

Axelbond Limited

Melrose Residential Home

Inspection report

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Leyland
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18 August 2022
19 August 2022

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Melrose residential care home is a care home supporting up to 26 older people over the age of 65. Some people living at the home have physical disabilities and some are living with dementia. At the time of the inspection there were 17 people living in the home who were supported with their personal care needs. The building has two floors, with sub floors. Stairs, a lift and two stair lifts give access to each floor. There is a kitchen, lounge and dining room to the ground floor and laundry in the basement.

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

People did not always receive their medicines safely or as prescribed and action to protect people from health associated risks was not always effectively taken. The provider did not ensure there was an effective system of audit and oversight to ensure issues and concerns were either identified or addressed.

This was a targeted inspection to review specific areas identified at the previous inspection. Based on our inspection we found some areas of concern had been addressed but further work was required to address previous issues identified.

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 inadequate (22 March 2022). The provider sent a report to CQC about the action they had taken to meet regulations and assure the commission, suggested enforcement action was not required. At this inspection we found improvements had not been consistently made and the provider remained in breach of some regulations.

Why we inspected

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.

We use targeted inspections to follow up on concerns and assure ourselves action has been taken to keep people safe. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook this targeted inspection to check action had been taken to address concerns in relation to regulation 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the service has not changed following this targeted inspection and remains inadequate. Not all aspects of the breach to regulation 9 were reviewed as part of this inspection as the focus was targeted to visiting arrangements.

We have found evidence that the provider needs to make improvements. Please see the safe and well led key sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Melrose Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to medicines management, risk, infection control, staffing and governance at this inspection. Following the last inspection we issued a Notice of Proposal to vary a condition to the providers registration to remove the location at Melrose residential care home, Leyland. This inspection was completed to ensure improvements had been made. We still had concerns and made the decision to continue with the previously agreed enforcement action.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Melrose Residential Home

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.

This was a targeted inspection to check whether the provider had taken action to address concerns in relation to: regulation 9 associated with visiting arrangements during the COVID 19 pandemic, regulation 12 associated with the safe management of medicines, infection risks and risks to people and the environment, regulation 17 in relation to governance, audit and oversight and regulation 18 associated with staffing.

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 and an inspection manager.

Service and service type

Melrose residential home 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 residential home 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 manager in post who was in the process of registering with the Care Quality Commission.

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. Prior to this inspection we reviewed assurance given to us following the previous inspection and planned to review the action had been taken. We sought feedback from professionals on their view of improvements made and gathered information general information we held about the service provided. We used all this information to plan our inspection.

During the inspection

During the inspection we observed the delivery of care and support to the people living in the home. We looked at the whole environment including the kitchen and bedrooms. We reviewed specific information and care planning to gain assurances agreed action had been undertaken to keep people safe. We spoke with six staff members including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the manager and four staff and four people living in the home.

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had taken the specific action required to address previously identified concerns. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection risks to people's health and safety were not being managed effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12. This continued to place people at risk of avoidable harm.

- The provider had assured us effective systems had been developed and implemented to safely record, monitor and assess risks to people following accidents. We were told a new accident procedure had been developed and shared with staff, when we asked the manager for this, we were told a new procedure was not in place.
- We had been told accidents would be immediately reviewed by management and any actions required would be communicated with staff. We were told this would be done through effective handover procedures and updates to people's specific risk assessments. We reviewed three accident records and found no details of any action to be taken was included in handover records and people's specific risk assessments had not been updated.
- Before our inspection, we were assured by the provider, new documents or procedures had been developed to support people at increased risk of harm. This included monitoring people's food and fluid intake when they were at risk of malnutrition /or dehydration. We looked at food and fluid charts for six people and found these had not been consistently completed to ensure effective monitoring. The newly implemented system was not reliable and did not support improved nutrition and hydration.
- The provider had offered us reassurance that improvements had been made to ensure people at risk of harm from pressure sores or at risk of harm when unsupervised had been made. They told us records for repositioning people at risk of pressure sores or timed visible checks on people to ensure their safety would be captured by the staff electronic monitoring system. We reviewed the records for three days for the whole home and found the staff monitoring system was not being used effectively. One person who should have been checked on every two hours through the night had records which showed they had only been checked once if at all on the three nights reviewed.
- We were told new fire safety and protection procedures were in place and were effective. We found that equipment was still not tested as frequently as required and where tests were completed, they did not

identify concerns including gaps in fire doors and missing or out of date fire exit signage. We also found Personal Emergency Evacuation Plans (PEEPs) had not been updated and continued to not show staff how to safely support people in the event of a fire or the need for a building evacuation.

- At the last inspection we found toiletries in communal bathrooms. We shared risks of this with the managers and were assured they would be removed. At this inspection we again found toiletries were left out in the communal shower room.

Systems to manage risk were not effective and this placed people at continued risk of avoidable harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we were told new fire doors had been acquired and were to be fitted and those windows found without restrictors had been fitted.

Staffing

At our last inspection the provider had failed to ensure there were sufficient suitably qualified staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18. This continued to place people at risk of avoidable harm.

- Following the last inspection, we had been told further staff had been deployed to cover the night shift and additional management support had been provided to support the manager address all identified concerns. We found this was not the case at this inspection. There was not an available dependency tool at the time of the inspection or effective system to inform the provider how many staff were required to support people safely.
- Staff continued to have multiple roles. They explained this meant they undertook caring duties, cooking duties and laundry duties as well as doing light cleaning. This included the new manager. There was not any dedicated new support for the manager to identify and address concerns raised. The chef finished their day at 2pm leaving staff on duty to serve and at times prepare tea and supper.
- We arrived on site at 6am on the first day of the inspection and there were two staff on duty until the chef came on duty at 8am. People were asking for drinks and to use the toilet but there was no staff available to support them as the two night staff were supporting other people to get up and dressed for the day.
- There was only one shower room in use at the time of the inspection on the upper floor. This meant two staff were required each time anyone with mobility issues wanted to use the shower due to fire doors and stairs to the shower. This left one staff member supporting other people in the home.
- The staff member administering medicines on the day of the inspection had not received training for this whilst being in employment at Melrose Residential Home, nor had their competency in this area been checked.
- There was a risk assessment and plan for the evacuation of the building, there was not enough staff on shift to safely implement the plan in the event of an emergency.

There continued to be a lack of staff deployed at the home to meet people's needs. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were told that since the inspection a third staff member was on duty each night and a new cook had

been employed.

Using medicines safely

At our last inspection we found procedures for the safe management of medicines were not effective at ensuring medicines were administered safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12. This continued to place people at risk of avoidable harm

- Oversight of the medicines management system at the home continued to be ineffective.
- We found medication used to relieve anxiety was administered without records to support its administration. Three days before the inspection the manager had identified this had happened on five occasions and had written a note in the communications book for staff to better record the need for the administration. The medicine had not been used since. This did not assure us it had been previously required when administered.
- Handwritten Medicine Administration Records (MARs) were not checked for accuracy and on three occasions had not been signed by any staff member. This meant there was no way to check the detail behind the prescription if this was required.

Systems and procedures for the safe management and administration of medicines continued to be ineffective. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were cared for in a clean and hygienic environment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12. This put people at risk of potential harm

- Following the last inspection, we were told how some areas of concern were to be addressed and we found some action had been taken but other concerns remained unaddressed. The kitchen cleaning schedules did not identify when the cleaning should take place and the chef who completed the cleaning schedules finished at 2pm. The kitchen was again used at teatime and supper time with no recorded cleaning taking place.
- The kitchen walls were cleaner at this inspection but there was still work to do in the kitchen, including fitting fly screens to the windows and fixing the extractor fan to avoid the build-up of debris on the walls returning. The floor covering remained dirty as it was worn and needed to be replaced.
- Pedal bins in the main bathroom and toilet on the ground floor remained broken including the clinical waste. We had been assured these had been replaced and they had not been.
- When we arrived on site at 6am staff were not wearing their face masks correctly and we saw this was the case with most staff, throughout the inspection. The inspector shared guidance with the manager to confirm that care staff cannot be exempt from wearing face masks. If staff cannot wear them for medical reasons, then they should not support people in the home.
- We continued to be not assured that the provider's infection prevention and control policy was up to date. The new manager was attempting to source better policies, but this was taking time due to reduced access

to relevant sources of policies.

The provider did not have effective systems and procedures in place to manage infection prevention and control. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

We had previous concerns around how the provider managed visits to people living in the home. The provider had not assured each person living in the home had a named visitor who could visit them at all times including during outbreak. The new manager assured us that whilst the procedure had not been formalised their approach to visiting was in line with government guidance. We were told that visiting was allowed throughout the day up to 8pm each day but mealtimes were protected. We were told in the event of an outbreak people's families would be contacted to ensure where people wanted to receive visitors this was accommodated. At the last inspection this formed part of a breach to regulation 9 (safe care and treatment) This element of the breach has been met. The remaining elements of the breach were not reviewed at this inspection.

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had taken the specific action required to address previously identified concerns. We will assess the whole key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to arrange suitable oversight of the service in order to assess, monitor and improve the quality, safety and welfare of service users, who were potentially at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. People remained at risk of potential harm

- There was inadequate oversight of the service provided to people and the safety of the environment. Auditing systems continued to be ineffective and action to make the environment safe had not been taken in a timely manner.
- All audits we reviewed did not identify concerns found at either this or previous inspections. Most audits identified no concerns. Audits were completed by someone who was not working at the home regularly and had ceased when the staff member stopped working at the service.
- Accident and incident records were not analysed each month to ensure any actions required had been taken or to identify any themes and trends which could be addressed.
- We had been told a care plan review tracker had been developed which identified care plans once they had been audited. We were also told this information was added to a statistical review chart to show where further action was required. The manager was not aware of any of these management tools and no information was shared by the provider to evidence these processes had been implemented.
- Extra care monitoring records including food and fluid charts when people were at risk of malnutrition or dehydration remained poor, and repositioning charts for people at risk of pressure damage were no longer completed. We were again told this information would be scored to ensure increased or decreased risks could be identified and acted upon where necessary. This had not happened.
- At the last inspection we had identified issues with safe storage of items that had the potential to cause harm. At this inspection, we found concerns remained.

Governance and oversight of the service remained ineffective, there was not an effective system of quality audit and continuous improvement. This is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager was in the process of developing a more audits, but they were yet to begin.
- We had previous concerns that some "as required" medicines were being administered without explanation. We found that this had continued until approximately four days before the inspection when the new manager had identified this and asked for the practice to stop.

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; Working in partnership with others

At our last inspection the provider had failed to act on the feedback provided to ensure the quality of provision improved. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. People remained at risk of potential harm

- The provider had been in breach of regulations at the past five inspections and not enough had been done to act on information provided to address issues and meet the requirements of the regulations.
- The new manager did not have the information they needed to assure themselves they were taking the required action to address previously identified concerns.
- The local authority quality team had been working with the provider to drive improvement, but action was not being taken in a timely enough way.
- Continued risks were identified and not addressed to meet the regulation requirements. This includes concerns around fire safety.

The provider did not act on relevant feedback about the quality of service provision. This put people at risk of harm. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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>Systems and procedures for the safe management and administration of medicines continued to be ineffective. The provider did not have effective systems and procedures in place to manage infection prevention and control and systems to manage risk were not effective, this placed people at continued risk of avoidable harm. This was a continued breach of Regulation 12 (10) (2) a, b, g, h (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Ongoing enforcement

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not act on relevant feedback about the quality of service provision. This put people at risk of harm. Governance and oversight of the service remained ineffective, there was not an effective system of quality audit and continuous improvement. This is a continued breach of Regulation 17 (1) (2) a, b, e, f (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

ongoing enforcement NOP

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There continued to be a lack of staff deployed at the home to meet people's needs. This was a continued breach of Regulation 18 (1) (Staffing) of</p>

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

ongoing enforcement NOP