

Voyage 1 Limited

Melbreck

Inspection report

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 27 March 2018 and was unannounced. At our last inspection on 19 and 25 July 2017 we rated the service 'Requires Improvement' and identified four breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, consent, person centred care and governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-Led to at least good. At this inspection, we found that despite some improvements having been made the provider had not met the legal requirements in relation to risk management, person centred care and staffing. We have also made a recommendation with regards to the governance of the service.

Melbreck is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Melbreck accommodates up to 26 people with learning disabilities and complex needs in one adapted building. At the time of our inspection there were 26 people living at the service.

There was a registered manager in post who supported us during the inspection. 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.

Risks management plans were not always followed to ensure people's safety and well-being were maintained. People's weight was not always monitored to highlight concerns and people did not have regular access to a range of health care professionals. Clinical staff did not receive effective supervision and skills were not monitored. Access to activities within the community was limited and daily activities at home were repetitive. Quality assurance systems had not highlighted the above concerns to ensure that people received the care they required.

Staffing levels had increased and the way in which staff were deployed had changed. This meant that people's day to day care was now provided in a more organised and timely manner. Care staff had access to the training they required and regular supervision was provided to support staff in their roles. Prior to starting work staff underwent robust recruitment checks to help ensure they were suitable to be employed at the service. Staff told us they felt supported in the roles and that the new registered manager had had a positive effect on staff morale and the culture within the service.

People received their medicines as prescribed and medicines were safely stored and managed. Staff knew people's needs well and we observed positive interactions with people throughout the inspection.

Assessments took place prior to people moving into the service to enable staff to better understand their needs. Detailed care plans were in place to support staff in providing people's care and people's independence was maintained. The registered manager had introduced person centred reviews to increase people's involvement in their care.

People had a choice of nutritious foods and their dietary needs and preferences were known to staff. People's cultural needs were respected and staff understood the importance of this. Systems were in place to ensure that the principles of the Mental Capacity Act 2005 were followed and people's rights were respected. Staff understood their responsibilities in keeping people safe from potential abuse. Accidents and incidents were monitored to minimise the risk of them happening again.

People lived in a safe, clean and comfortable environment. Regular health and safety and maintenance checks were completed. A contingency plan had been developed which meant that people would continue to receive care in the event of an emergency. Safe infection control procedures were followed and cleaning schedules were in place.

Quality assurance systems had been effective in developing the service in some areas. Relatives told us that the new manager was approachable and they felt comfortable in raising any concerns. The provider had a complaints policy in place. Complaints were monitored, investigated and responded to in line with this policy.

During the inspection we identified three breaches of regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 was not always safe.

Risks to people care were not always identified and adequately addressed.

Sufficient staff were deployed to meet people's needs.

People received their medicines in line with prescription guidelines.

Robust recruitment procedures were in place.

Staff understood their responsibilities in safeguarding people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People did not always receive the support they required to access healthcare professionals.

Clinical staff did not receive the support they required in their roles.

The principles of the Mental Capacity Act were followed to ensure people's rights were upheld.

People's nutritional needs were met and staff were aware of people's preferences.

People needs were assessed prior to them moving into the service.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and understood their individual communication needs.

People were supported to maintain and develop their independence.

People's cultural needs were supported.

Visitors were made to feel welcome to the service.

Is the service responsive?

The service was not always responsive.

Opportunities for people to access the community were limited and activities for people were repetitive.

People's needs and preferences were known to staff and detailed care plans were in place.

Complaints were monitored to minimise the risk of them happening again.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Quality assurance systems were not always effective in ensuring shortfalls in people's care were identified. We have made a recommendation regarding this.

Clinical records were not organised to enable information to be accessed easily. Other records were detailed and comprehensive.

The registered manager had brought about improvements in the service and staff told us a positive culture was developing.

The provider had taken steps to implement systems in response to concerns being identified.

Annual surveys were distributed and action plans developed to address concerns raised.

Requires Improvement 

Melbreck

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 27 March 2018 and was unannounced. The inspection was prompted in part by concerns raised by the local authority relating to people's health care needs. The inspection was carried out by three inspectors and a nurse specialist advisor. The nurse advisor specialised in the care of people with learning disabilities and complex needs.

Before the inspection, we reviewed records held by the Care Quality Commission which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider complete a Provider Information Return (PIR) as we inspected the service sooner than we planned. 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.

As people living at Melbreck were unable to tell us about their experience in detail we observed the care and support provided to them. We spoke with two sets of relatives, six staff members, the registered manager and the clinical support manager for the provider.

We reviewed a variety of documents which included the care records for seven people, activity records for six people, four staff files, medicines records, complaints and compliments, quality audits and various other documentation relevant to the management of the service.

Is the service safe?

Our findings

We observed people appeared relaxed in the company of staff. One relative told us they felt the service was safe, "Whenever we visit the blinds are open and you can see what's happening. Everything is open, they're not trying to hide anything. We don't worry when we leave here." Another relative told us that although they had experienced difficulties with staff responding to their family members needs they felt things were now improving. They told us, "We feel a lot better about it now." Despite these positive comments we found further improvements were needed.

At our last inspection we found that sufficient staff were not deployed to meet people's needs and that staff did not always have time to spend with people socially. In addition we found that risks to people in relation to people's diet and nutrition were not always monitored. At this inspection we found that positive changes had been made in the way staff were deployed and staffing numbers had increased. Further concerns regarding the monitoring of people's weight had been identified. The registered manager had acted upon these concerns and some improvements were seen. However, continued monitoring in this area is required to ensure that systems are embedded into practice.

Risks to people's well-being were not always identified and monitored. Concerns had been raised by one person's relatives and the local authority regarding the monitoring of people's weight and nutritional intake. Records showed that one person had lost a significant amount of weight which had not been identified or monitored by staff. This had led to a delay in the person receiving medical assistance. People's weights had all subsequently been reviewed and where required support had been sought from the GP and dietician. During the inspection we noted that two people had since lost small amounts of weight and the manager had not been informed to ensure that this situation was monitored. Although the people concerned were not considered to be at risk of malnutrition, weight loss may indicate there is a risk of other underlying health concerns. The registered manager told us they would investigate why this had not been brought to their attention by clinical staff.

Skin integrity risk management plans were not were not always followed. We checked six people's care records which stated they needed to spend time out of their wheelchairs during the day to relieve any pressure areas. However, we observed people remained in their wheelchairs for the whole day. Staff told us that the hoists used did not lower to floor level which meant it was difficult for people who were unable to maintain their own posture in a chair to spend time out of their wheelchair. Records confirmed that staff had been advised not to use the hoists to support people to stretch out on floor mats or bean bags as the hoisting procedure may not be safe. The registered manager told us they were not aware that this was an issue. They added that they would make arrangements for a more suitable hoist to be brought from a service which had recently closed.

The failure to ensure risks to people's health and well-being were identified and acted upon was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels had increased which meant that staff had more time to spend with people. In addition, the

way in which duties were allocated had been revised which meant staff were no longer rushing to complete tasks. The registered manager told us, "We have made small changes which have had a big impact." Relatives told us they felt staff levels were adequate. One relative said, "There's enough and even with the agency they manage to maintain regular staff. There's never a constant change so it feels safer." The atmosphere in all areas of the service was relaxed and staff did not appear rushed. It was evident that staff were aware of where they should be and who they should be supporting. Staff were constantly available to people in all communal areas and we did not observe people needing to wait for their care. Staff told us they felt that staffing levels had improved. One staff member told us, "Things are so much better. We have time to care properly now." Another staff member told us, "There have been times in the past when we have been short staffed but this has improved now." Clinical staff told us that they found the afternoons difficult as there was only one nurse on duty which meant they were rushing to get things done. We discussed this with the clinical support manager who informed us that they had gained agreement that going forward two nurses would be on duty for the whole day. Following the inspection we were informed that these additional nursing hours were now in place.

Robust recruitment processes were followed to ensure that suitable staff were employed. Evidence was provided that prior to starting their employment the provider obtained two references, photographic identification, a full employment history and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff were also required to attend a face to face interview where their skills and values were assessed.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff we spoke to were able to identify the different categories of abuse and describe the signs to look for which would alert them to potential concerns. Staff knew how to report any concerns and the importance of ensuring this was done in a timely manner. One staff member told us, "I need to report it to my manager or operational manager. They would call the safeguarding team or the police, or I could do so." Another staff member said, "If I had any worries I would report it to my manager or use the whistle-blowing line." Information and guidance to staff, people and visitors regarding the reporting of safeguarding concerns was displayed in communal areas. Records showed that concerns had been appropriately shared with the local authority safeguarding team and any investigations had been comprehensively completed.

There were safe medication administration systems in place and people received their medicines when required. Each person had a medicines administration record (MAR) which contained a recent photograph, known allergies and details of how they preferred to take their medicines. MAR charts were signed following the administration of medicines and no gaps in recording were seen. Where people were prescribed PRN (as required) medicines guidelines were available to ensure these were administered appropriately. We observed staff in the administration of medicines through percutaneous endoscopic gastrostomies (PEG), a tube placed directly into the person's stomach through the abdominal wall. Staff were able to describe the precautions they were taking to ensure the procedure was carried out safely. Medicines were stored safely and regular stock checks completed.

Systems were in place to ensure accidents and incidents were monitored to minimise the risk of them happening again. Where accidents and incidents occurred these were reviewed by both the registered manager and the provider's quality team. This ensured that any trends could be identified and control measures could be implemented where required. An example of this was where one person had experienced mild sunburn. Guidelines were now in place for the action staff should take to keep the person safe in the sun.

Infection control procedures were in place to keep people safe. Staff told us they always had access to relevant equipment such as gloves and aprons and we observed this to be the case. Cleaning schedules had recently been revised and were signed off daily when completed. The laundry area was organised with separate areas for clean and soiled laundry. Equipment and mattress checks were completed to ensure they were clean and intact and infection control audits were completed regularly. Staff received training in safe infection control practices.

The provider had developed a comprehensive contingency plan to ensure that people would continue to receive a safe service in the event of an emergency. The contingency covered areas including contact details, water and gas leaks, electricity failure and details of alternative accommodation should the building not be fit for use. The building was well-maintained to minimise the risk of emergency work being required. Regular health and safety checks were in place and fire procedures were in place. Staff had been involved in fire drills and fire safety scenarios. Where additional safety features had been recommended by the fire service these had been implemented. A personal emergency evacuation plan was in place for each person which detailed the support they would require to evacuate the building if required.

Is the service effective?

Our findings

At our last inspection in July 2017 we found that people's legal right were not always protected as the principles of the Mental Capacity Act 2005 (MCA) were not always followed. At this inspection we found that improvements had been made in this area. However, we identified additional concerns regarding the support people received in relation to their health care needs and the monitoring of clinical staff's skills.

People did not always have access to health care professionals to ensure that their health needs were reviewed. People living at Melbreck had complex needs and many were unable to express their needs verbally. Best practice is therefore that people should undergo regular health checks with their GP in order to identify any potential concerns. Records showed that appointments for these checks had not been routinely made. The GP surgery had written to the service to express concern that annual health checks were out of date the service had not responded promptly to address this. The new registered manager told us that this process had been started and that health checks had been booked to review people's needs.

Systems were not in place to ensure that health concerns and appointments were routinely followed up. One relative told us their family member had undergone tests some months ago but that the service had not obtained the results. They told us this had caused them concerns and that they were anxious to ensure the results were all okay. We reviewed the persons healthcare notes which did not evidence the results had been requested. Links with the local community learning disability team had not been maintained and staff were unsure of how to contact professionals for support. This led to delays in ensuring people had access to support they required from professionals including occupational therapists and dieticians. One relative told us they had asked for adjustments to be made to a piece of equipment their family member used daily. They had provided the contact details but found that staff took a long time to action this. They told us, "It took a long time for them to contact them. I'd give them the details and then they would ring again a few weeks later asking for it again." Following the inspection we were informed that the service had begun to make the links with the local services and were receiving support from the Clinical Commissioning Group to access support. We will check that these links have been utilised and processes implemented to monitor people's health needs at our next inspection.

The failure to ensure that people's healthcare needs were monitored and addressed was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Clinical staff skills were not effectively monitored in order to ensure people received safe and effective care. The majority of nurses were employed through the agency although had worked at the service consistently for a number of months. Whilst the service had provided some training to agency staff with regards to specific needs of people living at Melbreck, they had not provided on-going support and monitoring. This had led to a lack of systematic review of people's clinical needs in some areas. Following a review of people's weight monitoring it was found that clinical staff had completed malnutrition screening tools for people incorrectly. This meant that where people were experiencing significant fluctuations in their weight this had not been identified as a concern.

Nurses employed by the provider did not receive clinical supervision. Records showed that nurse's supervisions did not include discussions regarding specific clinical issues, skills or development needs. We spoke with the clinical support manager for the provider about these concerns. They told us, "There was an assumption that nurses understood how to use some clinical tools. We are starting from the beginning now and looking at everything to make sure they have the skills."

The failure to ensure that staff skills were effectively monitored in order to ensure people received safe and effective care was a repeated breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff received training and supervision to support them in their roles. Staff told us that they felt the training they received helped them in developing skills relevant to their roles. One staff member told us, "The training really helped me when I started and I can still ask questions whenever I need to." Another staff member said, "We have good training, they try to keep it up to date." Records showed that training was completed in areas including moving and handling, safeguarding, infection control, medicines and health and safety. In addition staff received training specific to the needs of the people living at Melbreck including epilepsy and PEG support. All staff underwent an induction period where they shadowed more experienced staff. One staff member told us, "I spent time shadowing. I wasn't left alone until I was confident." As part of the induction process staff who were new to care were required to complete the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Care staff received supervision in line with the provider's policy. Records showed that supervisions were well documented and covered areas including staff well-being, people's needs, training, attendance and agreed objectives. Staff told us they found supervision useful in developing their confidence. One staff member told us, "I like to meet with my supervisor to talk about residents and how we are doing. I like to know if I'm doing my job properly." In addition to one to one meetings, observational supervisions were also completed to review staff practice. Feedback was provided to staff and guidance given where areas of improvement were required.

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 make 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).

The registered manager had implemented systems to ensure that the principles of the MCA were followed and people's legal rights were respected. Each person had an index of capacity assessments within their care records. Capacity assessments were completed in detail for specific decisions including locked external doors, bed rails, wheelchair straps, financial support and medical procedures. Best interest decisions were recorded which showed that families and health professionals had been involved in the decision making process where appropriate. DoLS applications had been submitted to the relevant local authority which highlighted any restrictions to people's freedom. We did note a scheduled authorisation renewal had not been forwarded within the timescale set. The registered manager forwarded evidence that this had been completed following the inspection and a tracker put in place to ensure this did not happen again.

Assessments were completed prior to people moving into the service to ensure their needs could be met. Information gathered during the assessment was directly transferred into people's care records to help staff

understand their needs. One relative told us their family member had been given the opportunity to visit the service a number of times prior to moving there full time. They had found this reassuring as staff had the chance to get to know their needs and how to support them.

People's dietary needs and preferences were documented and known by the chef and staff. The majority of people living at Melbreck required their food to be of a modified consistency such as pureed. We observed people were offered a choice of meal which was then presented according to their individual guidelines. Care records contained details of people's dietary needs and preferences and we saw these were followed. People who required high calorie diets were offered fortified food and drinks throughout the day. Clear records were maintained of people's food and fluid intake where required and any concerns were monitored. One person's records showed they had not eaten much for a couple of days although they were drinking well. Staff had alerted nursing staff who had made arrangements for the person to see the GP to check for any underlying health concerns. People received support to eat in a timely manner. Staff sat next to people and supported people at their own pace, giving encouragement where required.

People lived in an environment which was suitable for their needs. Since our last inspection areas around the home had undergone redecoration and refurbishment. Bathrooms had been replaced which had created a more pleasant atmosphere for people. Corridors and communal areas were designed to accommodate people's wheelchairs and mobility equipment. A lift was available to enable people to move between different floors of the home. People had access to extensive grounds which were accessible to people using wheelchairs. A sensory room and physiotherapy area were available within the grounds of the service.

Is the service caring?

Our findings

Relatives told us that staff treated people with kindness. One relative said, "They genuinely love our child, she is well and truly loved here." Another relative told us, "They've got their professional boundaries right here but there's still a family atmosphere. The way they speak to people is caring."

At our last inspection we made a recommendation regarding how agency staff were supported to work with people. At this inspection we saw that improvements had been made and that where agency staff were used they supported people in a caring manner.

People were supported by staff who knew them well and enabled them to express their preferences. We observed people and staff interacting well with each other. Many of the staff had worked with people living at Melbreck for many years and clearly understood their personalities. Staff demonstrated a good understanding of people's communication needs and ensured they positioned themselves to maintain eye contact when speaking with people. We observed staff touched one person's hands when giving each choice. The person raised the relevant hand to indicate their preference. Another person was given a choice of CD's whilst the staff member described to them what type of music each one was. The person appeared to enjoy listening to the CD they had chosen and smiled throughout. We heard lots of laughter during the inspection where people and staff were sharing jokes or interacting in a way people enjoyed. Staff were animated and smiled when speaking about the people they cared for.

People's privacy and dignity were respected. Staff supported people in a discreet manner and all personal care was carried out with doors closed. One staff member told us, "I always knock before entering rooms and close the door and curtains. When giving personal care I cover people with a towel." Another staff member said, "We need to give people choices and respect them. I make sure people are covered when hoisting and close doors for personal care. All staff knock on people's doors before going in." Staff regularly checked people were comfortable and supported them to move if they were concerned. Relatives told us they felt that staff treated the family members with respect. One relative told us, "They are always respectful; they don't talk down to her." Staff were sensitive to people's cultural needs. One person required their food to be prepared in a particular way and had a routine at night which supported them in practicing their religious beliefs. Staff were able to tell us how they supported the person and why it was important to them."

People were supported to maintain and develop their independence. Where people were able they were encouraged to move around the building unaided. Specialist equipment was available to people in order for them to exercise and develop their motor skills. At lunchtime we observed people had adapted cutlery in order for them to be able to eat more independently. Care records made reference to what people were able to do independently and areas where they required support. Staff demonstrated understanding of the importance of people maintaining their independence. One staff member told us, "We need to encourage people, we have a lady who can eat independently but needs some support."

People lived in a homely environment. Since our last inspection in July 2017 the function of some rooms had changed to make the environment more comfortable. Storage areas were now kept tidy and soft

furnishings had been used to create a more welcoming environment. There was a wide use of photographs of people living at Melbreck throughout the service. This demonstrated respect that it was people's home and created areas of interest for people.

There were no restrictions on the times people could visit and relatives told us they were always made to feel welcome. One relative said, We've been places before where staff rush around when you arrive to check everything's okay. There's none of that here. We never make an appointment. Staff are always welcoming and relaxed. They tell us where she is and we either go and join in or find a quiet place to sit together." We observed that visitors received a warm welcome from staff who knew them by name. There are a number of lounges where people could spend time with their visitors.

Is the service responsive?

Our findings

At our last inspection in July 2017- we found that people were not always supported take part in activities in line with their preferences and there were limited opportunities for people to go out. At this inspection we found that although there had been some improvements, people still were unable to access community activities on a regular basis.

Improvements were noted in the activities provided at the service. We observed people spending time playing indoor games, listening to music, watching television, relaxing with the aid of sensory equipment and receiving massages. These activities were more organised than during our previous inspection and people were more engaged. However, we reviewed daily records for eight people and found these activities were repeated frequently. One person's records showed that over a one week period they had spent four days listening to music or watching TV. Another person's records showed a similar picture with listening to music in the lounge recorded on three consecutive days. Staff told us that they felt people would benefit from a greater range of activities. One staff member said, "We do have people come in to do things with them but there are times when people don't have anything to do." Another staff member said, "There could definitely be more for people to do here. The activity co-ordinator left but they will hopefully be replaced."

Although some people attended day services for one or two sessions a week there were few opportunities to access the community apart from this. Records for six people were reviewed for the month of March. With the exception of one person going shopping and attending day services none of the six people had been out for activities. Staff told us they found it frustrating that people could not go out more. One staff member told us, "I wish there were more outings for people." Another staff member told us, "We would really love to be going out with people more often." The registered manager told us she was aware of this concern and had started working on a plan for people to go out more. They told us, "We're trying to change the culture so staff understand that the drivers can help when they're out. I'm writing the schedule now and we'll discuss it in the team meeting."

The failure to ensure people had access to community activities in line with their preferences was a repeated breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were detailed and reflected people's individual needs and preferences. One person's care records gave details of their interest in sport and this was reflected in the décor in their room. The person enjoyed listening to music and reacted positively to staff using exaggerated facial expressions. We observed staff following this guidance when supporting the person during the afternoon. The person appeared to enjoy this and smiled throughout their exchange. Another person's care plan detailed how they liked to play the drum when listening to music and we observed them being supported with this. People's life histories and family involvement were well documented and staff were able to relay this information to us. Staff were able to describe to us how people liked to receive their care, where they liked to sit and how to support people when they were anxious or upset. One staff member told us, "It's incredible how well you get to know people. You learn to understand all their expressions and how you should do things for them."

People and their relatives were involved in developing their support. The registered manager told us they had recently introduced person centred reviews to help promote people's involvement. We observed this in practice during the inspection. Flip chart paper had been arranged on the wall with a page for different elements of people's care. These headings were used to generate conversations regarding what people had enjoyed, what was working well and how they would like things to develop in the future. This could then be recorded on the flip chart using pictorial reference or in writing. The registered manager told us they had received positive feedback and that people had been able to participate more in the process.

A complaints policy was in place which provided clear information on how to raise concerns and included contact details for the local authority ombudsman. One relative told us they had not needed to raise a complaint but was confident that any concerns would be responded to. They told us, "I was concerned about how attached a staff member was getting once and spoke to the manager it was all dealt with without any fuss. I'm sure they would be the same if I had to complain." The registered manager maintained a complaints log and details of how complaints had been responded to. This showed that complaints had been addressed within the policy timescales and that detailed responses were provided.

Is the service well-led?

Our findings

Relatives told us they had met the new registered manager and felt that the service was now more positive. One relative told us, "We are enthused that (registered manager) is here and hope she gets the backing she needs." A second relative said, "We've noted a few changes, they are updating the medical room." A third relative told us, "I wouldn't have a problem with speaking to them. They're always polite and helpful."

At our last inspection we found concerns regarding the management oversight and leadership of the service. This had led to low staff morale and to systems not being followed effectively. At this inspection we found that a number of improvements had been made although concerns regarding the oversight of people's clinical care were identified. The clinical support manager for the provider told us they had recognised these concerns and were taking steps to ensure these were addressed. Following the inspection we were informed that the service was working with other agencies in reviewing the clinical needs of individuals where required and building links with healthcare professionals.

The service had a layered auditing system in place which included audits being completed by the registered manager, clinical support manager or the quality assurance team. This system had led to improvements within the service with compliance rates from the internal quality audits rising from below 50% to 87%. However, the audits had not highlighted the concerns regarding people's health needs not being effectively managed, health reviews not taking place, people's weight not being monitored or clinical staff not receiving the support they required. The clinical support manager told us that as a consequence a clinical audit tool was in the process of being introduced to the service. They told us Melbreck would trial the use of this tool and if successful this would be introduced into other services the provider owned. This had been designed to ensure that health plans were regularly reviewed and concerns acted upon.

Clinical records were not always clear making information regarding people's healthcare difficult to access. Clinical care notes were not routinely maintained and all recording was completed on one form. There was no tracking sheet for appointments or follow-up calls to ensure that any concerns were highlighted and followed through. To access information regarding any appointments it was necessary to read through all of a person's daily clinical notes. The clinical support manager acknowledged that this was a concern and that information needed to be clearer and easily accessible. They told us they had developed health recording booklets which gave clear guidance on what should be recorded and where. The booklets were in the process of being introduced to the service.

We recommend the provider continues to monitor the quality of the service and recording systems closely to ensure timely improvements are embedded in to practice and sustained.

In other areas we found that records were detailed and gave guidance to staff regarding people's needs. Care plans were written in a person centred manner which reflected people's life history, interests and personalities. Daily records gave information regarding people's mood, what they had enjoyed or disliked and how they had spent their day. Records were stored securely in a lockable cabinet.

People had the opportunity to be involved in the running of the service and their individual support. Each person was allocated a keyworker who supported the person to review the previous months care and activities. This looked at things the person had enjoyed, what had worked well and what could be improved. A plan of what the person would like to be involved in the following month was then developed. Staff told us that this was a better format for people living at Melbreck as a large group meeting would be difficult. Annual surveys were distributed to people, families and staff. Comments received showed that relatives were positive about the revised management structure and stated that staff were friendly and caring. Concerns identified by families included the high use of agency staff, the variety of activities on offer and poor communication with families at times. An action plan had been developed to address these concerns and was regularly updated to show the progress made. We observed that the concerns raised were being addressed.

Staff told us the new manager was having a positive impact on staff morale and the culture within the service. One staff member told us, "She is good, we are so happy to have a manager like her. She is a good listener and firm but fair." Another staff member said, "The manager creates good team work here." A third staff member said, "She makes time for meetings with us and we can say what we want. I think she listens to us and that's important." We observed there was a more positive atmosphere at the service with staff helping each other readily and not appearing rushed. The registered manager told us, "The staff have been really good and taken everything on board." The registered manager spoke with enthusiasm about their plans for developing Melbreck and ensuring that people were put at the centre of the service. Staff were able to see the improvements being made and how this was effecting people's care. One staff member told us, "Things are so much better for everyone now, both residents and staff. It's such a relief, especially for staff who have worked here a long time. We can see resident's lives improving again." The manager had an action plan in place to monitor where improvements had been made. Regular staff meetings were held and minutes demonstrated that staff were able to contribute openly.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

This is the second inspection where we identified breaches of Regulations 9, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have on this occasion taken the decision to issue the provider with requirement notices in respect of these regulations for a second time. This decision was taken as a result of the robust action taken by the provider and registered manager to support the service, and the reassurances we have now received. Because of these improvements the impact on people's safety and wellbeing has reduced and the manager is better able to recognise and correct failures in a more timely way. We will continue to monitor the service closely.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure that people's healthcare needs were monitored and addressed The provider had failed to ensure people had access to community activities in line with their preferences

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure risks to people's health and well-being were identified and acted upon

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure that staff skills were effectively monitored in order to ensure people received safe and effective care