

Melba Lodge Limited

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Melba Lodge is a residential care home providing accommodation and personal care, registered to support up to four people with mental health needs and/or learning disabilities or autism. There were four people using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

Some improvement was needed to the management of medicines and to ensure quality assurance systems were effective in identifying areas for improvements. We have made a recommendation that the provider considers best practice guidance on managing medicines and about the use of nationally recognised tools when assessing people's needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. For example, in the way it assessed people's needs and worked with people to identify individual goals that increased their confidence and independence.

People told us they felt safe living at the home. Staff understood the provider's safeguarding and whistle blowing procedures, should they need to use them. Risks to people were assessed and risk management plans in place. There were enough staff to meet people's needs and safe recruitment practices were followed.

Staff knew how to report and record the details of any accidents or incidents which occurred at the home. The registered manager reviewed accident and incidents for learning and to reduce the risk of repeat occurrence.

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.

Staff received sufficient training and support to meet people's needs. People were supported to maintain a balanced diet. Staff worked closely with a range of health professionals and ensure people had access to a range of healthcare services when needed.

People told us staff treated them with dignity and respected their privacy. Staff treated people with kindness and consideration. People were involved in making decisions about the support they received.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had personalised care plans that reflected their care needs. They were encouraged to take part in activities within the community and to be as independent as possible. The provider had a complaints procedure in place and people told us they knew how to complain and were confident that any issues they raised would be addressed to their satisfaction

The registered manager worked with staff to create an open and person-centred culture at the home. They worked in partnership with health and social care professionals to plan and deliver an effective service.

There were some systems to monitor the quality of the service. The registered manager sought people's views on the service through regular meetings and an annual survey. They sought to make improvements based on feedback..

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 26 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Melba Lodge Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by a single inspector.

Service and service type

Melba Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 contacted the local authority commissioning and safeguarding teams for their views about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the four people using the service to gain their views. We spoke with a care worker, the

registered manager and a deputy manager

We looked at two people's care records, two staff records and records related to the running of the service such as fire safety records, audits and meeting minutes.

After the inspection

We spoke with one relative by telephone following the inspection and tried to contact other relatives of people using the service to ask for their views. We also contacted four health care professionals for feedback about the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. .

Using medicines safely

- Some improvements were needed to ensure all medicines were safely managed. We found systems to manage medicines did not always follow best practice guidance. There was no homely remedies policy agreed with people's GP's in line with best practice, to confirm which counter medicines were safe for use. The registered manager told us they sought pharmacy advice for over the counter medicines but there was no specific guidance from people's GP's.
- There was no protocol for one 'as required' medicine, to guide staff on when to administer the medicine. This was sent to us following the inspection. Where there was a variable dosage for as required medicines there was not always sufficient guidance for staff on what to look for to decide on the dosage level. For example, in relation to an inhaler there were no instructions for staff on when they should support people with one or two doses of the medicine.

We recommend the provider seek and implement appropriate best practice guidance on the management of medicines.

- Medicines were stored securely and at safe temperatures. People had medicine administration records (MARs) which included details of any known allergies, to help reduce possible risks. People told us and MARs showed that people had received their medicines as prescribed. People were supported to attend healthcare appointments, where relevant, for the administration of some medicines.
- Staff were trained to administer medicines safely and had their competency to administer medicines assessed before they were considered ready to undertake this role. We observed staff giving people the time and support needed to take their medicines safely. Staff training and competency assessments were reviewed regularly to ensure staff remained competent to administer medicines safely.

Assessing risk, safety monitoring and management

- Most risks to people were identified and assessed. However, we found some areas of risk management required improvement. Some environmental risks were not always robustly managed. There was a recent legionella certificate to confirm no legionella bacteria in the home's water system, and evidence of some checks being completed. However, a comprehensive legionella risk assessment was not available at the inspection to ensure any risks of legionella bacteria growth had been minimised. Or to evidence that staff were completing all the necessary checks under their legionella management scheme. Parts of a legionella risk assessment were sent to us following the inspection but some checks being carried out were not in accordance with the risk management plan guidance.
- Staff told us they carried out water temperature checks on all rooms but these were not always recorded

for the sinks in people's bedrooms to evidence effective monitoring of water temperatures. Fire drills did not always detail the staff who attended to give the provider assurances that all staff had attended a fire drill.

- For one person there was no risk assessment to guide staff on a health condition related to their breathing. However, staff were knowledgeable about the risks involved and told us the action they would take to reduce risk.

We discussed these issues with the registered manager who told us they were unable to locate their legionella risk assessment and would obtain another and they would address the other areas identified.

- Other risks were assessed with risk management plans to guide staff on how to reduce risks. For example, we saw one person had been referred to health professionals in relation to their mobility and nutritional needs. Guidance from health professionals was being followed to reduce possible risks.
- Staff were knowledgeable about the people they supported and risks in relation to their mental health. They described people's individual risks and how to minimise them.
- Routine checks were carried out on emergency equipment such as the fire alarm. People had a personal emergency evacuation plan. Staff had training on fire safety and first aid. A fire risk assessment had been recently carried out and actions recommended had been completed.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were safe from abuse, neglect or harm. People told us they felt safe at Melba Lodge. One person said, "I feel very safe here. The staff are all nice and we all get along well. It's a safe place to be." We observed people interacted positively with staff and sought them out for reassurance. People were relaxed in each other's company.
- Staff had received safeguarding training. They understood the possible signs of abuse and their role to report any concerns. They were aware of whistleblowing procedures and who they could go to if they had any concerns.
- The registered manager understood their responsibilities under safeguarding. They knew how to raise safeguarding concerns appropriately with the local authority and to notify CQC. Staff supported people to understand the possible risks while accessing the community or the intranet.
- There was a system to respond to and monitor accidents and incidents and share learning at the service. Staff were aware of when to complete an accident or incident form. We saw these were reviewed by the registered manager for any learning.
- Learning from incidents was identified and shared. The registered manager reviewed these for any learning. We saw following a visit from a health professional last year, who had been let into the home without staff knowledge; learning from this was discussed and shared. Changes had been made to the door bell and to staff guidance to ensure that the door bell was answered by staff for people's security.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us there were always staff around throughout the day and a staff member slept in and was available if they needed them. They told us they were supported by a small group of familiar care workers which they liked. One person said, "I know the staff. It's good. Staff are always about. There are staff to help when I want to smoke and go out and about and look after us."
- The registered manager said staffing levels were arranged according to people's needs. If extra support was required for supporting people to attend health care appointments or social activities, then additional staff cover was arranged. Staff told us there was an on-call manager they could call throughout the day and night if the registered manager was not available.
- Effective recruitment processes were in place to protect people from unsuitable staff. Staff recruitment

records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.

Preventing and controlling infection

- Staff followed safe infection control practices to protect people from the risk of infection. Staff used personal protective equipment such as gloves appropriately and followed hand washing guidance. Staff had infection control and food hygiene training and knew how to reduce the risk of infection. The service maintained a stock of PPE which staff confirmed they had access to.
- The home was clean and there were no odours. People told us they were supported to keep their rooms tidy and clean. There were regular cleaning tasks allocated to day and night staff.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they went to live at Melba Lodge to ensure they could be met. A health professional commented, "They do very thorough assessments to consider people's needs holistically." Assessments were carried out in consultation with people, health professionals and relatives where this was appropriate. We saw appropriate action had been taken to respond to people's changing needs.
- People's care plans included appropriate guidance and action to support people in areas such as their skin integrity or the risk of malnutrition. However, we noted that while the provider assessed the levels of risks it was not always clear how these levels were decided, or, what actions could be taken when people's needs changed. For example, at what level of need a referral might be considered to a dietician. This had not impacted on people's care but the use of recognised assessment tools would support a more comprehensive assessment of people's needs.

We recommend the provider considers the use of nationally recognised assessment tools when assessing people's needs to provide a more comprehensive structure to assessments.

Staff support: induction, training, skills and experience

- Staff received a range of training and support to enable them to be equipped to carry out their roles. This training was monitored to ensure it remained up to date and was regularly refreshed. Staff told us they received enough training and support to carry out their roles. One staff member said, "We get good training here, there is lots of it. It helps you do your job."
- Staff had training specific to their role such as mental health, challenging behaviour training, lone working and dementia training. A comment from a staff survey read, "Working in Melba Lodge has helped me professionally through training and supervision I believe I am more aware of my duty of care to the residents, myself and the organisation."
- New staff had a detailed induction to ensure they understood their roles prior to working as a full staff member. The registered manager told us any staff new to health and social care would receive training in line with the Care Certificate, the benchmark for introductory training. Agency staff when used were given an induction into the service to ensure they understood people's needs.
- Staff were encouraged to undertake further training qualifications in Health and Social Care. They told us they received regular supervision and we saw that this included space for reflecting on practice, as well as looking at staff development and supporting people staff with their roles.

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

- People's dietary needs were assessed and supported and possible risks in relation to malnutrition or choking were identified and managed with guidance from health professionals included in their care plan. For example, one person had been referred to a dietician due to some dignified weight loss and was receiving a fortified diet. Staff were knowledgeable about people's dietary needs as well as their likes and preferences. People's weight was monitored to ensure any concerns were promptly identified.
- People told us they had plenty to eat and had a choice of meals. They said they were encouraged to eat a healthy diet. One person explained how they had lost weight through healthy eating. The registered manager told us there was a range of healthy menu options available. Menu planning was discussed at residents' meetings to ensure everyone's wishes were considered. Care plans identified that people were encouraged to help prepare their own meals and support with the shopping. We did not observe this at the inspection and disused this with the registered manager who advised that it was sometimes difficult to engage people in this activity.
- People could help themselves to drinks and snacks at any time and there was a range of healthy snack options available.

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

- People were supported to maintain good health. People told us they saw the doctor, dentist, chiroprapist or optician when they needed to and staff supported them appropriately. Health care plans identified people's health needs with guidance for staff on how to support them and records of outcomes of appointments with health professionals, so that staff could follow their advice. Staff at the home followed NICE (National Institute for Health and Care Excellence) guidance in relation to oral health care to support people with their dental care.
- People were supported to attend their mental health appointments. Information was shared appropriately between people, the staff and health professionals so that any changes to people's mental health needs could be identified in a timely way. Staff took part in more structured care planning with people and mental health professionals where this was appropriate. One mental health professional commented, "They are very thorough and understand people's mental health needs."
- We saw where people's health needs had changed the registered manager had referred them to appropriate health professionals in a timely way to ask for support. For example, one person had been referred to an occupational therapist for support with their mobility. Feedback from health professionals about the way staff worked with them was complimentary.
- People had hospital passports detailing their health and communication needs and any other important information to provide important information about them and ensure good communication between services.

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

- The environment was warm, homely and people were encouraged to personalise their rooms. People have access to a small garden area and a communal lounge.
- The building was not wheelchair accessible due to the number of internal steps and narrow stair well. The registered manager told us that they considered people's mobility carefully before they came to stay at the home. We saw rails had been fitted around the home to help support people's safety.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff acted in accordance with the MCA. People told us they were asked for their consent in relation to their support needs. The registered manager told us people at the service all had capacity to consent to decisions about their care and support. We saw people had signed consent forms for various aspects of their care and support.
- Staff had received training on the MCA and DoLS and were aware of the need to assess people's capacity for each decision. The registered manager was aware of the circumstances in which they might need to carry out a mental capacity assessment and deprivation of liberty authorisation application.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were warm and caring and their diverse needs were respected. One person said, "The staff are good here. They are all kind. I like all of them." Relatives' commented that staff were kind and compassionate. One relative remarked, "The staff are very good, they know [my family member] well and they are very happy there."
- Throughout the inspection we observed staff interacted with people calmly and with appropriate humour. Where needed, they supported people to make choices through the day. They knew people well and were aware of their likes and dislikes and they understood possible signs of anxiety or distress. We observed people looked to them for reassurance and to engage with in conversation.
- Staff received equality and diversity training and understood the importance of supporting and protecting people's diverse needs. For example, staff told us how they could support people to practice their faith and to attend spiritual services or address any cultural needs in respect of their diet or personal care.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make day to day decisions by staff who understood their wishes and preferences. People told us they were consulted about their care and support and were able to make choices about what they did. One person commented, "Staff do ask you about your choices. I chose when I get up and what I do in the day." Meeting minutes showed people had been reminded that there was no set mealtime and they could have their meals at any time.
- Staff described how they supported people to be involved in decisions about their care by offering them choices and seeking their consent in relation to their support needs. We observed staff asked people's views and checked with them what they wanted to do during the course of the day. Health professionals commented that staff supported people to attend appointments and encouraged them to take an active part in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence promoted. People told us they were encouraged to do as much for themselves in relation to their personal care. They were supported to keep their room clean and to make their meals or do their washing. A health professional remarked, "The home is good at encouraging people to be as independent as they can and to go out into the community. They do a good job."
- Staff were aware how to protect people's privacy and dignity. People confirmed staff knocked on the door before they entered their rooms and that staff understood the importance of keeping their information confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans that described their health care and support needs and preferences across all aspects of their care. Care plans reflected the principles and values of Registering the Right Support. They referred to promoting people's independence and their inclusion within the local community. There was information about people's life histories and people that were important to them. This helped staff interact in a more personal and meaningful way. People told us they liked the consistent staff team who knew them very well.
- People told us they were involved in identifying their care and support needs and any changes. These were reviewed regularly and included guidelines for staff on how to best support them. Staff supported people to access the support they needed to keep well. They knew how to recognise when a person's mental health was deteriorating and any associated risks.
- Health professionals told us they thought the service was responsive and supportive. One health professional said, "Staff contribute to the information we need and when needed their reports are detailed. They are well aware of people's mental health needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met. People's communication needs were clearly identified in their care plans. The registered manager was aware of the Accessible Information Standard and told us that they could provide information in different formats to meet people's assessed communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that interested them and met their needs. In line with the principles of Registering the Right support, people were encouraged to take part in activities within the local community. For example, one person enjoyed music and attended music therapy, another person enjoyed astronomy books and was supported to go the library and people were encouraged to take up exercise and join local classes to improve their health.
- Staff also encouraged home-based activities such as games or arts and crafts. One staff member described how she personalised the activities to ensure they matched people's interests. People told us they had enough to do and enjoyed meals out together and the cinema in particular. One person said. "I've got

lots of things I do. Swimming and drama. There is plenty going on."

Improving care quality in response to complaints or concerns

- There was a system to manage and respond to complaints. The provider had a complaints procedure in place that explained the timescales to respond to a complaint and where people could refer to if they were unhappy with the outcome of the complaint. People told us they had not needed to complain but if they were unhappy about anything they would speak to the staff in the first instance. One person said, "There is nothing to complain about. We all get on well. We can make suggestions if we want anything to be changed."
- The registered manager told us they had not received any complaints since the last inspection. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout. A relative told us, they had not needed to complain about anything but would speak with the registered manager if they had any issues or concerns.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Continuous learning and improving care

- Systems to monitor the quality and safety of the service needed some improvement to ensure they were consistently effective to identify improvements. There was no evidence of regular medicines audits. The registered manager and deputy manager told us monthly medicines audits were completed but there were no records to verify what was audited. Any audits had not identified the issues we had found in relation to the management of medicines.
- Weekly and monthly health and safety audits were carried out but they had not identified the issues with incomplete water temperature records or the absence of the legionella risk assessment or the lack of robust fire drill records. Parts of a legionella risk assessment were provided after the inspection. However, this showed not all checks followed the guidance in the risk management plan. The risk assessment was dated June 2013 and part of the risk management plan included a two yearly review of the risks. No evidence of this was provided.

We discussed the shortfalls in the quality monitoring systems and the provider recognised their shortcomings in these areas and told us they would make all the improvements needed. We will check these improvements at our next inspection.

- Other systems to manage the quality and safety of the service were in place and operated to identify concerns. For example, there were regular maintenance and staff recruitment records checks. Action had been taken to address any issues which had been identified. For example, radiator covers were being fitted at the time of the inspection, to reduce possible risk of scalding.

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

- There was a person-centred culture at the home. Staff meeting minutes showed that staff had worked with the registered manager to produce a mission statement and set of values for the home since the last inspection. This was displayed on the wall in the staff room and staff were familiar with these and understood the provider wanted to deliver high quality care. The registered manager said they worked to support people to lead full lives with choices.
- People told us they were very happy at the home and felt involved and consulted about the way it was run. One person commented, "Staff ask us what we think and we have meetings where we can raise any ideas we have."

- Staff team meeting minutes evidenced that conversations were open and areas of practice and development were discussed such as safeguarding, oral hygiene as well as discussion about any changes to people's needs and learning from any accidents or incidents. Staff told us they worked well as a team together. Feedback from a staff survey stated, "The communication between the management and staff has helped us build a work place positive culture."
- The registered manger told us they looked to learn and develop the service. They made use of local forums with Skills for Care (an organisation for work force development in health and social care) to remain up to date with good practice. They showed us a published blog they had written for the National Institute for Health and Care Excellence about the benefits of using the guidance on their website.

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

- The registered manager understood their role as a registered manager and had notified CQC of incidents as required. They were aware of the need to display their inspection rating on the provider's website and we saw it was also displayed at the service as required. The registered manager showed us a certificate from a care home website confirming that, following feedback from residents and relatives, the home had been consistently rated as one of the top 20 care homes in London
- The registered manager had a good understanding of their responsibilities under the duty of candour and we saw they had been they open and honest with families when things went wrong. They looked to identify any learning from any incidents or accidents.
- There was visible leadership and management presence and staff understood their roles. Health professionals and relatives told us they knew the registered manager and that she was knowledgeable about the people at the home. Staff were positive about the registered manager. One staff member said, "The manager is very approachable and she will support and guide you if you are not sure. I have learned a lot from her."
- Information was shared with staff to ensure there was good communication across the home. Staff meeting minutes showed there was detailed discussions about each person's needs as well as wider issues about the running of the home. Any new information staff needed to be aware of was discussed and written copies made available in a folder for staff to read and sign to evidence they had done so.

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

- People's views about the service were sought. The registered manager asked for feedback from people and relatives through a range of methods including resident's meetings, and relatives and surveys from people and health professionals. Minutes of residents' meetings showed people's views were sought and suggestions about their care in areas such as food choices or activities or holidays.
- Completed surveys were positive in their responses with no areas suggested for change. For example, a comment from one survey from a person using the service was, "It's excellent here and I have freedom, Its very relaxing and comfortable." The registered manager told us they reviewed the surveys and if there were any areas identified for improvement, they would discuss this with staff and people at the home.

Working in partnership with others

- The registered manager and staff team worked in partnership effectively with health and social care professionals, families and the local authority. Feedback from health professionals and the local authority was positive about the way staff at the home worked with them. A social care professional told us, "The manager is good at taking recommendations on board and all actions I had from my previous visit were completed."

- Health professionals were positive about the way staff engaged with people and supported their mental health needs. Where people were engaged in a care programme approach, health professionals commented that staff commitment to this was positive. (A care programme approach is a structured support plan for people with mental health needs.) One health professional said, "I am pleased with the support client receives at Melba Lodge. The staff are prompt to raise any concerns."