

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Melrose is a care home that provides personal care to people living with mental health needs. There are 29 bedrooms over two floors and at the time of the inspection, there were 21 people living there.

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

At the last inspection we identified breaches in regulation regarding the governance of the service and the safety of the environment. At this inspection we found that improvements had been made and the provider was no longer in breach of regulation. However, further improvements were still required.

The monitoring systems in place did not identify the concerns we highlighted during the inspection and not all policies and procedures were up to date. The registered manager acted to quickly address the issues raised during the inspection.

Most people's care files included assessments of risks each person faced. However, additional risk assessments were required for one person, to ensure all risks could be mitigated effectively. The environment was warm and safely maintained and personal emergency evacuation plans were in place to ensure people could be safely supported to leave the home in the event of an emergency.

Staff had completed infection control training, had access to adequate supplies of personal protective equipment (PPE) and a COVID-19 testing programme was in place. Appropriate bins were not in place to ensure PPE could be disposed of safely, but this was addressed by the second day of the inspection. Increased cleaning schedules had been developed and the home appeared clean.

There were sufficient numbers of safely recruited staff available to support people. People and their relatives told us Melrose was a safe place to live. Staff had completed safeguarding training and understood their responsibilities regarding reporting any concerns. Medicines were administered by staff who had completed training and had their competency assessed.

The registered manager was aware of events and incidents that needed to be notified to CQC and ratings from the previous inspection were displayed within the home and on the providers website as required. Feedback from people and their relatives regarding the service provided was positive. Regular meetings enabled people to provide their feedback. The registered manager and staff team worked with other health 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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 January 2020). At that inspection we identified breaches of regulation regarding safe care and treatment and the governance of the service. The

provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

As part of CQC's response to the coronavirus pandemic we are looking at the preparedness of care homes in relation to infection prevention and control. This was initially a targeted inspection looking at the infection control and prevention measures the provider had in place. We inspected and found there was a concern with infection control practices, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remained requires improvement. This service has been rated requires improvement for five consecutive inspections.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

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 undertaken 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff, as well as the provider, registered manager, and care manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment, a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Due to the impact of the COVID-19 pandemic we limited the time we spent on site, and were unable to speak with family members, due to visiting restrictions. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit. We contacted four relatives and another person that lived in the home by telephone, about their experiences of the care provided and we spoke with a further three staff members.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the environment was not always safely maintained. At this inspection, we found that the issues raised at the last inspection had been addressed and the provider was no longer in breach of regulation. However, further improvements were still required.

- A range of individualised risk assessments were in place based on people's needs, however one person's care records showed additional risk assessments were still required to ensure all risks were assessed and managed robustly. Care plans were in place regarding people's needs, but some required further detail to clearly reflect the support staff needed to provide to people to meet those needs.
- The environment was warm and adequately maintained. There was an ongoing continuous plan of redecoration for the whole home. Regular safety checks were carried out on utilities and equipment to ensure they remained safe.
- Personal emergency evacuation plans were in place to ensure people could be safely supported to leave the home in the event of an emergency.
- The passenger lift was no longer in use and so not being maintained by the provider.

Preventing and controlling infection

- Testing procedures were in place in line with government guidance. Records showed that staff were not all completing the tests as frequently as recommended, however this was explored further with the registered manager and additional evidence was provided which showed tests were completed, but not always recorded robustly.
- Sufficient supplies of personal protective equipment (PPE) was available and staff told us they felt safe at work as they had all the required PPE. We found however, that this was not being disposed of correctly. We raised this with the registered manager and on the second day of inspection, we saw that appropriate bins were in place to dispose of PPE safely.
- Hand soap was not always available within the wall mounted dispensers they were designed to be used with. This meant they had to be handled during use and increased the risk of infection being spread. This was rectified following the inspection.
- Increased cleaning schedules had been developed and the home appeared clean.
- Staff had completed infection control training and procedures were in place in the event of anybody developing symptoms, or testing positive for COVID-19.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from potential abuse. Staff had completed training and there was a policy in place to guide them in their practice.
- People and their relatives told us the home was a safe place to live. One family member commented, "My relative is happy at the service, if they weren't safe they would say so."
- Information and guidance about how to raise safeguarding concerns was accessible at the home and the provider had appropriate systems in place to manage concerns of a safeguarding nature.

Staffing and recruitment

- There were enough staff available to meet people's needs. One person living at the home said, "There are enough staff, they are always very helpful. Staff are respectful." Relatives said there were enough staff available to help their family members when needed. Comments included, "Definitely, very good", and "Yes definitely all of the staff are very good."
- Staff were visible around the home throughout our inspection and people who required support were seen to be positive about the staff interactions with them.
- Staffing levels were regularly monitored, reviewed and amended when needed by the registered manager.
- Staff were safely recruited. Appropriate checks were carried out to ensure new staff were suitable to work with vulnerable adults.

Using medicines safely

- Systems were in place to manage medicines safely. They were stored in a trolley in a locked room, where the temperature was monitored.
- Medication administration processes had been amended due to the COVID-19 pandemic and to ensure safe distances could be maintained, whilst protecting people's dignity and privacy.
- Medicines were administered by staff who had completed training and had their competency assessed.
- Not all medicines prescribed as and when required (PRN), had clear guidance as to when they should be administered. This was rectified during the inspection.

Learning lessons when things go wrong

- Accidents and incidents were effectively monitored and managed by staff.
- The registered manager had systems in place to ensure appropriate action was taken in response to any accidents and incidents. The registered manager reviewed this information to ensure lessons were learned and steps taken to prevent recurrence, when necessary.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At the last inspection, the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems in place to monitor the quality and safety of the service were not effective in identifying the significant environmental concerns we highlighted during the inspection. At this inspection, we found that these issues had been addressed and the provider was no longer in breach of regulation, although further improvements were still required.

- Systems were in place to monitor the quality and safety of the service. Completed audits identified actions and evidenced when they had been addressed. However, these systems required further improvement to ensure they effectively identified all areas that required improvement.
- Further work was required to ensure that risks to people are robustly assessed and mitigated.
- The provider needs to ensure they have systems in place to oversee all checks and records completed by other members of the staff team to ensure they are completed robustly.
- The registered manager had worked to address most issues raised at the last inspection.
- Responsive actions were taken during the inspection to rectify concerns highlighted.

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

- A range of policies and procedures were in place, however we found some of these policies had not been updated and did not reflect current best practice or government guidance. This was raised with the registered manager and updated copies were provided following the inspection.
- The registered manager was aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- The ratings from the previous inspection were displayed within the home and on the providers website as required.

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

- The culture of the service helped ensure good outcomes for people.
- People living in the home had opportunity to provide their feedback regarding the service through regular resident committee meetings. One person told us, "The staff have been amazing, making sure that we are all

kept safe and staff keep us up to date with COVID-19. We have residents' meetings and information is shared there." Regular staff meetings were also held to engage with staff and seek their views.

- Relatives told us the registered manager was approachable and they had been able to speak with them when needed, either in person prior to COVID-19 visiting restrictions or via telephone since these restrictions were implemented.
- Relatives told us they had communication with staff about their loved ones whilst COVID-19 visiting restrictions had been in place. One relative said, "My relative has a mobile phone so I contact them that way". Another relative said, "I call my relative on the homes telephone and have window visits to drop off goodies, which always makes [relative] happy."

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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Records showed people's family members were informed of any relevant incidents and relatives confirmed this.
- Staff told us that they would not hesitate to inform the registered manager of any issues or concerns they had.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was working with other health professionals to ensure people's needs were met.
- Referrals were made to relevant professionals when required to ensure people's needs were met effectively.
- Feedback received from other social care professionals was positive. They told us the registered manager consistently engaged with them in a positive way.