

Mr H G & Mrs A De Rooij

Melrose

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Melrose is a care home providing accommodation for persons who require nursing or personal care to up to 29 people. The service provides support to people living with mental health needs. At the time of our inspection there were 17 people using the service.

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

There was a lack of effective monitoring of the quality and safety of the service. Oversight and governance of the service was not always clear and robust. The registered manager acted to quickly address the issues raised during the inspection and had a plan in place to make improvements.

We have made a recommendation about the signage used in the home. This was because signage used did not promote person-centred care for people.

People, relatives and staff were complimentary of how the service was managed and were confident that if they had any concerns they would be listened to and action taken.

There were sufficient numbers of staff to support people safely and meet their needs. However, due to recent increased workforce pressure the home had been through a difficult period of challenges in retaining and recruiting staff. People were supported with their medicines safely and to access healthcare.

The registered manager and staff had safely managed all risk associated with COVID-19.

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.

Regular meetings enabled people to provide their feedback about the service. The registered manager and staff team worked with other health and social care professionals to ensure people's needs were met and made relevant referrals when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 8 April 2021)

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns we received about unsafe care people were receiving at the service. A decision was made for us to inspect to ensure people received safe care and to check monitoring systems were in place. As a result, we undertook a focused inspection to review the key questions of safe and well-led and examine those risks.

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

The overall rating for the service has stayed the same based on the finding from this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Melrose on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Melrose

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and local safeguarding team. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with three members of staff, two relatives and two external health professionals as well as the registered manager.

#### After the inspection

We continued to review documentation relating to the quality and assurance systems in place.

# 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. At this inspection the rating has changed to good.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from potential abuse.
- People told us they were safe. Comments included, "It has been a Godsend this place." Another person told us, "We are well treated here."
- Policies and procedures were in place to guide staff on their responsibilities for safeguarding people from the risk of abuse. The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. They explained what safeguarding incidents there had been and how they had been safely managed.
- Staff told us they were confident in identifying and reporting safeguarding concerns to the registered manager and the management team.

Assessing risk, safety monitoring and management

- Risk to people had been assessed and plans were in place detailing the measures to minimise the risk of harm to people.
- Risk management plans covered aspects of people's care such as, falls, using public transport, self-neglect, and risks associated with people's behaviour. Risk assessments were regularly reviewed.
- People told us they felt safe living in the home and would report any concerns about their safety to care staff of registered manager. People's relatives told us that they had no concerns about people's safety.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Mental capacity assessments were undertaken where it was believed people lacked capacity to make informed decisions regarding their safety.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. On the day of inspection, the staff

were attentive and responded to people needs. However, current staff vacancies meant a number of shifts had to be covered by agency staff to maintain safe staffing levels.

- The registered manager told us about challenges they had faced over the previous months in recruiting new staff. The recruitment of permanent staff was now starting to have a positive impact on the home. For example, the registered manager had appointed permanent night staff.
- Staff were recruited safely. Staff records included all required information, to evidence the required checks were carried out on their suitability to work with vulnerable people, which included a Disclosure and Barring Service check (DBS). 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

- Medicines were safely managed.
- The medicines support people needed was detailed in their care plans and their medicines were regularly reviewed to monitor the effects on their health.
- Medicine administration records we reviewed showed people had received their medicines as prescribed.

#### Preventing and controlling infection

- Infection prevention and control was managed effectively.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service made sure that visiting arrangements were in line with current guidance.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents appropriately. The registered manager reviewed these and took action to reduce future risk. For example, when someone's mental health declined then a referral was made to their GP and advice was sought from the relevant professionals.



# 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.

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

- Systems used for assessing, monitoring and improving the quality and safety of the service were not always effective.
- It was unclear to see what audits and checks had taken place across the service, and where if required improvements were made. This was because governance records were disorganised and difficult to follow. The provider told us that they had a plan in place to align the systems so they could be more user friendly
- This is the fifth inspection when the rating has been inadequate or requires improvement. Whilst many aspects of the home were positive there were repeated themes around the lack of effective systems in place to monitor the quality of the service, which did not demonstrate a culture of learning and improvement.

We found no evidence that people had been harmed however, governance systems were disorganised and not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and management team knew the importance of being open and transparent with everyone involved in people's care when something goes wrong.
- The provider had a programme of ongoing refurbishments that included improving people's bedrooms and the communal areas.
- The registered manager was aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.

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

- There was signage displayed throughout the home directing staff on when and how to carry out specific tasks. For example, there was a sign directing staff on set breakfast times and routines, This approach did not promote people's individual's personal choices and preferences.

We recommend the provider review the signage considering people individual needs in relation to personal choices.

- People took part in resident meetings and felt the provider listened and engaged with them.
- People told us the culture promoted good outcomes for them. One person told us, "I find it really good (the home). The community here is nice, and I can have my privacy and I can use communal rooms. Staff support me with appointments."
- The registered manager and management team had followed current government guidance to support people's relatives and friends to visit them during the COVID-19 pandemic. When relatives were unable to visit, people were supported to keep in touch with them via telephone and video calls.
- Relatives gave positive feedback about the care provided. One relative said, "We have a positive relationship with registered manager and [Name] is especially constructive when [Name] mental health declines."
- Staff told us they felt supported by the provider in their day to day role, comments included, "We are treated well" and "The manager and staff are like a family."

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 their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- Family members told us they were informed of any relevant incidents.
- Staff told us that they would inform the registered manager of any issues or concerns they had.

Working in partnership with others

- There was good partnership working with other agencies and health professionals to improve outcomes for people and ensure they received specialist healthcare when they needed it.

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 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust enough to demonstrate effective oversight of the quality and safety of the service.