The Mellows Limited

The Mellows

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection that took place on 29 June and 1 July 2016

The Mellows is a residential care home that provides accommodation and personal support for up to fifty older people who have a range of nursing, and other care needs associated with old age. On the day of inspection 45 people were using the service.

The home had a registered manager. 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 and associated Regulations about how the service is run.

At this inspection the home did not meet all the regulations. You can see what action we have asked the provider to take at the back of the full version of this report.

The registered provider had failed in their duties to ensure they met their legal obligations in reporting to the Care Quality Commission all safeguarding incidents which had occurred at the home.

People lived in a service where the premises and equipment had been improved to keep them safe, and further improvements had been planned.

People and their relatives told us the home provided a relatively good service. They found that staff were caring, attentive and provided the care and support they needed in a friendly and kind way.

Staff were provided with appropriate training courses to ensure they had the required knowledge and skills to meet people's care needs.

The service had not always carried out regular supervision and appraisal to ensure that staff had the support required.

People's mental capacity assessments were inadequately completed. There was a risk that people's capacity was not assessed in a way that met their needs

People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, and GPs as required.

People were protected from risks associated with nutrition and hydration and had balanced diets that also met their likes and dislikes.

There was some improvements to social activities on offer for people who lived at the home.

The service was run by a competent manager with input from the provider, who demonstrated a commitment to make improvements where necessary. Areas for improvement should continue to be identified to drive quality in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were enough staff on duty to meet the needs of people who used the service with the correct skills and experience.

People lived in a service where the premises and equipment had been improved to keep them safe, and further improvements had been planned.

Staff had knowledge of the potential signs of abuse to people and helped people to minimise risk of harm.

The provider had followed safe staff recruitment procedures to ensure that newly employed staff had the skills and knowledge to support people with their needs.

People received their medicines safely and in line with their prescriptions.

Is the service effective?

Requires Improvement

The service was not always effective.

The service did not provide staff with regular supervisions and appraisals, which meant they were not fully supported to develop in their role.

The Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager and staff. However, where a person lacked capacity, the correct processes were not in place so that decisions could be made in the person's best interests.

Staff were provided with appropriate training courses to ensure they had the required knowledge and skills to meet people's care needs.

The service supported people as necessary with their nutrition needs. People were assisted to access healthcare services as required.

Is the service caring?

Good

Staff were caring.

People who lived at the home, relatives and visitors were positive about the staff who worked at the home.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were in place for each person who lived at the home. There was evidence relatives were consulted with when developing the plans. However care plans did not always consistently reflect people's life stories.

Complaints that had been received had been investigated and responded to, to people's satisfaction.

There were some improvements to social activities on offer for people who lived at the home.

Is the service well-led?

Requires Improvement

The service was sometimes well led.

The service was managed by a competent manager with input from the provider, who demonstrated a commitment to make improvements where necessary. Areas for improvement should continue to be identified to drive quality in the service.

The registered provider had failed in their duties to ensure they met their legal obligations in reporting to the Care Quality Commission all safeguarding incidents which had occurred at the home.

The registered manager had good working relationships with the staff team. Staff and relatives commended the skills of the registered manager.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

The Mellows

Detailed findings

Background to this inspection

This was an unannounced inspection that took place on 29 June and 1 July 2016. The inspection team consisted of two inspectors. One inspector returned on the second day.

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At this inspection the home did not meet all the regulations.

The registered provider had failed in their duties to ensure they met their legal obligations in reporting to the Care Quality Commission all safeguarding incidents which had occurred at the home.

People lived in a service where the premises and equipment had been improved to keep them safe, and further improvements had been planned.

People and their relatives told us the home provided a relatively good service. They found that staff were caring, attentive and provided the care and support they needed in a friendly and kind way.

Staff were provided with appropriate training courses to ensure they had the required knowledge and skills to meet people's care needs.

The service had not always carried out regular supervision and appraisal to ensure that staff had the support required.

People's mental capacity assessments were inadequately completed. There was a risk that people's

capacity was not assessed in a way that met their needs

People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, and GPs as required.

People were protected from risks associated with nutrition and hydration and had balanced diets that also met their likes and dislikes.

There was some improvements to social activities on offer for people who lived at the home.

The service was run by a competent manager with input from the provider, who demonstrated a commitment to make improvements where necessary. Areas for improvement should continue to be identified to drive quality in the service.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection of The Mellows on 03 March 2015, we found that the first floor facilities of the service meant that people did not live in a suitable and safe environment. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities)
Regulations 2014. At our focused inspection on 29 July 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 15 as described above.

During this inspection we found that the premises and equipment had been improved to keep people safe but that the refurbishment was still to be completed and therefore further improvements were required. One relative told us, "This place has improved immensely, my [Named] has had their bedroom refurbished completely."

Upstairs in the corridor and lounge areas, there were small holes in the floor, in the corridor area an area underfoot felt very uneven. When we brought this to the attention of the provider, the small holes were immediately covered and they told us that the flooring was still to be changed as part of the refurbishment programme.

The service had completed phase one of the programme but had yet to start phase two. We recommended that the provider continue to make improvements to the first floor corridor flooring at the earliest opportunity. The Manager told us that the contractor was booked to replace the flooring by the end of July 2016

People told us they felt safe living at the service. One person commented, "I feel safe here." Another person said, "I feel safe, it's nice and safe here." Staff also said they felt the home was safe. One staff member told us, "[People are] safe. We are person centred and know what people's needs are including their risk assessments." Another care worker said, "Everything is checked, the carers make sure they are all safe."

Staff we spoke with demonstrated a good understanding of safeguarding, including how to report concerns. They were able to give us examples of various types of abuse and the potential warning signs to look out for. For example, changes in personality such as becoming quieter than usual or withdrawn. We looked at five previous safeguarding concerns and saw they had been dealt with in line with the agreed procedures. Appropriate referrals had been made to the local authority safeguarding team, but the registered manager and provider were not aware that these should have been reported to the Care Quality Commission.

We discussed this with both the provider and registered manager who assured us that these notifications would now be sent.

People's care records contained risk assessments that related to their needs. We saw a range of risk assessments including people who were at risk of developing pressure ulcers and people with risks related to mobility and falls. The care plans did not always contain detailed information to guide staff on the best

way to support the person to reduce the risks identified in the risk assessments. Staff were able to demonstrate an understanding of how people needed to be supported but additional details in the care plans would give staff the necessary information so that people could be confident of receiving care consistently from all members of staff. One person had sustained five falls in 2016, with falls in February, March and June 2016 yet their risk assessment for falls had not been updated since February 2016.

We saw there were records showing regular checks were carried out to ensure the fire alarms were fully operational and staff knew the correct procedures to follow. Each person had a personal emergency evacuation plan (PEEP) in place, which detailed their mobility status and any other medical conditions, which would affect their ability to leave the building in case of an emergency.
We looked at the staffing rotas and found there were sufficient staff on duty to ensure people's needs could be met safely. Staff were busy; however, we did not see any evidence that people had to wait for attention when they required it.

We observed call bells being answered in a timely manner throughout the day we were in the home. People we spoke with confirmed they were attended to quickly and did not have to 'wait long' for a member of staff to arrive when they called.

One person told us, "They come quickly when I buzz." We also checked call bells and found that three out of five bells did not work. When we discussed this with the manager, they came with us to test the bells and all three bells worked. As we were concerned that the fault may be intermittent, the manager told us she will change the call bells and contacted the contractor to visit.

We looked at the recruitment processes which were in place. We reviewed the recruitment records for five staff and saw the provider had systems in place to recruit staff that helped to keep people safe because relevant checks were carried out before newly recruited staff were employed. This included Disclosure and Barring Service (DBS) checks to confirm that an applicant was not prohibited from working with people who needed care and support.

The manager had systems in place for the safe receipt, storage and administration of medicines. People's medicines were stored securely. When people had medicines prescribed on an 'as required' basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. We observed a senior member of staff completing the medication round. The staff member was competent administering people's medicines and talked to people politely and respectfully, engaging them in conversation to put them at ease. Water was provided to support people to take their medicine in comfort and people were given enough time to take their medicines without being hurried.

The manager had appointed a medication officer who took overall responsibility in this area, they carried out weekly and monthly audits. The manager also carried out audits to ensure medication systems were effective.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was not fully following the MCA code of practice. A mental capacity assessment should be carried out to assess people's capacity to make certain decisions. People who do not have capacity to consent to any area of their care and treatment should be supported by relatives, health or social care professionals in their best interest.

The registered manager understood the process for making DoLS referrals where required. Staff had undertaken MCA and DoLS training and were able to explain about people's capacity to make decisions and demonstrate an understanding of DoLS. Some people had not had their mental capacity assessed. This might lead to people losing the right to make their own decisions in respect of their care and treatment.

We spoke with staff about their understanding of the principles of the MCA and how they supported people with decision-making and giving consent. Staff were able to demonstrate how they helped people make decisions in their day to day lives. For example, one member of staff told us, "We will explain things in words they can understand and show people things to help them make a choice." Another member of staff told us, "We get clothes out, let them touch them, they have their favourites. One person loves to wear trainers".

Despite training in the MCA and DoLS, we found instances where people's liberty and rights were restricted and relevant assessments of mental capacity had not been undertaken. For example, some people had bed rails attached to their bed and one person had their lap belt fastened. We observed that this person tried to get up several times. When we spoke to staff they told us this person was at high risk of falls and unable to stand without support from staff. Staff were observed taking the person to the sensory room and out into the garden. We found that risk assessments had not always been undertaken to determine the reasons for this nor any consideration of whether people had the capacity to consent to having bed rails or the lap belt in place.

Whilst these actions may have been in people's best interests and represent the least restrictive option available to keep people safe we found that mental capacity assessments and subsequently DoLS applications had not been completed which were necessary in order to deprive a person of their liberty lawfully in accordance with the legislation.

We spoke with the registered manager about our concerns. The registered manager acknowledged that the MCA assessments should have been in place. They assured us that they would undertake action to get the capacity assessments done within the next few weeks. When we visited the service on the second day of inspection, the manager was able to show us that she had started this process. The manager had already completed a mental capacity assessment for the person with a lap belt and met with the person's next of kin to support the decision making process in the person's best interest.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that staff did not receive regular appraisal and supervision. Records showed that some staff had not had any supervision in 2016. There were no appraisal records available for some staff. The manager told us that the supervision sessions and appraisals were now being carried out by the provider but were not complete. Some staff had received supervision in 2016 but these were mainly reactive in response to poor performance.

We asked staff how often they had supervision. Some staff said they were supervised every two months and others every six months. We were not clear how often the supervision was happening. This meant that staff were not provided with regular one to one meetings to discuss their performance and to reflect on their practice in order to be able to carry out their duties as required.
The provider was not following their policy, which stated staff should receive four to six supervisions annually.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people with their nutritional needs as necessary. Staff were aware of people's individual dietary requirements, including people who required their food to be a certain consistency. Staff completed appropriate risk assessments for people who were at risk of malnutrition and dehydration and needed support to eat and drink. For example, one person who needed staff to assist them was also given cutlery to use. This meant that the person could retain as much independence as possible whilst being assisted.

People told us they were only offered one choice at lunchtime, and on the day of inspection, most people's meals were plated and served although we did see one person eating a salad. People were asked the day before what they wanted, this might be difficult particularly for people living with dementia. When we asked staff about this they told us they would provide an alternative on the day if people did not want what they had chosen the day before. People and their relatives had mixed views about the food. One person told us, "The food is repetitive not a lot of choice." Another person told us, "I find the food excellent. I eat everything". A third person told us, "They will always make you something else if you don't like what's on the menu". A relative told us that their relative was provided with a vegetarian diet. We also saw that people were asked about the menu in meetings held with people in the service.

Staff monitored people's weight monthly. Staff asked for health professional's advice and support where necessary to ensure that people's needs were addressed appropriately. For example, one person had lost weight in hospital and was referred to the dietician. Another person had seen the speech and language team and was advised to follow a soft diet. The person's risk assessment was updated and we saw this diet being followed on the day of inspection.

Upstairs on the dementia unit we saw bedroom doors had different scenes on to support people to recognise their room, one door had a fish scene because the person liked fish, another had a forest scene. People's bedroom had their names on in clip frames located outside their rooms. Downstairs people also had names on their doors but the print was small and not easily seen, the manager told us that they intended to change these to be more visible to people.

The adaptations and design of the premises met people's needs, but improvements needed to continue so that the premises were used effectively.

Good

Is the service caring?

Our findings

People and their relatives told us that staff had a caring approach. One person said, "It's nice and friendly here. Not too bad." Another person said, "The staff are very good, very helpful." Relatives we spoke with were also positive about the staff. One relative told us, "The staff are very friendly." Another relative said, "It is the same staff for the three years I have been visiting, it might not be the prettiest place in the world but staff look after people."

We saw that staff spoke about people in a caring way and displayed warmth when interacting with people. We saw staff encouraging and supporting people, taking their time and working at people's own pace. We saw one person being supported to move using a hoist, the staff members were gentle and reassuring and the person appeared calm and relaxed throughout. One person became upset and anxious and we observed staff supporting the person in a calm way. When the person did not immediately relaxrelax, staff used distraction and took the person for a walk, this appeared to have the desired affect and the person became more settled.Wesettled. We also observed a person walking with their shoes undone. A staff member immediately went to do their shoes up and noticed they were on the wrong feet so swapped them around first.

When speaking with staff they demonstrated an understanding of the needs of people who used the service. The staff group were stable and it was clear from the discussions we had that this contributed to the caring relationships that had been developed. Staff we spoke with spoke confidently about the needs of people who used the service. They were able to describe people's preferences, likes and dislikes. They had an understanding of people's preferences and were familiar with families and other visitors to the home.

At lunchtime, people were escorted safely to the table and asked where they wanted to sit. Everyone had drinks on the table within reach. Staff helped people cut up food and asked permission before doing this and staff asked if people had finished before removing plates. When they had served everyone their meals, staff sat with people and used this as an opportunity to chat with the people sitting around them.

People were supported to maintain relationships with friends and family. People's friends and relations were welcome to visit and we saw visitors on the day of our inspection. We saw relatives spending time with their family members in communal areas. One relative we spoke with said, "They make me feel welcome.". The manager explained that they had an informal policy to restrict the number of visitors around mealtimes so not to distract people from their meals and to maintain a homely and relaxed environment. The manager also explained that if relatives or visitors needed to visit at lunchtime they would arrange for them to visit or eat with their relative in their room or a separate area.

People told us that staff treated them with dignity and respect. One person said, "They are respectful here, I go to bed when I want." We saw that staff were polite and respectful and ensured they treated people in a dignified manner. When it was necessary to have a conversation about personal matters staff ensured they did so in a discreet way. People's privacy was respected and some people chose to spend their time in their bedroom. One person told us, "Best thing about the place is my privacy, I like to be on my own."

We spoke to the visiting hairdresser who told us, "Staff are lovely, very attentive and kind." She told us that she has been coming to the service for a long time and had a good understanding of people's needs. She told us about a person who previously had been a hairdresser, the person was very relaxed in the hairdressing environment and would often be brought in by staff.

Requires Improvement

Is the service responsive?

Our findings

At our comprehensive inspection of The Mellows on 03 March 2015, we found that there was a lack of activities on offer for people especially on the first floor. We followed this up at our focused inspection on 29 July 2015 where the manager told us they were advertising for an activity organiser.

During this inspection we saw activities being delivered on the first floor however, some people and relatives we spoke with still felt there was a lack of activities available for them.
One person told us, "There is not much to do but I don't want anything to do." Another person told us, "It can be boring." A relative told us, "I have mentioned this, as they still do not have an activity organiser, there seems to be a lot happening today though."

During our inspection, staff provided a variety of different activities including dancing and exercise to music. People downstairs were not as occupied, staff told us that activities took place regularly in the home that included listening to music, singing and sitting out in the garden. We also saw that people were going out more often and had been on regular visits to the memory café, visited high beech, Hainault Park and a hunting lodge.

The manager told us they had increased outings in response to feedback from previous meetings with people who use the service and relatives. They also told us that they still had an advert out for an activity organiser so they can increase the levels of activities day to day. The manager told us that she had appointed a person following the last inspection but they had subsequently taken a care worker role. The manager allocated specific staff members daily to deliver activities to people.
There was also a sensory room and an activity area in the home that staff used to support people with activity and occupation.

People's needs were assessed before they moved into the service. Care plans were then developed to meet people's daily needs based on their assessed preferences. Care plans were developed in areas such as mobility, personal hygiene, skin integrity, continence, mobility and nutrition to ensure people's needs were met and contained evidence of people's preferences.

While each of the care plans we looked at contained a document where people's life story could be recorded, the information recorded for some was limited. For example, much of the document was blank for one person who was living with dementia. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life histories can also aid staff's understanding of individual personalities and behaviours. The person told us they liked knitting but did not have any knitting to do. Staff told us the person had only been there for a few weeks and they were waiting for family to support them with providing information.

We asked people what they would do if they had a concern or complaint about the home. One person said, "Never had to make a complaint, if I needed to I would tell my daughter and she would do it." A relative said, "I was a not satisfied with my relatives room but this has improved."

Another relative said, "I have never had to make a complaint but I would go to [Named manager] if I needed to."

The manager understood the policy and procedure in the event anyone wished to raise a complaint. They told us any complaints were recorded and followed through and complainants were asked to sign to say they were happy with how the complaint was dealt with. This was evidenced in the complaints file. This demonstrated that the registered provider had an effective complaint system in place. We also saw a number of compliments recorded for the service.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in place. People and relatives we spoke with told us that they knew who the manager was and what their role was within the service.

Prior to the inspection taking place, we analysed data held upon our system about the registered provider. We noted the home was at risk of under-reporting incidents which are notifiable to the CQC. During the inspection we identified five safeguarding incidents which had not been reported to the CQC. We spoke to the registered manager and registered provider about these incidents and they acknowledged that they had been unaware about reporting them.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered provider had failed to report notifiable events as stated in the regulations.

We also identified an area that had not been detected as part of the provider's quality assurance system. This included the presence of MCA assessments during audits of people's care plans. The manager responded immediately to this shortfall and provided us with evidence the following day that they had begun assessing people's capacity and providing evidence that supported best interest decision making.

Staff said that they found the registered manager to be supportive and approachable. A staff member said, "The manager and team leaders are very supportive." Another member of staff said, "The manager is lovely I have known them for years. The provider is very approachable too. The manager knows if there is a problem."

Staff told us they felt supported and communication between the team was good and we saw that regular staff meetings had taken place. However, staff supervision and appraisal was not consistent and workers did not receive regular supervision. When we spoke with staff they were not all aware of when or how frequently they would receive supervision. We were told by the manager that due to the extensive refurbishment of the home this area had lapsed and the provider was now supporting the manager in this area by starting a plan of supervision and appraisal.

The atmosphere of the home was warm and welcoming and teamwork and consistent staff played an integral part in the running of the home. On the day of inspection we saw staff supporting each other to deal with a challenging situation. This enabled staff to be more effective and reduced the risk of staff becoming stressed.

People and relatives were given opportunities to make suggestions and comments to improve the service. The purpose of these meetings was to enable people to have 'a voice', to discuss and raise issues important to them. Minutes of the meetings were readily available and provided evidence of topics discussed and actions taken where appropriate. This meant that appropriate systems were in place to enable people to be involved with the service in a meaningful way.

The manager told us that the views of people and those acting on their behalf were sought at regular intervals. There were also surveys for staff and visiting professionals. Records showed that a survey was completed recently and the manager used questionnaires in the residents meetings to ask for feedback. A visiting professional had recently recorded, "Seniors have a good depth of knowledge."

There was evidence of internal weekly and monthly quality audits and actions identified showed who was responsible and by which date. Audits included; medication, maintenance, infection control, health and safety and care practice. We also saw a detailed project plan for the continued refurbishment of the service and an external medication audit by the medication provider. We noted that the internal medication audit had picked up an omission of a signature on the MAR and had taken appropriate action.

The manager had also created a high risk handover file, this recorded any person considered high risk in any assessed areas were discussed daily with staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed in their duties to ensure they met their legal obligations in reporting to the Care Quality Commission all safeguarding incidents which had occurred at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager and staff. But, where a person lacked capacity, the correct processes were not in place so that decisions could be made in the person's best interests.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not provide staff with regular supervisions and appraisals, which meant they were not fully supported to develop in their role