Royal Mencap Society

Mellor House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 January 2018 and was announced.

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

Mellor House is registered to accommodate up to eight people who have learning disabilities who require nursing or personal care. The service does not provide nursing care. Accommodation and facilities for people living at Mellor House are situated on the ground floor of the building. The home is situated close to Southend-on-Sea town centre and seafront.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service requires and did have a registered manager. 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 our previous inspection in December 2015, the service was rated Good. At this inspection we found the service continues to be Good.

The service was safe. Staff understood their responsibilities to protect people from the risk of abuse and avoidable harm. Risks to people's health and wellbeing had been identified and management plans were in place to mitigate these. Appropriate recruitment procedures were in place which ensured staff suitability for their role. There were enough staff to help keep people safe and meet their care and support needs. There were safe systems in place for receiving, administering and disposing of medicines.

The service was effective. Staff received the training and support that they needed to provide effective care to people living at Mellor House. People were supported to eat and drink enough and to access health and social care services when required. People's rights were protected because management and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

The service was caring. People were supported by a kind, caring and consistent staff team. Staff knew people well and were sensitive to people's individual care and support needs. Staff ensured people's privacy and dignity was respected and maintained at all times.

The service was responsive to people's individual care and support needs and there was a strong emphasis on person centred care. Care plans were regularly reviewed to ensure they reflected people's care and support needs. People were supported by staff to pursue their interests and access activities within the service and in the community. Staff were committed to ensuring people had a very good quality of life.

The service was well-led. The registered manager and staff embraced the provider's vision and values and enjoyed working at Mellor House. There were systems in place to regularly assess and monitor the quality of the service provided and people's relatives and staff working in the service had the opportunity to say how they felt about the home and the service it provided.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Mellor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 10 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location is a small care home and people are often out during the day. We needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

People living at Mellor House had complex needs and communicated by gestures, sounds and behaviour and were not therefore able to tell us about their experience of living at the home. To enable us to gain an understanding of people's experience of the service we spent time observing how they were supported by staff.

During our inspection we spoke with three relatives, five members of staff, practice leader and the registered manager. We looked at a range of records which related to people's individual care and of the running of the home. This included two people's care and support records, three staff files, training and supervision information, staff rotas, arrangements for medication, policies and procedures and quality assurance information.

Good

Is the service safe?

Our findings

At our last inspection this key question was rated Good. At this inspection the rating continues to be Good.

People's relatives repeatedly told us their loved ones were safe living at Mellor House and that they had confidence in the staff to look after them well. One relative told us, "[Name] is safe here, we would know if they wasn't. We know [name] well, the same way staff do."

Staff continued to safeguard people from avoidable harm and abuse. Systems were in place to keep people safe and protected from harm including whistle blowing procedures if required. Staff had received safeguarding training and were clear on the actions they would take if they suspected abuse. One member of staff told us, "If I suspected that someone was being abused I would report to the shift leader or to [registered manager]." All the staff we spoke with told us they were confident any concerns would be listened to and actioned appropriately. Staff were aware they could also contact external agencies such as social services or the Care Quality Commission (CQC) to report any concerns.

Risks to people's health, safety and welfare had been appropriately assessed, both within the service and when accessing the local community. Where risks had been identified management plans had been put in place to minimise these and were regularly reviewed; for example in relation to pressure area care, eating and drinking, mobility and falls. A relative told us their relative was always strapped into their wheelchair for safety when they visited, they said, "The staff are very safety conscious." The person was strapped into the wheelchair to reduce the risk of sustaining an injury. Staff we spoke with had a good knowledge of people's identified risks and described how they would manage them. All the staff we spoke with told us that people's care plans and risk assessments contained sufficient information and guidance to help them keep people safe.

There were robust recruitment processes in place to ensure that staff were suitable to work with people. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). New staff were required to undergo a 12 week probationary period and there were staff disciplinary procedures in place to respond to any poor practice.

There continued to be enough staff to meet people's care and support needs. The sample of rotas we looked at reflected sufficient staffing levels by a consistent staff team. Relatives told us that they considered there were always enough staff. One relative said, "There seems to be plenty [staff] on." Another said, "The staff are with [people] 100% of the day, I have real confidence in them." Throughout our inspection we observed staff supporting people in a timely way and sufficient staffing levels to meet people's individual needs.

People received their medicines safely and as prescribed. All staff who administered medication had

received medication training and had their competency checked regularly. The medication administration records (MARS) we looked at were completed appropriately. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. Regular audits were undertaken to ensure that people were receiving their medication safely and correctly. There were safe systems in place for ordering, receiving, storing, stock checks and disposal of medicines.

Staff were aware of the process to follow if there was an incident or accident at the service. Systems were in place to record and monitor incidents and accidents; these were monitored by the registered manager and the provider. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence. Processes were also in place to keep people safe in the event of an emergency situation such as fire and personalised emergency evacuation plans (PEEPs) were in place for people. A PEEP provides guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. There were up to date safety certificates in place for the premises such as for the electrical and gas systems.

People were protected from risks associated with infection control. Staff had been trained in infection control and were provided with personal protective equipment (PPE). An infection control policy was in place, which provided staff with information relating to infection control. During our visit we observed all areas of the home to be clean and there were suitable infection control systems in place including adequate supplies of PPE.

Incidents and accidents were monitored and analysed by the registered manager and the provider. Although there had been no significant incidents since our last inspection we saw there were robust processes in place to learn from, and take appropriate actions, following any incidents. This included discussions with the staff team.

Good

Is the service effective?

Our findings

At our previous inspection this key question was rated Good. At this inspection the rating continues to be Good.

People continued to be cared for by staff that were supported by management to have the skills and knowledge they required to meet their needs. Relatives we spoke with told us they felt staff were well trained and able to provide care and support in a competent and professional way.

Staff completed an induction programme when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. The registered manager told us that new staff were required to complete the Care Certificate. The Care Certificate is a training course which enables staff that are new to care to gain the knowledge and skills that will support them within their role. Staff spoke positively about the training they had received. Training information showed that staff had completed the provider's mandatory training which was regularly refreshed. Where required staff had received specialised training to enable them to support people such as the administration of buccal midazolam (medication used to stop seizures). One relative told us, "It's very reassuring that [service] generally has the right staff qualified to do the right job."

Staff told us, and records showed that they received supervision and appraisal of their performance. Supervisions and appraisals are important as they are a two-way feedback tool for the managers and staff to discuss work related issues and training needs. Staff told us they were well supported by management who were always available if they needed any support or guidance. This demonstrated that staff had an opportunity to reflect on their performance and to discuss how they can further improve their practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities and the key principles of the MCA and DoLS. People living at the service were constantly supervised by staff to keep them safe. Records showed that applications had been made to supervisory bodies to grant DoLS authorisations. Five applications had been granted and one application was in the process of being assessed.

People were supported to eat and drink sufficient amounts to meet their needs and maintain a healthy balanced diet. Staff were aware of people's dietary requirements including likes and dislikes. Risk assessments were in place for identified risks associated with eating and drinking, such as choking and how these were to be mitigated.

People were supported to maintain good health and access healthcare services as required such as GPs, occupational therapists, opticians and chiropodists. Everyone living at Mellor House had a hospital passport in place. These are documents which include information about the person's medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This ensured continuity of care and reduced people's anxiety for example if they were admitted to hospital. They also had health action plans in place detailing their health needs and the support they needed.

Mellor House has two floors. The office and staff facilities were located on the first floor. The ground floor consisted of people's individual bedrooms which had been personalised. The remaining area of the ground floor consisted of communal adapted bathrooms, dining room, kitchen, lounge, an arts and craft room and a sensory room. All of the ground floor accommodation was accessible to wheelchair users. The building was well maintained and decorated throughout.

Good

Is the service caring?

Our findings

At our last inspection this key question was rated Good. At this inspection the rating continues to be Good.

Staff provided a caring and supportive environment for people. Relatives we spoke with were positive about the caring attitude of staff. One relative told us, "[Staff] are really caring towards [name], very attentive." Another said, "The staff are all friendly and very good, it's not just a job to them." They went on to say how a staff member had gone above and beyond regarding a health concern, "[Name] was so lovely, very caring and so switched on."

People were not always able to express their views verbally due to their complex communication needs; however staff demonstrated a good knowledge of people's individual needs such as recognising people's non-verbal cues such as noise and gestures. One relative told us, "[Staff] know [name] very well." Staff had developed positive relationships with people. One member of staff told us, "The guys are so special, we've got a bond." Another said, "They are like our extended family."
Throughout our inspection we observed warm interactions between staff and people and the atmosphere within the home was calm and pleasant. We saw people being reassured by staff if they became anxious or upset; it was evident that they knew people well and had built up caring relationships with them.

Care plans contained detailed information about people's likes, dislikes and preferences in regard to all areas of their care. All the staff we spoke with were aware of people's preferences and daily routines. The service had information about local advocacy services. The registered manager informed us an advocate was currently supporting one person. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Staff continued to treat people with dignity and respect. Staff told us how they would support someone's privacy and dignity for example by ensuring bedroom and bathroom doors were closed when delivering personal care and letting people know what they were going to be doing before undertaking any task. Relatives we spoke with confirmed this.

Where appropriate, staff supported people to be as independent as possible. For example one person was being supported to use a 'rolling' light switch to enable them to turn the lights on and off in their bedroom independently. Another person was supported by staff to make sandwiches. One relative told us, "The staff don't do everything for [name] as they can do various things for themselves, for example doing up the zip on their coat." This showed that staff provided care in a way that helped people to acquire and promote their independence.

Staff supported and encouraged people encouraged to maintain relationships with friends and families. There were no restrictions on people visiting the service. Relatives told us they could visit at any time they wanted. Regular events were held at Mellor House where people accessing other local services were welcome to attend. The registered manager explained to us that they wanted to ensure people living at Mellor House had the opportunity to socialise and build up relationships with other people.

Good

Is the service responsive?

Our findings

At our last inspection this key question was rated Good. At this inspection the rating continues to be Good.

Systems were in place to assess the needs of people prior to admission to Mellor House. This ensured that the service was able to meet people's individual care and support needs. Since our last inspection we saw that one person had been admitted to the service however the placement had broken down. The registered manager and practice leader told us how staff had worked with health and social care professionals to ensure a safe transition to a more appropriate service for the person.

The registered manager had recently introduced new care plan documentation to ensure a more person centred approach. Staff we spoke with were positive about the new care plan documentation and said this was a vast improvement. Care plans were personalised and included detailed information about people's life histories and information relating to their specific care needs and how they were to be supported by staff. Care plans were reviewed every six months or sooner if people's needs changed. Relatives told us that they were actively involved in providing information to inform their loved one's care plan. Staff were made aware of changes in people's needs through handover meetings, a communication book, discussions with senior members of staff and by effectively sharing information with each other. One member of staff said, "We are a small team and we work well together and information is shared well. This means that if any of the team is off everyone else is aware of people's needs." This meant that staff had the information required so as to ensure that people who used the service received the care and support they needed.

Due to people's complex needs they could become anxious or distressed. Care plans contained clear guidance and instructions for staff on the best ways to support people. Staff we spoke with demonstrated a good understanding and awareness of the triggers which may escalate people's behaviours and of the support to be provided. Staff described how one person may become anxious and would often refuse to go out. To aid communication with the person, staff introduced a time line board and used photographs to show them what was happening for the day. This had reassured the person and had reduced their anxieties.

All staff recognised that effective communication was pivotal to ensuring people's well-being. One member of staff told us, "It's like a jigsaw puzzle; you keep going until all the pieces are in place. That can take time but that's what we are here for. Just because they cannot speak, they will show you in different ways. That could be a scream or a repeated action." They went on to say, "I have been involved in the MENCAP 'Involve Me' project which is how to creatively involve people with profound and multiple disabilities in decision making. By recording actions and behaviours over time, we are able to unpick likes and dislikes and challenge presumptions. All behaviours happen for a reason and I have learnt to take time and not assume anything."

People were supported to follow their interests and engage in a wide range of activities. The service had a mini bus which enabled staff to support people to access community activities. On the morning of our inspection one person was being supported to go by train to London for lunch, an activity the person thoroughly enjoyed. It was clear from our observations that the person was happy and looking forward to

the trip. They had a handbag with them containing a magazine. We noted in the person's care plan that these items were important to them and that staff should always ensure the person had them. Another person enjoyed watching boats so trips were arranged to enable them to pursue this interest. Staff recognised the importance of supporting people to partake in activities which they enjoyed. A member of staff said, "We are person centred and know not everyone likes the same thing."

The provider had a complaints policy in place for receiving and dealing with complaints and concerns. It was noted only two complaints had been received since our last inspection. These had been dealt with in a timely manner. Relatives told us they were confident that if they raised any concerns, they would be listened to and their concerns would be appropriately dealt with.

Although no one living at the service was receiving end of life care, the registered manager told us people would be supported to receive end of life care. They went on to say that they would work closely with relevant health care professionals to ensure people received dignified and comfortable end of life care. There had been two deaths since our last inspection and the registered manager told us how staff had supported families. We saw a compliment which had been received from a relative whose family member had lived at Mellor House for over 20 years. It stated, 'Thank you for the album of [person's] photos with such beautiful poems. Thank you for such special memories, we had many tears looking through and will treasure it always'.

Good

Is the service well-led?

Our findings

At our last inspection this key question was rated Good. At this inspection the rating continues to be Good.

Since our last inspection there was a new registered manager who had been in post since September 2017. 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. The registered manager was supported in the day to day running of the service by the practice leader.

We asked the registered manager what they knew about the Registering the Right Support (RRS) Guidance and in particular the values that underpin it. Whilst they acknowledged that RRS was not something they were aware of, they were able to demonstrate that they were working in ways which were usually compatible with the values such as choice, promotion of independence and inclusion. The provider was signed up to 'The Driving Quality Code'. This Code was developed following the Winterbourne review that identified abuse of people with learning disabilities at Winterbourne View. The government and many other organisations that support people with learning disabilities are taking action to make sure that this never happens again.

The registered manager was aware of their responsibilities and ensured the service was well led. There were clear lines of accountability and the registered manager had access to regular support from senior management when needed. Staff had a clear understanding of the provider's vision and values and described how they provide the best possible care they could for people. Staff were complimentary about the management team. They said that they were supported, valued and listened to and they could go to the registered manager or practice leader for support and advice at any time. They added that the registered manager was very much involved in people's care and was very 'hands on'. One member of staff said, "I wouldn't want to work anywhere else." Another said, "We all work together well as a team, everyone is so nice and helpful."

The registered manager promoted a positive, person centred culture. They spoke to us passionately about providing a caring home for people and a good quality service. During our inspection we saw that the registered manager had developed good relationships with relatives who were contacted frequently to have open discussions about the care and support provided to people. The relatives we spoke with repeatedly told us how the registered manager and staff team were approachable, kept them informed of any issues and that they were listened to. They were very happy with how the service was managed. Records showed that people's relatives were regularly asked for their views about the service which included an annual 'reflections' event.

There was an effective quality monitoring system in place. This included regular spot checks and observations of staff practice. Regular audits were completed such as medication, cash transactions, care plans and health and safety. The registered manager and provider continuously monitored the quality of the

service to ensure that best practice was followed at all times.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating at Mellor House and on their website.