

M Rashid

Melrose House

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Melrose House is a residential care home providing accommodation and personal care to people aged 65 and over. At the time of the inspection there were 21 people living at the service. The service can support up to 34 people. The care home accommodates people in one adapted building.

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

Quality assurance and governance arrangements at the service were not as reliable or effective as they should be in identifying shortfalls in the service. Improvements were required to the service's recruitment practices and procedures. Not all staff had received training or up to date training to ensure they were skilled and competent. These areas had not been picked up by the service's quality assurance arrangements.

Risks were identified and recorded. People told us they were safe and suitable arrangements were in place to protect people from abuse. People were protected by the service's prevention and control of infection practices and from the risk of transmission of COVID-19 and other infectious diseases. The environment was clean and odour free.

Staff felt valued and supported by the management team and received regular supervision. The dining experience for people was good and people received enough food and drink of their choice to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. 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.

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

Rating at last inspection

The last rating for this service was Good (published March 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and

Well-Led sections of this full report.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Melrose House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff, the registered manager and registered provider. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment, induction and staff supervision. We also reviewed the service's staff training arrangements. A variety of records relating to the management of the service, including quality assurance records and the service's policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted six relatives through email about their experience of the care provided and received four responses.



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 now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider's recruitment practices required improvement. There was no Disclosure and Barring Service [DBS] certificate for one person. There was no information recorded or available to demonstrate the 'Adult First' or 'Update Service' had been checked. The 'Adult First' check is a service that allows an individual to be checked against the adults' barring list. The 'Update Service' check allows organisations to see if any relevant information has been identified about an individual since their DBS certificate was last issued.
- The correct level of DBS was not completed for one member of staff. The member of staff had a 'standard' and not 'enhanced' level of disclosure completed. The latter is suitable for people working with vulnerable adults who are receiving healthcare or personal care provision.
- Gaps in employment were not routinely examined and one staff member's employment start, and end dates were not recorded. The proof of identification for one member of staff was not decipherable to confirm the documents accuracy.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Relatives told us it was difficult to confirm if staffing levels at Melrose House were appropriate or not as they had not been properly able to visit their family member until recently.
- Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people living at Melrose House.
- People's dependency needs were assessed, and this information was used to inform and determine the service's staffing levels.
- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff responded to people's needs in a timely way.

Learning lessons when things go wrong

- Although safety concerns were identified and reviews completed, evidence and actions relating to the necessary improvements required to be made, had not been monitored and addressed to support improvement.

Systems and processes to safeguard people from the risk of abuse

- We saw that people using the service were comfortable in the company of staff who provided support.

- Four relatives confirmed they were assured their family member was safe. One relative told us, "I feel [relative] is safe and I have no concerns regarding their well-being."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns to the management team and external agencies, such as the Local Authority and Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks for people were identified and recorded in relation to their care and support needs.
- Risks relating to the service's fire arrangements were monitored and included individual Personal Emergency Evacuation Plans (PEEP) for people using the service.
- Risk assessments were completed for people using the service but not for all staff in relation to the risks posed and presented by COVID-19. The registered manager provided assurance that this would be addressed following the inspection.

Using medicines safely

- People told us they received their prescribed medication as they should and were happy to have this administered by staff.
- We looked at the Medication Administration Records [MAR] for eight people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as stipulated by the prescriber.
- Medication audits were completed at regular intervals and demonstrated a good level of compliance.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider was admitting people safely to the service and using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff and promoting safety through the layout and hygiene practices of the premises.

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 has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The staff training matrix was not up to date and records showed not all staff employed at the service had received mandatory, refresher or specialist training relating to the needs of people using the service.
- Not all staff had received 'practical' moving and handling training, despite several people using the service requiring support from staff to mobilise and transfer safely. The impact of this had resulted in an incident whereby staff had used incorrect moving and handling equipment when supporting a person to mobilise. The lack of proper training for staff had resulted in the person sustaining an injury and placed others at risk of not having their moving and handling needs met safely and to an appropriate standard.
- Not all staff involved in the administration of medication had received appropriate training or had their competency assessed. This was despite learning from medication errors citing additional training was required.
- Robust induction arrangements for staff were not in place. Staff had not received an 'in house' induction. Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework [QCF] and had limited experience in a care setting, staff had not commenced or completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us they felt supported and received regular formal supervision. Records were in place to support what staff told us. However, where areas for improvement were highlighted, action plans were not completed to evidence how these were to be monitored and actioned.

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

- People's needs were assessed prior to their admission to the service. People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- People's feedback about the quality of the food provided was positive. Comments included, "The food here

is lovely", "I cannot say anything bad about the food or meals" and, "The food is good."

- Observations demonstrated mealtimes were a sociable experience for people using the service. People were not rushed to eat their meal and where appropriate received the support they needed to eat their meal.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice, such as the dietician or Speech and Language Therapist [SALT].

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

- The service worked with other organisations to ensure they delivered joined-up care and support. People's healthcare needs were monitored, and action taken to address any changes in their health.
- People told us they were kept informed and updated about their relative's healthcare needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- People's ability to make a specific decision had been assessed and best interest assessments completed.
- Staff were observed offering people choices and seeking their permission before commencing support.
- Staff received training relating to MCA and DoLS and were able to demonstrate a basic understanding of the main principles and how this impacted on people using the service.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The quality assurance and governance arrangements in place were not reliable or effective in identifying risk and shortfalls within the service. The lack of oversight and monitoring at both provider and service level has led to a deterioration in the service.
- Improvements were required to ensure the service's quality assurance processes were effective. We identified improvements required at this inspection relating to staff recruitment practices, staff training and induction. This had not been picked up by the service's quality assurance arrangements by the registered provider or registered manager. Audits and checks in place had failed to identify and address the concerns found as part of this inspection or to help drive improvement and lessons learned.
- Not all relatives felt there was effective communication at the service. For example, there were times when they did not always receive a response to emails and had to contact the registered manager again. Relatives also commented they would like regular emails and newsletters to provide ongoing news and updates.
- Statutory notifications which the service is required to send us were not routinely raised with the Care Quality Commission. For example, the Care Quality Commission were not advised when the service's passenger lift was not operational and when one person using the service sustained an injury as a result of inadequate moving and handling practices by staff. Following the inspection and at the request of us and the Local Authority, a retrospective statutory notification and safeguarding alert was submitted.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff were clear about their roles and day to day responsibilities. Allocation sheets were newly implemented for both day and night staff. Three members of staff had completed online advanced Infection Prevention and Control [IPC] training and were the service's IPC champions. This meant they took a lead role in ensuring the service's IPC arrangements were robust and monitored staffs practice.

- Relatives were complimentary regarding the level of care provided at Melrose House. One relative told us, "I believe that the overall quality of care and support given to my [relative] is good. I have observed some members of staff treating [relative] with real kindness." Another relative told us, "The quality of care is adequate, and I am happy with the service provided."
- Not all relatives knew who the registered manager was or who to speak with if they had concerns.
- Arrangements were in place for gathering people's and relatives' views of the quality of service provided through the completion of a questionnaire. This was completed in 2020 and 2021 and demonstrated mostly positive comments.
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and were able to discuss a range of subjects and topics.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations to support care provision and joined-up care.

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 17 HSCA RA Regulations 2014 Good governance Effective arrangements were not in place to assess, monitor and improve the quality and safety of the service provided and improvements were required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective arrangements were not in place to ensure all records as required were in place relating to recruitment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Robust arrangements were not in place to ensure staffs training was up to date and newly employed staff received an induction.