

The Mellows Limited

The Mellows

Inspection report

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Ratings

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|---------------------------------|-------------------------------|
| Overall rating for this service | Good ● |
| 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? | Good ● |

Summary of findings

Overall summary

About the service

The Mellows is a residential care home providing personal and nursing care for up to 50 people aged 65 and over. This also includes people living with dementia. At the time of the inspection there were 46 people living at the service.

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

Recruitment practices were not as robust as they should be to make sure the right staff were recruited, however we were assured from our discussions with the registered manager, immediate steps would be taken to make the required improvements. People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. Suitable arrangements were in place to ensure people received their medication as they should. Staff understood how to raise concerns and knew what to do to safeguard people. Enough numbers of staff were available to support people living at The Mellows and to meet their needs. People were protected by the prevention and control of infection. Findings from this inspection showed lessons were being learned and improvements made when things went wrong.

Suitable arrangements were in place to ensure staff were appropriately trained and newly appointed staff received an induction. Staff felt valued and supported by the provider and registered manager; and received formal supervision and an annual appraisal. The dining experience for people using the service was good. People received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. 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. Since our last inspection to the service, many areas of the home environment had been refurbished and redecorated.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us.

People's care and support needs were documented, and staff had a good understanding and knowledge of these and the care to be delivered. However, improvements were required to ensure information relating to people's end of life care needs was recorded in a more robust way. Suitable arrangements were in place to enable people to participate in meaningful social activities to meet their needs. Whilst some improvements were noted relating to the service's complaint management arrangements, the registered manager wrote to us following the inspection. This provided an assurance that suitable measures would be immediately implemented to ensure robust investigations were carried out.

People told us the service was well-led and managed. Quality assurance arrangements enabled the provider

and registered manager to monitor the quality of the service provided and staff performance.

We have recommendations relating to end of life care and recruitment practices.

Rating at last inspection

The rating at last inspection was good (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received we may inspect sooner.

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

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Mellows

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 Care Act 2014.

Inspection team

The inspection team consisted of 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.

Service and service type

The Mellows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced. This inspection took place on the 30 and 31 October and 1 November 2019.

What we did before the inspection

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the registered provider is required to send us by law.

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 spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff, the activities coordinator and the registered manager. We reviewed five people's care files and four staff recruitment and personnel files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training and supervision records, complaints and compliment records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- Staff recruitment records for four members of staff were viewed. However, not all relevant checks were completed before a new member of staff started working at the service and improvements were required. We discussed this with the registered manager and they apologised for their oversight. An assurance was provided that suitable arrangements would be put in place to ensure this did not happen again.

We recommend the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

- People's comments about staffing levels were positive. Relatives comments included, "Staffing levels are fine" and, "There's always someone available to look after [relative] and they've had no falls since being here."
- The deployment of staff during both days of inspection was appropriate and there were enough staff to meet people's needs. Staff were seen providing care and support to people promptly, with call alarm facilities answered in a timely manner throughout both days of inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives confirmed they had no concerns relating to the safety of their family member. One relative told us they were no longer able to care for their family member and they were safer living at The Mellows. The relative stated, "Yes, [relative] is safer here than home." A second relative told us, "From what I can see [relative] is safe here, they [staff] are very good with them."
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the regional manager and external agencies, such as the Local Authority or Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks assessments were carried out to identify those risks associated with people's care and healthcare needs. For example, where people were at nutritional risk, had poor mobility and at risk of falls.
- The service's fire safety systems were checked at regular intervals to ensure these were safe and equipment was maintained in good working order.
- Though day staff had participated in regular fire drills, night staff had not since May 2017. The registered

manager confirmed fire drills undertaken did not enable staff to practice, using fire equipment to assist them in the event of a fire evacuation. The registered manager told us this would be addressed as a priority.

Using medicines safely

- Suitable arrangements were in place to ensure the proper and safe use of medicines. The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- We looked at the Medication Administration Records [MAR] for 10 out of 46 people using the service. These showed people received their medication at the times they needed them, and records were kept in good order.
- Where people were prescribed a specific medicated patch to be applied to their body, the site of application was recorded. People had their topical creams applied by staff in line with the prescriber's instructions.
- Arrangements were in place to ensure all staff that administered medication were trained and had their competency assessed.
- On the first day of inspection, though each person had a medication profile in place, this did not include information relating to their preferred method of taking their medication. Not all packets and bottles of medication were dated to evidence when medication commenced. On the second day of inspection the registered manager confirmed steps had been taken to include the above information in people's profiles and staff were reminded of the importance of providing dates on medication.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staff followed the service's procedures to maintain a suitable standard of cleanliness and hygiene within the service.
- The service was clean and odour free. Staff had access to enough personal protective equipment to help prevent the spread of infection.
- Staff had received appropriate infection control training within the last 12 months.

Learning lessons when things go wrong

- The inspection highlighted lessons had been learned and improvements made since our last inspection in April 2017. This referred specifically to people using the service now being routinely offered a choice of drinks and meals throughout the day. At this inspection, the registered manager was prompt to address areas which required improvement, for example, medicines and complaints management.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection to the service in April 2017, people using the service were not always offered a choice of drinks or meals. Though this was not a breach of regulation of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014, we rated this domain as 'Requires Improvement'. At this inspection we found enough improvement had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission and included their physical, mental health and social needs. A person newly admitted to the service on respite told us they had been made to feel welcome.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- The training matrix was not up-to-date at the time of our visit to The Mellows and demonstrated not all staff training was in date. Staff spoken with confirmed this as accurate. The registered manager stated they were aware that this required updating. Following the inspection, a copy of the revised training matrix was forwarded to us. This showed several members of staff had updated their online mandatory training. This ensured staff had the skills, knowledge and competence to deliver effective care and support to people using the service.
- Agency staff profiles did not include evidence of training attained or when it was next due to be renewed. The registered manager took immediate action and contacted the external employment agency. Information received demonstrated agency staff had up-to-date training.
- Newly appointed staff received an 'in-house' induction and were given the opportunity to 'shadow' more experienced staff until they felt confident to carry out their role.
- Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework [QCF]; and had limited or no experience in a care setting, not all staff had commenced or completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. We discussed this with the registered manager. They told us the Care Certificate would be provided to staff in the future to complete.
- Staff stated they felt supported and valued by the provider and registered manager. Comments by staff included, "[Name of registered manager] is the best manager I have ever had" and, "I feel very supported by

the manager." Staff confirmed they received formal supervision. Records confirmed what we were told but improvements were required to the records as these provided insufficient evidence of discussions held and follow-up action required.

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the quality of the meals provided were positive. One person told us, "The food is good here, not like at home, better, plus I need a carer with me when I eat." A relative told us that although their member of family had lost a lot of weight, the food always looked good and they were confident all was being done by staff to ensure their family member ate well. They told us, "The food always looks good, I feel [relative] eats a decent sized meal."
- People were able to choose where they had their meal, such as in the communal lounge, in the dining room or in the comfort of their bedroom.
- The dining experience for people was positive. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner. The meals provided were in enough quantities and looked appetising. People were offered a choice of drinks and meals throughout the day.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations to ensure they delivered joined-up care and support. People's healthcare needs were monitored, with appropriate action taken to address these.
- People had access to healthcare services when they needed it and confirmed their healthcare needs were met. Relatives confirmed they were kept informed by the service of their family member's healthcare needs and outcomes.

Adapting service, design, decoration to meet people's needs

- People had personalised rooms which supported their individual needs and preferences.
- People had access to comfortable communal areas within the service.
- Suitable adaptations and equipment were in place to enable people to maintain their independence.
- People also had access to landscaped gardens and grounds.
- Since our last inspection in April 2017, a programme of redecoration and refurbishment had been undertaken to The Mellows. Car parking facilities to the front of the premises had been newly created. The entrance hall to the service had been extended and all areas of the care home redecorated. Additionally, new furniture and fittings had been purchased, for example, curtains and blinds, flooring in some people's bedrooms had been changed.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

- Staff asked for people's consent before providing care and support.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the quality of care received were positive. Everyone spoke with told us staff were kind and caring. One person told us, "The staff are lovely, they look after me and I like them all." One relative told us that due to their relative living with dementia, they thought that they'd lost them. However, they told us, "It's unbelievable, each day I come in, they're [relative] better, they are their old self again." The relative confirmed that their relative's interest in their surroundings had improved.
- Relatives confirmed they were happy with the care and support provided for their family member. One relative told us, "I'm very happy with the care they're getting, the carers talk to [relative] and that's very good for them." A second relative told us, "The carers are really kind to [relative], they hold their hands and chat to them a lot. They [staff] seem to go out of their way, that's the main reason we placed [relative] here."
- The care provided by staff for people using the service was good, with many positive staff interventions. We observed many examples whereby people were treated with kindness and compassion.
- Observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them. Staff understood the importance of making sure they had the time to give people support in line with their care needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff explained things clearly or in a way that could be easily understood. For example, when staff provided people with support relating to a task, such as, to have their comfort needs met or where they required support with moving and handling.
- People and those acting on their behalf, had been given the opportunity to provide feedback about the service through the completion of a questionnaire at regular intervals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome. One relative told us, "I can visit [relative] anytime, there are no restrictions."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans covered people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff had a good understanding and knowledge of people's individual care and support needs, including their personal likes, dislikes and preferences. In relation to the latter, a visiting professional completed a quality assurance form, and this recorded, "It is always a pleasure to visit The Mellows. The staff are always polite and helpful and are very knowledgeable in relation to the clients I support in my role."
- Information available showed people's care plans were reviewed and updated to reflect where people's needs changed.
- Though there was no evidence to suggest people were not receiving appropriate care, improvements were required to evidence how pain management arrangements or how the person's end of life care symptoms and preferences were to be managed to maintain the person's quality of life as much as possible.
- The registered manager was aware how to access local palliative care support and services, but staff had not received end of life training and this should be considered.

It is recommended that the registered manager makes sure staff are aware of national good practice and guidance relating to end of life strategies and staff receive appropriate training.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We did not see enough evidence of how the Accessible Information Standard has been applied. For example, the activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the information. The registered manager confirmed this would be addressed for the future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to take part in social activities. The person responsible for facilitating activities told us they had only been employed at The Mellows for three weeks and were in the process of getting to know people's individual social care needs.

- Observations showed people were offered and participated in a range of social activities both 'in-house' and within the local community. 'In-house' activities included easy exercises, storytelling, bingo and manicures. People were also able to access the local memory café in Epping and to go shopping. The person responsible for facilitating activities told us the service utilised external community services, for example, the local church, children and their parents from a local nursery. Activities were also centred around celebrated traditional Christian holidays and other events such as Halloween, Mother's and Father's Day.

Improving care quality in response to complaints or concerns

- People and their relatives felt able and confident to raise a complaint or concern with the service. However, improvements were required to ensure all elements of a complaint were robustly investigated to show how conclusions were reached and outcomes completed.

We recommend the provider seek independent advice and guidance to ensure robust systems are in place for the management of complaints.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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; 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

- The registered manager understood the importance of their role and responsibilities. The registered manager told us they were supported by the provider and received periodic formal supervision.
- People using the service, relatives and staff were complimentary regarding the registered manager and told us the service was well-led and suitably managed.
- Staff told us the registered manager's office door was always open. This meant the registered manager was easily accessible to people using the service, relatives and staff and could monitor what was happening within the service.
- Staff were positive about working at the service. Others consistently described the registered manager as supportive and helpful. Comments included, "The manager is absolutely lovely and is always there to listen" and, "I find the manager very supportive and they always listen to me if I have a problem."
- The quality assurance arrangements monitored the experience of people being supported and risks to the quality of the service were managed. This information was used to help the provider and registered manager drive improvement and monitor performance across the service. The registered manager was aware of their lack of oversight relating to recruitment practices, however following our discussions with them, we were assured immediate arrangements would be put in place to address this for the future.

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

- Effective arrangements were in place for gathering people's views of the service they received, those of people acting on their behalf, staff employed at the service and visiting professionals. Comments recorded were positive and included, "I have always been very satisfied with all aspects at The Mellows. The home is always very clean and [name of person using the service] gets 100% care" and, "I enjoy coming to The Mellows, there is an atmosphere of care and willingness to get things right."
- Meetings were held for people living at The Mellows, their relatives or representatives. This was to enable them to have a voice, to feel involved and to provide on-going support and information.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered

and able to discuss any topics.

Continuous learning and improving care

- At this inspection the registered manager was able to demonstrate their understanding of the importance of continuous learning, lessons learned and improving care for people using the service. As previously stated, the registered manager had ensured since May 2017, people had a choice of drinks and meals. Where improvements were required as highlighted during this inspection, the registered manager was keen to learn and proactive to make the necessary amendments.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.