

The Mellows Limited

The Mellows

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

The Mellows provides accommodation and personal care for up to 51 older people including those living with dementia. Accommodation is located over three floors. At the time of our inspection there were 41 people living in the home.

This unannounced inspection was undertaken on 3 March 2015. During the previous inspection on 19 June 2014 we found the provider was not meeting all the regulations that we assessed. We found that there were breaches of two of the regulations and these were in relation to medicines and the quality assurance

processes. The provider wrote and told us of the actions that they would take to ensure that the regulations were met. During this inspection we found that improvements had been made in relation to the quality assurance process and the administration of people's medicines.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw that the registered manager had followed guidance and had submitted an application for one person who liberty was being deprived. Staff we spoke with were clear about the process to follow if people were being deprived of their liberty or where they had not got the capacity to make decisions.

The environment had not been maintained effectively and the upper floor was in need of decoration.

Care records reflected people's current care and support needs. People were provided with sufficient quantities to eat and drink.

Medicines were stored correctly and records showed that people had received their medication as prescribed. Staff had received appropriate training for their role in medicine management.

Staff ensured that people's dignity was protected when they were providing personal care. People were cared for by staff who were kind to them.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had a recruitment process in place. A sufficient number of staff were employed only after all essential safety checks had been satisfactorily completed.

The provider had a service improvement plan in place but this did not provide clear action to be taken in relation to improving the quality of the service for people.

We found that there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The home's decoration was in need of improvement to ensure people lived in safe well maintained environment.

A sufficient number of staff were available and they were aware of the actions to take to ensure that people living in the home were kept safe from harm.

Risk assessments had been updated when people's needs changed.

Requires Improvement



Is the service effective?

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and nutritional needs were effectively met.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity.

Staff were knowledgeable about people's needs and preferences.

Staff spoke with people in a caring and respectful way.

Good



Is the service responsive?

The service was not always responsive.

Although there were activities on offer for people these were limited.

People could be confident that their concerns or complaints would be effectively and fully investigated.

People had been consulted about their care needs and wishes.

Requires Improvement



Is the service well-led?

The service was not always well led.

Although there were systems in place to monitor the quality of the service, these systems did not identify that action needed to be taken and if it had been taken.

There were opportunities for people and staff to express their views about the service.

Staff were well supported.

Requires Improvement



The Mellows

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 was 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 took place on 3 March 2015. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from

notifications. Notifications are information about important events that the provider is required by law to inform us of. We also made contact with the local authority contract monitoring officer.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 8 people who used the service, three health care professionals and two visiting family members. We also spoke with the care manager and a total of five care staff.

We also looked at five people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

People told us they felt safe living at The Mellows. One person said: “It’s nice to know there is someone there if you need them, the staff can’t do enough for you.” Another person said: “I feel safe here”. One relative told us: “I feel [family member] is well cared for and I have no concerns with their safety.”

Areas of the home were not maintained effectively. Parts of the upper floor where people who lived with dementia were accommodated was in a poor state of decoration. The communal area was dark and did not provide an acceptable environment which supported people’s safety. The walls and doorways had not been repaired and a large wall painting had been damaged. Repairs had been attempted with what looked like silver foil and silver coloured adhesive tape. These had clearly been in place for some time and no permanent repairs had been made. There were a number of missing light bulbs and light shades. The upstairs entrance door safety glass had been broken and had been repaired with yellow tape. We were told by the care manager that this had been damaged over two weeks ago, although the provider had been made aware. The seating area was unattractive. This was because there were no windows to provide any outlook for people’s stimulation. The small kitchenette was in a poor state of repair with cracked tiles and unhygienic work surfaces and the doorway had been repaired with pieces of silver tape. One bedroom had a hole in the wall as the door handle impacted into it on opening. A relative we spoke with told they were unhappy with poor condition and state of the environment was on the upper floor. They said: “It is far more attractive downstairs”.

We pushed a number of call bells and found that five were not working and therefore people were not able to call staff if they required assistance.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely and at the correct temperature. People were offered pain relief and staff recorded the time that it was given and the amount administered. Appropriate arrangements were in place for

the recording of medicines including those medicines that were no longer required. There was no written protocol for one person’s medicine that required them to have it administered covertly. This had the potential to put the person at risk if they did not receive their medication. Staff had received training in medication administration. People we spoke with told us they receive their medicine on time and were asked if they would like pain relief where appropriate.

Staff confirmed they had received training in safeguarding people from harm. They were clear about whom they would report concerns to especially if they needed to go to external agencies. They were clear where they would find the information about safeguarding and this was displayed in the entrance hall to the home.

Risk assessments were undertaken and reviewed and changes and care plans described the help and support people needed if they had an increased risk of falls or had reduced mobility. The care plans identified the action required to reduce these risks for people, especially for those using mobility equipment.

Staff demonstrated they were aware of the assessed risks and plans within people’s care records. Staff had ensured that people who had reduced mobility had access to walking frames. In addition, we observed that when needed staff accompanied people when they walked throughout the home.

One member of staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

We saw that there were sufficient numbers of staff available to keep people safe and people received the care they needed. We observed that staff delivered care to people when they required it. One person said: “They [staff] come as quickly as they can if I need any help”. A relative told us: “The staff are good and [family member] says they [staff] come when they call”.

The care manager told us the service did not use staff employed by agencies to assist them with unplanned staff sickness or leave and care staff covered shifts when

Is the service safe?

required. Staff told us that there were enough staff on duty to meet people's care needs. One person told us: "The staff are good they are always there to help when I need assistance."

Is the service effective?

Our findings

We spoke with the care manager about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that they had an awareness of the Act and what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty were lawful. We saw that the service had up to date and appropriate policies and guidance available to guide staff's practice. We were told that six DoLS applications had been submitted for people who may be being deprived of their liberty or are having restrictions in place. The manager was awaiting the supervisory body's (Local Authority) decision on these.

Staff told us and the training records we viewed showed that staff had received training in a number of topics including fire awareness, infection control, food safety, moving and handling, and safeguarding people. One member of staff said: "I had a good induction. It covered all the areas I needed which included safeguarding, how to move someone safely and first aid." The induction included up to two weeks shadowing an experienced member of staff who knew the people in the home very well.

Staff told us they had received regular supervision and felt well supported by the care manager to effectively carry out their role. One member of staff said: "Support has improved since the care manager came into her post". These sessions gave staff an opportunity to discuss their performance and helped staff to identify any further training they required.

We saw that people were provided with enough to eat and drink. One person said: "The food is great there is always

plenty. I have no complaints." Another person said: "I have been happy with the food. If you fancy something else they always try to sort it out for you." A relative said: "The food always looks good, [family member] always enjoys it."

We observed some people having their lunch in the dining room and noted that the meal time was a relaxed, social event in the day, and that people were encouraged to come together to eat. Some people had chosen to eat in the lounge or their own bedroom and this was accommodated by staff. People received individual assistance where necessary from staff to eat their meal in comfort and their privacy and dignity was maintained. This included having their food softened so it was easier to swallow or having staff assistance with cutting it up.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen or what was on the menu for the day. People were offered a choice of soft drinks, and a hot drink after their meal. People made different choices to the menu of the day and they were provided with alternative meals. This showed us that staff responded to people's choices. Where people had any risk issues associated with potential inadequate nutritional intake we saw that dieticians had been consulted. This was to help ensure people ate and drank sufficient quantities.

People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. One person said: "I am able to see a doctor when I need to." The health care professionals were complimentary about the care and confirmed that the staff reported any concerns to people's health quickly. They were satisfied about how people who lived in the service were supported to maintain their health.

Is the service caring?

Our findings

People were happy with the care provided in the service. One person said: "Staff are all so kind and I am very happy here." Another person told us: "The staff are so caring and help me when I need it."

A relative was confident in the care people received. They said: "It's great. The carers are lovely. The staff get on with the people who live here and really care about them." Another person said: "The staff are so kind and can't do enough for everyone here".

There was a homely and welcoming atmosphere within the service which was reflected in the comments we received from people, their families, staff and visiting healthcare professionals. A relative told us: "I am always made to feel welcome and get a cuppa when I come. I can pop in whenever I want to." A member of staff said: "I love working here we all get on well [with people]".

Staff treated people with respect and in a kind and caring way and that staff referred to people by their preferred names. We observed the relationships between people

who lived in the service and staff were positive. One person said: "We enjoy a laugh with the staff and there is always lots of chatter." We saw staff supporting people in a patient and encouraging manner when they were moving around the service. For example, we observed a member of staff support someone to walk down to their bedroom allowing them to walk at their own pace and responded politely to all their questions as they walked along.

Staff respected people's privacy and dignity. People gave us examples of when staff would knock on their bedroom door before gaining permission and entering and remembering to close the door when changing their clothing or attending to their personal needs. A relative said: "They [staff] do treat [family member] with dignity and respect. They [staff] are wonderful I couldn't ask for more".

Some people could not easily express their wishes and did not have family or friends to support them to make decisions about their care. The care manager was aware that local advocacy services were available to support these people if they required assistance; however, there was no one in the service who required this support.

Is the service responsive?

Our findings

There was a lack of activities for some people especially on the upper floor. The poorly maintained environment did not provide suitable stimulation and space was limited to be able to offer any activities of interests, except for listening to music and watching television. People were sat in rows and were just looking into space or were asleep as there was nothing available to provide any stimulation. The seating was in a row as there was no space to arrange the seating into small groups and allow people to have conversations. There were only low level small tables available which were used for people's drinks and snacks to make it easier for them to reach them for themselves.

However, we did receive positive feedback about the range of interests on offer for people who mainly lived on the ground floor. One person told us: "I like music and there's always something to do". Another said: "They [staff] always keep me busy". People were sat in a group playing games and were chatting and laughing with staff and having an enjoyable time. Staff were encouraging people to take part and gave assistance where necessary. This meant that some people were provided with interests of their choice and whether they wanted to join in.

We spoke with staff and they explained how they arranged the programme of activities based on people's choices and interests. In the afternoon we heard staff ask people on the ground floor if they would like to play a game of bingo and they were supported and encouraged to move to the table in the conservatory. We spoke with the staff member

upstairs who was not aware of the activity taking place downstairs. A notice providing details of entertainers that would be visiting the home over the coming months was available on the notice board at the entrance to the dining room.

People we spoke with knew they had a care plan in place and could ask to see it if they wanted. One person told us: "The staff know what help I need, but they always ask me to check with me whenever they come to help". We saw that everyone who lived at the home had a care plan that was individual to them. The care plans contained information about people's likes and dislikes as well as their needs. We looked at five people's care plans which demonstrated how their needs such as mobility, communication, personal care needs, continence and nutrition were met. This meant people would be treated in the way they wished.

There was a copy of the complaints procedure available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concern's if they were unhappy about any aspect of their care. People, relatives and staff said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the care manager. We looked at the last four written complaints made and found that this had been investigated and responded to the satisfaction of the complainant in line with the provider's policy. This meant that people could be assured that their concerns and complaints would be acted upon.

Is the service well-led?

Our findings

The home had a registered manager. We were told by the care manager that the registered manager came into the home twice a week but some of the staff were not able to confirm when they had last seen them. This meant that the registered manager was not in day to day management of the home. Following our inspection the provider told us that they have a presence in the home, most days.

Following our inspection we received the service improvement plan from the provider. This provided a maintenance schedule with dates of when the various check should be carried out and whether they should be undertaken on a weekly, monthly or quarterly basis over a 12 month period. There was no information of the findings following the checks and how the quality of the service could be improved. An additional page at the end of the plan highlighted some of the areas identified during the inspection around the environment. It did not provide detailed action for each area for example it stated 'remove seating' and 'walls and ceilings refresh' with no detail of what seating or walls this referred to. The nurse call bell system was not planned to be serviced until 31 May 2015. This meant that the provider had not ensured people were able to request assistance at all times to ensure their health, welfare and safety was always protected. This was especially for those people who spent time in their room or who were cared for in bed.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The care manager had been employed just over a year ago and told us they were managing the home on a day to day basis. They were supported by the registered manager who visited the home twice a week. We received many positive

comments about the care manager. People told us that she was approachable and communicated well with them. One staff member commented: "They are great; they occasionally work on the floor to see what's going on". The care manager spent time supporting people at lunchtime, ensuring that peoples care and support needs were being met. We spoke with a member of staff who said: "There is nothing I would change. The residents are lovely and all the staff get on well".

The care manager maintained a training record detailing the training completed by all staff. This allowed them to monitor training to make arrangements to provide refresher training as necessary.

Staff told us that there were links with local entertainment and religious organisations to show that the management of the home operated an open culture and people were an integral part of the community.

Staff had the opportunity to express their views via staff meetings and handovers. One meeting took place during our inspection and staff were asked to comment on the service and if they needed any support with people's needs. Information on whistle-blowing (whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work) in policies and procedures was available for all staff. Staff told us, "I am very confident that if I ever saw poor care I would be the first one to report this. In all the years working here I have never had cause to whistle-blow on anything."

Staff told us that they would raise any concerns about poor practice [Whistle-blowing] and that they were confident these would be taken seriously by the provider. We saw that staff had access to written guidance about raising concerns. This guidance also provided staff to information on how to raise their concerns with external bodies about the care people received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

The registered person did not have a system in place to effectively monitor the quality of the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Assessing and Monitoring the quality of service provision, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The registered person did not ensure that there was a suitable and safe environment for people to live in.

This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of premises, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.