Axelbond Limited

Melrose Residential Home

Inspection report

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Leyland
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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Melrose Residential Home (Melrose) is a care home and is located in a residential area of Leyland. It is registered to accommodate up to 26 adults who need support with personal care, including those who are living with dementia. At the time of our inspection there were 16 people living at the home.

People's experience of using this service and what we found
People were at risk of avoidable harm because they were not always supported by staff with the skills, knowledge or experience to keep them safe. Plans of care were not always reflective of people's needs, one person did not have a care plan or risk assessments in place and professional support had not been sought for another person. Staff had not received appropriate training and were not fully aware of people's needs. This exposed people to potential risks of incorrect or inappropriate care and support being delivered.

We recommend the provider ensures healthcare advice is sought as necessary and staff work with other agencies to provide the care and support people need.

We requested a range of information from the provider and senior staff on several occasions, but this was not received. Several incidents within the home which had resulted in harm had not been adequately managed or escalated in line with safeguarding and duty of candour processes. We shared this with the local authority safeguarding team. The provider had failed to submit notifications of these incidents to CQC, which they are required to do.

We found the premises to be poorly maintained. However, the provider informed us of imminent plans to make structural changes to the premises in order to enhance the environment for those who live at the home.

We made a recommendation in relation to the provider continuing with plans to improve the environment for those who live at the home.

Risks were identified in relation to fire safety. We requested a visit by Lancashire Fire and Rescue Service, who served an enforcement notice because people who lived at the home were at risk of harm.

The standard of cleanliness throughout the environment was poor and processes were not in place to protect people from Covid-19 or other infectious diseases. This placed people at the risk of harm. The laundry department was dirty and not fit for purpose.

Systems were either not in place or were not effective enough to support the safe management of medicines. Staff were not always suitably qualified and competent to administer medicines safely. This placed service users at risk of harm from unsafe practices in relation to the management of medicines.

Recruitment practices adopted by the home were not robust. New staff had not been thoroughly checked prior to employment commencing. This meant staff were not deemed fit to support the vulnerable people who lived at Melrose.

There was no evidence available of meaningful activities taking place and people's needs and choices were not always assessed to ensure effective care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance.

We have made a recommendation about improving stimulation for those who live at Melrose, particularly during the pandemic when visitors and external entertainers are not able to access the home and when isolation and boredom could be experienced.

Staff helped people in the least restrictive way possible. However, they were not always supported to have maximum choice and control of their lives.

We have made a recommendation about improving how the Mental Capacity Act is complied with. The provider needs to ensure progress continues to be made to identify areas in which people lack capacity to make particular decisions, so that people's needs are accurately reflected and decisions are made in their best interests.

People had always been involved in planning their own care and support to enable them to make decisions about how they wished to be supported. Relatives told us they had not been involved in making decisions about their loved ones care.

We recommend the provider ensures people are able to express their views and make decisions about their own care and support.

The complaints process was being managed by the new manager However, there was no clear audit trail to show past complaints had been appropriately managed.

We made a recommendation for the provider to review best practice in the management of complaints and to include the use of technology to enhance the process for people in the home and their relatives.

People were not offered choice at mealtimes and were not adequately supported.

We have made a recommendation about the mealtime service.

The home was not being well-led. Systems were not in place to assess and monitor the quality of service provided. Relatives told us they were concerned about the recent high turnover of staff and the regular change of managers. They also said communication from the home was poor, particularly during lockdown and they were not kept up to date about the health and welfare of their loved ones.

We did observe people being treated with kindness and compassion. We saw some good interactions by staff and people were assisted in a gentle and respectful manner. Some relatives spoke positively about the care provided. One family member told us, "The staff are lovely and very caring, but the home could do with some refurbishment, although I understand this is in the pipeline."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 14/05/2019 and this is the first inspection.

The last rating for the service under the previous provider was inadequate, published on 20 December 2018.

Why we inspected
The inspection was prompted in part due to concerns received about care planning, the premises, staffing levels, medicines management, falls and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. However, we identified other concerns during our inspection and therefore a decision was made for us to inspect all five key questions.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

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

Since our inspection the provider has appointed a consultant, who is managing the home on a day to day basis. Care plans and risk assessments were being updated to ensure people's needs were being met. Systems and processes were being introduced to assess and monitor the quality and safety of the service provided. The provider had produced an action plan and was showing willingness to work with other health and social care professionals in order to raise standards within the home. This action had mitigated the more serious risks to people's health, safety and welfare.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to fire safety, infection control, care planning, recruitment, reporting of incidents, management of medicines, safeguarding people, assessing and monitoring of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration,

we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not effective. Details are in our effective findings below.	**Inadequate**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below.	**Inadequate**

Melrose Residential Home

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 team consisted of four inspectors and a medicines inspector.

Service and service type
Melrose Residential Home 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 did not have a manager registered with the Care Quality Commission. A registered manager 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
The first day of our inspection was unannounced. The second and third days were announced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority. The registered provider was not asked to complete a registered 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 requested the provider and senior care assistant to send a range of documents to us. These were not received.

During the inspection
We spoke with three people who lived at the home about their experiences of the care provided. We spoke with six members of staff, including senior care assistants, care assistants, the maintenance person and the new manager, who has since left employment. We spoke with eight relatives and the provider by telephone. We looked at the maintenance and cleanliness of the premises and reviewed a range of records. These included four people's care records, multiple medication records, accident and incident records and three staff personnel files. We again requested a range of documents to be sent to us. These were not received.

After the inspection
We continued to seek clarification from the provider and new manager to validate evidence found. We again requested a range of documents to be sent to us. These were not received. We sought feedback from health and social care professionals.

Inadequate

Is the service safe?

Our findings

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

This is the first inspection of the service under the current provider. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of avoidable harm because they were not always supported by staff with the skills or experience to keep them safe.
- Risks to people's health and safety had not always been assessed or accurately recorded and their safety was not consistently monitored. We were not assured staff had all the information they needed to deliver safe care and treatment, as care plans and risk assessments lacked accurate guidance and staff were not appropriately trained.
- A dietetic referral had been made by the home on behalf of one person, due to significant weight loss. However, the home had not followed up the referral for nine months prior to our inspection, despite continued weight loss. There was no risk assessment in place and the care plan around nutrition was not reflective of needs. The failure to assess and manage risks and seek healthcare advice placed this person at risk of malnutrition.
- Appropriate action had not always been taken in response to accidents and incidents and medical attention had not always been sought when needed. This put people at risk of significant risk of harm. Robust systems had not been embedded for staff to review and learn from incidents in order to reduce re-occurrences. This led to repeated themes of people sustaining serious injuries and experiencing the possibility of inappropriate care and support being delivered.
- There were significant risks in relation to fire safety. The fire risk assessment was inadequate and Personal Emergency Evacuation Plans (PEEPS) were not in place for everyone who lived at the home. A visit was made by Lancashire Fire and Rescue service, who served an enforcement notice.

Preventing and controlling infection

- People were not being protected from the risk of Covid-19 and other infectious disease, because the provider did not have effective control measures in place to mitigate such risks.
- During our inspection we saw some staff members not complying with the use of Personal Protective Equipment (PPE) in line with best practice standards. The staff team had not received appropriate training in relation to Covid-19 and the correct use of PPE. This was confirmed by staff spoken with.
- The environment was dirty throughout. We found rubbish bins overflowing, bathing and toilet facilities unhygienic, carpets not hoovered and equipment unclean. A visit was made by a Senior Infection Prevention and Control Nurse from the local authority, who found some significant concerns in relation to the control of infection.
- We have signposted the provider to resources to develop their approach.

Using medicines safely

● People were exposed to risk of harm, as systems were either not in place or effective enough to support the safe management of medicines.
● There was no managerial oversight of medicines and staff were not suitably skilled and competent to manage medicines safely.
● There were not always sufficient medicines in the home to administer to people as prescribed.
● Medicines had not been reconciliated for new admissions to ensure they were correct.

We found no evidence that people had been harmed. However, the above findings placed people at risk of potential harm. This was because risks to people's health and safety were not being managed effectively, medicines management was inadequate and infectious disease transmission was increased at a time when lives were at serious risk during a national pandemic. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● The provider failed to ensure people were protected from abuse.
● There were no systems in place or managerial oversight to ensure incidents of potential abuse or incidents resulting in serious injury were reported to the relevant authorities. Systems and processes to investigate any allegations or evidence of such abuse were not robust.
● We advised the senior care assistant to make four safeguarding referrals at the time of our inspection. Following our inspection, we made ten safeguarding referrals to the local authority of incidents resulting in serious injury which should have been reported.
● Care plans did not provide staff with clear guidance about how best to support people to ensure least restrictive options were provided. This placed people at risk of being unlawfully restrained.

We found no evidence to demonstrate people had been harmed. However, people were placed at risk of harm because systems and practices were not in place to ensure people were protected from potential abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● The recruitment practices adopted by the home were not thorough enough to protect those who lived at Melrose.
● We looked at the personnel records of three staff members and found these to contain insufficient information. Robust checks had not been completed for these members of staff, who had all started to work at the home. We were told a member of staff had not had an interview before starting work and police checks had not been conducted for some staff members before they commenced employment. This placed people at risk of being supported by staff who had not been deemed fit to work with vulnerable adults.

We found no evidence that people had been harmed. However, recruitment practices were not robust enough to show staff had been adequately checked before they commenced employment. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff members we spoke with told us that staffing levels were insufficient to provide the care and support people needed. One member of staff told us, "We are rushed, and it is quite hard to be where you are needed. We are spread thinly."
● The staffing levels on night duty were not sufficient should evacuation be necessary. However, the provider acted immediately by increasing the staffing levels at night by one sleep in member of staff, as

advised by the fire officer.

Inadequate

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of the service under the current provider. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were not in place to ensure people's needs were always assessed and their choices considered. This meant people were at risk of receiving inappropriate care and support.
- The needs of one person had not been assessed prior to admission. We are mindful of the restrictions during the pandemic, but information could have been gathered by other means. Therefore, guidance for staff was not available about the needs and preferences of this person.
- We were given an example of a situation in which the home could not meet one person's needs on admission and so asked a family member to take them back home. However, this was not facilitated and the individual has since settled at Melrose.
- At lunch time people were not offered a choice of menu or asked what they would like to eat. Each individual was provided with the same meal without a choice or alternative being offered.
- Staff members were interacting with people in a kind and caring manner. However, people were not asked their preferences prior to intervention taking place. One person we spoke with told us staff did not usually provide them with choices.

The registered provider had failed to ensure people's needs had always been assessed or their preferences considered. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Systems were not in place to ensure the staff team had the skills, experience and knowledge to provide the care and support people needed.
- We looked at the personnel records of three staff members. None had received an induction. This meant they had not been provided with information relevant to their role. Staff members we spoke with confirmed they had not received any formal induction or work booklets, but 'learnt on the job'.
- There was no evidence available to demonstrate the staff team had been provided with recent training or supervision. We requested the training matrix several times, but this was never received. Staff told us they had not received any training in areas such as infection control and safeguarding. Staff members we spoke with told us they had not received any recent formal training.

The registered provider had failed to ensure all staff had received appropriate support and training to enable them to carry out the duties consistent with their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The staff team supported people to eat and drink enough to maintain a balanced diet. No-one required assistance with eating, but gentle prompting was offered for those who needed it.

● The lunch time was relaxed and pleasant. Some sociable conversations were observed between those who were dining.

● The dining tables were not presented nicely. One table cloth was stained. The manager has since told us new table coverings have been purchased.

● The meals served looked appetising and people seemed to enjoy the food provided. However, no-one was offered a choice of food and everyone was given the same meal. Two people we spoke with said the food served was good.

● During the lunch time service there were short periods of time when people were left unsupervised. This resulted in an avoidable incident occurring.

We recommend meal times are monitored to ensure choices are offered and people are adequately supervised.

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

● The provider had not ensured the environment was suitable to support people and to maintain their safety.

● The environment had been neglected and was in need of upgrading and modernising. It was cluttered throughout, which did not promote people's safety or independence. The cluttered areas were in general cleared at the time of our inspection.

● The communal spaces were cramped and therefore did not provide adequate spaces for people to spend time on their own.

● The provider had plans in place to install en-suite facilities and to upgrade the environment with structural alterations to improve the layout of the home within the next few months. This will enhance the environment and promote independence for those who live at Melrose.

We recommend the provider continues with plans to improve the environment for those who live at the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● The provider had not implemented effective systems to consistently support people to access healthcare services and therefore to live healthier lives.

● Staff had involved some community healthcare professionals in the care of people. However, we found several occasions when people had experienced situations in which they should have been supported to access healthcare advice, but this had not been facilitated.

We recommend the provider ensures healthcare advice is sought as necessary and staff work with other agencies to provide the care and support people need.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider did not have effective systems in place to establish if people living with dementia had the capacity to make decisions.
- The Provider had failed to submit Deprivation of Liberty Safeguard (DoLS) applications for people who could not always make decisions in their own best interests.
- There was no evidence to show staff had received up to date training around the mental capacity act and DoLS.
- From records viewed, we saw consent to care and treatment was sought in some cases. However, we did not see any records of best interest meetings for those who lacked capacity to make their own decisions.
- Since our inspection the provider has worked closely with the local authority to improve systems for assessing mental capacity and to support people's rights.

We recommend the provider ensures progress continues to be made to identify areas in which people lack capacity to make particular decisions, so that people's needs are accurately reflected and decisions are made in their best interests.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of the service under the current provider. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
- The provider had not implemented systems to support people to express their views and to make decisions about their care.
- There was no evidence to show people had always been involved in planning their own care and support to enable them to make decisions about how they wished to be supported.
- The majority of relatives we spoke with said they had not been involved in making decisions about their loved ones care. One family member told us they were contacted by telephone and asked questions about their relative's medical history and current health status. However, this was four weeks after their relative had been admitted to the home, which concerned them as this information should have been available for staff before the person was admitted to Melrose.

We recommend the provider ensures people are able to express their views and make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence
- People's privacy and dignity was in general promoted. However, on the first day of our inspection we overheard a care worker speaking loudly to one person in the bathroom about their personal care needs. This was an isolated incident and the inspectors identified it as a staff training issue around privacy and dignity.
- People were supported to maintain their independence where possible. We noted people were able to access various areas of the home.

Ensuring people are well treated and supported; respecting equality and diversity
- The staff team treated people equally and with respect.
- During our inspection we saw some kind and caring interactions by staff members towards those who lived at the home. However, terms, such as 'Sweetie' were frequently used when addressing people. This terminology may have been intended by staff as an endearing approach. However, it should be established if those who live at the home are happy being addressed in this way.
- We observed staff members assisting people in a gentle and supportive manner. People appeared comfortable in the presence of staff members and relatives we spoke with made positive comments about the kindness of the staff team.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of the service under the current provider. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Systems were not always in place to ensure the needs of people were properly planned in a personalised way in order to promote choice and control.
- Person centred care planning was not always evident as some plans of care did not accurately reflect the current needs of those who lived at the home and one person did not have a care plan in place.
- People had not always been involved in planning their own care or supported to make informed decisions about how they wished their care to be delivered. Relatives we spoke with told us they had not been asked to contribute to this process either. We found care and support had not been properly planned in a person-centred way. This meant there was no, or little information about people's life histories, past and present interests or likes and dislikes. Or how these wished to be supported by staff.

The provider had not ensured guidance was consistently provided for staff about how people's needs were to be met in a person centred way or how people were to be supported with the decision-making process. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our inspection the home has engaged well with external health and social care professionals, who have been supportive in providing guidance around personalised care planning and risk assessing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although the approach of staff towards those who lived at the home was kind and caring people had not always been adequately supported with their specific communication needs.
- Alternative forms of communication had not been provided for one person, who was unable to communicate verbally, such as a note pad, picture cards or letter boards. We communicated well with this person in writing, as lip reading was not possible due to the wearing of PPE. The home had not considered this option.

We recommend the provider puts systems in place to improve the communication for everyone who lives at the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● We are mindful of the impact of the COVID-19 pandemic on the ability for people to go out into the community or to socialise indoors with visitors.

● On the days of our inspection there were no activities or stimulation provided for those who lived at Melrose.

● Staff members told us it was up to the carers to provide activities when they could, but it was not always possible, as they were usually busy delivering care and support people needed. People we spoke with confirmed there was little stimulation or activities provided. One person told us, "It is so boring" and another said, "There is nothing whatsoever going on."

● There was no structured programme of activities or any records available to show what recreation had been provided. Therefore, people were not stimulated and entertained in order to prevent boredom and isolation.

● Window visits were being arranged during this current pandemic. This was confirmed by relatives we spoke with. However, one relative told us of a planned zoom meeting, but this was cancelled due to technical difficulties. Other relatives we spoke with felt they were not supported to maintain contact with their loved ones.

We recommend stimulation is improved for those who live at Melrose, particularly during the pandemic when visitors and external entertainers are not able to access the home and when isolation and boredom could be experienced.

Improving care quality in response to complaints or concerns

● The new manager told us there were systems in place to record and monitor complaints received. However, there was no audit trail of complaints made prior to her arrival at Melrose. The provider had a policy in place, which outlined the process for managing complaints with timescales of expected responses and outcomes.

● Relatives we spoke with were unsure who they would make a complaint to, mainly due to the recent high turnover of staff and management team. One relative said, "I would be confident in making a complaint. I would ring the home, although the phone is quite often not answered because the staff are busy with people. I would not know who to speak to though, as all those I knew seem to have left recently. We don't know who is there anymore."

We recommend the provider reviews best practice in the management of complaints and include the use of technology to enhance the process for people in the home and their relatives.

End of life care and support

● At the time of our inspection there was no-one receiving end of life care and support.

Inadequate

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.

This is the first inspection of the service under the current provider. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not have robust systems in place to ensure high-quality, person-centred care was being provided.
- Care plans and risk assessments had not been regularly updated and therefore these were not always reflective of people's needs. One person did not have a care plan or risk assessments in place. This did not promote good outcomes for people.
- The induction and training of the staff team had not been embedded to support the delivery of safe and effective care.
- Relatives we spoke with told us communication with them was poor. They felt the home did not keep them informed about how their loved ones were, particularly during the pandemic, which was making them anxious. One relative told us, "The communication is awful. The telephone is often not answered when I call. I never get a call from the home to let me know how my relative is doing."

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 provider had not always acted on the duty of candour when something went wrong.
- We established that relatives had not always been notified when significant events had occurred, such as accidents and incidents. This did not promote an open and honest culture.
- The provider had not always referred serious injuries and significant incidents under safeguarding procedures and had not always notified CQC of such events.

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

- The managerial oversight of the service was poor. At the time of our inspection there was no registered manager in post. A senior care worker had been put in the position of acting manager by the provider. However, she acknowledged she was struggling in this role and felt she was not receiving enough support. During the period of our inspection she left employment.
- Leadership in the home was deficient. Senior care staff were not aware of regulatory functions and did not have the managerial skills, experience or ability to supervise the operation of the home on a day to day basis. Neither could they consistently support quality performance. This was compounded by very high turnover of staff in a short period of time.
- The provider had failed to arrange suitable oversight of the service. Robust systems were not in place to

ensure compliance with regulations and to assess and monitor the quality of service provided. The provider had not conducted recent audits and therefore shortfalls we identified during our inspection had not been recognised by any internal monitoring processes, including an awareness of people being at risk of harm.
● There was no evidence available to show how the registered provider and staff team had learnt lessons when things went wrong in order to improve the standards of care within the home and to protect those who lived at Melrose.

The above findings demonstrate that the registered provider had failed to arrange suitable oversight of the service in order to assess, monitor and improve the quality, safety and welfare of service users, who were potentially at risk of harm. The registered provider had also failed to report significant events appropriately. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Since our inspection the provider has introduced systems to ensure the quality of service provided is regularly assessed and monitored on a continuous basis.
● Since our inspection the provider has also been working with a range of external health and social care professionals, who are supporting the home to improve the standard of service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● We received mixed responses from staff about the management of the home. They told us the management team was not consistent and as a result staff morale was low. Some staff we spoke with felt the staffing levels were insufficient and due to the recent turnover of staff things were difficult at the home.
● Relatives told us they were not involved in the planning of their loved one's care. They informed us it was not always easy to communicate with the home, as the telephone was often not answered due to staff being busy attending to people's needs. Comments included; "It is difficult to get through to the home. The telephone rings for ages before it is answered. Sometimes we have to ring off it takes so long and then we try again later" and "The home never think to ring us to let us know how our relative is getting on or what they have been up to. I think it is important for them to let us know during the lockdown, as we cannot visit them in the home."
● The staff team had developed links and working relationships with a variety of professionals within the local community. We were aware the district nursing team was visiting the home and contact was made with GP's. Following the inspection, the provider took immediate action to start addressing shortfalls we identified. The provider has shown a willingness to work with other social and health care organisations in order to improve people's experiences and the quality of service provided.

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 9 HSCA RA Regulations 2014 Person-centred care There was a failure to ensure people's needs had always been assessed or their preferences considered. There was also a failure to ensure guidance was consistently provided for staff about how people's needs were to be met in a person centred way or how people were to be supported with the decision-making process.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure care and treatment was provided in a safe way for service users because risks had not been properly assessed and action had not been taken to mitigate identified risks. There was a failure to ensure staff responsible for the management of medicines had the knowledge and skills to do so safely. There was also a failure to ensure medicines were available in the necessary quantities to prevent the risk of people not receiving their medicines as prescribed. There was a failure to ensure infection control practices were sufficient and adequately protected people from the transmission of Covid-19 and other infectious diseases.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There was a failure to protect people from abuse and improper treatment because some safeguarding concerns had not been reported and systems and processes to investigate any allegations or evidence of such abuse were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was a failure to implement robust recruitment practices to ensure staff had been adequately checked before they commenced employment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a failure to ensure all staff had received appropriate support, induction, supervision and training to enable them to carry out the duties consistent with their role.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to arrange suitable oversight of the service in order to assess, monitor and improve the quality, safety and welfare of service users, who were potentially at risk of harm. The registered provider had also failed to report significant events appropriately.

The enforcement action we took:

Served a warning notice