

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?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 24 and 27 April 2017 and was unannounced. Melrose is an ex local authority home built over two floors. It is in an area of Hoylake that is close to transport links and shops. The home is registered to accommodate up to 29 people and at the time of our inspection there were 27 people were living at the home.

The service required 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 the time of inspection the service had a manager in post who had been registered with Care Quality Commission since March 2011. The service also had a care manager and administrative staff in post.

During our inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to the management of medicines.

Medication was not safely managed due to lack of accuracy and completeness of recording. There were gaps on the medication administration record (MAR) sheet and liquid medications had not been dated when they had been opened, this meant that there was a possible risk of people being given out of date medication. We identified that some staff who were responsible for the administration of medications needed additional training, this was immediately rectified by the management in the home.

We identified that staff did not always follow a person's risk assessment surrounding access to drinks. This was brought to the attention of the management and they immediately acted on the information.

Some training was still required for some staff in mental health topics as the home offered a specific mental health residential service and staff safeguarding knowledge needed updating. We discussed this with the management of the home who immediately organised additional training for staff.

Staff were recruited safely and we saw evidence that staff had been supervised regularly.

Each person living in the home had a plan of care and risk assessments in place. These were specific to them and were regularly reviewed.

The Mental Capacity Act 2005 and the associated deprivation of liberties safeguards legislation had been adhered to in the home. The provider told us that some people at the home lacked capacity and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. We found that in applying for these safeguards, peoples' legal right to consent to and be involved in any decision making had been respected.

We saw that infection control standards in the home were monitored and managed appropriately. The home was clean, safe and well maintained. We saw that the provider had an infection control policy in place to minimise the spread of infection

We saw that the people living in the home knew who the registered manager was. We noted that the care manager was a visible presence in and about the home.

The home had quality assurance processes in place including audits staff meetings, quality questionnaires and residents meetings. The home also had up to date policies in place that were updated regularly and staff were informed of the updates through staff meetings and emails.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Medication was not always safely managed.

Some staff were not able to show an understanding of the different types of abuse and how to report abuse.

Staff were did not always follow a person's risk assessment.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Is the service effective?

Good ●

The service was effective.

The registered manager and care manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made the appropriate referrals to the local authority.

Staff had received supervision and appraisal.

Staff had attended some training and additional training was planned.

People's rooms were personalised with their own belongings.

Is the service caring?

Good ●

The service was caring.

The confidentiality of people's records was maintained

People we spoke with said the staff treated them with dignity and respect.

People were given appropriate information about the home.

Is the service responsive?

Good ●

The service was responsive.

We looked at six care plans and each person had a care plan that meet their individual needs and risks.

The complaints procedure was openly displayed and records showed that complaints were dealt with appropriately and promptly.

We saw people had prompt access to other healthcare professionals when required.

Is the service well-led?

The service was not always well-led.

The service had a manager who was registered with the Care Quality Commission as well as a care manager.

Quality assurance systems were in place to ensure the service provided safe and good care. However, these had failed to identify some issues with medication administration, safeguarding and risk assessments.

The service had policies in place which were current and regularly updated.

Requires Improvement 

Melrose

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 27 April 2017. The first day of the inspection was unannounced. The inspection was carried out by one adult social care Inspector, a specialist advisor who was a healthcare professional with experience in mental health care for people, 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.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we asked for information from the local authority quality assurance team, the local mental health team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with eight people who lived at the home, the registered manager, the care manager, administrative staff, and four care staff. We reviewed a range of documentation including six care records, medication records, three staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the managers.

We toured the premises and spent time observing the care and support provided to people throughout the day. We looked at the communal areas that people shared in the home and a sample, with the occupants permission, of individual bedrooms.

Is the service safe?

Our findings

We spoke with eight people living in the home and we asked if they all felt safe. All replied that they did. One person commented "Staff are always there when I need them". We were told by people living in the home that they had keys for their own bedroom doors.

We asked staff members if they knew how to safeguard people from the risk of abuse and asked if they felt confident to report any type of potential abuse. Some staff we spoke with were not able to show an understanding of the different types of abuse and how to report abuse. We saw that staff had attended safeguarding training and so we discussed with the managers the usefulness of the training being provided, we were assured that this would be looked into as a priority. We saw that policies and procedures were in place for safeguarding and that the home reported safeguarding concerns to the Local Authority and Care Quality Commission appropriately and in a timely manner.

We found that there was poor medication record keeping. There were gaps in the medication administration record (MAR) sheets. We also found inaccuracies in these records. This meant that we could not be sure that people had received their medication as prescribed by their doctors. We saw that changes of information, for example times of medication administration, had not been signed for or explained. We noted that medication was being administered by an untrained staff member. There was some confusion over medication administration training records for staff as it was not clear which staff had received the training and which staff needed refresher training. Medications that were administered on an 'as and when needed' basis (PRN) especially paracetamol stock was recorded but the running total was not recorded at each administration, This meant that tracing missing medication or errors could be difficult. We also saw how liquid medications had not been dated when they had been opened as instructed on the medication. Following the inspection the home devised and implemented new documentation that meant the stock balance after each medication administration of "as required" medicine was to be recorded. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the proper and safe management of medicines.

We identified that all staff who were responsible for the administration of medications needed additional training surrounding the importance of documentation as some medication for the next day was already signed for. Staff explained that their signature was too long and overlapped to the next day column. The management were very responsive and immediately accessed and booked staff on training.

Most people we spoke with said they received their medications on time and also received pain relief if it was needed. People told us, "All they needed to do was ask". Two of the people we spoke with were able to self-medicate and this was appropriately risk assessed and reviewed.

We looked at the risk assessments relating to the care of some of the people who lived at the home. These were held electronically and each person had risk assessments that were personalised. The risk assessments included personal hygiene, hydration, finances, medication and challenging behaviour. The majority of these had been updated regularly, however there were some that had not. This was brought to

the manager's attention who assured us that this would be rectified immediately.

We observed a person who was at risk of choking asking for a drink from a staff member. There was a risk assessment in place that stated the person needed to have drinks thickened and was to have drinks on request under the supervision of staff. We observed that the request was refused as the staff member had "already set up the dining room for tea". According to the person's risk assessment they were fully reliant on staff for drinks, this meant the staff were not following the person's risk assessment. This was brought to the manager's attention who acted on it immediately. We later observed a meeting being held with the person to discuss risks and we were informed that a meeting was held with staff to discuss responsibilities.

Melrose employed a maintenance person who and we were told that resources were available when repairs were needed in the building. We were able to see evidence of weekly checks that included fire alarms, door alarms, fire extinguishers and emergency lighting. There was a fire evacuation plan that had been reviewed and updated. We were also able to see how the service had a fire register that informed of who was in the building at any time of the day.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and were safe. The home did not have an up to date legionella water test at the time of inspection. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection but it can only survive at certain temperatures. Under the Health and Safety 1974, a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed. Following the feedback given by us, the registered manager immediately arranged for testing to take place by a recognised organisation before the end of the inspection.

We looked at the records for accidents and incidents, we saw that appropriate action had been taken following each event, this meant people were monitored and health issues were identified and acted on in a timely manner. We saw that there were cleaning systems in place and that the home was clean and not malodorous.

We looked at the personnel files of three staff. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment in Melrose. We looked at staffing levels and saw that these had been consistent over the previous month.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. It was clear that the registered and care manager had a full and detailed understanding of the MCA and its application and people had MCA assessments..

The home offered a specific mental health residential service, We saw some training was still required for some staff in mental health topics as this meant that was a risk that staff skills and knowledge was not appropriate to deliver a safe care. We discussed this with the management of the home who immediately accessed additional training for staff. We noted however, that staff requested peoples consent. We saw how each part of the persons care plan had been agreed with them and this consent to care had been reviewed on an annual basis. We saw that the front entrance door had a thumb print entry system and all those who had had their thumb prints saved electronically and had been assessed as having the capacity to decide to access the community, were able to leave and enter the building if they wished.

We looked at three staff files that showed that each staff member had either attended or successfully completed the provider's induction schedule. Records showed that staff had attended a variety of training courses that included moving and handling people, fire safety, autism awareness, health and safety and basic life support.

We asked the people we spoke with if they liked the food and received mixed responses. These included "The food is bland and the portion sizes aren't big enough" and "I enjoyed the food and like how we get good variety of choices on what we have to eat". The home had introduced regular 'catering meetings' that gave the people living in the home the opportunity to suggest menu options. This showed that the service gave people the opportunity to tell their preferences and the meeting also gave feedback from the previous meetings actions. We saw how the proposed menu for the coming weeks was clearly shown and that people were encouraged to give their opinions. The home had a 'tuck shop' available where people were able to buy additional snacks.

We were able to see that people with dietary needs had care plans and risk assessments in place and on speaking to the cook they were able to tell us of how they would go and chat to new people coming into the home to find out about their likes and dislikes. The cook also told us how they had implemented cake and coffee afternoons and also provided a baking class for people living in the home who wanted to access it.

We were able to observe how staff interacted with people living in the home and saw that day to day communication was clear, one person told us "The staff are fantastic, really good down to earth people they now how to talk to us in a way we understand".

We saw evidence that the registered manager and care manager had implemented a supervision and appraisal system for the staff. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

We noted that each floor within the home had access to bathroom and shower facilities. We were given permission from some of the people to look into their bedrooms. We saw these were single bedrooms, that they were large and comfortable. The rooms were personalised with people's own belongings.

Is the service caring?

Our findings

We asked people we spoke with if staff were kind and respectable and all said yes, one person told us "That the staff go above and beyond their duties and are always there when they needed them", another person told us that the staff were "Always caring and polite". We spoke with seven people who lived in the home and they all said that the service was caring. We were told by one person "This service is good for me and I could happily stay here for the rest of my life".

We observed staff throughout the day supporting people who lived at the home. Interactions between staff and the people they supported were mainly positive. Staff appeared as they had a good knowledge and knew the people they were supporting and people told us that in their opinion the staff helped them in any way possible. We were told "Staff always treat me with respect, they understand my illness and help me in the best way they can" and another person said "It's a good service with great staff".

We observed staff members supporting residents with their needs, for example hygiene and providing assistance in meal times. This was done with patience and with respect.

We saw that the home clearly advertised advocacy services at the entrance of the home and we saw that people had received support from an advocate. No one at the home was receiving end of life care at the time of inspection.

We found that confidential information was kept secure in lockable cupboards within locked offices or on a password protected database. This information included care plans and risk assessments, staff information and other information pertaining to the running of the home.

We saw that the home held regular 'residents meetings'. This gave the people living in the home an opportunity to have input into the service and also this was an opportunity for the home to provide information and explanations about the service.

The manager showed us a 'Service user guide' produced by the provider, this included a pamphlet about the service from Melrose that was available for people and their families. This held information that included care services and facilities.

During our inspection we observed people being encouraged to be independent with people going to the local shops. We did not observe any visitors whilst on the unit, but we asked people living in the home if visitors were welcome at any time and we were told they were.

Is the service responsive?

Our findings

We asked people if they knew how to complain and some said that they did not know how to complain because they have never needed to complain, however we were told that if they had something they weren't happy about they would be comfortable approaching a member staff.

We saw a copy of the complaints procedure on a noticeboard in the reception area. We also saw that this was included in the 'Service User Guide'. This meant that people had access to up to date information on how to make a complaint. These documents also referenced the local authority or the ombudsman as additional ways that people could use, to make a complaint.

We saw how care plans were stored electronically and we looked at six care files and saw that people had their needs assessed before they moved to the home. We saw how the service implemented a personalised care plan and that information had been sought from the person, their relatives if available, other professionals involved in their care and the observations of the staff. Care plans were reviewed on a monthly basis to ensure they were up to date. All of the people we spoke with said that their care was person centred and that the staff helped them in any way possible. One person told us "All the staff are good people".

We read that the care plans included personal care, mental health needs, physical health needs, communication including hearing and eyesight. People told us how staff helped to maintain relationships, one person said that he was encouraged to maintain family connections. We saw how a person's independence had been supported following discussions on how to help them manage their medication. We noted that the home had put measures into place that had been agreed with the person. We also saw that people's consent was reviewed on a yearly basis.

We noted that people had prompt access to medical and other healthcare support as and when needed. All of the people we spoke with said that they could see a doctor, dentist or any other health professional when they needed and evidence of this was seen in people's care plans. People said their health needs were being met and that they were happy with the service.

On speaking to people living in the home and through our observations we identified that the service provided planned activities, the people we spoke with did not always participate but knew the activities were available if they wished. The activities that were available included cooking, baking, coffee afternoons, film nights, shopping and there had been a computer learning session that had ran for a few weeks. People told us that they were asked what they would like to do and that the service was very flexible with the activities they provided, that it was mainly person led.

We asked the people who lived in the home if they felt listened to. All of the people we spoke with said 'Yes'. We observed one person asking if they could change their bedroom. The care manager was very patient and explained what needed to happen for this to happen and we saw how the person was happy with the outcome of the conversation.

The care manager was able to show us how steps had been taken to more effectively involve service users in decisions about their care in order to better meet their needs. This included holding regular service user meetings, giving them the chance to share their ideas about menus and what activities and events they would like to attend. We asked people living in the home about the meetings and those we spoke to confirmed that they regularly took place.

Is the service well-led?

Our findings

The service had a registered manager in post who had been registered with the Care Quality Commission since March 2011. The registered manager was supported by senior staff including a care manager and administrative staff. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Melrose were displaying their ratings appropriately in a clear and accessible format, at the entrance to the home.

It was obvious that both the registered manager and care manager was well known to the people living in Melrose. Through our observation we saw that both the managers were known by the people who lived at the home and that they in turn knew people very well. One person told us "The care manager is very approachable and easy to talk to".

Throughout the inspection we dealt primarily with the care manager, however the registered manager was available throughout both days. The care manager was visible throughout the day and led by example. They knew all the people they interacted with by name and were able to give us insight into the person's needs and requirements. We spent time talking to the care manager and they told us how committed they were to providing a quality service.

We saw how the service had carried out a quality survey and that the feedback was acted on at a residents meeting, this was surrounding any negative feedback and the service asked the people living in the home for suggestions on how to improve. The results of the quality survey were on the notice board at the entrance to the building, this meant that it was available to the public and the people living in the home.

The policies in place were current and regularly updated. These included health and safety, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. We noted that when the policies were updated this was emailed to all staff. This process was to ensure the staff had up to date guidance surrounding their practice.

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. We saw that an additional staff meeting had been held to show staff support following the death of a person who lived in the home. We also saw how staff meetings were used to check staff knowledge of aspects of their role and that teamwork was promoted.

The provider regularly monitored the quality of care at the home and there were procedures in place to monitor this. This included audits surrounding complaints, safeguarding, accident and incidents, infection control and fire safety checks. These identified if any action were needed. However we saw that medication audits had not been effective and this had resulted in a breach of the regulations. We also saw a system in place for fault reporting and repairs and we were able to see how these were actioned and completed. This

system was held electronically and was password protected.

We spoke with the registered manager and care manager and we found both to be receptive to our feedback, this was demonstrated by the accessing of additional training and safety checks following inspector's feedback at the end of the first day of inspection. However the issues noted should not have needed the inspector to raise the concerns. The service should have had processes in place to recognise where they needed to improve.

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 The propvider had failed to ensure the proper and safe management of medicines.