

# Bupa Care Homes (CFChomes) Limited

# The Mellowes Care Home

## Inspection report

Common Mead Lane  
Gillingham  
Dorset  
SP8 4RE

Tel: 01747826677

Date of inspection visit:  
28 April 2022

Date of publication:  
27 May 2022

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Mellowes Care Home in Gillingham, Dorset, is registered to provide accommodation and nursing or personal care to up to 45 people. At the time of our inspection visit there were 30 people living at the service.

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

People were supported to meet their needs and stay safe by sufficient numbers of suitably trained staff. The manager had played an integral role in recruiting and retaining staff. This, and a drive to reduce the use of agency workers, had increased staffing numbers and the consistency of care people received.

People told us they felt safe and enjoyed living at The Mellowes Care Home. Their relatives were confident that their family members were receiving good care. Detailed and regularly reviewed risk assessments supported this. A relative said, "I am sure [person] is safe with them, they are on to everything so quick."

People were supported by staff who demonstrated a good understanding of how to keep them safe from harm or abuse and understood their responsibility to raise concerns if they were to witness poor or abusive practice.

People received their medicines on time from staff with the required training and competency assessments. If errors occurred, these were thoroughly investigated in a timely way and learning shared to reduce the chance of it happening again.

Although the home had experienced a period of management change in 2021, all stakeholders spoke positively about the improvements the new manager had brought to the home. A staff member told us, "[Manager] has made a massive difference to the home, is very supportive to both staff and residents."

The home had an open, professional and supportive culture. Staff told us they were proud to work at the home and felt supported by their colleagues. Management held formal structured conversations with staff to discuss their career goals and aspirations.

People and relatives told us the home communicated with them well and sought their opinion on how things could be improved at the home. This was via a number of means including surveys, newsletters, telephone calls and the provider's website. One relative told us, "We get asked what we think could be improved. We did suggest some new activities and they followed up on that."

The home had developed good working relationships with other agencies. This included supporting GP surgeries, student nurse placements, and work experience for local school pupils.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 6 January 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Mellowes Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Mellowes Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Mellowes Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager had submitted their application to CQC to be the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who use the service and nine relatives about their experience of the care provided. We spoke with and received feedback from 13 members of staff including the manager, deputy manager, clinical services manager, a regional director, senior care assistants, care assistants, administrators, maintenance, housekeeping, kitchen staff, registered nurses and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from a professional who regularly visits the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough suitably trained staff to meet people's needs. The provider was actively recruiting staff and had reduced use of agency workers at the home. A dependency tool was used to help determine numbers of staff required. These steps had had a positive impact on the availability and consistency of staff. Recent recruitment had included two nurses who were shadowing more experienced staff and a new clinical lead.
- Relatives told us, "There seems enough staff", "I can always find staff when I am in and they are all helpful", "They have been very upfront with the fact that they had staffing issues but it doesn't seem to have affected [person's] care. [Person] is very happy with it and can get someone when [person] wants them and I do see staff about when I go in" and, "I think there is enough staff, I can always find someone when I go and if [person] calls they do come."
- The home had safe recruitment practices. Checks were done to reduce the risk that staff were unsuitable to support people at the home. This included verified references from previous employers, health declarations, right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- People told us they felt safe living at The Mellowes Care Home. Up to date and regularly reviewed risk assessments supported this. These covered areas including mobility, dietary intake, diabetes and skin integrity. People's comments included: "I feel quite safe with [staff]", "I do feel safe enough, [staff] all know what to do", "I do feel safe, [staff] do everything they should" and, "They come when I push my buzzer, oh yes they come pretty quick."
- Relatives felt their family members were kept safe. They told us, "[Person] used to be able to use a call buzzer but [person] can't now, but the carers always pop their head round the door when they pass and check on [person]. I am sure [person] is safe with them, they are on to everything so quick", "We are happy that [person] is safe with them, they seem pretty on the ball with [person's] care", "[Person] can't use a buzzer but they look on [person] all the time, I don't have any worries", "We are sure [person] is safe with them."
- Risks within the home environment were well managed. General environmental risk assessments had been completed to help ensure the safety of the people, staff, relatives and visiting professionals. These assessments included: repositioning equipment, legionella, nurse call system and electrical equipment.
- Risks to people from fire had been minimised. Fire safety records recorded regular fire drills, equipment tests and servicing. In addition, people had personalised evacuation plans that detailed how they should be supported in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to safeguard people from harm and abuse. They told us they felt confident management staff would listen and take appropriate action if they raised concerns.
- Staff told us they would feel confident whistleblowing if they observed poor practice. They felt they would be listened to and appropriate action taken.
- Staff received safeguarding training and spoke confidently on the signs and symptoms that may indicate a person was being abused or harmed. They were clear about how they would report such concerns. A staff member expressed, "We all have a duty of care to the residents."
- Safeguarding incidents had been reported to the local authority and CQC.

Using medicines safely

- People received their medicines on time from staff with the necessary training.
- Staff medicines competency assessments were undertaken. Where errors had occurred, the relevant staff had refresher training and their competency re-checked before being permitted to support people again.
- Where people were prescribed medicines they only needed to take occasionally, there was guidance in place for staff to follow to ensure those medicines were administered in a consistent way. People's protocols for these type of medicines reflected their current needs and abilities.
- Medicines requiring stricter security were stored appropriately, with stocks matching home records.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person said, "The place is very clean."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported in a timely way and analysed by the manager to find out what had happened, the cause, identify themes and determine actions required to help reduce the risk of a re-occurrence. This included falls analysis.
- Quarterly lessons learned reviews were held to identify and embed good practice. When identified, learning was shared with staff via handovers, staff meetings and supervision.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had an open, professional and supportive culture. The manager said, "All the staff are supportive. The best thing here is the positivity of the staff and residents." The nominated individual said, "I think the biggest difference [manager] has made is to the culture. [Manager's] a breath of fresh air, enthusiastic, places a lot of time and effort on standards of care and encouraging staff to understanding the policies." A staff member said, "When [manager] is not here I would go to [deputy manager], whom also is very supportive and doing a great job."
- Staff spoke positively about working at the home. Their comments included: "I enjoy working at The Mellowes. I am proud of the team here! Even on days where it can be a challenge, the teamwork across the home will always pull together for the residents – after all we are all here because we care. I would recommend [the home] to a relative", "I really enjoy working at this home, we are a great team, recently we have employed more staff which is a big improvement" and, "I feel proud to work for The Mellowes."

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

- We received positive feedback about the management of the home which had changed in September 2021. Staff told us, "[Manager] has made a massive difference to the home, is very supportive to both staff and residents. [Manager] is very approachable. Since [manager] started the overall feel of the home has improved." The nominated individual expressed, "[Manager] has really started to make a difference. Culturally, in the standards of care and getting the team in good shape. [Manager] has been a good appointment."
- The manager had submitted an application to CQC to become the registered manager. They were awaiting their interview.
- The registered manager had ensured all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- The manager demonstrated a good understanding of their responsibilities under the duty of candour and promoted an open and honest culture. They told us, "We have to be honest and transparent if something goes wrong. Report to family and the resident and send an apology letter." Records showed this had been done where required.

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

- People and their relatives told us communication with the service was good. This included monthly newsletters and surveys. One relative said, "Well with the [COVID-19] restrictions they were very good at putting up lots of photo's online for us. We get newsletters and such regularly, we get asked what we think could be improved. We did suggest some new activities and they followed up on that." Another said, "They communicate a lot, we get phone calls, we get monthly newsletters and we get more frequent letters about more specific things, in fact I had one just a few days ago."
- Residents meetings were held with the most recent taking place April 2022. Where people preferred to speak to staff on a one to one basis this was supported to ensure their voice was heard.
- Staff views had been sought most recently during a November 2021 survey. Following review of the feedback, staff pay was increased, the kitchen was scheduled to be refurbished and the manager had set up weekly staff drop-in sessions to provide an additional avenue of communication.

Continuous learning and improving care; Working in partnership with others

- Comprehensive audits took place covering a wide variety of areas such as medicines, safeguarding referrals tracker, call bell response times, wounds, night care, infection control and care plans. Where issues were identified action plans were put in place to ensure timely resolution.
- Clinical risk meetings were held weekly to identify good practice and areas for improvement.
- Staff were encouraged and supported to develop their practice and progress professionally. Management staff carried out formal, structured conversations with all staff on a regular basis throughout the year. These conversations were an opportunity for staff and the management team to discuss career goals and aspirations. One staff member said, "[Manager] gave me the time, help and knowledge and I have grown as a [role] and my confidence grows more daily."
- The home had supported student nurse placements from a local college with the manager working closely with the college tutor to facilitate this.
- The home was also working with a local school to give pupils work experience opportunities and provide a pathway into the care industry.