

M Rashid

Melrose House

Inspection report

95 Alexandra Road
Southend On Sea
Essex
SS1 1HD

Tel: 01702340682
Website: www.melrosehouse.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Melrose House is a residential care home providing the regulated activity of accommodation and personal care to up to 34 people. The service provides support to older people, including those who are living with dementia. At the time of our inspection there were 12 people using the service.

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

Minor improvements were still required to the service's risk management strategies and medicine records to ensure these were safe. Some further improvements were still required to the care home environment. Although there was no impact for people using the service, not all staff had attained up-to-date training or received regular formal supervision.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet people's needs. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

People's nutritional and hydration needs were met, and they received appropriate healthcare support as and when needed from a variety of professional healthcare services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 Requires Improvement (published 11 January 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 to 28 November 2022. Breaches of legal requirements were found relating to risk management, preventing, and controlling infection, the premises and the provider's governance and quality assurance arrangements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective

and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained unchanged. This is based on the findings at this inspection.

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

We also 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.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Melrose House

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.

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.

Service and service type

Melrose House 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 House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 3 people who used the service and 1 person's relative about their experience of the care provided. We spoke with 2 members of staff and the registered manager. We also spoke with the provider and external consultant. We reviewed 3 people's care plan and risk management strategies. We also looked at the provider's quality assurance systems, the provider's arrangements for managing medicines and staff training and supervision records.

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 we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection in November 2022, suitable arrangements were not in place to manage and mitigate risks relating to the service's fire arrangements. Improvements were also required to the service's infection, prevention, and control arrangements. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although minor improvements were required to risk management records, enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Assessing risk, safety monitoring and management

- Most risks to people's safety and wellbeing were assessed and recorded. However, minor improvements were still required to ensure sufficient detail was recorded detailing how the risk to the person using the service or others was to be reduced and mitigated to ensure their safety and wellbeing.
- Environmental risks relating to the service's fire arrangements, including improvements to the premises were now completed. These also included individual Personal Emergency Evacuation Plans [PEEP] for people using the service.
- Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service. However, fire drills had yet to be completed by night staff and remained outstanding from our previous inspection to the service. The registered manager told us this would be addressed.

Using medicines safely

- Accurate medicines records were maintained, and people received their medicines as prescribed.
- The medicine rounds were evenly spaced out throughout the day to ensure people did not receive their medicine too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medicines were trained and had their competency assessed to ensure they remained competent to undertake this task safely.
- Where people had a handwritten entry recorded on the Medication Administration Record [MAR], not all records were double signed by a second trained and skilled member of staff to confirm the accuracy of the information recorded. The provider's consultant provided an assurance this would be discussed with the registered manager.
- Codes used in Medication Administration Records [MAR] forms were inconsistent and confusing. Some staff used the code 'N' to record when PRN [when required] medication was offered, but other staff left the MAR form blank.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I think I am safe, the staff are lovely" and, "Safe, yes I am thank you." One relative told us they had no concerns about their family member's safety and wellbeing. They told us, "I have always felt they were safe."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.
- The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Preventing and controlling infection

- Since our last inspection in November 2022, the laundry room floor had been made impermeable and deep cleaning of the premises was now being completed more frequently.
- Since our last inspection difficulties continued to be experienced by the service to recruit a permanent housekeeper. At this inspection, the registered manager confirmed a housekeeper had now been newly recruited but confirmation of their Disclosure and Barring Service [DBS] check was awaited. The registered manager confirmed the staff roster had been adjusted to accommodate care staff undertaking housekeeping tasks. Despite the above difficulties, the premises was clean and odour free on the day of inspection.
- All but 2 members of staff had attained up to date infection, prevention, and control training. Following the inspection, the registered manager confirmed both members of staff had been requested to complete this within 4 weeks.

Staffing and recruitment

- The registered manager confirmed no members of staff had been newly employed since our last inspection in November 2022. A member of staff was currently going through the recruitment process and the service was awaiting the outcome of their DBS check. This provides details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The deployment of staff was appropriate and there were enough staff on duty to meet people's needs and to ensure staffs' practice was safe.

Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with current government guidance. One relative told us, "I can visit when I want but I do call ahead on some occasions."

Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong and to make required improvements. This had been led and progressed by the provider's external consultant team who were now working together with the new registered manager to ensure any improvements made were sustained in the longer term.
- Accident and incidents were logged and analysed to identify potential trends and themes. This was to mitigate risks and ensure people's safety and wellbeing needs were met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection in November 2022, the premises were not properly maintained for people living at Melrose House. This was a breach of Regulation 15 [Premises and equipment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Although some minor improvements were still required, enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Adapting service, design, decoration to meet people's needs

- Since our last inspection in November 2022, significant improvements to the premises had been progressed by the external consultant team and with the involvement of the provider to improve the service.
- The service had been newly decorated and furnished to a good standard. Some people's bedrooms had been redecorated and new furniture purchased and fitted. New flooring had also been fitted in communal areas.
- The service's boilers had been replaced and installed to ensure a reliable and effective heating system was in place to meet people's needs. The service's fire system had been replaced and upgraded to ensure it was fully operational and safe should a fire emergency arise.
- Areas for people to sit and spend time either alone or with family and friends had been newly created on the first and second floors. A staff room had been newly created on the second floor and the location of the medicines room had been relocated.
- The provider was advised that some further improvements were still required. There was no Wi-Fi available within the senior's office to enable staff to update the service's electronic records. A small number of double-glazed windows required repair or replacement as the glass had become cloudy, foggy, or hazy. The flooring in the bathroom on the ground floor was no longer impermeable and the radiator cover required repair or replacement. A review of the service's wheelchairs was required to ensure these were in full working order. The provider wrote to us following the inspection confirming the latter had now been completed.
- Whilst significant improvements to the premises have been made, the provider should review the maintenance person's working hours at Melrose House as they are only employed for 4 hours on a Wednesday and Friday. This means sometimes maintenance tasks identified are not always addressed at the earliest opportunity.

Staff support: induction, training, skills, and experience

- Although there was no impact for people using the service, training information provided to the Care Quality Commission demonstrated not all staff had attained up-to-date training. This referred to both

mandatory and specialist training courses. The registered manager told us since they had been appointed a full review of staffs' training had been undertaken and online training courses assigned with the expectation that these would be completed within 4 weeks.

- Although staff told us they felt supported and valued by the registered manager, formal staff supervision arrangements were not consistent. For example, 1 member of staff had not received supervision since 2021. Three other members of staff last received supervision in September 2022, October 2022, and November 2022.
- The registered manager told us since they had been appointed, a review of the above had been undertaken and they were looking at how an effective system to formally supervise staff could be implemented given there was no additional managerial support arrangements in place to assist with this.
- The registered manager was aware of their responsibilities to ensure all newly employed staff received a robust induction, including completion of the Care Certificate. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service. Relatives confirmed they had participated in this process.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to meet their dietary and hydration needs.
- People's comments about the quality of the meals provided were positive. Comments included, "Oh, the food is lovely, I have no complaints" and, "I love the food provided, it is very nice and there is plenty of choice." People also told us there were alternatives to the menu if they did not like the choice of meals provided.
- The dining experience for people was positive. People were offered different options of food and drink. The meals were well presented, considering people's individual food and dining preferences. For example, if they liked a big or small plate of food, favourite food items and if they required specialist cutlery.
- Where people required staff assistance this was provided in a respectful and dignified manner. People were not rushed to eat their meal.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other organisations to ensure they delivered good joined-up care and support.
- People's healthcare needs were met, and they received appropriate support from staff. Records demonstrated people were supported to attend medical appointments, for example, to the GP, hospital, and other healthcare services.
- Relatives told us they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. One relative told us, "Staff always call me and keep me informed about [relative]."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff ensured consent was always sought and people were involved in making decisions about their care so that their rights were upheld.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Staff demonstrated a basic understanding and knowledge of the key requirements of the MCA and how this impacted on people using the service.

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 we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in November 2022, effective arrangements were not in place to assess and monitor the quality of the service provided and to ensure compliance with regulations. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although minor improvements were still required to the provider's quality assurance arrangements, enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; 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; Continuous learning and improving care

- Since our last inspection in November 2022, new policies, and procedures had been acquired from an external company, but these were dated 2021. The registered manager was requested to confirm if this was a recording error or if these were the latest documents as we could not be assured that legislation referred to was current and up to date.
- We found gaps in the provider's auditing arrangements following our last inspection to the service in November 2022. However, since the appointment of the registered manager in February 2023, audits were now being completed. Minor improvements were required to ensure action plans accurately reflected where actions had been completed and addressed.
- The external management support team's role at Melrose House had been reduced to providing formal supervision to the registered manager. The registered manager told us they engaged in regular conversations with the provider and therefore did not provide a regular report to them to demonstrate compliance with regulatory requirements or vice versa.
- Evidence during this inspection demonstrated an improving service but as cited within this report, some improvements remain, whilst others require embedding to provide assurance of sustainability.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection in November 2022, a new manager had commenced in post at Melrose House in February 2023. They were formally registered with the Care Quality Commission in April 2023.
- The registered manager understood the importance of their role and responsibilities and demonstrated a commitment to providing appropriate care for people using the service, providing support to staff employed

within the service and ensuring compliance with regulatory requirements was achieved.

- The registered manager confirmed they received good support and advice from the external management support team as needed. However, the registered manager had not yet received formal supervision.
- Staff were complimentary about the registered manager. One member of staff told us, "She's a good manager, you get clear instructions and advice and support when needed." Staff told us they were confident to raise concerns and believed these would be acted upon and addressed by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's and others view about the quality of the service provided had not been sought since our last inspection to Melrose House in November 2022. The registered manager stated this would be completed in 2023 using a new more 'user friendly' format.
- People had been given the opportunity to attend 2 'resident' meetings and to have a voice. A relative spoken with told us the registered manager was "good", that communication was positive and they were happy to liaise with them.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information showed the service worked with others, for example, the Local Authority, healthcare professionals and services to support care provision.