread thinly on the affected skin only. For external use only. Apply thinly once or twice a day.' However, there was no body map in place, to show which area of the skin was affected.' Another person was prescribed a gel to be applied twice a day 'when required'. However, the areas affected were not marked on the body map and there were no instructions available for staff, in relation to 'as and when required' prescriptions. It is recommended that the policies of the home be followed routinely, in order to ensure procedures are followed in day to day practice.

Accident records seen did not always correspond with the daily notes and did not always have body maps in place for any injuries sustained. For example, an unwitnessed fall showed that one person had been found on their bedroom floor, as they had slipped off a commode and had sustained a bruise to the knee. However, the daily records stated, '[Name removed] had a fall this AM. Found on bedroom floor. Checked over and no apparent injuries.' There was no body map in place to show the bruising to the knee. The body maps for another person, who had sustained skin tears on their legs whilst out with family did not provide any explanations or follow up actions. It is recommended that all records correspond and additional documents are utilised where needed.

We noted that the radiators were not on in the lounge area during the course of our inspection. One person, who occupied a new bedroom told us that their en-suite did not have any form of heating. They commented, "It's very cold in there. I have to be very quick." Another said, "It is very cold in my room. My radiator doesn't work; I have a little plug in heater. The manager says they will have to turn off the heating system and lift my floor boards to sort the problem out, so I will have to wait until it gets a bit warmer before it can be mended."

Some people we spoke with told us that they would like a key to lock their bedroom doors. We noted that no-one had a bedroom door key. One person commented, "I would like a key to my room. This is my home. If it were a hotel I would have a key."

During the course of our inspection we toured the premises and found the home to be warm and comfortable throughout. However, we noted that the lounge door was propped open with a wedge, despite a notice stating, 'Fire door. Keep shut.' A high volume of traffic entered this room throughout the day, hence why the door was kept in the open position. However, this decision had not been incorporated into the fire risk assessment.

It is recommended that the provider assesses the effectiveness of the radiators throughout the home and supports people to retain their own bedroom key, if they wish to do so. Also we suggested that an electronic device be fitted to release the lounge fire door on activation of the fire alarm.

We looked at infection control practices adopted by the home. There was an infection control policy in place. The environment was in general clean and well-maintained throughout. However, there was a slight unpleasant odour in one bedroom and we found that personal protective clothing [PPE] was not always stored in a hygienic way, as PPE was left out in communal bathroom areas and toilets and this increased the risk of cross infection. This was discussed with the manager at the time of our inspection, who assured us that the storage of PPE would be reviewed. We observed staff to access PPE prior to providing personal care and during meal service. Good practice was maintained around the disposal of clinical waste. We did note that the radiators, behind the guards were very dusty and in need of cleaning.

We saw that a wide range of environmental assessments had been conducted, within a risk management framework; this helped to ensure that the environment was suitable for those who lived at Melrose. These included health and safety, the environment and the storage of toiletries and domestic products. Records showed that some internal checks had been completed regularly in order to protect people from harm. A fire risk assessment and emergency evacuation procedure was in place at the home and information was readily available for staff in relation to fire safety. Records showed that weekly fire alarm tests were conducted, fire doors were checked each month and simulated fire evacuation practices had been instigated from time to time.

We saw that Personal Emergency Evacuation Plans [PEEPs] had been developed, with the exception of one new admission. We were assured that this would be implemented without delay. The purpose of these was to provide any emergency services with important information about individuals, in order to assist them to evacuate the building in a safe way, should the need arise. For example, in the event of fire or flood.

During the course of our inspection we looked at the personnel files of two staff members. We found that, in general robust recruitment practices had been adopted by the home. Application forms had been completed and medical questionnaires filled out. References had been obtained and Disclosure and Barring Services [DBS] checks had been conducted before people started to work at Melrose. DBS checks allow managers to establish if any prospective employees have a criminal record or if they have received any cautions, to enable employers to make a decision about appointing them. Staff we spoke with talked us through their recruitment and process. They felt that their recruitment was thorough.

We observed staff members transferring people and helping them to mobilise on several occasions. These manoeuvres were always conducted in a safe and competent manner, whilst good explanations were provided to the individual being assisted, with reassurance, encouragement and praise being offered throughout. People who lived at the home seemed relaxed and comfortable in the company of staff members.

None of the people we spoke with had ever witnessed any bullying, shouting or abusive behaviour. We looked at records relating to incidents of abuse within the home, which showed that referrals had been made to the local safeguarding authority for some resident on resident altercations. Also one incident of missing monies was rightly reported to the police, as well as the funding authority.

Staff members we spoke with demonstrated good knowledge of safeguarding practices and they fully understood referral procedures. One member of staff told us that they would report any concerns to the manager, if they felt that someone who lived at Melrose was being hurt. Another staff member gave us a good example of situations, which would need a safeguarding referral.

## Is the service effective?

### Our findings

All the people we spoke with who lived at the home said they felt confident that the staff had the skills needed to support them. They were also complimentary about the food served. One person told us that they had a specialised diet for medical reasons and that this was always provided.

One person told us, "I would love cup of coffee mid-morning." We were told by staff and those who lived at the home that a mid-morning and mid-afternoon hot drink were not offered. It would be beneficial if people could ask for beverages whenever they wanted one.

The records of two people showed that they had signed consent forms, in relation to the taking of photographs and access to personal information. However, other care records we saw did not demonstrate that consent had been obtained for any area of care and treatment provided. The falls care plan for one person showed that they had capacity to make decisions, but that because of risk of falling an alarmed mat had been placed under their bedroom carpet, to alert staff when they got out of bed. However, there was no consent obtained from the person involved to show that they had agreed with this decision.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We reviewed the care file of one person, who had a mental health diagnosis and we found that a DoLS application for a standard authorisation had been made, because they were assessed as not always being capable of making the right decisions to keep them safe and free from harm. However, this was completed on 2nd September 2015 and had not been followed up since. The mental capacity assessment, which was retained on this person's care file did not indicate what questions were asked or any responses, in order to determine the level of capacity for going out without an escort, but the reason recorded was that they could easily get lost or become disorientated and they would not be able to go shopping alone, due to lack of understanding of their finances. We recommend that DoLS applications be followed up periodically and that Mental Capacity Assessments contain more detail, so that the home can evidence why and how the level of

capacity has been determined.

We saw a best interest decision meeting had been completed for another person, which stated that the person was offered to be assisted to go shopping or for a pub lunch with staff, but that this was declined. There was no further review of the process evident and there was no record in the daily notes of this person being asked if they would like to go out. We noted that one person was receiving unnecessary restrictive practice, due to being, 'checked every two hours' and there was no evidence to demonstrate why this was. We recommended that the registered manager arrange an Independent Mental Capacity Advocate [IMCA] to ensure care and support is provided in their best interests.

One member of staff we spoke with told us that they had completed training in DoLS. However, this care worker did not demonstrate a good understanding of the MCA and DoLS. They said, "Carers don't do MCA's. If I had concerns I would pass these on. People here can make decisions."

New employees were issued with a good amount of information, which helped them to understand what was expected during their employment at Melrose. An employee handbook, job descriptions relevant to specific roles and terms and conditions of employment were given to all new staff. Together these contained relevant information about important policies, such as disciplinary and grievance procedures. This helped to ensure that new staff were supported to do the job for which they were employed.

Induction programmes for new staff were in their personnel files. These covered a wide range of learning modules, such as fire awareness, health and safety, working conditions, a tour of the environment, introductions to people and the staff team, the code of practice for social care workers, whistle-blowing and safeguarding.

Personnel records seen showed that some employees had received appraisals, although these were on an ad-hoc basis. A more structured format for annual appraisals and regular supervisions would enable staff to discuss their work performance and training needs with their managers and allow them to highlight any areas of concern or difficulties experienced, so that any issues could be addressed promptly. Information from staff in relation to supervision sessions varied. One member of staff told us that they did not have any supervision and another said it was done once a year by the manager or deputy.

We saw the training matrix and individual training records, which covered learning modules such as, fire awareness, infection control, medication, moving and handling, basic food hygiene, health and safety, safeguarding and the Mental Capacity Act and Deprivation of Liberty Safeguards. However, one member of staff, who had worked at the home for several years, told us, "I haven't had a great deal of training since I've been here. Did a few last year, such as food hygiene, moving and handling and fire safety. I have done the latest ones on line. More training is definitely needed." Another staff member commented, "I haven't had much training, but this has got better in the last year and a half. I have done safeguarding, food hygiene and health and safety."

People were supported to access community healthcare services, as was required and to receive on-going healthcare support. This helped to ensure people's healthcare needs were being appropriately met.

We saw people being offered a variety of choices throughout the day and we observed the meal service at lunch time. The dining tables were set well with tea and coffee being available for people to help themselves. However, assistance was provided, if needed. One of the carers went round asking people if they would like salt on their food. We saw a board in the downstairs dining room with the menu of the day written on it. However, the writing was difficult to decipher and therefore people would not be able to easily

access the information. The menu was designed to cover a four week rotational period. However, this did not provide any choices, but we did see the cook asking people what they would like to eat for lunch.

Where needed staff were observed supporting people to eat in a person-centred, dignified and caring manner. However, independence was also encouraged, as appropriate. People's weights were being monitored regularly, so that any changes could be identified and steps taken to address any concerns about weight fluctuation. It was pleasing to see colour coded jugs of water and a variety of fruit juices available in the lounge area, so that people could help themselves to a cold beverage throughout the day, or could request staff members to provide them with drinks, as required.

## Is the service caring?

### Our findings

People who lived at Melrose told us they were well cared for. Their comments included, "All the staff are very kind. They can be a bit sharp sometimes but they are run off their feet. They do the very best they can"; "The staff are lovely they will do anything for you. I have been watching the birds through the window with [staff member] this morning" and, "The staff are very helpful and very kind."

There were 16 people who lived at Melrose at the time of our inspection. We spoke with seven of them, who provided us with positive feedback about the caring attitude of the staff team.

We observed people receiving good support throughout the day. We observed a member of staff anticipate one person's needs by offering them a drink of water or juice, because they were coughing. We saw staff interacting well with people in a pleasant and kind manner. People appeared to have good relationships with staff members. Personal records were retained in a confidential manner and staff promoted people's privacy and dignity by knocking on bedroom doors before they entered.

We saw staff members providing explanations and involving people in decisions about their care before this was delivered. This helped to ensure that those who lived at the home received support in the way they preferred.

We saw that people appeared relaxed in their surroundings and comfortable in the presence of staff members. Everyone looked well-presented and it was evident that people were treated equally. We overheard staff members speaking with people in a respectful manner and staff were seen to approach people in a kind way. They also helped people to remain as independent as possible. It was evident from our observations that staff knew those who lived at the home well.

Staff we spoke with were aware of the importance of promoting privacy and dignity and they gave us some good examples of how this could be achieved, such as knocking on bedroom doors before entering, by offering information and choices and by ensuring dignity was protected during the provision of personal care.

## Is the service responsive?

### Our findings

When asked about the provision of activities, one person commented, "No activities. I am really very board. I love going round the shops. Someone has to take me; I walk very slow. I have been asking for weeks for someone to take me out. I went to Preston last week it was like all my birthdays rolled into one. I bought some jeans a jumper and new underwear. All we get to do here is the odd game of bingo." Another person told us, "The television is a waste of time where it is. [Name removed] sits in front of it all the time. I can't see it at all from where I sit."

We were told that the registered manager had arranged a religious service to take place once a month from the local church and that a representative from the Roman Catholic church conducted Holy Communion at the home on a regular basis.

None of the people we spoke with could remember being involved in planning their care or knew what a care plan was. Those who lived at the home told us that they would know how to make a complaint, if they needed to, but had never had to do so.

People we spoke with who lived at the home told us that staff did not have the time to sit and chat to them, but all felt if they had a problem the staff would ask if they were all right. One person told us, "They [the staff] would be able to see if I was unhappy or something was bothering me. I am sure they would ask me what was bothering me."

We pathway tracked the care of five people who lived at Melrose. Pathway tracking is a system we use to ensure people are receiving the care and support they need. The planning of people's care varied. Some care plans provided person centred information. However, we found gaps in the planning of other people's care and the management of risks. For example, there were no care plans in place for two people who had recently moved into the home and who required high levels of care intervention. The care plan for another had been generated some time following admission to the home.

One person's care plan in relation to personal safety did not include information recorded on the falls risk assessment, which stated they walked slowly with the aid of a zimmer frame. Another plan of care stated, '[Name removed] would like to visit their friend whenever possible.' However, there was no plan around this to support the individual to fulfil this goal, such as where the friend lived, when would be best for them to make a visit, how they would get there and if they would need to be accompanied by a staff member. A GP had visited one person who lived at the home and had advised to continue the antibiotic treatment and to monitor for one week. However, the plan of care had not been updated to reflect this advice and monitoring records had not been implemented.

Several documents within the care files we saw were either partially completed or left blank and some contained conflicting information. For example, the mobility care plan for one person showed they were not at risk of falls. However, the personal safety plan of care stated, '[Name removed] is checked two hourly, as they wander a lot during the night, to prevent the risk of falls.' The falls risk assessment for this person had

not been fully completed, including their history of falls. Therefore, it was difficult to determine the level of falls risk from the records we saw.

A member of staff told us that one person could get agitated if not approached in the right manner. However, this was not incorporated into their plan of care and there was no record of the usual signs or triggers, which would indicate an episode of agitation or how this would be managed. Therefore, person centred care planning was not promoted and the staff team were not provided with sufficient guidance about how to meet people's needs, in order to ensure appropriate care and support was delivered.

The plans of care for one person had been reviewed each month and from 4 August 2015 to 9 January 2017 the reviews stated, 'No change'. However, on 31 August 2015, the plan of care in relation to 'sleep pattern', indicated a change in need, as it stated, '[Name removed] is now checked two hourly throughout the night', although the reason for this was not recorded within the plan of care. Therefore the reviews of people's needs were not always accurate.

We found that the care planning process did not always accurately reflect people's needs and was not always person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records we saw contained assessments of people's needs, which had been undertaken prior to a place at the home being arranged. This helped to ensure that the placement was suitable and that the staff team could meet individual needs. We also found in most cases detailed information had been recorded about people's life history and what was important to them. For example, one care file we looked at read, 'I like to dress smartly', 'I like a cigarette' and 'I like to talk to everybody.' This helped care staff to develop a clear picture of individual backgrounds, preferences and interests. One set of care plans we saw were person centred, providing staff with clear guidance about how this individual's needs were to be best met, and outlining their likes and dislikes. These plans of care promoted independence and personal choice.

Whilst care planning was not always reflective of people's needs, observations of care interactions throughout the inspection were positive. Staff understood the needs of people they cared for.

Evidence was available to show that the service worked effectively with external professionals, such as community health care workers, social workers and hospital staff. This helped to ensure that the health and social care needs of people were being appropriately met. We also noted that advice was sought from emergency services, as was required. For example, one person whose records we saw had undergone surgery, which was subsequently noted by staff to be bleeding. Therefore, advice was sought from the 111 service and the individual was taken to the local Accident and Emergency department, as recommended. Staff members who we spoke with were able to easily discuss the needs of those in their care and how these needs were to be best met.

People we spoke with were confident in making a complaint, if they needed to do so, or they would ask a relative to support them in doing so. A complaints policy was in place at the home, which included specific time frames to expect during an investigation and included external agencies that may be contacted, if it was necessary. This was displayed in the reception area of the home. A system was in place for recording any complaints received. The last recorded complaint was in 2009.

We asked staff about the provision of activities. They were not sure about the activities planned for the day of our inspection. One of them said, "They [the residents] could do with more trips out and more outdoor activities. There is bingo, dominoes and memory cards. If we have time the staff will do a bit with them, but it



is usually just when the activity co-ordinator is in. Some ladies had their nails done this afternoon." We were told that the activities coordinator worked two half days a week. People we spoke with were unable to recall any recent activities, except the odd game of bingo. Everyone we spoke with thought the home could arrange more in house entertainment and trips out. We recommend that the provision of activities be assessed and tailored to the wishes of those who live at the home.

## Is the service well-led?

### Our findings

Everyone we spoke with knew who the manager was and felt they could approach her with any problems they had.

The registered manager was on duty at the time of our inspection. She had managed the day to day operation of the home for seven years, but had worked at Melrose for a period of 20 years. We noted that the manager interacted politely with people who lived at the home and people responded to her well. Duty rotas showed that the registered manager worked as a senior carer for most of her working week, with only five hours for management duties. This was not a sufficient amount of management hours, as demonstrated by the failings in care planning, risk assessing, supervision of staff and quality monitoring. The knowledge and skills of a registered manager are an integral and important aspect of a 'Good' care home. The role should ideally be separate from the care role and the registered manager should have time to manage. The registered manager told us that the providers visited the home twice a week, but there was no evidence available to demonstrate how the service was being monitored by the registered provider during these visits. We would recommend that the registered provider consider the hours required to provide proper management oversight of the service within the home to ensure compliance with the regulations.

We did see a range of thank you notes from people who had resided at the home and their families, which all contained positive comments. However, surveys for people who lived at the home were last conducted in May 2015 and those for relatives in November 2014. This did not demonstrate that a system was in place for obtaining current feedback from residents and their relatives about the quality of service provided. The registered manager told us that the providers visited the home twice a week, but there was no evidence available to demonstrate how the service was being monitored during these visits. Systems had not been established to effectively assess and monitor the quality of service provided. There were no audits of care planning or of accidents and incidents, so that any areas for improvement could be identified and rectified within an acceptable timeframe.

The above findings constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was little evidence available to show that regular meetings had been held for the staff team and the management of the home. We saw recorded minutes of a management meeting held in September 2016, the previous one being held in November 2014. The last staff meeting was conducted in June 2016. It is recommended that regular meetings for the staff team be arranged, to enable the work force to discuss topics of interest in an open forum and to raise any issues or areas of good practice with colleagues and managers.

There was a Statement of Purpose in place at the home, which provided people with current information about Melrose, the facilities available and the services offered. The previous rating awarded by the Care Quality Commission was clearly displayed within the home.

A wide range of policies and procedures were available at the home. These included areas, such as infection control, fire safety, complaints, dignity, equal opportunities, medication, safeguarding vulnerable adults, whistle-blowing, confidentiality, health and safety and the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager told us that the policies and procedures of the home were in the process of being reviewed and updated.

None of the residents we spoke with could recall attending a relatives/ residents meeting and there was no evidence available to these had been held. However, people we spoke with confirmed that the registered manager of the home was accessible to discuss any concerns they may have, so that issues could be dealt with promptly.

Not all staff members we spoke with told us that they felt well supported by the management of the home, due to lack of approachability and lack of confidentiality, but said they were happy working at Melrose. However, one member of the staff team told us of a personal event, when they had found the manager of the home very supportive. One member of staff told us, "I like my job and working here." Another commented, "I like working here. I like the residents. It's a nice staff team." When we asked staff members what could be better, two of them felt equality amongst the staff team could be improved.

We received written feedback from a group practice, which stated, 'We feel that the patients are cared for in a caring, professional manner by the staff at Melrose Rest Home. The environment appears safe and is run effectively and the staff are responsive to the needs of the patients and visitors. On reviewing patients on home visits, there have been extensive care plans in place available for review, providing information to the visiting GP and colleagues. Information is relayed and patient`s needs and wishes are met by the caring staff.'

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found that the provider had not ensured that the care planning process always accurately reflected people's needs and was always person centred.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured that consent to care and treatment had always been sought from people who were assessed as having the capacity to make decisions.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always ensured that assessments had been conducted in order to mitigate potential risks to the health, safety and welfare of those who lived at the home.</p> <p>Systems had not been appropriately serviced or maintained, in accordance with the manufacturer's recommendations.</p> <p>The management of medicine could have been better.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had not ensured that effective systems had been established in order to assess and monitor the quality of service provided.