

Melba Lodge Limited

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Inspection report

16 Heverham Road
London
SE18 1BT

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03 July 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 03 July 2017 and was unannounced. At our last inspection of the service on 13 May 2015, the home was rated 'good' in all of the five key questions we asked of services and 'good' overall. Melba Lodge Limited provides support and accommodation for up to four people with mental health needs. At the time of our inspection there were four people living at the service.

There was 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.

At this inspection we found breaches of regulations because environmental risks to people were not always safely managed and guidance was not always in place for staff on how to manage identified risks safely. We also identified a further breach because the provider had not always followed safe recruitment practices when employing new staff.

You can see what action we told the provider to take at the back of the full version of the report.

People received their medicines as prescribed and medicine stocks were securely stored. However, improvement was required because the temperature of the medicines storage area was not accurately monitored. This meant we were unable to determine whether the storage area remained within the appropriate temperature range for the safe storage of medicines.

The provider had systems in place to monitor the quality and safety of the service people received, but further improvement was required because checks of staff files had not identified the issues we found with recruitment records and checks made on people's medicines had not identified the need to monitor the storage area temperature.

People told us there were sufficient staff to meet their needs and that they felt safe at the service. They were protected from the risk of abuse because staff had received training in safeguarding adults and were aware of the action to take if they suspected abuse had occurred.

Staff received support in their roles through regular training and supervision. They were aware of the importance of seeking consent from the people they supported and told us people had capacity to make decisions for themselves. People confirmed staff sought their consent and respected their choices. They were involved in decisions about their day to day care and treatment and told us staff treated them with dignity and respected their dignity.

Staff treated people with care and consideration. People were supported to maintain a balanced diet and had access to a range of healthcare services when they needed them. People were involved in discussions

about their care planning. Care plans were person centred and reflected people's individual needs and preferences. The provider had a complaints policy and procedure in place which gave guidance to people on what they could expect if they raised a complaint. People told us they knew how to raise concerns and would do so, if they needed to.

Staff spoke positively about the registered manager and the working culture at the service. They told us they felt well supported in their roles and could discuss any issues with the registered manager when they needed to. People were supported to take part in a range of activities in support of their interests, and to maintain the relationships that were important to them. The provider had systems in place for seeking feedback from people on the service they received, and feedback showed people were experiencing positive outcomes whilst living at the service.

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.

Environmental risks were not always managed safely. Risks to people had been identified but there was not always sufficient guidance in place for staff on how identified risks should be safely managed.

There were sufficient staff deployed at the service to meet people's needs but appropriate recruitment checks had not always been conducted on staff before they started work.

People received their medicines as prescribed. Medicines were securely stored but improvement was required because the storage area temperature was not monitored to ensure it remained with the recommended temperature range for the safe storage of medicines.

People were protected from the risk of abuse because staff had received safeguarding adults training and were aware of the action to take if they suspected abuse had occurred.

Is the service effective?

Good 

The service was effective.

Staff were supported in their roles through regular training and supervision.

People were supported to maintain a balanced diet and enjoyed the meals on offer at the service.

Staff sought consent from the people they supported and confirmed people had capacity to make decisions for themselves.

People were supported to access a range of healthcare services when required.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and consideration.

People were involved in day to day decisions about their care and treatment and were provided information about the service in the form of a service user guide.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plans. Care plans reflected people's individual needs and preferences.

People told us they were able to take part in activities they enjoyed and were supported to maintain the relationships that were important to them.

The provider had a complaints policy and procedure in place and people told us they knew how to raise concerns if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had systems in place for monitoring the quality and safety of the service but improvement was required to ensure these were consistent in identifying issues and driving improvements.

Staff spoke positively about the management of the service and told us they were well supported by the registered manager.

The provider had systems in place to seek the views of people and the feedback received showed that people were happy with the service they received.

Melba Lodge Limited

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 03 July 2017 and was unannounced. The inspection team consisted of a single inspector. Prior to the inspection we reviewed the information we held about the service. We also sought feedback from a local authority responsible for commissioning services at the location and used this information to help inform our planning. The provider had also completed a Provider Information Return (PIR). 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.

During this inspection we spoke with four people living at the service, one relative, one staff member and the registered manager. We also looked at records, including three people's care plans, four staff member's recruitment files and other records relating to the management of the service including policies and procedures, audits, staff training and supervision records, and people's medicine administration records (MARs).

Is the service safe?

Our findings

Risks to people were not always managed safely. We found a fire door leading to a communal area at the service had been wedged open with cardboard which meant it would not have closed automatically if the fire alarm had gone off. This placed people at risk in the event of a fire. We brought this to the attention of the registered manager who took action to address the issue during our inspection. We also found environmental risks had not always been assessed to ensure any risk of harm to people was minimised. For example, the provider had not conducted an assessment of hot surfaces such as the exposed radiators at the service to ensure people were protected from the risk of burning.

People's support plans contained risk assessments which covered areas at which they had been identified as being at potential risk, including self-neglect, personal hygiene, food preparation and risks associated with their individual medical conditions and diagnoses. However, whilst areas of risk had been identified, we found there was not always sufficient guidance in place on how people should be supported to ensure their safety. For example, one person's risk assessment identified them as being at risk of experiencing episodes of anxiety. Their risk assessment identified that staff should be aware of the triggers which may cause the person to become anxious, but the assessment contained no guidance as to what the triggers might be.

In another example we found one person's condition of Type 2 Diabetes had been identified as an area of risk but whilst their risk assessment made reference to the need for them to maintain a balanced diet, there was no detailed plan outlining how the condition should be safely managed. Staff we spoke with were also not aware of the fact that the person in question had Diabetes so would not have been aware to monitor the person accordingly. Additionally, records showed attempts to monitor the person's blood glucose levels had only been made infrequently and not in line with national guidelines on the management of Type 2 Diabetes in adults.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

In other examples we saw action had been taken by staff to manage identified risks safely. For example, where one person had been involved in a road safety incident, their risk assessment had been updated and we saw regular discussions on road safety had been held with them during key worker meetings to ensure they were aware of the issues when out in the community.

The provider had not always followed safe recruitment practices. Staff files contained checks on each staff member's identification, references and completed application forms, but these did not always include details of each staff member's full employment history or the reasons for any gaps in employment. We also noted that references provided by staff were not always from the employers listed in the employment history they had provided, but this had not been followed up by the provider for clarification. These issues meant we could not be assured that the provider had taken sufficient action to ensure staff were of good character.

We also found one staff member had provided a copy of a residence permit which had expired during the year prior to them starting work for the provider. The registered manager told us that they were aware of this and that the staff member in question was in the process of seeking an extension to their residence permit and right to work in the UK, but this process had not been completed. However they were unable to provide and records confirming this at the time of our inspection.

These issues were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following our inspection the registered manager told us they had confirmed with the Home Office that the staff member whose residence permit had expired was able to work in the UK whilst their current application was being processed.

People told us there were sufficient staff deployed at the service to meet their needs. One person said, "They [staff] are here when I need them." Another person told us, "I can manage a lot of things on my own, but staff are on hand if I need help." The registered manager confirmed that staffing levels were determined based on the needs of the people at the service and were flexible to meet their requirements. For example, where people wished to attend activities which required support, then additional staff would be on duty to cover this. Staff we spoke with also confirmed they felt staffing levels were sufficient to meet people's needs. One staff member told us, "The residents have a lot of independence in their daily lives so the staffing levels are sufficient for us to provide them with the support they need."

People told us they received support to ensure they took their medicines as prescribed. One person told us, "The staff make sure I get my medication when I need it." Another person told us, "Staff remind me to take my medicines. I do this with them and sign to confirm I've had them."

People's medicine administration records (MARs) included a copy of their photograph and details of any known medicines allergies, to help reduce the risks associated with medicines administration. The MARs we reviewed showed that people had received their medicines each day as prescribed, and could also be accurately cross referenced with remaining medicines stocks to show that these were correct.

Medicines were stored securely in a locked medicines cupboard which was only accessible to appropriately trained staff. The registered manager confirmed that training had included an assessment of each staff member's competency to safely administer medicines which was included as part of their induction process. However, we found improvement was required because whilst medicines were securely stored, the provider did not accurately monitor the temperature of the medicines storage area. This meant we were unable to determine whether the storage area remained within the appropriate temperature range for the safe storage of medicines. We brought this to the attention of the registered manager and they told us they would address this issue following our inspection. We will check on this improvement at our next inspection of the service.

People told us they felt safe living at the service. One person said, "I feel quite safe here; I know the staff are looking after me." Another person told us, "I do feel safe here; it's a secure environment." A relative commented, "I'm happy with the place; it's safer than places [their loved one] has stayed before."

People were protected from the risk of abuse. The registered manager confirmed they were the safeguarding lead for the service and was aware of the process for raising safeguarding alerts with the local authority and notifying CQC of any allegations of abuse, as required by current regulations. Staff had received training in safeguarding adults and were aware of the potential types of abuse which could occur at the service. They could describe the correct action to take if they suspected abuse had occurred and told us that they were confident that any concerns they raised would be dealt with appropriately by the registered

manager. However they also told us they were aware of the provider's whistle blowing policy and would use this if they felt the need to do so.

There were procedures in place to deal with emergencies. Staff were aware of the action to take in the event of a fire or medical emergency. Records showed people had individual evacuation plans in place which gave guidance to staff and the emergency services on the support people required to evacuate the building in an emergency. The registered manager also told us, and records confirmed that regular checks were made on emergency equipment such as fire extinguishers and the fire alarm, and that fire drills had be conducted with staff to ensure they were aware of the correct procedure to follow, should they need to do so.

Is the service effective?

Our findings

People told us they received support with the knowledge and skills to meet their needs. One person said, "The staff here do a great job." Another person told us, "They [staff] know what they're doing; they're very good. They understand what support I need."

The registered manager explained that new staff undertook an induction when starting work at the service which included time spent reviewing policies and procedures, training in areas considered mandatory by the provider and a period of orientation at the service, shadowing more experienced colleagues and developing their understanding of the individual support people required.

Staff confirmed they had completed their induction before working independently at the service. Records also showed that staff had completed training in a range of areas including mental health awareness, health and safety, safeguarding, infection control, manual handling and food hygiene. This training was refreshed periodically to ensure staff remained up to date with their knowledge and we saw plans in place for staff to complete refresher training where it was due.

Records showed and staff confirmed that they received support in their roles through regular supervision. One staff member told us, "Supervision is useful as it gives me a chance to talk about how I'm doing personally and at work, and to discuss the support we're providing the residents and whether it could be improved." Records also showed that staff received an annual appraisal of their performance where they had been employed at the service for more than 12 months which identified the things they were doing well and any areas for improvement.

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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager demonstrated an understanding of the MCA but told us that people at the service had capacity to make decisions about their care and treatment for themselves. They explained that should they have any concerns about people's ability to make a specific decision they would ensure a mental capacity assessment was undertaken and that if required, any subsequent decisions would be made in people's best interests, involving family members and/or health and social care professionals where appropriate. They also confirmed that because people had capacity, staff did not place restrictions on their freedoms and none of the people living at the home were subject to a DoLS authorisation.

People were encouraged and supported to maintain a balanced diet. Staff told us that the weekly menu was planned with input from people using the service, and people we spoke with confirmed their meal time preferences were taken into consideration. The lunchtime meal on the day of our inspection was freshly prepared and enjoyed by all the people who ate it. One person told us, "The meals are good and I like what we have. I don't like fish and the staff are all aware of this." Another person told us, "I like the food we have here, and I also like going out to eat, so we do that sometimes instead."

People were supported to access a range of healthcare services when required and records showed that staff monitored people's well-being on a regular basis. People told us that staff assisted them to make and attend their healthcare appointments. One person said, "The staff will book an appointment and come with me if I need to see my GP." Another person told us, "They [staff] will arrange those things when I needed them; I'm well looked after." Records also showed that people had access to a range of other services including an optician, dentist and mental health support services on a regular basis in support of their good health.

Is the service caring?

Our findings

People told us that staff treated them with care and consideration. One person said, "They [staff] are lovely; they show a caring attitude." Another person said, "The staff are nice people and keep an eye on me; I'm happy here." A relative told us, "The staff are friendly and I know them; I'm happy with the care."

During our inspection we observed staff supporting people in a caring and compassionate manner. The atmosphere in the service was relaxed and friendly and people responded positively to staff when engaged in conversation. It was clear that people were comfortable in the presence of the staff supporting them and we noted examples of them actively seeking support or reassurance from staff when needed.

The registered manager and staff demonstrated a good knowledge of the people they supported. For example they were aware of people's life histories and the things that were important to them, as well as their preferences in the way they received support and their daily routines. People and relatives also confirmed that support was provided by a consistent staffing group which helped when building relationships between them.

Staff told us they treated people with dignity and respected their privacy. One staff member told us, "I always make sure I knock on the door before entering anyone's room and I would never discuss the resident's needs and well-being in public areas." Throughout our inspection we observed staff knocking on people's doors before entering their rooms and treating people in a polite and courteous manner. People also confirmed their privacy was respected. One person said, "I have privacy here; I can stay in my room when I want and I won't be bothered." Another person said, "I've not had any issues with privacy; staff are polite and respectful."

People were involved in day to day decisions about the support they received and made choices about the things they wished to do. One person told us, "I can do what I want and staff will respect my decisions." We also observed staff listening to people's views and acting on their choices during our inspection. For example, we noted that one person requested that they go out later in the day for a meal rather than eat at the service and staff confirmed they would arrange this for them.

People were provided with information about the service through a service user guide. This included details of the available facilities, the values of the service and guidance on how complaints could be raised if people had any concerns. The registered manager told us that a copy of the service user guide was given to each person when they moved into the home and we also saw a further copy was available for people to access in a communal area, should they wish to do so.

Is the service responsive?

Our findings

People had care plans in place which were based upon an assessment of their needs. These included information about the support people required in areas including personal hygiene, managing finances, meal preparation, activities and support around their individual mental health conditions. We noted that care plans were person centred and contained details of people's views about the support they received in each area, including the things that were important to them, their preferences in the way they were supported and details of any goals they may have. Records also showed that care plans had been reviewed on a regular basis to ensure they were up to date and reflective of people's current needs.

People confirmed that they were involved in discussions around their care planning in order to ensure their individual needs were being met. One person told us, "The staff discuss my support with me regularly. I'm happy with the care I receive." Another person said, "We talk about my care plan and I attend regular key worker meetings. We discuss my goals, for example around money management and I think I'm doing better with that now."

Records of monthly key worker meetings showed staff regularly discussed aspects of people's support including their mental and physical health, activities, healthcare appointments and finances. Staff also maintained daily progress notes which provided information on people's current conditions and the support they had received each day, in line with their care plan.

Staff told us, that they support people to be independent wherever possible. For example, one staff member explained, "We always encourage the residents to try and do things for themselves by prompting them. For example, I will remind them to tidy their rooms or put their laundry in the washing machine rather than do these things for them. People confirmed their independence was encouraged. One person said, "I like to do things for myself but it's good to be reminded by staff sometimes."

People were able to take part in activities which reflected their interests. Records showed activities plans were in place for each person living at the home. Activities on offer included work placements, leisure activities such as swimming, shopping or visiting local parks, developing independent living skills such as undertaking domestic tasks or involvement in meal preparation or trips out to restaurants or the cinema. One person told us, "I like going out and attend [a local work placement]." Another person said, "I enjoy shopping and like to visit the shops on most days." A relative told us, "I've been invited on some of the visits with [their loved one]; we've been to Broadstairs and Southend for days out."

People were supported to maintain the relationships that were important to them. Staff and the registered manager confirmed people were welcome to receive visitors when they wished. One person told us, "My son can visit when he wants and we see each other regularly." A visiting relative told us, "I visit whenever I want and am always welcome. The staff keep me well informed; we have a good relationship."

People told us they knew how to make a complaint and expressed confidence that staff would address any issues they raised, should they need to do so. One person said, "I've no concerns here but I'd speak to the

member of staff on duty or the manager if I had any problems." The provider had a complaints policy and procedure in place which provided information for people on what they could expect if they raised any concerns. This included details on the timescales in which people could expect a response, and the action they could take to escalate their concerns to external bodies if they were unhappy with the outcome.

Is the service well-led?

Our findings

People and relatives spoke positively about the registered manager and the management of the service. One person told us, "[The registered manager] and all the staff are great. They always make me feel welcome; I give them five stars." Another person said, "I've no issues; they do a good job." A relative told us, "We have a good relationship and the place seems to be well run." However, whilst the feedback we received was positive we found improvement was required to the provider's systems for monitoring the quality and safety of the service.

The provider had quality assurance systems in place and we saw regular checks were made in areas including the maintenance of the service, staff training needs, finances and checks on emergency equipment. However improvement was required because checks carried out on staff files had not identified the issues we found with staff recruitment records. In another example, we noted that whilst regular checks were made on people's medicines, these were not comprehensive and had not identified that temperature checks on the medicines storage area had not been conducted. We brought these issues to the attention of the registered manager and they told us they would ensure these issues were addressed following our inspection.

The provider had action had been taken in other areas where issues had been identified. For example, records showed the service's fire risk assessment was in need of a review, and we saw that this issue had been identified by the registered manager who had booked an external contractor to complete this shortly after our inspection.

The provider had systems in place for seeking feedback in order to drive service improvements. The registered manager had sought feedback from people through monthly surveys. Areas considered included people's satisfaction with activities, staff engagement, meals, and whether they were offered sufficient choices in their daily routines. We noted that feedback from people had been uniformly positive and showed that they were experiencing positive outcomes whilst living at the home.

People were also able to attend regular residents meetings which were held in conjunction with people at the provider's other service which was located nearby. Meeting minutes showed that people had discussed the things that were important to them, including outings they wished to undertake and planning a holiday. One person we spoke with confirmed the holiday had gone ahead as planned, that they had enjoyed the experience and were looking forward to planning the next one.

The service had a registered manager in post at the time of our inspection demonstrated an understanding of the requirements of the role and their responsibilities with regards to the Health and Social Care Act 2008. They were aware of the types of events and incidents which they were required to notify the Commission about and records showed they had made appropriate notifications accordingly.

Staff spoke positively about the registered manager and their leadership of the service. One staff member told us, "The registered manager is doing a good job and tries hard. We can speak to her whenever we need

to and she listens to us." Staff also spoke positively about the working culture of the service which they explained had a strong focus on teamwork and ensuring people received high quality care.

Records showed staff held regular team meetings to discuss the management of the service and to ensure each staff member was aware of the responsibilities of their roles. Staff also confirmed that they conducted handover meetings between each shift to ensure important information about people's current conditions, or any activities or appointments they had planned was shared. This helped ensure staff were aware of the areas in which people needed support on a day to day basis.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had been assessed but action had not always been taken to manage risks safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate recruitment checks had not always taken place before staff started work and information was not always available as required to demonstrate staff were of good character.