

M Rashid

Melrose House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

The inspection took place on 16 April 2015 and 6 May 2015. Melrose House is care home for up to 34 older people who require support and personal care. People living at Melrose House may have care needs associated with living with dementia. At the time of our inspection 28 people were living at the service.

The service had a registered manager in post. 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.

People had some opportunities to participate in activities. However, more could be done to ensure that activities were based around people's individual needs and interests, with good levels of equipment and resources being available to help staff to achieve this.

People felt safe. The provider had taken steps to identify the possibility of abuse happening through ensuring staff

Summary of findings

had a good understanding of the issues and had access to information and training. The service ensured that people were cared for as safely as possible through assessing risk and having plans in place for managing people's care.

People were treated with kindness and respect by a sufficient number of staff who were available to them when they needed support. People and their families were happy with the care that was provided at the service.

Staff demonstrated knowledge and skills in carrying out their role. People were supported effectively and safely by staff who were kind and caring.

Staff were properly recruited before they started work at the service to ensure their suitability for the role. Staff received initial and ongoing training and support but there were some shortfalls in the levels of training undertaken by staff.

People were supported with their medication in a way that met their needs. There were safe systems in place for receiving, administering and disposing of medicines.

The manager has a good knowledge of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS.) DoLS are a code of practice to supplement the

main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals. Care tasks were carried out in ways that respected people's privacy and dignity

People's care needs were assessed and planned for. Care plans and risk assessments were in place so that staff would have information and understand how to care for people safely and in ways that they preferred. However, more could be done to ensure that care plans were better individualised and person centred.

People's healthcare needs were monitored, and assistance was sought from other professionals so that they were supported to maintain their health and wellbeing.

Systems were in place to assess and monitor the quality of the service. People's views were sought and some audits were carried out to identify any improvements needed.

Summary of findings

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 safe

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare.

Risks were assessed and staff were aware of the risks and knew how to manage them. Sufficient staff were provided to meet people's needs.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective

The service understood and met the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were well supported and competent in carrying out their role.

People were provided with a healthy diet and were supported to maintain good health.

Good



Is the service caring?

The service was caring

People who used the service and their relatives were very happy with the care and support they received.

Staff were kind and caring in their approach. They treated people respectfully and ensured that they were able to maintain their privacy and dignity.

Good



Is the service responsive?

The service was not consistently responsive.

People or their families were not fully involved in planning and making decisions about their care. Care plans were not always person centred or reflective of people's holistic needs. Activities also needed development to reflect people's individual needs and interests.

People were encouraged to raise any concerns or issues about the service. People were listened to and their concerns acted on.

Requires improvement



Is the service well-led?

The service was well led

People, their relatives and the staff were positive about the management of the service and were given opportunities to give feedback.

Good



Summary of findings

The provider had systems in place to monitor the service and assess and improve its quality.

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.

This inspection took place on 16 April 2015 and 6 May 2015 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we hold about the service such as information from the local authority and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection we spoke with 20 people who used the service, three relatives, five members of care and support staff, the registered manager and the owner of the service.

Some people were unable to fully communicate with us verbally to tell us about the service and how they were cared for. We therefore used observations, speaking with staff, and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed four people's care records. We looked at the recruitment and support records for three members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

People told us that they felt safe living at Melrose House. One person said, "I do feel safe here, I wasn't when I was at home and knew it." Another person told us, "I am comfortable here, the staff are kind and I feel very safe." A number of people told us that the manager came and spoke with them every day to see if everything was alright added to their feeling of safety and security. People looked relaxed and at ease when interacting with staff. Information was available to people so that if they did have concerns they would know where they could get support and advice.

The staff team had an awareness of safeguarding issues and also whistleblowing. This was supported by appropriate policies and procedures being in place. Staff had received training in adult protection so were aware of how to ensure that people were protected and what actions to take if there were any concerns. Staff spoken with confirmed that they had undertaken training and demonstrated a good awareness of safeguarding matters. Staff told us, "Keeping our residents safe is our priority."

People were involved as far as possible in initial discussions and decisions about care and any potential risks associated with their care needs or behaviours. Assessments had been undertaken to identify risks and plans put in place to manage these; for example, relating to smoking, going out of the building, falls or nutritional needs.

Throughout our inspection we saw that people were being given good levels of choice and having their independence encouraged. At the same time staff were alert to any concerns or dangers resulting from people's choices or behaviours and provided the support needed. We saw that one person who, although was physically frail, was using the lift on their own. They told us, "I value my independence and appreciate being left to do things on my own as far as I can. They are good at that here, but are quick to support me when I need it."

There were enough skilled staff to care for people safely. People's views on staffing levels at the service were varied but mostly positive. One person told us, "I am looked after very well here. If I needed help I would press my bell and someone would come quickly." Another person told us, "There are always staff around who are happy to help."

Other people told us that staff work hard, sometimes seem tired and do not always have time to sit and chat with them which they would like. Throughout the day there were sufficient staff available to people. Staff were generally readily available in lounge areas to provide support when needed. Staff were pleasant and engaged in a natural, relaxed manner with people.

Staff told us that staffing levels were acceptable and meant they could meet people's day to day needs. Staff said, "I think the staffing levels are okay at the moment," and "Staffing is adequate most of the time. The manager always helps and we work well as a team."

The service had systems in place to formally assess people's level of dependency. The manager told us that she used this information to assess staffing levels and support any requests for increased hours. On the staffing rotas viewed we saw that planned minimum staffing levels had been adhered to on most occasions. The manager told us that where shortfalls were identified they had helped to cover. This had not however been added to the rota to maintain an accurate record.

People spoke very well of the staff team and said that they were skilled and competent. The service ensured that it employed suitable staff because a clear recruitment process was followed. This made sure that that staff were safe and suitable to work with people in a care setting. Relevant checks had been carried out including obtaining at least two references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff told us, "My recruitment was thorough and I had to provide a lot of information before getting the job." People received their medication as prescribed. Staff administered medicines to people in a way that showed respect for people's individual needs. They explained what was happening, sought people's consent and stayed with them while they took their medicines to ensure that all was well.

People received their medicines safely because the service had effective systems for the ordering, booking in, storing and disposing of medicines. Staff had received training in administering medicines and had their practice checked periodically. Regular audits were undertaken to monitor and ensure that safe systems and practices were being maintained.

Is the service effective?

Our findings

People were well supported by staff who understood their needs. One person told us, “The carers are all lovely and look after me well.” Another person told us that the staff were sensitive and adaptable in being able to provide more or less support depending on what sort of day they were having.

A regular visiting hairdresser told us that people seemed well looked after and were treated as individuals. They said that staff understood people’s needs and went out of their way to meet them.

Staff received support through an initial induction programme. One person told us, “I learnt a lot when I first came. The induction was good.” Staff also received support through one to one supervision, team meetings and daily handovers.

Staff demonstrated in practice that they had the skills and competencies to provide people with effective care and support. Staff told us they had received the right training for their roles. They told us, “The training is good I have done moving and handling, fire, health and safety, safeguarding and loads more.” However, when we reviewed records we found that there were some shortfalls in the level of formal training that staff had undertaken. For example, only two staff were identified as having food hygiene training, further training was also needed in dementia care and supporting people who can become anxious and display behaviours that can be challenge to assist them in providing an effective and consistent approach to supporting people. For some staff health and safety and fire safety training had only been covered as part of the induction programme. Which staff told us was very good. One member of staff told us, “The induction training I had when I first got the job was fine and covered all the basics. We are always talking about the residents and learning from each other about how best to support them.”

The manager told us of plans to address these shortfalls through using a consultant who is working with the service. In the meantime the manager told us that micro training sessions were incorporated into handovers and staff meetings, any specific issues relating to individual residents discussed, and a consistent approach agreed.

The registered manager had an understanding of the principles and practice of the Mental Capacity Act 2005,

(MCA) and Deprivation of Liberty Safeguards,(DoLS.) The service had policies and guidance available to guide practice. Some staff had received training in MCA and DoLS, but all understood that they needed to respect people’s decisions. During the inspection we saw that staff always explained what was happening and consulted with people about what they wanted.

People’s capacity needs had been assessed where appropriate and staff understood how they needed to make ‘best interest’ decisions for those who lacked capacity to make specific decisions. Staff sought people’s agreement before carrying out daily living tasks.

People enjoyed the food provided at the service and made comments such as, “The cook does lovely food,” and “The food here is first class.” People said that they always had access to drinks when they wanted them and were encouraged to drink plenty.

People were supported to have enough to eat and drink because through experience, risk assessments and care planning the staff team were aware of people’s individual needs. They provided the level of support and monitoring needed. Lunch time was a social experience for people. People were given an explanation of the food available and offered choices. Their individual needs were catered for, independence was encouraged with aids such as special cutlery used to support this. Staff monitored how people were managing and stepped in with support and encouragement when needed.

When observations, assessments or care planning indicated the need for additional support in relation to people’s skincare and nutrition or fluid intake this was sought from other professionals such as the person’s doctor or community nursing services.

People received healthcare support to meet their diverse needs. Their health and care needs were monitored and supported through the involvement of a range of relevant professionals such as doctors, community psychiatric nurses and district nurses. People were encouraged to be involved in their healthcare. For example we saw the manager speaking with someone who had been unwell to find out how they were and what they wanted to do next. They said to the person, “What would you like me to tell the doctor about how you are feeling.”

Relatives were happy with the level of healthcare support provided. People told us that they were kept informed

Is the service effective?

about people's health and wellbeing. One said, "The communication between the home and the family is very effective and they always let us know if [our relative] is unwell."

Is the service caring?

Our findings

We were told by everyone that staff were very kind and compassionate in their approach to people. One person said, “All the staff are very nice and seem to really care.” Another said, “The staff are good as gold.”

People were treated with kindness and care. Staff had a good knowledge of people’s individual care needs and some of their histories and backgrounds. The manager told us that they were planning to introduce life story work and were writing to relatives to try to gain further information about people’s past lives. Staff knowledge was demonstrated in how people were supported and staff adapted their approach to different situations with different people. Staff always used people’s names when speaking with them to provide an individual approach. Staff advised us of people’s varying abilities and the communication approach best suited to their needs for example, if someone had a hearing loss or a visual impairment. Staff listened to people and responded appropriately.

People were asked for their views and involved in their day to day care through being offered choice and autonomy as far as possible in their daily lives. Relatives said that they felt involved with people’s care and could discuss any concerns with the manager at any time.

The service sought advocacy support when needed to ensure that people had an independent voice. Advocates support and enable people to express their views and concerns and may provide independent advice and assistance.

People told us that staff treated them with dignity and respect. One person said, “The staff here are always very respectful and always listen to what I have to say.” People’s privacy was respected and they were able to spend time in their rooms or in communal areas as they preferred.

Staff practice demonstrated an understanding of the need to treat everyone with dignity and respect. For example, when using a hoist staff were caring and patient, they explained everything and constantly reassured the person whilst completing the manoeuvre as quickly as possible for them.

People were able to maintain contact and continue to be supported by their friends and relatives. People’s relatives all told us that they were able to visit the service at any time without restrictions.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. Throughout the day good levels of choice were given to people, including those who were frail or living with dementia. People were asked for their views and permission before any activity took place and their views were respected. This showed us that staff understood the need for people to have choice and control in their daily lives as far as possible.

People told us that they received the care they needed. One person said, "I have been quite happy and settled here, the staff have been very supportive." Families were also happy with the service and made comments such as, "My [relative] is taken good care of and the staff understand their changing needs."

People's care needs had been assessed before they moved into the home, which helped to ensure the service was able to meet their needs.

Although care plans contained a variety of information about each individual person and covered their physical, behavioural, social and emotional needs, they were generic and adapted to each individual as needed. This meant that they did not always have a consistently person centred approach. Care plans varied in the level of information available but would assist the staff in identifying what individual support was needed by each person. There was little to show that, where people were able, they were actively involved in the care planning or ongoing review

process. None of the care records viewed had been signed, as the format allowed, to indicate their involvement or agreement. The manager and consultant were aware that people's care records needed to be worked on to provide a comprehensive, inclusive and consistent approach. Plans were in place to address this.

People had some opportunities for occupation and engagement. We saw that staff engaged with people and undertook group and one to one activities. As one person went into lunch they said, "Haven't we had a lovely morning, we always have so much fun here." Staff told us, that there was little in the way of activities equipment available for them to use such as games, books or general craft/drawing materials. At one point we saw that a member of staff had to use their foot as a target for hoopla. This meant that opportunities to participate in varied and individually preferred activities may be limited. Staff told us that people got bored doing the same things all the time.

There was limited use of signage in the service environment to assist people living with dementia with orientation and understanding.

People were encouraged to raise any concerns or complaints that they had. A complaints procedure was readily available to people. We saw that a complaint made had been recorded, investigated and people responded to. Staff knew about the services' complaints procedure and explained what they would do if someone complained to them.

Is the service well-led?

Our findings

People said that the service was well led and managed. People felt that staff and the management team were approachable. One person told us, “[The manager] is always around to help with anything.” People told us that the manager spoke with them every day to see if they were alright or had any concerns or issues. One person told us, “[The manager] comes up every morning and asks if I’ve slept well. We have a chat and I can raise any issues that I have with her, although I don’t really have any. I’m very lucky to be here.”

Although there were few areas where the service could further improve people’s positive experience, overall the service was well led and the manager was aware of changes needed and were working on these.

A visiting hairdresser told us that they were always impressed by the happy and friendly atmosphere in the service. They told us that the manager was always very aware of what was happening in the home.

Staff were positive about the management of the service. They said that the manager was very visible and approachable. They felt that they could raise any issues and feel listened to. One member of staff said, “The service is very well managed. The manager is very good and has helped me and taught me a lot.”

Throughout the inspection we saw that the management, care and support staff had positive relationships with people living in the service and their families. There was a friendly atmosphere in the service with good interaction between staff, residents and visitors.

The ethos of the service was made clear to people through their Philosophy of Care being available. This told people how they should expect to be treated. Staff had a clear understanding of the standards and values people should expect and enacted them in their daily practice.

There was good teamwork in the service and staff provided good support to one another. Staff meetings occurred and handovers between shifts took place. This ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people’s needs.

People had the opportunity to comment on the service through one to one discussions with the manager and staff, and regular residents/relatives meetings. Items discussed included food, activities and future plans for the service. People’s views were recorded and any actions needed noted.

The manager was very aware of responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided.

The provider was frequently at the service, and spent time talking with people and staff. They were therefore constantly monitoring the quality and effectiveness of the service, and ensuring that people’s needs were being met. Audits were undertaken by the manager to formalise this process. For example, regular audits for premises, medication, and infection control. Health and safety checks were undertaken; temperatures for fridges, freezers and the medication storage area were monitored. Any actions needed were noted.

Risk assessments relating to the premises were in place, and any falls or incidents were recorded and monitored to identify if any remedial actions were needed to keep people safe.

Overall people were satisfied with the quality of the service and made comments such as, “We are all happy here and get good care.”