

Melrose House Cullercoats Ltd

Melrose House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Melrose House provides accommodation and personal care for adults with mental health needs or a learning disability. The home can accommodate up to ten people. At the time of our inspection nine people were in receipt of care and support from the service.

We carried out an unannounced comprehensive inspection of this service on 3 and 4 October 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to person centred care, safe care and treatment, premises, staffing and good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. 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

The new manager of the service was registered with the Care Quality Commission. A registered manager is a person who has registered with CQC 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.

People told us they felt safe living at Melrose House with the support of the staff. Safeguarding procedures were now in place and the manager ensured staff were aware of their responsibilities. Accidents and incidents were recorded, monitored and reported as necessary to the local authority and CQC.

A previous 'house rule' which restricted people's freedom had been immediately removed following the last inspection and people were able to choose what time they went to bed at night.

Improvements had been made in infection control. Deep cleaning had taken place, staff training had been provided by the local NHS infection control and prevention team and one support worker had been given the responsibility of cleaning and maintaining communal areas.

The manager and provider had ensured the premises were safe. Essential safety checks of the electrical hardwiring, portable appliances and emergency lighting had all been undertaken. Equipment used to help people mobilise around the property had been recently serviced.

Risk assessments which were previously missing were in place but needed further development and the manager intended to address this issue immediately.

Existing staff recruitment records needed to be re-audited as they were still missing some documentation which verifies a person's identity and suitability to work with vulnerable adults. The manager addressed this

issue during the inspection and had implemented a checklist to use when recruiting new staff.

Care records had been given some attention. The manager had created new medicine files which contained a detailed, person-centred medicine care plan and records of daily well-being checks. However other care records did not contain thorough assessments of people's needs, person-centred care plans and detailed risk assessments. The manager told us she would address this urgently and link up with a local care home manager for additional support and guidance on this aspect of the service. We made a recommendation about this.

People continued to access the community as they wished and made their own arrangements with regards to activities. The service had communal activities available for people to access if they wished within the home and they organised monthly parties, theme nights and celebrations to encourage socialisation.

The service had received no complaints since the last inspection. During the inspection nobody raised any concerns with us and the feedback we received from external professionals and services was positive.

Everyone we spoke with spoke highly of the manager. We saw she had made a lot of improvements throughout the service, especially in relation to the cleanliness and maintenance of the premises. New and more detailed audits had been introduced to monitor cleanliness, infection control, maintenance, medicines and finances. Staff meetings and 'house' meetings had been held to ensure everyone was aware of and was involved in the improvements and changes being made within the service.

The manager had action plans in place which she used to ensure the identified safety and quality issues throughout the service were addressed and improvements were carried out.

We have not changed the rating of the home at this inspection. This was because we wanted to be reassured that improvements made would be sustained over a longer period of time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found action had been taken to improve safety.

The premises were safe and well maintained and had been thoroughly cleaned.

However, thorough risk assessments were not in place for all aspects of care delivery.

Information held about the recruitment of existing staff had not been audited properly following our last inspection and concerns about the identity and suitability of some staff remained. Robust processes were in place for the recruitment of new staff.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

We found action had been taken to improve the responsiveness of the service.

Improvements had been made with keyworker sessions, the handover of information and daily recording.

People accessed the community and activities as and when they wished. The service provided communal activities and hosted parties to encourage socialisation.

There were no complaints recorded since the last inspection and people told us they had nothing to complain about.

Care needs assessments were lacking and care plans were not always person-centred.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found improvements had been made as to how well-led the service was.

A registered manager was in post. People told us they were very happy with the new management.

Plans were in place to address the issues raised at the last inspection and the manager was making significant improvements within the service.

Formal audits had been implemented and completed with regards to the premises, infection control, medicines and finances.

However, auditing of staff files had not been effective enough to address the concerns raised about the recruitment of existing staff.

Effective auditing of care records including care plans and risk assessments had not taken place and we found this information was not always completed, accurate and up to date.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

Melrose House

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.

We undertook an unannounced focused inspection of Melrose House on 13 July 2016 and returned the next day to complete the inspection. This inspection was carried out in order to ensure the provider was working towards an action plan they submitted to the Care Quality Commission following a comprehensive inspection on 3 and 4 October 2015. We also checked that improvements to meet legal requirements planned by the provider following our previous inspection were being made.

We inspected the service against three key questions that we ask. Is it safe? Is it responsive? Is it well-led? This is because the service was not meeting some legal requirements. The inspection team consisted of one adult social care inspector.

Prior to the inspection, we reviewed all of the information we held about Melrose House including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their registration obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We spoke with the local authority safeguarding adults team and the contracts monitoring team who informed us of the outcome of their own monitoring visits. We also reviewed the action plan which the provider had sent to us following the last inspection. We used this information to inform our planning of the inspection.

During the inspection, we spoke with the newly registered manager, the provider, a peripatetic manager and three support workers. We observed care being delivered throughout the day and we were able to speak with seven people. One relative contacted us after the inspection to provide some feedback.

Is the service safe?

Our findings

At our previous inspection we found the provider was in breach of four regulations concerning safety. There were concerns around infection control, safeguarding people from abuse, risk assessments, the maintenance of the premises and staff recruitment. At this inspection we found some improvements had been made in all aspects of the service.

The 'house rule' of people retiring to their bedrooms by 11PM, which deprived them of freedom and choice had been immediately lifted following our previous inspection. The previous manager had implemented the change and the new manager had been made aware of the situation. People told us they felt happy and more comfortable now. One person said, "I love (manager), it's much better now." Another said, "These (staff) are my friends." A relative told us, "I feel (person) is safe and I know she feels safe there. I can tell she is so much happier."

Risk assessments which related to people accessing the community had been implemented since our last inspection and we reviewed a copy dated January 2016. However this document was very basic and brief and did not describe the actions staff should take in the event of an incident. It did not contain risk reduction methods and the severity of the risk had been recorded as low, moderate and significant. We discussed this with staff and the manager who demonstrated they were fully aware of the risks people faced, how to manage the risks and the actions they would take to reduce the likelihood of people coming to harm, despite the lack of documented evidence in care records. The manager told us she would commence a full review of all care records following the inspection.

Accident and incidents were properly recorded and we reviewed four records which related to accidents within the home. They were completed accurately and in detail. We were able to see what action had been taken and that the service had reported incidents to external agencies such as the local authority and the Care Quality Commission as necessary.

Incidents of a safeguarding nature had been recorded and were stored within people's care records. We saw that the manager had investigated the incidents and dealt with them appropriately. The local authority contract monitoring team confirmed the manager was submitting safeguarding enquiry referrals to the safeguarding adults team as required by the local authority.

A second maintenance worker had been employed and we read in staff meeting minutes that they had been tasked with responsibility for health and safety. We observed the maintenance workers on duty during both days of inspection. The maintenance book was up to date and general repairs were carried out promptly. We reviewed safety certificates for the electricity hardwiring, portable appliance testing and emergency lighting and saw these had been completed after the last inspection. Window restrictors had been replaced and fitted on windows as necessary.

Fire safety had also improved. The bedroom on the top floor which was extremely cluttered had been cleared out and was tidy. Tests of the emergency lighting and fire alarm were carried out periodically and

practice evacuations were taking place. Equipment used to assist people to mobilise around the home had been recently serviced.

We examined two existing staff records and two new recruit records. We found that the manager had implemented a safe and proper recruitment process for new recruits. An interview was documented which included competency based questions, identification was verified, two references had been sought and checks with the Disclosure and Barring Service were to be made. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are to be employed. However the two records belonging to existing staff had not been audited properly following our last inspection. It was still unclear whether DBS checks had been carried out and identification was not verified. We discussed this with the manager who immediately contacted the staff and asked for the appropriate documentation before arriving for their next shift. The manager also told us she would ensure everyone had another DBS where necessary. After this inspection the manager contacted us to tell us these omissions had been rectified.

The cleanliness of the property in both communal areas and the individual bedrooms we were invited into had significantly improved. The manager had implemented a strict cleaning schedule and support workers assisted people to keep their bedrooms clean. One support worker was tasked with the responsibility for cleaning and maintaining communal areas, although all staff assisted with this. We read in staff meeting minutes that cleanliness and hygiene had been a top priority and the manager ensured everyone was fully aware of their responsibilities with regards to infection control. The local NHS infection control team had been invited to Melrose House by the manager to carry out an inspection to check on the progress made. The outcome was positive and to date, 80% of staff had completed infection control and prevention training which was delivered by NHS staff. A relative told us, "(Person's) bedroom is so much better now."

We observed the staff now wore a uniform and were using personal protective equipment when assisting people with personal care, medicine and cleaning tasks. Laundry bags had been introduced to transport laundry around the home and keep people's laundry together. The manager told us, degradable red laundry bags were used to transport soiled laundry straight into the washing machine.

Although medicines were managed well at the last inspection and continued to be, staff had not had their competency with this task formally assessed. A pharmacist had recently provided training for the manager and intended to return to refresh staff and conduct a practical assessment. The manager told us she would implement formal medicine competency checks periodically following this training.

Is the service responsive?

Our findings

At our last inspection we found the service was not always responsive. This was because care records were not accurate and did not reflect each person's individual needs and the risks they may have faced. Care plans were not specifically person-centred and there was a lack of care needs assessments.

Some progress had been made with regards to developing the information held about people's life histories, family, hobbies, interests, likes and dislikes. However the three care records we reviewed still lacked specific person centred detail. Not all care plans had corresponding risk assessments and those that did were basic and not always accurate. There were no records of assessment of people's needs which meant we were unable to see why people needed the care and support they received. There was also no documentation from other organisations who funded people's care or from other external services who were involved in people's care and support. We discussed this with the manager and advised her to contact these services for copies of assessments. We also informed the local authority contracts monitoring team who told us they would assist the manager to gather this information. We recommend that the manager seek advice and guidance from a reputable source, about the development of the care records.

The manager told us she had been working with staff to develop and improve the keyworker system and had asked the staff to build on the life history information with people and their relatives. We reviewed the latest key worker sessions and saw that staff had been matched with people appropriately and thorough records had been made of the conversations during the sessions. The manager had provided staff with guidance on how to conduct a 'good' session which included topics such as motivation, well-being, appearance and activities.

The manager had compiled a new separate medicine file for each individual. These records contained person-centred information and a detailed care plan regarding medicine management. The manager told us she had recently implemented a new daily well-being check for people which she carried out whilst meeting with each person to administer or assist with their medicines. We observed four well-being checks being carried out. People appeared happy, content and comfortable with the manager. The manager asked each person a series of questions about their health and well-being before assisting with the medicines. These checks were recorded and action was taken if anyone expressed any cause for concern. This was also an opportunity to ensure people were reminded of their appointments for the day and to give out any personal allowance they requested. One person told us, "I've been to (service) and (service) and now I'm here." When we asked them, "Where was the best?" Their response was, "Here! I love it."

A much improved handover and daily recording system was in place. The handover file contained a daily work schedule and the day and night staff documented the tasks they had completed. Daily safety checks were carried out and signed by a member of staff. A daily audit of medicines and personal finances was recorded and handed from one member of staff to the next. Information about each person was discussed between the outgoing and incoming team of staff and the manager attended the handover each weekday morning. The daily diaries had been replaced by daily records which were kept within the handover file. We reviewed the information documented over the past two weeks and saw staff were recording information at

least twice per day about each person which was detailed and informative.

People who lived at Melrose House were able to leave the service themselves and most accessed the community or attended day centres as they wished. Although the service had communal activities available for people, most preferred to manage their own time. We observed staff painting a person's nails and we saw people assisting in the kitchen. The manager told us that she had been teaching some people how to iron as they had expressed an interest in this task. The manager had invited a student from a local university to work voluntarily with the people who used the service. The aim of the project was to work with each individual and devise an individual activities programme or develop some structure to their day. The student had also been tasked with exploring life histories and finding out what and who is important to people. The student had worked with people recently and the manager told us this had improved people's mood and enhanced their well-being.

Monthly parties had been introduced, food theme nights and staff told us they made a big effort to organise a party or celebration when it was someone's birthday. People's friends and relatives were invited to join in with everything. A relative confirmed this. They said, "It's really caring - all birthdays are celebrated now and the families are involved."

There had been no complaints about the service since our last inspection. The manager showed us the complaints records and we saw they had an updated policy and procedure in place. The people we spoke with during this inspection had nothing but praise for the manager and staff and told us about the improvements. None of the external professionals we spoke with or contacted after the inspection shared any concerns about the service. A GP who visited the service told us, "People seem well looked after." A worker from the advocacy service said, "It's a good service, there's been much improvement, (Person) is so much better, he has opened up and is happy here."

Is the service well-led?

Our findings

We looked at whether the service was well led because we had previously identified a lack of governance and found the systems in place at the time were not effective enough to ensure people received safe, high quality care. We found this to be a serious breach of Regulation 19 Good Governance and issued the provider with a warning notice. We also issued the provider with a fixed penalty notice and a fine of £1200 for failing to report incidents which they were legally required to do, which they paid immediately. We later received information from the provider which informed us of a change to the management at Melrose House.

At this inspection we found the service had made significant improvements in this area. A new manager had been in post for six months and had recently become registered with the Care Quality Commission. This means she has accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Prior to our inspection we checked our records to ascertain whether statutory notifications were being submitted and we found that they were. The manager had sent notifications to us about incidents which had occurred at the home as she is legally responsible to do. She had also informed the local authority of potential safeguarding incidents including minor events.

People told us they really liked the new manager. Staff said it was a good place to work and through our observations we could see the appointment of the new manager had made a positive impact on the service overall. A relative told us, "The improvements have been amazing. Since (manager) has taken over the contact from the staff is great. Any concerns are addressed straight away. (Manager) really wants people to feel at home."

Formal audits had been introduced in relation to infection control, accident monitoring, finances and medicine management. Daily, weekly and monthly checks were being carried out on these aspects of the service. The provider visited the service regularly and carried out a premises audit with the manager. The manager told us she felt supported by the provider and they had developed a good working relationship. Action plans were drafted following these audits to ensure actions were addressed in a timely manner. The manager had started a checklist of recruitment documentation for the new staff she had recently employed to ensure she followed a safe and robust recruitment process. The manager told us, once the missing documentation was received from the existing staff, a thorough audit of the staff files would be completed and monitored periodically to ensure compliance.

The manager had spent a lot of time and effort ensuring the premises were safe and clean, working with staff to support people to clean their own rooms and the planned work to transform two bedrooms into one self-contained apartment had been completed to a very high standard. The people who resided in this apartment were very happy with their new living space.

Staff meetings had been carried out and the manager had discussed the previous inspection report with the

staff. She had encouraged staff to improve their practices and employed new staff in order to boost morale and ensure suitable and motivated staff were employed at the service. We reviewed staff meeting minutes and saw a lot of focus had been placed on the safety of the premises, cleaning, infection control and preventing cross contamination. The manager had involved staff in the plans for the development of the service and we saw discussions had taken place about suggestions for improvements and actions to be addressed.

A 'house meeting' had taken place and most people who lived at the service had attended. The manager told us she planned to develop these meetings and get people more involved in running the service. We saw in the minutes that people had stated they were happy with the changes being made to protect them and keep them safe.

There was still a lot of work to be done with regards to improving care records. We discussed this with the manager who agreed that this was her next priority and that she had focussed her attention so far on ensuring people were living at Melrose House safely and in a nice, clean, tidy environment. She told us she planned to attend local provider events and link up with other care home managers to seek support and guidance in relation to improving the care records and documentation. Once the care records are improved and contain care needs assessments, care plans, risk assessments and other relevant information the manager told us she would implement an auditing system to ensure the records are well maintained, accurate and up to date in the future.

Formal surveys had not yet been carried out with people, relatives, staff or external professionals, however the manager told us this was in the process of being implemented. The manager shared with us her plans for seeking formal feedback which included an easy read survey for those people who required this assistance.