Melba Lodge Limited

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Inspection report

67 Brewery Road
London
SE18 1ND

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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

This inspection was carried out on 26 June 2017 and was unannounced. At our last inspection on 13 May 2015, the home was rated 'good' in all of the five key questions we asked of services and 'good' overall.

Melba Lodge, 67 Brewery Road, is a residential care home that provides accommodation and support for up to four people with mental health needs. At the time of our inspection the home was providing care and support to three people. The registered provider was also the registered manager for the home. 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.

There were safeguarding adults and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet people's needs. Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and annual appraisals of their work performance. The registered manager understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acted in accordance with this legislation. People were supported to have a balanced diet and they had access to health care professionals when they needed them.

People had been consulted about their care and support needs. They were also provided with information about the home and the standard of care they should expect. People's privacy and dignity were respected. People said they knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of people using the service through surveys and at residents meetings. Where people had made suggestions they had been listened to and acted upon.

The home had been awarded a certificate from a care home magazine for being one of the top 20 care homes in London. Staff said they enjoyed working at the home and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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 was safe.

There were safeguarding adults and whistle-blowing procedures in place, and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

There were enough staff on duty to meet people's needs.

Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs.

People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and, where appropriate, annual appraisals of their work performance.

The registered manager understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acted in accordance with this legislation.

People were supported to have a balanced diet.

People had access to health care professionals when they needed them.

Is the service caring?

Good

People had been consulted about their care and support needs.

People were provided with information about the home and the

standard of care they should expect.

People's privacy and dignity were respected.

Is the service responsive?

Good

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

People were provided with a range of appropriate social activities both in and out of the home.

People said they knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well led.

The provider had appropriate systems in place to monitor the quality and safety of the service.

The provider sought the views of people using the service through surveys and at residents meetings. Where people had made suggestions they had been listened to and acted upon.

Staff said they enjoyed working at the home and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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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 carried out on the 26 June 2017. The inspection team consisted of one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service, including statutory notifications the provider had sent to us. A statutory notification is information about important events which the service is required to send us by law. We used this information to help inform our inspection planning.

During the inspection we spent time observing care and support being provided. We looked at records, including three people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with all three people who used the service, three members of staff and the registered manager. We also received feedback about the service from the local authority that commission services from the provider.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "I feel safe living here, I don't need any protecting. We all get on well together." Another person said, "I am safe here. There is always staff around so I am not left on my own."

The home had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur and knew how to report them. One member of staff told us, "If someone here was being abused I would report to the registered manager. If I thought they had not dealt with it properly I would tell social services and the CQC." Staff said they were aware of the provider's whistle blowing procedure and they would use it if they needed to.

We looked at the recruitment records of five members of staff which contained completed application forms that included the member of staff's full employment history, health declarations, proof of identification and interview questions and answers. All but one of the staff recruitment records included two employment references. The registered manager told us they had taken a telephone reference for this member of staff and requested on a number of occasions that the referee supply a written employment reference which they had not done. Following inspection the registered manager confirmed with us they had obtained a second reference for the member of staff from a different source. We also saw evidence that the registered manager had obtained criminal record checks for four of the five staff. The registered manager had used a recent criminal record check from one member of staff's previous employer, which was in line with guidance. The day following the inspection the registered manager confirmed that they had decided to also obtain a new criminal record check for this member of staff.

People using the service said there were always staff around when they needed support. One person commented, "There are plenty of staff here day and night to look after us." Staff also told us there was always sufficient staff on duty because the provider planned for social activities and appointments. The registered manager explained that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend health care appointments or social activities then additional staff cover was arranged. We checked the staffing roster and found that planned staffing levels reflected the correct number of staff on duty at the time of our inspection.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified. People had detailed personalised evacuation plans in place which documented the support they required to evacuate the building in the event of an emergency. Peoples care records included assessments had been carried out to assess the levels of risk to them for example on mental health relapse, absconding, medicines and falls. For example, we saw guidance for staff for monitoring and recording any deterioration in people's mental health conditions. Where people had been assessed at risk of absconding we saw the actions required from staff to report them missing to the appropriate people.

People told us they received their medicines when they were supposed to and when they needed them. One

person said, "I get my medicines on time every day. It must be a good thing that I am taking my medicines. I appreciate the support the staff give me." Medicines were stored securely in a locked cupboard in the office. We saw records of medicines received into the home and returned to the pharmacist to ensure stocks remained accurate and in-date. The registered manager had also conducted weekly medicines audits in order to help ensure medicines were safely managed. Peoples care folders contained individual medicine administration records (MAR). These included people's photographs, information about their health conditions and any allergies where appropriate, to help reduce the risks associated with medicines administration. We checked the MAR's for two people using the service; these indicated that people were receiving their medicines as prescribed by health care professionals.

Staff training records indicated that they had received training on the administration of medicines. Staff told us the registered manager observed them administering medicines to people to make sure they were doing things the right way. The registered manager told us that staff competence for administering medicines was assessed during the induction process and we saw this was referred to in induction records. However we found there were no records to confirm that staff had been fully assessed as competent to administer medicines to people using the service. During the inspection the registered manager showed us a new form for assessing staff competency in administering medicines. They told us they planned to complete the assessments with staff immediately. We will assess the impact of the medicines competency assessments at our next inspection of the home.

Good

Is the service effective?

Our findings

People using the service said staff knew them well and knew what they needed help with. One person said, "The staff know what they are doing. I think they get the training they need to support me."

Staff had the knowledge and skills required to meet the needs of people who used the service. The registered manager told us that all staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the national benchmark that has been set for the induction standard for new social care workers.

Records showed that staff had completed training that the provider considered mandatory. This training included first aid, food safety, medicines, infection control, safeguarding adults, health and safety and the Mental Capacity Act 2005 (MCA). Staff had also completed other training relevant to the needs of people using the service for example anxiety, depression, diabetes and mental health awareness. We saw the provider had plans in place to train staff where they required refresher training. For example on the day we inspected five members of staff were attending training on safeguarding adults and mental health. Other training planned for this week included fire safety and the MCA.

Staff we spoke with told us they had completed an induction when they started work and they were up to date with their training. They said they received regular supervision from the registered manager. One member of staff said, "I started working here recently and I had an induction and lots of training. I get very good support from the registered manager and the other staff that work here." We saw records confirming that all staff were receiving regular formal supervision with the registered manager and where staff had worked at the home for over one year they had received an annual appraisal.

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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that all of the people living at the home had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the MCA. The registered manager also confirmed that because people had capacity to make decisions for themselves, their freedoms were not

restricted and none of them were subject to a DoLS authorisation

People were provided with sufficient amounts of nutritional foods and drink that met their needs. We saw a weekly menu used at the home which was well balanced and varied. People told us they discussed what they wanted to eat with their keyworkers and at residents meetings. They told us they made their own breakfast; usually cereal and were encouraged to cook a meal each week but that staff cooked a main meal each day. One person told us, "The food is very good. We can tell the staff if what we want to eat. They encourage us to eat healthy food. I like beef curry, rice and chips." Another person told us, "The staff cook for us, we also cook a meal in the week for other people using the service and staff. The food is quite nice and we get plenty. We can make drinks for ourselves or have snacks whenever we want to."

People had access to a GP and other health care professionals when needed. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals for advice and support. The registered manager told us that people were registered with a GP and access to a range of other health care professionals such as the local Community Mental Health Team (CMHT), dentists, chiropodists and opticians if and when they required them. We saw that peoples care files included records of their appointments with healthcare professionals. One person said, "I can see the GP, dentist or optician when I need to. I see the chiropodist and I talk to my community nurse regularly." Another person said, "I see my community nurse every week. I am in very good health so they must be looking after me very well."

Good

Is the service caring?

Our findings

People told us staff were caring and respectful. One person using the service said, "I think the staff are caring. I know them all and they treat me well." Another person said, "The staff do the majority of the things I ask them to do. I like them and I think they like me too."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know all of the people using the service well. They were observed to give people time and space to do the things they wanted to do. They respected people's choice for privacy as some people preferred to spend time in their own rooms or in the garden. People told us their privacy and dignity was respected. One person said, "The staff always knock on the door if they want to come into my room. If I tell them I want to spend some time alone they don't disturb me." Staff told us that all the people using the service were independent and did not require any support with personal care; however on occasions they might remind people to shave or change their clothing. They said they knocked on people's doors before entering their rooms and they made sure information about them was kept confidential at all times.

People using the service told us they had been consulted about their care and support needs. One person said, "I have a key worker. We meet regularly to talk about everything. We talk about what I have done in the past and what I would like to do in the future. I have a care plan and we discuss that too." Another person told us they attended care program approach (CPA) reviews with staff. The Care Program Approach (CPA) is used to plan people's mental health care. They also said, "I have a care plan and I have a key worker to talk to about things that are important to me."

People using the service were provided with appropriate information about the home in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people when they moved into the home. One person using the service told us, "I got a copy of the service user's guide when I moved in here. I suppose it was helpful then at the time. It told me about the home and the staff. I just keep it in my room now."

Good

Is the service responsive?

Our findings

People told us the home was meeting their care and support needs. One person said, "It's a nice environment and there is always something to do." Another person commented, "The staff know what they need to do for me. I would say my needs are being met."

People's needs were assessed and care and treatment was planned appropriately. Peoples care files contained referral and assessment information, care plans, risk assessments, support guidelines for staff and records of appointments with health care professionals. Care plans described people's mental and physical health needs and provided guidelines for staff on how to best support them to meet these needs. Risk assessments had been completed, for example on absconding and mental health relapse, and there was guidance in place for staff to minimise the likelihood of these risks occurring. We saw that care plans and risk assessments had been kept under regular review and people were supported to attend medical and mental health appointments with health care professionals when required.

We saw individual activities plans for all of the people using the service. Activities included domestic tasks and developing independent living skills such cooking lunch with staff and work placements and social and leisure activities such as swimming lessons, Tai Chi and going for walks. People said there were plenty of opportunities to do things both in and out of the home. One person told us, "I go out all the time. I go to local shops and a café. My key worker sometimes comes with me on country walks or we go out for a drive which I like. We sometimes go to the cinema. We can play chess indoors, listen to music or watch TV. We went on holiday this month to the coast with staff. It was different and very enjoyable." Another person said, "I don't get bored here, there are enough things to do if I want to. I enjoyed the holiday we went on this month. There was a lovely beach, a very nice pub and plenty of night time entertainment."

People told us they knew about the home's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to, and their complaints would be fully investigated and action taken if necessary. One person said, "I would talk to the manager if needed to complain. But I have never needed to complain." We saw a complaints file that included a copy of the providers complaints procedure and forms for recording and responding to complaints. The registered manager told us they had not received any complaints about the home. If they did receive a formal complaint they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Good

Is the service well-led?

Our findings

People using the service were positive about the registered manager and staff team. One person said, "The manager is good. I can talk with them whenever I want. We can say what happens in our home." Another person said, "The manager is alright yeah, very good. The staff are good too. The home seems to be well run." The registered manager showed us a certificate from a care home magazine confirming that, following feedback from residents and relatives, the home had been rated as one of the top 20 care homes in London. We also saw a report from the local authority that commissions services from the provider. The report recorded there were no concerns and the service was providing a good level of care.

The home had a registered manager in place. The registered manager was also the registered provider of the home. They had managed the home since 2003; they demonstrated good knowledge of people's needs and the needs of the staff team. Our records showed that notifications were submitted to the CQC as required.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received. The registered manager also carried out weekly checks on medication records, maintenance issues, residents meetings, menu plans, activities, staff training, peoples finance records, testing the fire alarm system and checking water and fridge temperatures. The registered manager also carried out monthly audits at the home. Monthly audits included a health and safety check of the home and any accidents and incidents. We also saw reports from six monthly audits carried out by the pharmacist. These indicated that medicines were being appropriately managed at the home.

People told us about regular residents meetings where they were able to talk about things that were important to them and about the activities they wanted to do. Residents meetings were attended by both people from the home and from a second home run by the provider which was nearby. Minutes from the last two residents' meetings showed they had been attended by all of people from both of the provider's homes. People's comments and suggestions had been recorded. Items discussed at the last meeting in May 2017 included planning holidays and discussing outings, activities and meals. One person told us they found the meetings useful. They said, "I get to know the other residents. I find out things like what they did for a living and what things they like to do now. We plan for holidays and activities and talk about the foods we like. The staff try as far as they can to act on the issues we discuss."

Staff told us they enjoyed working at the home and they were well supported by the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff said, "We have a good manager. We have good handovers after every shift. Things run smoothly here and the team work is very good." Another member of staff said, "The registered manager is always available to support me. They comment on how I am doing things and they help me a lot. We have regular team meetings. We focus on the resident's needs, how we are doing as a team and if we can do anything better. We talk about any incidents or accidents and about what we can do to stop the same things happening again."

The registered manager told us they carried out monthly surveys with people using the service, their relatives, staff and professionals with an interest in the home. Comments from people using the service were positive. One person commented that everything at the home was okay. Their holiday went well and they wanted to go to Cornwall next year. Another person using the service indicated they were happy with everything at the home. A health care professional had also commented that the home was doing a very good job in supporting the people using the service.