Melrose Court Rest Home Limited

Melrose Court Rest Home Limited - 74 Cambridge Road

Inspection report

74 Cambridge Road
Southport
Merseyside
PR9 9RH

Tel: 01704226177

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection was conducted on 13 July 2016.

Melrose Court is a residential care home for up to 21 people. It is situated lose to the centre of Southport which can be accessed via nearby public transport. Accommodation is provided over three floors. At the time of the inspection 18 people were living at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people that we spoke with and their relatives told us that care was delivered safely. People understood what action to take if they were unhappy with the quality of care. Staff knew how to recognise abuse and neglect and understood what action to take if they had concerns.

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers.

Risks were clearly identified within care records and appropriate measures were in place to reduce risk without imposing undue restrictions. Information about individual risks to people's safety was displayed in a staff room.

The provider regularly completed a number of safety checks and made use of external contractors where required. Checks included; gas safety, electrical safety, water temperatures and general health and safety. Each of the checks had been completed in accordance with the relevant schedule. We saw evidence that prompt action had been taken were issues had been identified.

Staff were recruited safely following a robust procedure. Staffing numbers were sufficient to safely meet the needs of people living at the home.

People's medication was stored and administered in accordance with good practice. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. Each of the MAR sheets had been completed correctly. Stock levels tallied with the figures recorded on the MAR sheets.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. People living at the home and their relatives told us that they had no concerns about staff knowledge or skills.

The records that we saw showed that the home was operating in accordance with the principles of the MCA.

Applications to deprive people of their liberty had been submitted appropriately.

Meals were freshly prepared and served in a well presented dining room. People gave us positive views on the quality of the food. We saw people being offered hot and cold drinks throughout the course of the inspection.

People were supported to maintain good health and to access healthcare services by staff. Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area.

Each of the people that we spoke with were extremely positive about the attitude and approach of the care staff and the registered manager. We saw that relatives were encouraged to stay for as long as they liked and were offered food and drinks during their visits.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate for the individual.

Each person who came to live at the home had been given a welcome pack which included; a statement of purpose (important information about the home and its services), a copy of the complaints procedure, information about the staff team and guidance on safety in the home.

All of the people living at the home that we spoke with told us they received care that was personalised to meet their needs. We saw evidence in care records that people's preferences were recorded. Person-centred language was used throughout care records and people's life histories were recorded to give staff a better understanding of each individual. The use of person-centred language indicated that the home understood and focused on the care needs of each individual. Some relatives had been involved in the development of these records.

The home had a programme of activities including games, exercises and entertainers. We saw that the home maintained a good stock of books, games and craft materials to support activities.

People's views about the quality of the home and the care provided were sought during reviews of care, through the regular distribution of surveys and informally through conversation. The recent surveys that we saw recorded high levels of satisfaction from each of the respondents.

Information regarding compliments and complaints was displayed in the reception area. The home had not received a formal complaint in the previous 12 months.

We spoke extensively with the registered manager throughout the inspection. It was clear that they knew each person living at the home and their care needs well. The registered manager demonstrated an awareness of the day-to day culture of the home and provided practical care and support as required. People spoke positively about the registered manager, their approachability, leadership of the home and the quality of communication.

Staff understood what was expected of them and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection.

The registered manager had robust systems in place to monitor safety and quality. They completed regular audits which included information that was fed-back to the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were stored and administered safely in accordance with best-practice guidelines.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Is the service effective?

Good

The service was effective.

Staff were trained in topics which were relevant to the needs of the people living at the home.

The provider applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had a good choice of food and drinks. Staff supported people to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good

The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was delivered.

People were consulted about their own care and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

The home had a varied programme of activities for individuals and groups which included personalised community activities.

Complaints and concerns were recorded and dealt with effectively. There were no formal complaints recorded in the previous 12 months.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor safety and quality.

The registered manager was approachable and had a good understanding of the needs of each person living at the home.

The home maintained records in relation to important events and general communications. Each record was sufficiently detailed.

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Detailed findings

Background to this inspection

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

This inspection took place on 13 July 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We

contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with four people living at the home and five visiting relatives. We also spoke with the registered manager, two senior carers and two other staff.

Good

Is the service safe?

Our findings

The people that we spoke with and their relatives told us that care was delivered safely. Comments included; "I've got no cause for concern" and "We're all treated well. Having staff here at night makes you feel safe." A relative said, "I've never seen anything here that's unsafe." While a different relative told us, "Safe? Definitely. I'm safe in the knowledge that my [relative] is okay."

We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would tell the registered manager or a member of staff or tell their families. Relatives also told us that they would speak to the registered manager if they had any concerns.

All of the staff that we spoke with gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm. The home had recently reviewed policies relating to abuse and whistleblowing. The policies contained information and guidance on how to raise a concern. The training records showed that all staff had received training in adult safeguarding within the last 12 months. Staff knew how to recognise abuse and neglect and understood what action to take if they had concerns. The home had one safeguarding referral in the previous 12 months which involved a pressure wound. We spoke with the registered manager about this incident and were re-assured care had been provided safely and that equipment was available to reduce the risk of pressure wounds within the home.

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents. Other risks were clearly identified within care records and appropriate measures were in place to reduce risk without imposing undue restrictions. Information about individual risks was displayed in a staff room.

The provider regularly completed a number of safety checks and made use of external contractors where required. Checks included; gas safety, electrical safety, water temperatures and general health and safety. Each of the checks had been completed in accordance with the relevant schedule. We saw evidence that prompt action had been taken were issues had been identified.

An evacuation procedure had been produced for both daytime and night-time. The procedures gave staff clear instructions to follow in the event of an emergency. The home had conducted regular fire drills and fire alarm testing. The home had been inspected by the Merseyside Fire and rescue service in 2015. Action was required to improve the safety of the home. We saw evidence that these actions had been completed promptly following the inspection. Fire safety equipment was tested by external contractors annually and by the home on a regular basis. During the inspection we identified that two doors did not fully close automatically. We discussed this with the registered manager and the closure mechanisms were adjusted or replaced before the end of the inspection.

Staffing numbers were sufficient to safely meet the needs of people living at the home. The home deployed three care staff plus the registered manager between the hours of 8:00 am and 5:00 pm. This reduced to three care staff after 5:00 pm. Overnight the home deployed one carer and one sleep-in carer. The home also

employed a cook and domestic staff.

The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. There were also notes from the interview saved in each person's file. Staff were required to confirm annually that their DBS status had not changed.

People's medication was stored and administered in accordance with good practice. The temperature of the medicines' storage room was regularly checked to ensure that medicines were stored safely in accordance with the manufacturer's instructions. Medicines were provided by a local pharmacy using a recognised blister-pack system. Staff received training from the same pharmacy. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. Each of the MAR sheets had been completed correctly. Stock levels tallied with the figures recorded on the MAR sheets.

A number of people self-administered their medicines. The home maintained detailed records to ensure that this practice was monitored. We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. The home made good use of body maps to record where topical medicines (creams) had been applied. We saw evidence of PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. A full audit of medicines and records was completed monthly.

Good

Is the service effective?

Our findings

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. People living at the home and their relatives told us that they had no concerns about staff knowledge or skills. Training was provided internally and by an external specialist where appropriate. Staff were trained in; adult safeguarding, moving and handling, administration of medicines and other subjects relevant to their roles. A member of staff said, "Normally I take part in face to face training in groups which is better." Staff were also given access to recognised qualifications in health and social care. One member of staff said, "I'm just doing my management qualification at the moment." The training records and staff certificates showed that all of training required by the provider was in date.

New staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague. The induction programme required staff to read policies and procedures and to sign to indicate that they understood them. All of the staff that we spoke with confirmed that they had been given regular supervision and appraisal. We saw that this was recorded in staff records.

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).

The records that we saw showed that the home was operating in accordance with the principles of the MCA. Applications to deprive people of their liberty had been submitted appropriately. At the time of the inspection six people were subject to applications to deprive people of their liberty. The registered manager kept a record of applications and renewal dates to ensure that authorisations did not lapse. Records indicated that people's capacity to make other decisions was assessed with a view to maintaining their independence.

Meals were freshly prepared and served in a well presented dining room. The home had been awarded a score of five out of five for food hygiene in a recent inspection. Tables were laid out with napkins, matching crockery and cutlery. Staff were attentive to people's needs when serving meals. The home operated a rolling three week menu which offered at least two choices for each meal. Staff confirmed people's choice of food before serving and provided additional condiments on request. Staff wore personal protective equipment (PPE) in-line with good practice for food hygiene. Where people required support to eat their meals this was done sensitively and discretely. We sampled the food and spoke with people while they ate

their lunch. The food was well presented and nutritionally balanced. The mealtime was particularly relaxed and people were given time to eat their food independently. We spoke with the cook to confirm that information about people's preferences, allergies and health needs was used in the preparation of meals, snacks and drinks. People gave us positive views on the quality of the food. Comments included, "They get lovely meals and they get a choice" and "The food is quite good. I've always been satisfied." We were told that the chef spoke with each person every day to ask what they would like. If people didn't want any of the alternatives a different meal was prepared for them. Each of the people that we spoke with confirmed that they could ask for an alternative. People told us that they were offered plenty of drinks throughout the day. We saw people being offered hot and cold drinks throughout the course of the inspection.

People were supported to maintain good health and to access healthcare services by staff. Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. One relative said, "They [staff] keep a full diary of healthcare visits." We asked people if they could see health professionals when necessary. We were told that they saw doctors, chiropodists, opticians and other healthcare professionals when they needed. We saw records of these visits on care files.

Good

Is the service caring?

Our findings

We asked people and their relatives if the staff were caring in their approach. Each of the people that we spoke with was extremely positive about the attitude and approach of the care staff and the registered manager. One person said, "They [staff] speak to me nicely. [Registered manager] is very funny. I wouldn't change anything." Another person told us, "I love living here." Relatives also spoke positively about the caring nature of the staff. One relative said, "The staff are caring. They love [relative] and want the best for them." Another relative commented, "The staff and manager are very caring and wonderful. Not only have they welcomed [relative] but they've welcomed me. We saw that relatives were encouraged to stay for as long as they liked and were offered food and drinks during their visits.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate for the individual. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. Staff took time to listen and were vigilant in monitoring people. For example, after lunch one person became unwell and required support. Staff and the registered manager responded promptly offering practical support and re-assurance. Throughout the incident staff promoted the person's privacy and dignity.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care and discrete when asking if people required assistance. People living at the home had access to their own room with basic en-suite facilities for the provision of personal care if required. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care. One member of staff said, "I always ask people what they'd like to wear and I don't just go straight in to personal care. I say my name and explain what I'm going to do."

People living at the home said that they were encouraged and supported to be independent. Staff asked if people wanted support with tasks before intervening. One relative said, "They encourage [relative] to keep independence with personal care." In another example we saw that additional, personalised signage and objects of reference (familiar objects) had been placed at key points in the building to ensure that one person could find their way to their bedroom without assistance. We saw that people declined care at some points during the inspection and that staff respected their views. Care records contained evidence that people had consented to the provision of care and treatment for health conditions.

We spoke with visiting relatives throughout the inspection. They told us that they were free to visit at any time. One visitor commented, "I'm invited to stay and have taken [relative] out at night." Relatives made use of the communal areas, but could also access people's bedrooms and a visitor's room for greater privacy.

The home displayed information promoting independent advocacy services, but none of the people currently living in the home were making use of their services. People were given other important information in a way that made sense to them. We saw that staff had made use of images to aid

communication and used photographs of people and events to promote conversation.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. People explained how they had been involved and what changes had been made as a result. Relatives also told us that they had been actively involved in the assessment and review of care. One relative said, "[Registered manager] did a pre-admission assessment and a full care plan." Another relative told us, "They've really taken [relative] to heart and tried to involve [relative]. We saw evidence in care records that supported these comments.

Each person who came to live at the home had been given a welcome pack which included; a statement of purpose (important information about the home and its services), a copy of the complaints procedure, information about the staff team and guidance on safety in the home.

All of the people living at the home that we spoke with told us they received care that was personalised to their needs. We saw evidence in care records that people's preferences were recorded. Person-centred language was used throughout care records and people's life histories were recorded to give staff a better understanding of each individual. Some relatives had been involved in the development of these records.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers.

The home had a programme of activities including games, exercises and entertainers. We saw that the home maintained a good stock of books, games and craft materials to support activities. People told us that there was always something to do if they chose, but many preferred to sit and chat. Individual activities were also supported. We saw that one person had been supported to go horse-riding. Their relative said, "When they took [relative] horse-riding it was like a light-switch going on." The home had also purchased a pet rabbit and a budgerigar so that people living at the home could care for them.

People's views about the quality of the home and the care provided were sought during reviews of care, through the regular distribution of surveys and informally through conversation. The recent surveys that we saw recorded high levels of satisfaction from each of the respondents. People told us that staff and managers regularly asked if they were satisfied with their care and if they would like to change anything. They also told us that they would feel confident in making a complaint if they had to. We saw one example where a suggestion had been made regarding a change to the menu which had been acted on at the earliest opportunity.

Information regarding compliments and complaints was displayed in the reception area. The home had not received a formal complaint in the previous 12 months. We spoke with the registered manager about this who told us that people living at the home and relatives spoke freely and regularly. They said that all issues were addressed as soon as possible. Comments from relatives confirmed that this was the case. All of the

people that we spoke with said that they knew what to do if they wanted to make a complaint. The staff that we spoke with knew who to contact if they received a complaint.

Good

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was supported by senior carers and the other proprietors. We spoke extensively with the registered manager throughout the inspection. It was clear that they knew each person living at the home and their care needs well. The registered manager demonstrated an awareness of the day-to day culture of the home and provided practical care and support as required. They described the culture as "respectful and relaxed." Adding, "we let people go at their own pace." The registered manager understood their responsibilities in relation to the management of the home and their registration. They told us that the felt supported by the other proprietors. At one point during the inspection one of the proprietors visited the home to offer support.

People spoke positively about the registered manager, their approachability, leadership of the home and the quality of communication. A relative said, "[registered manager] is a good leader." One member of staff said, "It's like one big, happy family." Another member of staff told us, "[registered manager] is brilliant. He's very patient, but he will tell us when something's wrong." Throughout the inspection we saw the registered manager chatting and joking with people living at the home as well as providing practical support as required.

The registered manager facilitated regular staff meetings and staff told us that they were confident about speaking out and making suggestions. We saw evidence that information had been shared and changes made following these meetings. For example, changes had been implemented to night-time routines to ensure that people's personal care needs were better attended to. The registered manager was able to show us where improvements had been made. Other issues discussed at staff meetings included; care plans, cleaning schedules and training.

Staff understood what was expected of them and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection. One member of staff said, "I love my job." While another told us, "All the staff are very friendly, but we're not afraid to confront things we're concerned about."

The registered manager had robust systems in place to monitor safety and quality. They completed regular audits which included information that was fed-back to the staff team. A general quality audit and a health and safety audit were completed every six months. An audit of medicines was completed every 28 days. The records that we saw indicated that all audits had been completed in accordance with the home's schedule.

Checking and servicing of safety equipment was undertaken by appropriately qualified external organisations in accordance with the required schedules.

The registered manager had developed a business continuity/emergency plan which detailed procedures and provided essential contact information for use in the event of an emergency.

The registered manager maintained records of notifications to the Care Quality Commission and

safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.