

Stour Sudbury Limited Mellish House Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

Mellish House is a residential care home providing accommodation, and personal care for up to 48 people across two floors. The service provides specialist care to people living with dementia across both floors. At the time of our inspection there were 42 people using the service.

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

The management team conducted a variety of audits to assess the quality and safety of care provided. This included a report following a daily walk around the building. However, the shortfalls we identified in relation to fire safety, the dignified care of people's belongings following death, medicines management and people's access to personal care equipment had not been identified. In response to our findings the registered manager took action to update and improve systems to improve oversight and governance.

There were sufficient staff available to meet people's needs. Staff were safely recruited and checks were made on their suitability.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives spoke positively about the caring culture of the service and felt that their loved ones were safe and well supported. They also told us the service was managed well, communication was good and their opinions were sought in the planning and review of people's care and treatment.

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

Rating at last inspection

The last rating for this service was outstanding (published 29 December 2017).

Why we inspected

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.

The inspection was promoted in part due to concerns in relation to restrictive visiting procedures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The provider took action to mitigate the risks we identified.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Mellish House Residential 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 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

Mellish House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 August 2022 when we visited the service. On the 18 August we made telephone calls to family members of people who used the service.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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

During the inspection we spoke with two people who used the service, eight staff, including the registered manager. We also spoke to 10 family members of people receiving support.

We reviewed five care records, medicines administration records (MAR) and three staff records. We also reviewed other records, including policies and procedures, and records relating to the quality and safety monitoring of the service.

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We identified a risk to people's safety in the event of a fire where we found cardboard boxes, walking frames, furniture and laundry being stored under stairways and on stair wells. We requested this equipment be removed and this was actioned immediately. The registered manager told us they would ensure monitoring of these areas would be included in their health and safety audits.
- Equipment used by people and staff were checked and serviced regularly. This included lifting and fire safety equipment.
- Risks to people's safety and wellbeing were clearly documented in their care plans with risk management plans which were regularly reviewed.
- People had plans in place for evacuating the service in the event of an emergency.
- We found a communal bathroom being used for storage containing linen and other items. We found personal items of unfolded clothing, photos and pictures belonging to a person who had recently died. These personal items were found piled up on a wheelchair and on the floor of the bathroom. This did not demonstrate respect for people's personal items and dignity of care for the deceased.
- We discussed these shortfalls with the registered manager who provided reassurance that reflective learning would be instigated with staff, and daily checks of bathrooms would be included in the manager's daily monitoring.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Medicines were stored securely and at appropriate temperatures.
- There were systems in place to ensure time specific medicines were administered as prescribed, such as

medication to treat people diagnosed with Parkinson's.

- Records showed people were receiving their oral medicines as prescribed and staff carried out regular checks of people's medicines. However, we found not all prescribed creams had been administered and transdermal pain relief patches not administered in line with the provider's medicines administration policy, this was promptly addressed by the registered manager.
- Staff had received training and had their competency regularly assessed.

Systems and processes to safeguard people from the risk of abuse

- There were a range of measures in place to safeguard people from the risk of abuse.
- The management team understood their responsibilities for reporting safeguarding concerns to the relevant authorities with a system in place for logging incidents with outcomes.
- Staff had received training in safeguarding procedures and knew how to report any concerns relating to people's welfare.

Staffing and recruitment

- Staffing levels were assessed by using dependency tools. Staffing levels were regularly reviewed to ensure sufficient staffing levels remain in place to meet the needs of the people.
- Sufficient staff were observed deployed on the day of inspection to ensure people's needs were met in a timely manner.
- One person told us, "Yes, there is enough staff. They always come to help me when I need them." Relatives told us, "There appears to be plenty of staff. They [staff] are all very pleasant, appear well trained and know what they are doing." And, "We are involved in reviewing [person's relative] care plan. They let me know about appointments, and all aspects of life reviewing [person's relative] life, any changes in weight, activities etc. They call me if they need anything like consent on flu jabs."
- Staff were safely recruited and checks were made on their suitability through references from previous employers 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.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

The registered manager was following current government guidance in relation to visiting at the time of the inspection. Relatives told us restrictions on visiting had recently been removed and they were able to visit their loved ones.

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 outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was responsible for the oversight and management of two homes, both within close proximity to each other.
- The management team conducted a variety of audits to assess the quality and safety of care provided. This included a management report following a daily walk around the building to assess the quality of care provided and safety. The shortfalls we identified in relation to fire safety, the dignified care of people's belongings following death, management of medicines and people's access to personal care equipment had not been identified in the current system of audits.
- In response to our findings the registered manager took action to immediately to rectify shortfalls we identified and improve their systems of auditing.
- There was a system in place to respond to complaints and suggestions. One relative told us, "I know how to complain, but I haven't had the need to do so. The management team are very open and willing to listen to any concerns and suggestions we might have."
- Complaints had been responded to in a timely manner with a clear audit of responses with outcomes.
- The registered manager understood duty of candour and demonstrated awareness of their legal responsibilities. They knew when notifications were required to be sent to the Care Quality Commission and how to make referrals in the event of a safeguarding concern.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us, "I am aware of the manager and the deputy manager, I have a good working relationship with them both, the managers are always welcoming and available when I need them, and usually they are always present when I am visiting these days." And, "The manager seems to be good with [person's relative], I had a nice chat with the manager the other day, she had a nice big smile, she was very busy but she made time for me." "They [staff] seem to be very caring towards the residents and seem to know what they are doing."
- One person who used the service told us, "They [staff] ask what I want to eat and what I would like to wear. We have some activities which I like and meetings where we can say what we like and don't like. I am quite content here; it is my home."

Continuous learning and improving care; Working in partnership with others

- People were provided with opportunities such as satisfaction surveys and meetings to enable them opportunities to express their views.
- Relatives told us, "I have never had a cause for concern, I am aware of the manager, she has been here a long time and knows everyone very well, she is very approachable and listens to you." And, "You get the sense they [registered manager] likes to work with relatives and wants to make sure they learn from us to improve what they do for our loved ones."
- Throughout our inspection the management team were open, transparent and proactive in discussions and in their response to our findings.
- Health and social care professionals told us the registered manager and team were proactive and sought help and support when needed.