

M Rashid

Melrose House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Melrose House is a residential care home providing the regulated activity of accommodation and personal care to up to 34 people. The service provides support to older people, including those who are living with dementia. At the time of our inspection there were 13 people using the service.

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

Quality assurance arrangements were in place to assess and monitor the quality of the service provided. Whilst there was evidence available to demonstrate improvements had been made since our last inspection to the service in April 2022, improvements were still required to ensure risks and regulatory requirements were understood, managed and actioned. This related to the ongoing improvements required relating to the premises and the service's fire risk arrangements.

Not all environmental risks for people using the service were safe, ensuring their safety, comfort and wellbeing. This referred to the fire safety and heating arrangements at Melrose House. Although the premises were clean and odour free, there was inadequate domestic cover at Melrose House to help control the spread of infection.

People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. 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 Melrose House and to meet their needs. Medication practices were safe and ensured people received their prescribed medication.

Staff received mandatory training and newly appointed staff received an induction. Staff felt valued and supported by the registered manager and received formal supervision. The dining experience was positive and people received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare 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; the policies and systems in the service supported this practice.

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 requires improvement (published 13 June 2022).

Why we inspected

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

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

service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to those risks associated with the environment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Melrose House

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Melrose 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. Melrose House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the

last inspection and sought feedback from the Local Authority. We used all this information to plan our inspection.

During the inspection

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 4 people who used the service about their experience of the care provided at Melrose House. We spoke with the registered manager and the person responsible for providing external management support to the registered manager. We reviewed 3 people's care plans and 4 staff personnel files to review the provider's recruitment practices, including induction and training arrangements. We looked at a further 3 staff personnel files to review the provider's supervision arrangements. We reviewed the service's quality assurance systems and the provider's arrangements for managing medication.

Following our visit to Melrose House, we informed 6 members of staff that we wished to speak with them about what it was like to work at the service. Only 2 members of staff responded to our request to talk with them. We wrote to 6 people's relatives, asking them to provide a response to several questions so that we could determine their experience of the care provided at Melrose House. The Care Quality Commission received a reply from 1 relative.



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 Requires Improvement. The rating for this key question has remained 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

- Risks associated with the environment were not managed to ensure people's safety and wellbeing. A fire risk assessment completed in October 2022 by a specialist fire risk assessor recorded there were significant preventative measures required to reduce the risk of fire at Melrose House. The provider did not have a plan to address the areas identified, therefore this increased the risk of fire and harm to people using the service.
- Several fire doors and the loft hatch were assessed as non-compliant with fire regulations and smoke detectors were either too old and required replacement or not available. Therefore, containment in the event of a fire in one area was compromised, allowing the fire and smoke to spread throughout the premises. Following the inspection and discussions with the provider and their representative, steps were taken to address this for the safety and wellbeing of people residing at Melrose House.
- Regular fire drills were happening for day staff, but night staff had not participated in a fire drill. Staff had completed online fire safety training but not 'practical' fire safety instruction. No staff had received fire marshal training or training relating to the evacuation sledge. The purpose of this equipment is to enable staff employed to evacuate a physically impaired person easily and safely downstairs or when the passenger lift cannot be used in the event of an emergency such as a fire. The provider has confirmed training was to be provided on 2 December 2022.

Preventing and controlling infection

- Issues were picked up as part of the provider's infection, prevention and control audits but there was little information recorded to determine if issues requiring corrective action had been addressed. For example, the laundry room floor was not impermeable or in a good state of repair and deep cleaning was not being undertaken at regular intervals.
- The premises were clean and odour free. However, there was inadequate domestic cover at Melrose House to control the spread of infection and this was currently being completed by care staff in addition to their care duties.
- Staff had received infection, prevention and control training. There was no evidence to show the service's infection, prevention and control 'champion' had attained a higher level of training. The role of the 'champion' is to ensure staff follow best practice guidance within the workplace and to influence colleagues' practice.

Suitable arrangements were not in place to manage and mitigate fire risks for people using the service. Improvements were required to the service's infection, prevention and control arrangements to ensure this

was in accordance with relevant legislation and national guidelines. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Risks associated with people's individual care and support needs were assessed and recorded to ensure their safety and wellbeing. These identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. This included risks associated with people's moving and handling, falls, pressure ulcers and nutrition needs.
- Personal Emergency Evacuation Plans [PEEP] were in place for people using the service.

Visiting in care homes

- In April 2022 relatives told us access to see their family member had been restricted by the registered manager. This referred to only being able to see their family member within the visiting pod in the garden or the back lounge which was accessed via the garden. Discussions were held with the registered manager to ensure the approach to future visiting was aligned with government guidance.
- Prior to this inspection concerns were raised that family members were still being restricted and could only see their relative within the visiting pod in the garden or the back lounge. At this inspection we found relatives were now able to visit their family member without any restrictions imposed. However, this was only actioned in October 2022 and following advice provided to the registered manager from an external support manager.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe, don't know why, I just do" and, "Yes, I feel safe." One relative told us, "Yes, I fee] [relative] is safe."
- Staff understood what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the registered manager, a senior member of staff and external agencies, such as the Local Authority or Care Quality Commission.

Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs and to keep people safe.
- The registered manager had autonomy to source agency staff to cover vacancies in the staff team and short notice absences. The registered manager confirmed the service had not utilised agency staff since September 2022.
- Staff recruitment records for 4 members of staff were viewed. Relevant checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification 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.

Using medicines safely

- Safe practices were in place to ensure the proper and safe use of medicines. The Medication Administration Records [MAR] for 6 out of 13 people were viewed and these showed people received their medication as prescribed.
- Where a variable dose of medication was to be administered, for example, 1 or 2 tablets to be administered, the specific dose given was not recorded. This potentially places people at risk of getting too much or too little medication.
- Medicines were stored securely to prevent others not authorised from accessing them.
- Staff who administered medication were trained and had their competency assessed to ensure they remained competent to undertake this task.

- Medication audits were completed and demonstrated a good level of compliance had been achieved with few corrective actions required.

Learning lessons when things go wrong

- The inspection highlighted lessons had been learned and improvements made since our last inspection in April 2022. For example, the deployment of staff had improved to meet peoples' needs. The dining experience was much improved to ensure this was a positive experience. People's oral healthcare needs were now assessed, and staff were following people's risk management strategies to ensure their wellbeing.
- Accident and incidents were logged and analysed to identify potential trends and themes.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The premises were not maintained properly for the benefit of people living at Melrose House.
- An adequate room temperature was not maintained within the service to ensure the comfort and wellbeing of people living there as difficulties were experienced with the service's heating system. People said they were cold and their hands when held were cold to the touch. One person stated, "Feel my hands, they are cold, cold hands warm heart." This placed people at risk from the impact of cold temperatures, particularly as the majority of people were not very mobile.
- Taps fitted within people's bedrooms did not provide both hot and cold running water. The water emitted from the taps ranged from luke warm to above 43 degrees centigrade. The latter could prevent a scalding risk to people who have 'paper-like' skin or who lack sensitivity.
- The physical environment of Melrose House was tired and worn and not decorated to a consistent standard to meet people's needs. For example, the laundry floor was not impermeable, some radiator covers required mending or replacement.
- A refurbishment plan for Melrose House was in place as part of the provider's overall action plan. Timescales for completion need to be clearly established and monitored to ensure all outstanding works are completed in a timely manner. We have corresponded with the provider on several occasions since the inspection to ascertain how the above issues are to be addressed. This is ongoing.

The premises were not properly maintained for people living at Melrose House. This was a breach of Regulation 15 [Premises and equipment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Since our last inspection to the service in April 2022, the dining room and three bedrooms had been redecorated. The registered manager confirmed new bedroom furniture had been ordered, with delivery expected at the end of the week. Additionally, a new medicines room and new flooring in communal areas has been proposed.

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 to the service. 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 support: induction, training, skills and experience

- Staff were supported to complete online mandatory training in key subjects. This was to ensure they had the right knowledge and skills to carry out their role and to effectively meet people's needs. Improvements were required to demonstrate staffs' understanding of training completed to ensure they understood the content.
- Newly employed staff received an induction relevant to their role and according to their level of experience and professional qualifications. Staff had 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.
- Staff told us they felt valued and supported. Staff confirmed they received formal supervision.

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

- People's comments about the food were positive. Comments included, "The food's very good, I think the chef does a good job" and, "I'm happy with the meals, I've never had to turn anything away."
- The dining experience for people was positive and improved since our last inspection to the service in April 2022. People had access to enough food and drink throughout the day and meals were nicely presented. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner.
- Where people were at risk of poor nutrition, their weight was monitored, and appropriate healthcare professionals were consulted for support and advice. This referred to the dietician or Speech and Language Therapy [SALT] team.

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 people had access to healthcare services when needed.
- Relatives confirmed they were kept up to date about their family members needs and the outcome of health-related appointments.
- Staff sought advice and support at the earliest opportunity and made referrals where appropriate to healthcare professionals and services. People confirmed their healthcare needs were met.

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 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decisions were 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.

- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.
- Four people had an independent advocate. An advocate supports a vulnerable person to ensure their rights and best interests are upheld.

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 Requires Improvement. The rating for this key question has remained Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance arrangements were in place to assess and monitor the quality of the service provided. However, there was a lack of oversight by the provider and registered manager to identify the issues relating to the premises and the service's fire risk arrangements; to independently address these without significant input and support from the external consultants and the Care Quality Commission.
- Whilst there was evidence to demonstrate improvements had been made since our last inspection in April 2022, improvements were still required to ensure risks and regulatory requirements were understood, managed and actioned. This related to the ongoing improvements required to the premises and the service's fire risk arrangements.
- Formal reporting arrangements were now in place between the provider and registered manager, facilitated by the provider's external management support arrangements. We were somewhat assured the provider had better oversight of the service. However, action by the provider to make required improvements was reactive rather than proactive.
- Audits were being completed to inform the service's quality monitoring and assurance processes. There was better analysis of the information to identify potential trends and themes.

Systems and processes must be established to ensure there is effective oversight of the service to monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- In September 2022, the provider sought additional support from external consultants.
- The registered manager demonstrated some understanding of their role and responsibilities. However, they and the provider did not have a full understanding of the risks and issues facing the service, without ongoing and continuing support from the external management support.
- The registered manager confirmed they were receiving good advice and support by the external management support team. Since our inspection in April 2022, the registered manager had received an

appraisal of their overall performance in June 2022 and 1 formal supervision in October 2022.

Relatives and staff were complimentary about the management of the service. A relative told us, "I have always been able to speak with the management team when required and they get back to me promptly." Staff comments included, "The manager is lovely and very supportive" and, "The manager is there for advice."

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

- Arrangements were in place for gathering people's and others views about the quality of service provided. As highlighted and reported during our previous inspection to the service, a summary of the feedback was recorded in March 2022 and this confirmed the findings were positive. However, where queries were raised, there was no action plan completed to demonstrate if a response had been provided. Very few satisfaction surveys had been completed and returned to Melrose House between our last inspection in April 2022 and this inspection in November 2022.
- People had the opportunity to attend 'resident' meetings and to have a voice.
- Newsletters were completed since our last inspection in April 2022. These should be for the benefit of people using the service, families and staff, keeping interested parties informed and updated to what is happening at Melrose House. However, the newsletters viewed were bland and uninteresting.
- 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. Although action plans were in place, it was unclear if the actions recorded had been addressed and achieved.

Working in partnership with others

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

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 Suitable arrangements were not in place to manage and mitigate fire risks for people using the service. This placed people at risk of potential harm. Improvements were required to the service's infection, prevention and control arrangements to ensure this was in accordance with relevant legislation and national guidelines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not properly maintained for people living at Melrose House.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes must be established to ensure there is effective oversight of the service to monitor and improve the quality and safety of the service provided.