

M Rashid

Melrose House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was completed on 29 January 2018 and was unannounced. At the time of this inspection there were 16 people living at Melrose House.

Melrose House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 34 older people and people living with dementia.

Melrose House is a large detached building situated in a quiet residential area in Southend on Sea and close to all facilities and amenities. The premises is set out on three floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the ground floor.

At the last inspection on the 19 and 20 September 2017, the service was rated 'Requires Improvement'. A breach of regulatory requirements was evident for Regulation 13 [Safeguarding service users from abuse and improper treatment], Regulation 17 [Good governance] and Regulation 18 [Staffing]. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-Led' to at least good. The home improvement plan was received on 24 November 2017. At this inspection, we found the service had made significant improvements and was now rated 'Good'. However, 'Well-Led' was rated 'Requires Improvement'. This is because the location has a condition of registration that it must have a registered manager, but it does not have one. We held an internal management review meeting on 1 February 2018 and agreed that the service no longer needed to remain in 'Special Measures' and the condition imposed on the registered provider's registration in 2016 removed.

Our key findings across all the areas we inspected were as follows:

Suitable arrangements were now in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The registered provider and manager were able to demonstrate a better understanding and awareness of the importance of having suitable quality assurance processes in place. This was a significant improvement and this had resulted in better outcomes for people using the service. Feedback from people, those acting on their behalf and staff were positive. This referred specifically to there now being confidence that the registered provider and management team were doing their utmost to make the required improvements.

Suitable arrangements were now in place to take action when abuse had been alleged or suspected. People were protected from abuse and avoidable harm and people living at the service confirmed they were kept safe and had no concerns about their safety and wellbeing. Policies and procedures were being followed by staff to safeguard people and staff now understood the importance of these measures. We observed that

staff followed safe procedures when giving people their medicines. Medicines were stored safely and records showed that minor improvements were required to ensure people received their medicines as prescribed.

Risks to people were clearly identified and managed to prevent people from receiving unsafe care and support. People were protected by the provider's arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported, including end of life care.

Social activities were available for people to enjoy and experience.

Comments about staffing levels from people using the service and staff were positive. The deployment of staff across the service was observed to be appropriate and there were sufficient staff available to meet people's needs to an appropriate standard at all times.

Safe recruitment practices were in place and being followed. Induction arrangements for staff newly appointed to the service had been reviewed to ensure they were able to carry out their role and responsibilities effectively. Staff now had the right competencies and skills to meet people's needs and had received updated training. Suitable arrangements were now in place for staff to receive formal supervision.

People's nutritional and hydration needs were met and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support.

Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Suitable arrangements had been made to ensure that people's rights and liberties were not restricted. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were routinely asked to give their consent to their care, treatment and support and people's capacity to make day-to-day decisions had been considered and assessed.

Information about how to make a complaint was available. People confirmed they knew how to make a complaint or raise concerns.

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.

Appropriate systems were in place to ensure that people living at the service were safeguarded from potential abuse and the risk of harm.

Risks to people were suitably managed, mitigated and recorded so as to ensure people's safety and wellbeing.

People's comments about staffing levels were positive. The deployment of staff was observed to be appropriate and recruitment procedures were safe.

Is the service effective?

Good ●

The service was effective.

Training for staff was up-to-date and embedded in their everyday practice. A robust induction procedure was in place and staff had received formal supervision.

The service was compliant with legislation around the Mental Capacity Act [2005] and Deprivation of Liberty Safeguards.

People had their nutritional and hydration needs met. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Is the service caring?

Good ●

The service was caring.

People were positive about the care and support provided at the service by staff. People told us staff were kind and caring.

Staff demonstrated an understanding and awareness of how to treat people with respect and dignity, and to support people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided sufficient detail about a person's care and support needs and how this was to be delivered by staff.

People who used the service were engaged in meaningful activities that suited their needs and interests.

Appropriate arrangements were in place for people to give their views and to raise concerns or complaints. People were confident that their complaints would be listened to, taken seriously and acted upon.

Is the service well-led?

The service was well-led.

'Well-Led' was rated 'Requires Improvement'. This is because the location has a condition of registration that it must have a registered manager, but it does not have one.

The service was now well-led and there were clear and effective governance, management and accountability arrangements in place both at service and registered provider level.

People, those acting on their behalf and staff were engaged and involved to give a view about the quality of the service provided.

Requires Improvement 

Melrose House

Detailed findings

Background to this inspection

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

This inspection to the service took place on 29 January 2018 and was unannounced. The inspection team consisted of two inspectors. The inspectors were accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for older people.

We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about.

We used this information to plan what areas we were going to focus on during our inspection. We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people, five members of staff, the service's chef, the housekeeper, the team leader and the manager. We reviewed four people's care files, the staff recruitment file for the manager and support records for four members of staff. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

Safe was rated as 'Requires Improvement' at our last inspection on the 19 and 20 September 2017. At this inspection, we found that safe had improved to 'Good'. At our previous comprehensive inspection to the service in September 2017, we found the registered provider's arrangements to safeguard people from abuse and improper treatment was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider and manager shared with us their home improvement plan on 24 November 2017 and this provided detail on their progress to make the required improvements. At this inspection we found that these improvements had been made and suitable arrangements were now in place to keep people safe from harm.

Effective safeguarding arrangements were now in place to keep people safe. People using the service were supported to express concerns about their safety to staff and the senior management team. We discussed safety with people using the service. They told us they had no concerns and that the service was a safe place to live. One person said, "I feel safe, plenty of people around and they [staff] pop in and out of the lounge, and they walk around and check at night." A second person told us, "Any problems I can go straight to the manager or deputy [team leader]. I always feel safe and reassured here."

Following the last inspection to the service in September 2017, the team leader retrospectively raised a safeguarding concern with the Local Authority and Care Quality Commission as a result of concerns highlighted as part of that inspection. Additionally, concerns had also been raised about one member of staff's conduct. Robust procedures that make sure people are protected from abuse and harm had not been considered by the previous manager. At this inspection the newly appointed manager had met with the member of staff and there was evidence to show that their conduct and practice was being monitored to ensure people were protected from abuse and improper treatment.

The management team and staff were able to demonstrate a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health, wellbeing and safety. Where risks were identified, suitable control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and the risk of choking.

Environmental risk assessments to ensure people's and staffs safety and wellbeing were in place with the exception of one area. During the inspection one window on the first floor was missing its restrictor. This meant there was a potential risk that someone could fall out of the window and significantly hurt themselves. We brought it to the manager's attention at the earliest opportunity and following the

inspection they confirmed that this no longer posed a risk to people using the service as the window had been made safe.

Appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. Since the last inspection in September 2017, Personal Emergency Evacuation Plans [PEEP] had been photocopied and placed within the service's 'grab bag' for staff to access in the event of a fire or other major incident. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. Additionally, the fire risk assessment had been updated in November 2017.

People told us there were always sufficient numbers of staff available to provide the support required to meet their care and support needs. People confirmed that staff responded in a timely manner when they used their call alarm to summon staff assistance. One person told us, "Staff come very quickly and on some occasions they come and say we are busy but always come back." Another person told us, "You press the button [call alarm] and you don't wait anytime at all, I am quite happy with that." Staff confirmed there were enough staff to meet people's needs. One member of staff told us, "There is enough staff now and we can sit and chat and have a cup of tea with the residents." Our observations showed the deployment of staff within the service was suitable to meet people's needs. Current staffing levels ensured people's care and support needs were provided in a timely manner and staff were able to respond to the changing needs and circumstances of people using the service.

Safe recruitment practices were in place to ensure that the right staff were employed at the service. The manager confirmed they were the newest member of staff recruited to Melrose House. Staff recruitment records showed the provider had operated a thorough recruitment procedure to keep people safe. Relevant checks had been completed before the manager started working at the service. These included the completion of an application form, gaining a full employment history, obtaining written references, ensuring that the applicant provided proof of their identity and a recent photograph. Although a criminal record check with the Disclosure and Barring Service [DBS] was received after the manager commenced employment at the service, a risk assessment had been completed confirming the rationale for the decision and it was safe for the manager to commence work before the DBS clearance was received.

People's medication preferences were documented so staff knew how to give medicines in a way that suited that person. We looked at the Medication Administration Records [MAR] forms for nine out of 16 people using the service. Minor improvements were required to ensure sufficient information was recorded for one person where specific medication was administered when they became anxious and distressed. Additionally, one person's pain relief medication was not always administered in line with the prescriber's instructions. We discussed both of these issues with the manager. An assurance was provided that an internal investigation would be completed as a priority. Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely and to an acceptable standard.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that the majority of staff had received infection control training in December 2017 and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance. A viral outbreak of diarrhoea and vomiting occurred in December 2017. Suitable measures were undertaken by the management team to protect people using the service, staff and visitors. This included effective hand hygiene methods, enhanced cleaning and segregation of people affected and exclusion of others. Although the Health Protection Agency [HPA] had been notified, the Local Authority and Care Quality

Commission had not. An assurance was provided by the manager that this would be completed in the future.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.

Is the service effective?

Our findings

Effective was rated as 'Requires Improvement' at our last inspection on the 19 and 20 September 2017. At this inspection, we found that effective had improved to 'Good'. At our previous comprehensive inspection to the service in September 2017, newly employed staff had not received all recommended training and it was difficult to determine what training had been attained by others employed at the service. Additionally, staff had not received a robust induction or regular formal supervision. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider and manager shared with us their improvement plan on 24 November 2017 and this provided detail on their progress to make the required improvements. At this inspection we found that these improvements had been made and suitable arrangements were now in place to ensure staff were suitably trained and supported.

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised evidence based guidance. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

Suitable arrangements were now in place to ensure that staff received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in December 2017, in line with the provider's expectations in key areas. This was confirmed by staff as accurate. Where training was still required the manager confirmed training was either booked or planned and they would use former employment contacts to source the training.

The manager had received an 'in house' orientation induction when they commenced employment at Melrose House. Since November 2017, a new induction procedure had been devised and introduced by the manager. This included an 'in house' orientation induction, reading information relating to people using the service and understanding the service's policies, procedures, aims and objectives. The manager confirmed that in addition to this staff would be given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff would be required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme. This ensured the prospective employee completed a comprehensive induction, and did not work unsupervised until they and their manager were confident they could do so.

Staff told us they felt supported and valued by the manager. Formal supervisions had been completed by the manager and team leader, allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development. One member of staff told us, "We now have supervision, but you don't have to wait for supervision, to talk to the manager if you have any concerns or issues. The manager has time for you." Appraisals for staff had yet to be commenced, however the manager had only been in post since 6 November 2017 and was still getting to know the staff team.

People told us they were happy with the meals provided. One person told us, "The food is nice, always hot, there is choice and they [chef] do me a jacket potato with cheese sometimes." Another person told us, "They [staff] feed us well, it is well cooked. The staff are very attentive if the food is not right, for example, if you say the peas are not cooked, you only have to mention it once. There are always two or three choices available and there is fruit. We are very well fed and rarely is the food not hot enough, you only have to say and it comes back piping hot." Hot and cold drinks and snacks, including fresh fruit were readily available throughout the day and these were routinely offered to people.

People were able to choose where they ate their meal, for example, at the dining table, while some people were able to eat in the comfort of their room. People were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. Where assistance was required by staff, this was undertaken in a dignified and respectful manner. For example, one member of staff was observed to ask a person using the service, "Can I help you, do you want me to cut up your pie?" The person confirmed they would like some help and this was duly provided while still enabling them to maintain an element of independence. Additionally, staff provided verbal prompts and encouragement to those who were struggling to eat their meal. Where people had eaten limited quantities of their meal, an alternative to the menu was always provided and where appropriate the meal was saved so that they could eat it at a time of their choosing and preference. People were routinely asked by staff and the chef if they had enjoyed their meal. Feedback provided on the day of the inspection was very positive. One person told us, "The meal was very good. That pie was amazing, I ate it all."

The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional, such as Speech and Language Therapist, had been made and guidance followed by staff. One member of staff was allocated the task at lunchtime to specifically record what people had eaten to maintain an accurate record.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing.

People told us their healthcare needs were met and they received appropriate support from staff. One person told us, "I do feel my health needs are met, the staff give me my tablets. If I was in pain they would give me more tablets or get the doctor." Another person told us, "When I did not feel well with a nasty cold and chest infection, they [staff] called the doctor and I got some antibiotics." Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments.

People had access to comfortable communal facilities, comprising of two lounges and a separate large dining area. Since the last inspection to the service in September 2017, redecoration had been undertaken to the communal areas situated within the ground floor. The lounge walls, ceilings and some of the furniture had been painted. This had enhanced the premises, making the communal areas feel more homely, light and airy. The dining area had also been redecorated to provide a pleasant surrounding when people ate their meals, and new crockery and cutlery had been purchased. The manager confirmed that since their appointment on the 6 November 2017, two premises audits and a refurbishment plan had been completed with the registered provider. These provided an overview as to what had been achieved so far and what remained outstanding, for example, redecoration of people's bedrooms. The manager confirmed that improvements were still needed to maximise the suitability of the premises for the benefit of people living

with dementia. Adaptations and equipment were in place in order to meet peoples assessed needs.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Despite not having yet received updated MCA and DoLS training, staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the Care Quality Commission had been notified.

Is the service caring?

Our findings

Caring was rated as 'Requires Improvement' at our last inspection on the 19 and 20 September 2017. At this inspection, we found that caring had improved to 'Good'.

Overall, people were satisfied and happy with the care and support they received. One person stated, "It is a nice friendly place, I have no desire to go anywhere else." Another person told us, "I am well looked after. They [registered provider and manager] have got very caring people looking after me. I feel quite relaxed and happy here." Where relatives had completed a questionnaire, comments included, '[Relative] is very well looked after and the staff are very patient.' However, two out of 16 people living at the service stated that one member of night staff could be a bit rough with them when providing care and support. This information was discussed with the manager and an assurance provided to us by them that this matter would be looked into and monitored.

Our observations showed that people received person-centred care and they had a good rapport and relationship with the staff who supported them. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. For example, one person had a profound sensory impairment that affected their ability to hear properly. Whilst the person was very reluctant to use customary hearing aids, the manager had sourced an alternative aid to enable the person to communicate with staff. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, taking the time to listen closely to what people were saying to them.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People, relatives and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of a questionnaire in December 2017 and January 2018. Where responses had been returned, feedback was very positive. Relative's comments recorded, 'Staff are very welcoming and helpful', 'I find the staff are excellent' and, 'They [staff] are lovely, very helpful and always receptive and very very nice.' The team leader confirmed that two people had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were treated with dignity and respect at all times. We saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. People were supported to be as independent as possible. We saw that staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without and/or limited staff support.

People were supported to maintain relationships with others. People told us their friends and family members could visit at any time and there were no restrictions when they visited and they were always made to feel welcome. Staff told us that people's friends and family were welcome at all times.

Is the service responsive?

Our findings

Responsive was rated as 'Requires Improvement' at our last inspection on the 19 and 20 September 2017. At this inspection, we found that responsive had improved to 'Good'.

Care plans now covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, what was important to them and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. This ensured staff had the most up-to-date and accurate information available.

Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. People confirmed to us they could spend their time as they wished and wanted. One person told us, "The vicar comes and plays records and entertainers sing. I watch the television mostly, that is my preferred choice. They [other people living at Melrose House] have quizzes and the hairdresser comes." Another person told us, "I like reading, the library visits." Another person told us they helped staff to wash and wipe up the dishes.

During the inspection several people were observed in the morning to decorate gingerbread biscuits. One person told us, "I like doing cooking." During the afternoon a small group of people were noted to jointly undertake a complex jigsaw puzzle which had a 1000 pieces. It was evident from our observations that people used these opportunities to talk amongst themselves about how they were feeling, the day's news both from within the care home setting, national news written in newspapers or news items watched on the television. These activities were initiated and facilitated by the person responsible for providing social activities; however they empowered those taking part to lead the activity and discussions. Staff, including the manager repeatedly throughout the day joined this group of people, to join in with the discussions which were varied and to have a cup of tea with them. The person responsible for providing social activities told us they also spent time with two people who remained in their bedroom as a result of their on-going healthcare needs. They were very knowledgeable about both people's personal preferences, for example, one person liked to read their daily newspaper, to listen to their radio during the day and to watch their television later in the day. This was confirmed by the person and from information recorded within their care plan.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. The manager had introduced a complaints log to track the service's concerns and complaints for trends and themes. Records showed that since November 2017 there had been no complaints. Staff knew how to respond to people's concerns and complaints should the need arise. People told us they would either speak to a family member or member of staff if they had any worries or concerns. One person told us, "I've got no complaints, things are running alright. Any problems I can go straight to the manager or deputy [team leader]."

Although no one living at the service was receiving end of life care at the time of our inspection, the manager

provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.

Is the service well-led?

Our findings

Well-Led was rated as 'Inadequate' at our last inspection on the 19 and 20 September 2017. At this inspection, we found that well-led had improved to 'Requires Improvement'. At our previous comprehensive inspection to the service in September 2017, the registered provider's quality monitoring arrangements were not robust or working as effectively as they should be. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider and manager shared with us their improvement plan on 24 November 2017 and this provided detail on their progress to make the required improvements. At this inspection we found that these improvements had been made and suitable arrangements were now in place to ensure there was an effective governance framework in place.

'Well-Led' is rated 'Requires Improvement' because the location has a condition of registration that it must have a registered manager. A manager was in post but at the time of the inspection they had yet to submit their application to formally register with the Care Quality Commission. 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. Changes to the management team had occurred since our last inspection to the service in September 2017. A new manager was appointed on 6 November 2017. On review of their curriculum vitae this showed the newly appointed manager had a wealth of experience within the care sector and as a registered manager.

People using the service told us that the management team were visible and approachable. One person told us, "The manager is a very nice fellow and always chats to me. It has got better here and things are more organised. He [the manager] is on the ball, friendly and he is nice to the staff. He knows what is going on." Another person told us, "I don't know the managers name but he has been to see me. We talked about steam engines, models were my hobby." We saw that people using the service and staff were very comfortable with the management team and spoke freely with them throughout our visit.

Staff were very complimentary about the manager and what had been achieved to date. Staff confirmed they enjoyed working at Melrose House, particularly in light of the recent changes to the management of the service. One member of staff told us, "The new manager has had a very positive impact on the service since they have been here. We [staff team] feel a lot has been achieved in such a short time. We have faith in him." Another member of staff stated, "It is much better here now. There has been a vast improvement and the manager knows what they are doing. Team morale is so much better, staff are less stressed and it is a much happier place to work in."

The manager was able to show a good understanding of their role and responsibilities and what was required of them to achieve compliance with the fundamental standards and regulatory requirements. The manager confirmed they had read the most recent inspection reports for the service and were aware of the service's current quality rating of 'Inadequate', including being placed in 'Special Measures' and the conditions of registration imposed on the registered provider's registration in 2016.

The manager confirmed that information was now collected and recorded in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals, data gathered and analysed to help identify and manage risks to the quality of the service and to help drive improvement. For example, clinical data relating to the incidence of infections, pressure ulcers, falls and accidents and incidents was now being completed and monitored, to highlight any trends and lessons learned. As already stated, audits relating to the premises, including health and safety and infection control risks were completed. Additionally, an audit relating to the service's medication arrangements was also completed to ensure this was safe.

The manager confirmed that the premises audit, refurbishment plan and Improvement Plan now involved the registered provider. Furthermore, the manager told us and records verified they held regular meetings with the registered provider to discuss all aspects of the service and the actions required. This meant there was now a system in place to enable the registered provider to be actively involved and aware of what was happening within Melrose House and to maintain overall responsibility.

People, those acting on their behalf and staff had completed a satisfaction survey in December 2017 and January 2018. Where responses had been received, the results of these told us that people using the service and relatives were happy and satisfied with the overall quality of the service provided. People using the service stated they felt safe, received a good level of care and support and liked living at Melrose House. Staff confirmed they liked working at the service.

Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available, included the topics discussed and the actions to be taken and showed these were attended by the registered provider. Although a relative's meeting had taken place, attendance was poor.

People benefitted from the service's collaborative approach to joint working with other organisations. The service worked in partnership with Local Authorities when meeting people's needs and reviewing their care. The manager and staff had a positive working relationship with a number of outside professionals and organisations, including healthcare agencies.