

Mrs Jean Critchlow & Mr James Critchlow & Mr
John Critchlow

Mellor Nook

Inspection report

133-135 Moor End Road
Mellor
Stockport
Greater Manchester
SK6 5NQ

Tel: 01614274293

Website: www.mellornook.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mellor Nook is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Mellor Nook is located in the small town of Mellor in Stockport. The home provides care and accommodation for up to 15 older people. Bedrooms are situated on the ground floor and first floor of the home. Access between floors is via a stair lift and staircase. Eleven bedrooms have an en-suite toilet. The building is situated in its own grounds with secure gardens and off-road parking. At the time of our inspection 13 people were living at Mellor Nook Residential Care Home.

This unannounced inspection was conducted by one adult social care inspector from the Care Quality Commission on the 24 August 2018.

At our last inspection in November 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

The provider is required to have a registered manager as part of their conditions of registration. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, the service was in the process of appointing a new registered manager.

People said staff treated them with kindness and compassion. Comments included, "They are very kind, I feel safe and cared for," and "They are kind, considerate and available if you need assistance."

Staff knew people's care needs, preferences, personal histories and backgrounds. People said staff protected their privacy and their dignity was respected. People were supported to be independent.

People received care from staff who were appropriately trained to effectively carry out their job roles. People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005). People's nutritional needs were met and they were supported to maintain good health and receive ongoing healthcare support.

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance. There were sufficient staff to care for people. Risks to people's safety were assessed and medicines were administered safely.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

We found that records written in a positive and respectful way we found that records provided guidance on how to support people.

Mellor Nook had arrangements in place to receive feedback from people that used the service, their relatives, external stakeholders and staff members about the services provided.

We found that records were sufficiently maintained and effective systems in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Mellor Nook

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 is 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 rating for the service under the Care Act 2014.

This unannounced inspection was conducted by one adult social care inspector on the 24 August 2018.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. They informed us that they did not have any concerns about Mellor Nook and were satisfied with the level of care provided.

We spoke with four people who used the service, four relatives, two managers, the cook, the activities coordinator and three care staff members. We also spoke to a health and social care professional that visited the service.

We observed interactions between staff and the people living at the service. We reviewed care records and risk management plans for four people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at a range of staff files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People told us they felt safe at the service. When we asked people if they felt safe at the home they replied, "It feels very safe here, they keep the door locked so people can't just stroll in off the streets, "and "I feel safer here than when I lived at home because there are plenty of people to keep an eye out and I can get help straight away if I fall."

Staff were trained in safeguarding procedures and knew what to do if they had concerns about a person's safety and welfare. The service had a robust safeguarding policy in place and had a system for passing concerns to the local authority.

The service carried out environmental safety checks of the fire safety equipment, fire alarms, electrical appliances, hoists and stair lift. First floor windows had restrictors so people could not fall or jump out. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises. The temperature of hot water was checked to ensure it was hot enough to combat risks of Legionella. The provider sent regular samples off to an organisation to check the water system for Legionella.

Each person's care records included risk assessments and care plans to mitigate these risks. These included the risks of falls to people and moving and handling assessments with guidance on how staff supported people to mobilise safely. Care records showed risks regarding pressure areas to people's skin were assessed thoroughly. Specialist equipment was provided, where needed, such as air flow mattresses and pressure mats to alert staff should someone get out of bed and require support.

Risks of choking on food where people had difficulties swallowing were assessed and referrals made to the speech and Language Therapist (SALT) for assessment and advice. There was a care plan for managing these risks and we saw the cook followed procedures to ensure people received pureed food where this was needed. Where accidents or incidents had occurred, there was an evaluation review and an action plan implemented to reduce the risk of a reoccurrence. The service also referred all accidents to the local authority for monitoring purposes.

The service provided sufficient staff to meet people's needs. We based this judgement on our observations, what people and their relatives told us. Staff also said there was enough staff to meet people's needs. The staff rota showed at least two care staff on duty during the day plus at least one manager. Night time staff consisted of two waking night staff. Managers were on call 24 hours to support staff. The service also employed an activities coordinator, two cooks, a maintenance man and a housekeeper.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored and the temperature of the medicines storage room and fridge monitored.

The home was clean and hygienic. There were no offensive odours. Staff wore protective aprons and gloves to control the risk of infection. People told us the home was kept clean and hygienic. The service had an infection control audit carried out by the local authority in June 2018 and received excellent feedback.

Is the service effective?

Our findings

The service continued to provide effective care to people. People said they felt supported by staff understood their needs. For example, they said the staff were "A delight, they always make time to sit and chat." People looked comfortable and at ease with staff and each other.

The home's environment was well-maintained with two lounges and a dining room. People and relatives commented on the 'cosiness' of the home. People visiting, living and working at the home spoke highly of the well-maintained environment, including an accessible garden complete with a range of seating areas and a summer house. People said they regularly walked and sat out in the garden and every bedroom had attractive views over green space.

Many people living at the home were able to make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The 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. Applications for DoLS were made where appropriate. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs.

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff confirmed the induction prepared them for their role.

People told us they liked the food and that there was a choice. People's nutritional needs were assessed. There was a wide range of options, people were asked what they wanted to eat daily. The cook had worked at Mellor Nook for many years and knew people very well, ensuring people with dietary needs received the correct meals. Meals were home cooked and fresh fruit and vegetables were provided. Snacks were made

available day and night.

The provider and staff liaised well with health care services. A visiting doctor told us, "The staff don't hesitate to seek medical advice, they are very responsive. In my opinion this is one of the best, or the best, home in the area."

Is the service caring?

Our findings

People and their relatives commented on the kindness and compassion of the staff. For example, when we asked one person if they got on well with the staff they replied, "They are so helpful and kind, we get on well and have some fun too." A relative told us, "They really care for my dad." Another relative said the staff provided companionship for their family member living at the home because they spent a lot of time in their bedroom, "Staff sit with [name] at least an hour a day to read to them or sing songs, they really are great."

We observed staff speaking to people kindly and with respect. Staff knocked on people's bedroom doors and waited for a response before entering, which promoted people's privacy. Staff told us they used privacy notices on bedroom doors to ensure others did not enter the room whilst personal care was being provided.

Staff were aware of the need to treat people equally irrespective of age or disability or race. Staff had attended training in equality, diversity and inclusion.

The local minister came to Mellor Nook monthly to carry out a religious service to meet people's spiritual needs. People with alternative views spent this time doing other activities.

Care plans showed people were involved in decisions about their care. People said they were able to exercise choice in how they spent their time, in the meals they ate and the times they received personal care. The manager told us, "We have two people who like to sleep in until 10am, we respect people's choices and they can get up and go to bed when they choose."

A relative said they were always made welcome, "They are always very warm and welcoming when I visit." We saw staff welcome visitors into the home. We saw visitors come and go as they liked.

We saw people were well presented and dressed appropriately for the weather and looked well cared for. This showed that staff were attentive to people's needs and preferences.

Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. Some people chose to spend time in their rooms, but were invited to join any events that were happening. One person commented, "I like to spend time in my bedroom during the day, but they don't forget me. They check on me and invite me to take part."

We saw that staff knew people well. People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. We saw a care plan that explained that staff should observe body language and other cues to determine a person's mood. This helped ensure that people received the care they wanted.

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know

people's personal details.

Is the service responsive?

Our findings

Care records showed people's needs were assessed prior to being admitted to the home. Care plans reflected individual needs and how people preferred to receive support from staff. The care records showed attention to detail regarding personal care such as oral health care and people's needs at night. Each person had a care record called 'This is me,' which had details of their preferred routines, preferences and life history. People said they were involved in decisions about their care which were included in the care records.

Mellor Nook was using the 'PASSsystem' digital care management system which enabled staff to access live and detailed information about each person. Care plans, monitoring charts and risk assessments were available to staff and could be updated daily. A staff member told us, "I like the system, it saves us time writing which means we can spend more time with people."

There was an activities programme which included quizzes, crafts, film afternoons, and musical entertainment. Most people confirmed they liked the activities on offer, however, one person told us, "I sometimes get a bit bored and wish there was more to do." We passed this on to the manager. The activities coordinator told us, "I try to spend time with everyone and sometimes do activities on a one to one basis in people's bedrooms. We do a lot of reminiscence and people enjoy using the garden, we even get the sheep to come in to visit." People also had the opportunity to visit the town centre and do some shopping.

A complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. The service had not received any formal complaints since the last inspection.

We saw that the service carried out regular customer satisfaction surveys. One relative said, "They do ask us for feedback regularly, usually in person when we come to visit but often by questionnaire." The registered manager explained that the service uses the results of the surveys to improve quality and identify any problems.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about people's communication needs.

The service is particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life. The manager said their aim was always for people to have a good death, free from fear and pain. They explained how this was achieved, including practical steps, such as the provider buying equipment quickly to respond to people's changing needs, for example an adaptable bed with a specialist mattress. They stressed the importance that people were given the opportunity to contribute to the end of life plan and they showed us an example that reflected one person's wishes. Staff

were trained in the six steps program so they were prepared to support people at this difficult time, with the support of the local district nursing team.

Is the service well-led?

Our findings

The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Mellor Nook were currently appointing a new registered manager and updating their registration details.

The service had a positive and inclusive culture. People said they felt "so welcomed." The management team encouraged feedback, led by example and were accessible to both people using the service and staff. The home was transparent and open with good communication in place and information about the service was accessible. People living, working and visiting the service confirmed this in their feedback. The management team were held in high regard by people living at the home, relatives and staff. One member of staff told us, "The managers have been a massive support for me when I have had a difficult year and have been flexible with my hours. I couldn't ask for more from an employer."

Visitors commented positively on it being a "family business" run by "a very hands on manager/owner." Staff praised the manager for enabling them to develop their skills and confidence; one said they loved working at the home because they had been supported to learn and develop their confidence.

The service supported staff to train to obtain their National Vocational Qualifications (NVQ) in Health and Social Care, encouraging them to go beyond the standard care requirements.

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

We looked at some key policies and procedures including, for example, infection control, health and safety, complaints, medicines administration, safeguarding, whistle blowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

Incidents and accidents were investigated accordingly. These systems had recently improved to include an analysis of events that could be used as an opportunity for learning and preventing further incidents from occurring.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

Meetings were occasionally held for people who used the service/families, but we were told these were sometimes poorly attended. However, the registered manager explained that she regularly saw family members when they visited their relatives and was in touch with some families by email.

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and where issues were noted, staff discussed these with their manager or attended additional training. Any action taken regarding staff performance issues was also recorded. One staff member said, "We all get regular observations of practice to test if we are competent as well as spot checks and observations of medicines administration."

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.

During the inspection we found the service was managed by professionals with an obvious dedication to the people they support and the staff that work with them.