

Melrose House Cullercoats Ltd

# 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Melrose House is a care home providing accommodation and personal care for up to 10 people living with a mental health condition, learning disabilities and/or autism in one building. At the time of inspection, the home was fully occupied. In addition to this care home, the service also provides a domiciliary care service to older people living in their own homes. At the time of inspection, the service was supporting 45 people in their own home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they liked living at the home and the care people received in their own home was of a good standard. Feedback from relatives was very positive regarding the level of care and support people received.

People told us they received safe care. Appropriate environmental and personal risk assessments were in place to keep people safe, whilst supporting people to maintain as much independence as possible. Medicines were handled safely both in the home and out in the community, and staff had received appropriate training in this area. The provider continued to have a robust staff recruitment in place.

People's needs were fully assessed prior to living in the home or receiving care in their own home. Staff received training to support them in their role. However, some training was out of date for some staff employed within the care home. We have made a recommendation about this.

Staff told us they felt supported by the registered manager. They described them as open and approachable. Staff felt the registered manager welcomed their feedback.

People were supported to maintain a varied, healthy and balanced diet. They had a choice in what food was prepared for them. People receiving care in their own homes told us staff prepared meals the way they wanted. Where necessary, staff quickly referred people to healthcare professionals to support their health and well-being as well as supporting people (if needed), to attend any healthcare appointments.

Without exception, people and relatives told us staff supported them in a very caring way. They also told us they felt comfortable talking to staff and staff listened to them if they had any concerns.

People were encouraged and supported to form and maintain friendships as well as engaging in various

activities within the home. Where people received care in their own home, staff supported people with social time activities. Staff also supported people to achieve their own personal goals. For example, one person was now confident to be able to access the community on their own and meeting friends for coffee.

The registered manager welcomed feedback through various sources. They sent out questionnaires to gather people's opinions. This feedback was used to further improve the level of care and support provided. The registered manager carried out a range of monthly quality checks across all aspects of care and service provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. Some care plans did not include details regarding people's end of life wishes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was good (published 13 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

# Melrose House

## 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.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Melrose House is a 'care home.' It also provides domiciliary care support to people living in their own homes. 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. For those people who receive care in their own homes, CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

#### Notice of inspection

This inspection was announced.

#### What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with the registered manager, the deputy manager, and four members of staff. We spoke with three people who lived at the home, one person who received care in their own home and one relative.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff personnel file and records related to the management of the service.

After the inspection

We continued to speak with the registered manager to discuss and confirm the inspection findings.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Accidents and incidents were recorded. They were investigated and reviewed to allow for analysis of any emerging themes or trends. Where accidents had occurred, people's care plans and risk assessments were reviewed and updated to prevent reoccurrence.
- Care plans included risk assessments which supported people to be as independent as possible. They also supported staff to keep people safe.
- People's individual risk assessments were reviewed and updated on a regular basis
- The provider had appropriate environmental risk assessments in place.

### Using medicines safely

- People's medicines were handled safely. People told us staff supported them to take their medicine and medicines were always given on time.
- Staff who administered people's medicines had received appropriate training in this area of care. Staff were also assessed for their competency regarding their safe handling of medicines.
- The registered manager completed regular audits. This ensured people's medication administration records (MAR) were complete and correct. The provider had also sought advice from an external pharmacy regarding a medicines audit, the feedback of which had been very positive.

### Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were protected from abuse. The provider had a safeguarding policy in place. Staff had received training in safeguarding and were confident in their capability to identify and report any safeguarding issues.
- People told us staff provided safe care. One person told us, "Yes, absolutely I feel safe. I'm trusting myself to them."
- Safeguarding incidents had been reviewed, logged, and notified to the appropriate authorities.
- Staffing levels were appropriate to meet the needs of people. Staff levels were reviewed if people's needs changed (within both services). People who received care in their own home told us staff never missed calls. If staff were running late, a call would always be made to let people know what was happening. One relative told us their loved one received six calls per day and staff stayed for the full time allocated.
- The provider continued to have a robust recruitment system in place.

### Preventing and controlling infection

- Infection control procedures were maintained. Staff had received training in infection control.
- Adequate amounts of personal protective equipment were available for staff to use. This included gloves and aprons to help prevent the spread of infection.

### Learning lessons when things go wrong

- The registered manager used previous incidents as a point of learning. This helped them to identify where a change in process or approach could be used to improve the level of care and service provided.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff had the appropriate skills and experience to care for people. Newly recruited staff completed an induction programme which included privacy and dignity and first aid. We received mixed feedback from staff regarding training. Comments included, "Training is good and up-to-date," and, "Training could be better, more detailed maybe."
- The training matrix identified some staff had not undertaken repeat training in areas the provider considered mandatory for several years. We spoke to the registered manager regarding this issue and they took immediate action to source refresher training for those staff involved.

We recommend the provider incorporates a review of staff training dates into their governance process. This will support early recognition of any training which needs to be refreshed in line with recommended guidelines.

- People we spoke with told us staff had the right level of skills and experience to care for them safely. One person told us, "Oh yes, they definitely know what they are doing. Every single one of those girls are wonderful."
- Staff had received formal supervision sessions, which was further supported with a yearly appraisal. Staff we spoke with confirmed this.

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

- People needs were assessed prior to receiving care and support. This was carried out in line with best practice and guidance.
- People and their relatives (where able), were involved in the creation of care plans. People's care plans included details of how staff should support and care for each person in the way they wished to be cared for.

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

- People enjoyed a varied, healthy and balanced diet. People's specific dietary needs were catered for. People had access to snacks, fresh fruit and could either request, or make their own drinks for themselves and others, throughout the day.
- People told us they enjoyed the food staff prepared for them and one person told us, "Yes the food is lovely, I am a vegetarian and they cater for me." For those people who were supported by staff in their own home, people told us staff prepared their food for them in the way they wanted.
- Where necessary, people's weights were checked. If any concerns were identified with people's eating and drinking, they were referred to the appropriate healthcare professionals.

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

- People received care which was consistent for their needs. The registered manager and deputy manager had formed good relationships and worked with external healthcare and social care professionals including, psychiatrists, Speech and Language Therapy team (SALT) and people's social workers.
- Each person held an up-to-date hospital passport. These contained important information about each person should they be admitted to hospital.
- People had regular appointments with their GP and dentist. One staff member told us, "I speak to [Person's name], SALT team all the time, I make appointments for them to make sure everything is up-to-date and correct."
- Staff knew people well and knew if people were poorly. They told us they would not hesitate to contact people's GPs for advice if required.

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

- The home had been adapted, furnished and decorated in such a way to create an environment which was homely and which encouraged people to socially interact with each other. Throughout the inspection we saw people gathered together in the lounge area either chatting or watching TV.
- People's bedrooms were decorated and personalised to their wishes.
- People had access to an outside area at the rear of the home. On the day of inspection one person had chosen to sit outside and play their guitar. They were joined by another person who began dancing to the tunes being played.

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, 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made when needed. Where people lacked capacity, records showed where decisions had been made in people's best interests. The registered manager told us, no one receiving care in their own home was subject to a deprivation of their liberty via a Court of Protection order.
- Staff had a good understanding of the mental capacity act and were able to explain their understanding of people's capacity.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives said staff were very caring, both within the home, and out in the community. People's comments included, "Staff are very caring with me - lovely staff. They are very nice," and, "[Staff name] is lovely with my husband and me. If they are passing the shops on their way to us, they will pick up milk and yoghurts for me, to save me going out."
- Staff were genuine and caring during their interactions with people. People were kind and compassionate to each other. Whilst chatting to people in the lounge area, the inspector heard one person asking if anyone would like a drink. This person returned with various drinks for people to enjoy.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. This was evidenced during the inspection. One person told us, "When I first came here, I would stay in bed. Staff would encourage me to get up. They would come in to see me and then come back later. This has helped me get into a routine and I am grateful for that."
- Staff were able to describe to us the importance of upholding people's dignity regardless of the task involved. Staff were able to provide examples of how they would do this, whilst explaining the effect this approach had on people. One relative told us, "[Staff name], is very good at encouraging [Person's name]. They have a good rapport and their encouragement means a lot to [Person's name]."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff discussed their care with them and they felt included and listened to at all times.
- Care plans included how people wished to spend their day. They described how staff could support them to achieve this, either on their own or with a level of staff support.
- Information regarding advocacy services was available for people to access should they require this support and it was available in easy read format to meet people's needs.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received care based upon their own individual preferences, personal needs and desired goals.
- Care plans were reviewed on a regular basis with people. One relative shared with us, how following a review, additional equipment was provided for their family member.
- The registered manager shared with us how their and their staff's approach had been very successful in supporting one person to achieve a greater quality of life and far greater independence. We asked this person how they felt about the care they had received, and they told us, "My well-being has improved since being here, I like living here, everyone is so lovely, and it is a lovely and pleasant environment."

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

- People were supported to engage in activities which were important to them. Activities included getting out and about in the community. On the day of inspection one couple were off out for the day to the town. We asked what they would be doing, and they told us, "We are off to get a new bus pass, [Person's name] has lost theirs and we need to get a new one."
- One person told us how they had taken another person living at the service to visit the circus recently. Both people were able to share with us how they had not only enjoyed the circus, but also how they enjoyed each other's company. Another person told us they were a regular visitor to the local coffee shops located near the service and they really enjoyed getting out and about.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. No complaints had been received since the last inspection.
- People and relatives told us they had not raised any concerns or complaints. They said they would be confident to do so, and they knew who to speak to if needed.

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.

- Pre-assessments were used to recognise each person's specific communication needs. This was reflected within each person's care plan.
- Documents were available for people to read in easy read format. This supported people to understand the document content.

#### End of life care and support

- Care plans for people living in the care home included people's funeral wishes. They did not contain people's end of life wishes. Care plans for those people living in the community did not include any reference to end of life wishes. The registered manager agreed to review this part of people's care plans to ensure where known, people's wishes were included.
- At the time of inspection, no one was receiving end of life care. The registered manager told us however, if there was a change in people's needs, staff would receive the required training to care for people correctly.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager and deputy manager carried out a variety of audits to check the quality of care and service provided. These checks were completed on a monthly basis. Audits seen confirmed issues identified had been actioned and signed off as completed.
- The registered manager had notified CQC of incidents in line with regulations and their legal responsibilities.
- All of the staff we spoke with told us they enjoyed working at the service. They were very proud of the care they delivered and were proud of how well people got on together. One staff member told us, "All staff do their best for each resident, making sure they get person-centred care."
- The registered manager had not attended any network meetings or forums for managers within the local area. They told us this had been due to a lack of time. However, they did share with us how they had been approached by the local authority to do a presentation at a local meeting. This request was regarding how their service had improved and how that had been achieved. The registered manager did acknowledge local forums were a good source of information and sharing of best practice, and this was something they would look into attending in the future.

Continuous learning and improving care

- The registered manager was currently in the process of transferring all care plans, staff information and training onto a new computerised system. They told us they felt this new way of working would create a more efficient way of working and would provide a greater oversight in terms of any analysis and updating of care plans.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager fully considered any matters which were drawn to their attention. They worked in partnership with other agencies and ensured people and relatives were well informed. They were open and honest if things had gone wrong which included offering appropriate apologies.
- Staff spoke highly of the registered manager and deputy manager and they said they felt valued. They told us they were approachable and encouraged feedback and they listened to any concerns they had.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had sent out surveys to people and staff and feedback had been positive. During the inspection we asked people if they felt anything could be better with the service, their comments included, "Improve, no I don't think so. It's one of the best places. It is very homely, and you wouldn't think it was a care home," and, "No, nothing at all, the carers who come are great."
- The registered manager had not held any formal team meetings. However, they met with staff each day during daily handovers where important information and updates were shared. The deputy manager was also in regular contact with staff who were working in the community.