Mr H G & Mrs A De Rooij

Melrose

Inspection report

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Date of inspection visit: 13 January 2015
Date of publication: 13/04/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This unannounced inspection took place on 13 January 2015. At our last inspection, on 16 January 2014 we had found there was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, regarding staffing numbers and training. The provider sent us an action plan to tell us that this would be addressed by 01 June 2014. We found on this inspection that the breach had been dealt with.

The home required 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.

The service was registered to accommodation for 29 people and at the time of our inspection, there were 24 people resident, one of whom was there for short term respite. The people supported by the service all had mental health needs and some had additional physical needs.

Summary of findings

The home was an ex local authority home, it was light, airy and was well laid out. There were peoples' bedrooms throughout the home and most communal areas were on the ground floor. The home had a separate part of the top floor designed to enable people to live semi independently and for some to work towards being able to live independently in the community. This part had six bedrooms, with its own kitchen and lounge. People were able to take part in everyday tasks such as making drinks and snacks.

We found that most people felt safe and happy with the care and the staff. However, people were not given a choice about many of the aspects of their daily life such as when to have a snack. Staff were supported and trained but they were not conversant with the Mental Capacity Act (2005) or the associated Deprivation of Liberties Safeguards. The management style was not appropriate to the people being supported and the way the home was run did not allow people to live their lives freely or independently.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we also found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement

The service required some improvement to ensure it was always safe.

We found staff had been recruited appropriately and had received safeguarding training. There were sufficient staff on duty

There were not always risk assessments completed when they were required.

Is the service effective?

Requires Improvement

The service was not always effective.

Generally, staff were trained and supervised but had not had sufficient training for the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards.

People's mental capacity had not been assessed and their independence was not encouraged or enabled.

People were not supported in respect of their nutrition or weight.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us they were happy with their care and the staff. However, they had no involvement in planning their own care.

There was no evidence of advance care planning for end of life care.

People had not been asked about their choices or preferences in relation to their religious or cultural needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service was not person centred and care plans were not always reviewed.

People had no choice about much in their daily life. People did not receive emotional or physical stimulation as there were few activities.

Is the service well-led?

Requires Improvement

The service was not always well led.

A positive culture of open and transparent working was not evident.

The people who lived in the home were not encouraged to give feedback on the service that they received.

The provider had not notified CQC of serious concerns and incidents since our last inspection. There was no record of any investigation although we were told that this had happened

Melrose

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 inspection took place on 13 January 2015 and was unannounced. It was carried out by a team of three people; a lead Adult Social Care inspector, a second Adult Social Care inspector and a specialist advisor, who was a registered nurse.

We viewed the current information we held on our systems about the provider and the location. The provider had sent us an action plan after the last inspection and we reviewed other information sent to us by the provider. We received information from the Local Authority and from the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We observed the care of the people living in Melrose; spoke with 10 people, four care staff, the registered manager of the service, the health service manager and with two visiting health and social care professionals. The provider held most of the information about the home electronically. We reviewed five staff files and seven care records. We reviewed other records, including audits, the training matrix and various policies, many of which the provider emailed to us after the inspection.

Requires Improvement

Is the service safe?

Our findings

One person said, “Yes I feel safe here” and another said, “The home is kept very clean”. Another told us, “Yes I feel safe here but they should trust us a bit more. We can make hot drinks but not use a toaster or microwave, it doesn`t make sense”.

A staff member told us, “No staff have ever mentioned to me any problems about not being able to manage; we always have enough staff on duty”. Another said, “I have had plenty of training. If I thought one of the resident’s had a problem I would go and see the manager”.

We looked at five staff files which all showed that the correct recruitment procedures had been followed, with criminal records checks, references, qualification documents and ‘right to work in the UK’ documents. We saw that the providers induction process had been followed and that staff had received safeguarding, health and safety and other training to equip them to deal with people’s safety. Staff members we spoke with could tell us about safeguarding adults and were aware of the whistleblowing procedure and said they would use it if necessary.

We saw that medications were kept safely in a locked room and the medicine trolley was locked. The medicines room was clean and tidy and medicines were appropriately stored. Controlled drugs were administered following the policy, by two staff, a senior support worker and another support worker. We saw that they observed each other and witnessed the administration of the medication. There was a system for the administration of ‘as required’ prescribed medicines (PRN) which we saw was correctly followed. There was a thorough checking system in place and on the day of our inspection, a medication error was discovered. The senior support staff was able to discuss the procedure for this following up on this error.

The medication administration records (MAR) sheets had photographs of the people except for people on respite care. This was important for identification purposes. The senior support staff had been trained to administer medication and we saw that she had qualified at level three in the National Vocational qualification to NVQ level 3 to give medication. There was a general record sheet in the MARs charts which gave a person centred account of the individual’s daily living.

All medication records were up to date and we saw that medication audits had been completed. We were told that no people in the home self-medicated, except for the one person on respite care. The care manager said that if someone came to the home that could self-medicate there were locked medication boxes in most of the rooms.

We found that most people had appropriate risk assessments in their files, but one person had had 10 falls between May and December 2014 and had not had a falls risk assessment or been referred to the Falls team. People had not had risk assessments to determine how best to support them to use a kettle or other kitchen equipment.

We found the home was clean, but it was not well lit in several areas of the building. The kitchen was large and well equipped. We saw the notice which showed it had a level five food hygiene award, which was the highest award given by the local authority. The cook wore protective clothing when working in kitchen but we saw that some support workers did not wear protective clothing in the kitchen.

We saw that there were emergency fire procedures displayed on wall and there was firefighting equipment placed around the home, which had all been recently checked.

Requires Improvement

Is the service effective?

Our findings

One person told us, "I think the meals are OK but very small; you don`t get many vegetables, they are like a child`s meal" and another said, "The food is good and tastes good". A third said, "Asking for a cooked breakfast is pie in the sky, there's no chance". A fourth person said, "Sometimes we have to fill menus in a week in advance and I just don`t know what I will feel like eating in a week's time". A fifth person told us, "If you are not down for breakfast on time then that`s it, you get nothing until lunch time".

One member of staff said, "The residents get drinks at set times during the day and they seem happy with that". Another told us, "I feel so well supported here. I have just started more training which I am very happy about". A third staff member said, "I have not been here long but I had training before I started and also since I have been here. I enjoy it because I want to learn".

The provider had two services and staff moved between them as necessary. The records for both services were often combined, such as the staff training matrix. The matrix showed that staff had undertaken mental health awareness and deprivation of liberty safeguards (DoLS) training via the Social Care Information and Learning Services (Scils), which was an online learning resource. The staff training records viewed showed that one staff member had undertaken Mental Capacity Act (MCA) training, and other staff had undertaken DoLS training. However, it is difficult to fully understand DoLS without a good understanding of the MCA. The staff told us that they got MCA training via Scils. However, they were not able to tell us of the main principles of the act.

We saw that other subject areas had mostly been regularly trained and refreshed, such as manual handling, medicines, fire safety and infection control. However, there were three staff members who had been scheduled to have management training in February 2014. Only one had completed this and the record showed that the other two were 'awaiting start'. One staff member had completed eight training subjects on the first day of their employment in 2007 and had not refreshed these since that date.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with staff, and the managers of the service. No one living in the home had a DoLS at the time of our inspection and no applications had been made for the people living there.

The MCA Code of Practice states that the five statutory principles of the MCA form a vital part of developing a patient's care plan and should be integral to this process. Melrose was a home for people with mental health illnesses. There was no evidence of the MCA being applied to practice in any of the files looked at and there was no evidence of any best interest's meetings or decision making. Understanding and the application of the MCA should be underpinning most of the day to day work.

These examples are breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured that there were suitable arrangements in place to act in accordance with the consent of people who lived in the home.

We saw that people took their meals in the dining room and had set mealtimes during the day. There were two seating's for lunch and dinner. People had varied opinions about the amount and type of food they were offered but we saw little evidence of choice. At a residents meeting in September 2014 we saw in the notes that there had been some discussion about food. There had been comments that there was not enough food and that some was cold when it should be hot. There was an additional note to say this had been passed on to the relevant departments and had been addressed but we found that some people were still not happy. We were told by staff and people that drinks, other than water and snacks were not available throughout the day for people living on the ground floor. The people on the first floor rehabilitation unit were able to use a kettle to make a hot drink for themselves whereas those on the ground floor were not able to access a kettle

or a drinks machine. We saw no evidence that best interests meetings had taken place regarding these activities, which meant that people were not supported to make choices.

These examples are breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured that a choice of suitable food was available to people living in the home.

The building was a purpose built residential home which had been purchased from the local authority by the provider. It had an enclosed garden and was near shops and other facilities. It had wide corridors and a lift to the first floor. On the first floor was a semi self-contained unit was provided to encourage some people's independence. There were six people in this unit and they were able to incorporate some daily living tasks into their own time, with the support of staff. This unit had its own kitchen and lounge.

On the ground floor there was a sun room and also a 'smoking bubble' which was an enclosed room accessed by an enclosed corridor from the main building, with suitable doors to close this off.

Requires Improvement

Is the service caring?

Our findings

A person told us, “I feel happy living up here, the staff help us a lot”. Another said, “I feel very well supported here. The staff have helped me so much, I am really happy”.

A staff member told us, “If we get a chance we will sit with people especially if they have a problem, but we are always around for them if they need us”.

We saw there was a relaxed atmosphere with good interaction between staff and people living in the home. People moved freely around the home. We observed that the staff were caring and appeared knowledgeable about people’s needs and that they were patient and supportive with them. We saw that staff knocked on people’s doors and waited for an invitation to go in, before entering. They spoke in a friendly and respectful way and used people’s names.

We saw staff be considerate to a frailer person who was not able to access their medication. They took the medication to the person. We saw staff check with people whether they wanted any PRN (as required) medication. Another staff member helped a person from one part of the building to another.

We were told that people were encouraged to personalise their own rooms with furniture and curtains and other personal possessions and we saw some rooms which demonstrated that this had been done. People had keys to their rooms and were able to be private when they liked, although staff also had duplicate keys.

There was no evidence of advance care planning for end of life in the care files nor was there any record of any discussion with people regarding their choices or preferences in relation to their religious or cultural needs. We saw that one person used a local advocacy club to help represent their interests.

Although we saw that people had meetings where they could feed any issues or concerns back to the managers and staff, the people had limited involvement in in the running of the home. Those on the first floor were able to be more independent and express their views about their daily lives. We saw limited evidence of enabling and supporting people who were on the ground floor to be more independent.

Requires Improvement

Is the service responsive?

Our findings

One person told us, "I`ve never had to complain but that`s because I don`t think anything would get done anyway. I feel intimidated by some staff".

A second person said, "The people downstairs do nothing all day. They just sit there or stay in their rooms". A third told us that they liked walking, that they went to a drop in centre and helped at the local charity shop.

A staff member said, "Everyone has their care plans reviewed and any changes would be recorded". Another, when we asked if people knew how to complain and who to, responded, "No doubt. We would listen to people and help them if they needed to complain".

A staff member told us they sometimes did the ladies nails for them and that they were hoping to get Wi-Fi in the home and promote peoples use of computers. Sometimes people went into the garden, they said. We were told by staff that people went out into the town and to the local pubs and that the home had good neighbours. However, they told us that if there were any events at the home no 'outsiders' were invited.

The care plans we viewed were very basic and did not cover the holistic nature of good care planning. There was no evidence of the care plans identifying social and spiritual and requirements of the people. The care recording system the provider used did not allow for personalised assessments as well as life history and life aspirations but this did not appear to be utilised to its full extent. In general, the goals and actions on the care planning system were not reviewed or any achievements documented. The progress notes did not link to the care plans so it was difficult to identify any patterns or progress.

One person had 10 falls between May and December. There was no information in the personalised assessment log or any falls risk assessment. Another person's weight records show a move between normal to severely underweight. The last record of weight was on also 2 November 2014 where it showed as them as being severely underweight. There was no evidence of a care plan with a nutritional risk assessment and no diary entry to record the weight loss.

People were not supported or assessed to allow them to make choices or to take risks, such as making tea or coffee, or using a toaster. People on the ground floor were not able to have a kettle to make hot drinks but people on the first floor were permitted to use the kettle, but not the toaster or microwave in their communal kitchen.

There was no evidence of any meaningful activity taking place within the home, which did not have an activities worker. Two people worked as a volunteer at a local charity shop once a week and one cooked at a local advocacy luncheon club weekly

Requires Improvement

Is the service well-led?

Our findings

One person told us, “The owner is strong man but he does not listen, it `s always his way or the highway”. Another said, “I could go down and see the manager if I needed to, there would not be a problem”.

A staff member commented to us, “I really do feel well supported by the managers here, if there is something I need I know the door is open and I can go and see them”.

The manager, who was also the provider, told to us that he was a qualified mental health professional of many years standing. However, we did not see evidence of current best practice in his leadership of the service at Melrose.

The service had been audited regularly and this included checks on things such as care plans, risk assessment, and checks on the building and environment, such as emergency equipment and the kitchen. The audits we viewed showed that the service was satisfactory. However, in light of our findings we questioned the value of these, particularly in relation to people’s care records.

We were sent the service’s business contingency plan which included what to do if an evacuation of the building was necessary.

We were told by the manager that ‘residents’ meetings’ were held every three months and that the last ‘meeting had been in December 2014 when only one person attended. The previous one in September 2014 was attended by six people. We saw the notes from both and there was an additional note to the September minutes which said the issues had been passed to the management who had addressed the issues.

The registered manager told us that the last ‘residents’ survey’ had been two years ago. There were no plans to do another one. He told us that the managers’ and staff found out people’s views as they talked with them. There was no recent record of what people thought about the service.

Registered managers and providers are required by law to notify CQC of any serious concerns or incidents. The provider had not submitted any such notifications since the previous inspection. However, we had been informed from other sources that there had been two serious events in 2014, one of which had involved a sexual assault which had been reported to the police. We discussed these events with the registered manager and the health service manager who told us what they had done to investigate these issues. We were not provided with any documentary evidence to show that the investigation had been done. The provider told us they would submit the required notifications. The provider has, since the inspection, failed to retrospectively submit these notifications.

These examples are breaches of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the provider had not submitted appropriate notifications to CQC.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The provider did not ensure adequate nutrition and hydration was provided to the service users. Regulation 14 (1)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The provider did not have suitable arrangements for obtaining service users consent. Regulation 18 (e)(f)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider had not submitted appropriate notifications to CQC.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

This section is primarily information for the provider

Action we have told the provider to take

The provider did not ensure adequate nutrition and hydration was provided to service users.