

AHR Homes Ltd

Melrose House

Inspection report

90 Melrose Avenue
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Milton Keynes
MK3 6PP

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Melrose House is a small residential care home that can provide personal care for up to three people. At the time of the inspection two people were permanently living at the service and one person was using the short stay respite facility.

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

Right 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.

People received care and support in a safe, clean, well equipped, well-furnished and well-maintained home.

Staff supported people to make decisions following best practice in decision-making. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Staff supported people to access health and social care services. Staff supported people with their medicines safely and in their preferred way.

Right Care

People received care that was person-centred, and dignity, privacy and human rights were promoted. Staff communicated with people in ways that met their individual needs.

People received kind and compassionate care. Staff understood and responded to people's individual needs. They protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

People's care plans reflected their needs and wishes and promoted their wellbeing. Risks that people may face were appropriately managed, balancing people's rights.

Right Culture

The ethos, values, attitudes and behaviours of the registered manager and staff team ensured people lead confident, inclusive and empowered lives.

People received good quality care and support because trained staff and specialists could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The registered manager and the staff team ensured people received support based on best practice, respect and inclusivity.

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

Rating at last inspection

This service was registered with us on 20 March 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the provider's registration date.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 carried out by one inspector.

Service and service type

Melrose House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Melrose House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are

often out, and we wanted to be sure there would be people at home to speak with us. The inspection activity started on 23 August 2022 and ended on 24 August 2022. We visited the service on 24 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with people who used the service. Some people were unable to talk with us and used different ways to communicate including gestures and body language. We observed interactions between people using the service and staff throughout the inspection visit.

We spoke with two staff members, including the registered manager the relative of a person using the service and a social care professional. We reviewed two people's care records and medication records and two staff files in relation to recruitment, training, supervision and support. We also reviewed quality assurance audits, and the providers policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the registered manager and staff understood how to protect them from abuse. The service worked with other agencies to do so and followed local safeguarding protocols when required. A relative said, "I have no doubt that [Person] is completely safe at the home, the staff are very dedicated and professional."
- Staff received safeguarding training on how to recognise and report abuse and knew how to apply it.
- The registered manager kept clear records of safeguarding concerns and had completed investigations when required.

Assessing risk, safety monitoring and management

- Risk to people's safety were assessed and plans were put in place to minimize the risks. For example, supporting a person to independently use public transport with the remote support of staff.
- All aspects of the home environment had been assessed for potential risks. People had personal emergency evacuation plans (PEEP's) in place in the event of a major emergency requiring evacuation. Records showed fire drills were routinely completed.
- Checks were completed on the fire, gas, electrical and water systems as scheduled.

Staffing and recruitment

- There were enough staff available to ensure people's support needs were continually met.
- Employment checks were carried out on new staff to ensure they were suitable and had the right character and experience for their roles. This included checks with the Disclosure and Barring Service (DBS), which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff received training on the safe administration and storage of medicines, which also involved having their competency to administer medicines assessed. This ensured staff followed the medicines policy and provided the right support for people to safely take their medicines.
- The registered manager completed routine medicines audits, to check staff continually followed the systems and processes to administer, record and store medicines safely.
- We saw that people's medicines were safely stored away.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- No visiting restrictions were in place, a relative spoke of how staff always made them feel welcome when they visited, they commented, "There is always a nice homely feel." A social care professional that visited people using the service also commented on how visitors were made to feel welcome and on the homely atmosphere.

Learning lessons when things go wrong

- Systems were in place to records and monitor accidents, incidents and safeguarding concerns. Records showed the registered manager had taken appropriate action in response to a safeguarding concern that had been raised. Learning had been shared with staff to ensure they were able to mitigate the risk of any repeat incident.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Detailed information was gathered prior to people moving into the service to ensure a smooth transition when they arrived. This formed the basis of the detailed care plans that were in place, which staff followed to meet people's needs.
- Time was taken to introduce people considering using the service (on a permanent or short stay respite basis) to ensure they got on well with each other. A social worker said, "[Registered manager] is extremely careful of ensuring the transition into the home is right for the person, and others, they go over and above what is expected. They gave an example, of the registered manager driving several miles from [County] to [County] to collect a person to introduce them to the other people using the service, which had taken several hours.

Staff support: induction, training, skills and experience

- Staff received induction training through completing the modules of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that forms part of a robust induction programme.
- Staff received ongoing training for their roles. This included refresher and specialist training in areas relevant to the people using the service. For example, learning disability and autism, communication, epilepsy and positive behaviour support.
- Staff also received training on meeting the specific healthcare needs of people using the service.
- Staff meetings took place and they received one to one supervision from the registered manager on a regular basis. These provided opportunities for staff to reflect on their working practices and discuss any further training or support needs.

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

- People received support to eat and drink in a way that met their personal preferences as far as possible. A social worker spoke of the positive support the staff were providing to guide a person to follow a healthy diet.
- People were involved in planning their meals, shopping, preparing and cooking their meals.
- Concerns regarding people's nutritional intake or any significant weight gains or losses were promptly brought to the attention of the GP and the dietetic services. For example, the registered manager had recently referred a person who was having difficulty in following a balanced diet and was losing weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had health actions plans in place, which were used to ensure all health needs and appointments were planned, monitored and recorded. This included routine health checks as well as specialist appointments. The staff supported people to attend healthcare appointments.
- When people developed health needs which required further investigation, the registered manager was proactive in ensuring these were acted upon promptly. This included GP and hospital visits.
- Staff supported people to attend care reviews with health and social care professionals, GP, hospital, dental and optician appointments.

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

- The home is a four bedroomed detached property on a residential housing estate. The communal areas were well decorated and spacious. Outside there was a large driveway and a pleasant well-maintained garden and patio area with outdoor seating.
- People's bedrooms were very personalised and decorated in a homely style, suited to people's needs and preferences. Each contained items that reflected people's personalities, hobbies and interests.
- One bedroom had been converted into a sensory room.
- We saw that maintenance schedules were in place and the home was well maintained.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and we saw people being supported to make choices throughout the inspection. A relative said, "The staff show [Person] picture cards to help [Person] make choices."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Relatives and staff told us people were well cared for. One relative said, "I would highly recommend the home, [Person] enjoys it there, they are well cared for and the staff go over and above what is expected of them."
- We observed staff had a calm approach and worked at a relaxed pace when supporting people. They spoke warmly about the people living in the home. One staff member said, "I really do enjoy working here, [Registered manager] is very dedicated to supporting people to live good lives." A social care professional said, "As it is a small home, they [staff] are able to really personalise the care and support that people receive."

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

- People were involved in their care and encouraged to make choices. A relative said, "The staff show [Person] picture cards to help [Person] make choices."
- People's care plans set out in detail how they preferred to receive their care and support.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff were committed to promoting and developing people's independence and life skills. For example, staff supported a person to independently use public transport to attend a work placement. They supported people to complete daily household tasks, preparing and cooking meals, and shopping. They also helped people to build on their reading and writing and numerical skills.
- People's confidential information was stored securely and only shared with other health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 had personalised care plans in place which included information about their personal needs, choices and preferences. People's abilities and strengths were set out along with guidance for staff to follow to support people in the way they preferred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information about their individual communication needs and preferences. This ensured staff knew how to effectively communicate with people. A relative said, "The staff show [Person] picture cards to help [Person] make choices."

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 participate in social and leisure interests and staff had good knowledge of each person's preferences.
- Each person had individual activity plans based on their interests and hobbies. For example, one person played several musical instruments, they also enjoyed knitting on a loom, mowing the lawn and keeping the garden tidy. Another person liked being active, bowling, swimming, playing table tennis, trampolining and going to the cinema. Whilst another person enjoyed more sensory activities, having pamper sessions, and having their hair styled.
- People spent time with family and friends. One family member said, "When I am unable to visit, [another family member] will visit. We are always made welcome." We saw that people visited friends and family, and they also enjoyed going on holidays, on day trips and walks.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and systems were in place to respond to any complaints. The registered manager confirmed that no complaints had been received at the service.

End of life care and support

- There was an end of life policy which would be followed in the event this type of care was ever required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked directly with people and staff and led by example. They were passionate about providing a service that achieved good outcomes for people. They instilled a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt supported by the registered manager. One staff member said, "[Registered manager] is very supportive, she is always available, this is a really nice home to work in." A relative said, "I would recommend the home 100%, they really do go above and beyond."

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

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Policies and procedures were in place to ensure effective running of the service. Systems were in place to continually monitor the quality and standards of the service. This included routine audits and meetings between the registered and provider to discuss the needs of the service.
- The registered manager had effective oversight of all areas of the service and the regulatory requirements and responsibilities were met.
- The registered manager submitted statutory notifications to CQC as and when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff worked in partnership with health and social care professionals involved in the care and treatment of people using the service. Records showed that people had health check-ups, and the registered manager and staff supported people to attend healthcare appointments. A social worker said, "[Registered manager] is very responsive and flexible, they always keep me updated on [Person's] progress."
- Regular resident meetings and one to one support sessions took place, so people could contribute to

decision making. Such as, menu planning, sharing ideas on activities and social gatherings.

- Feedback was sought from relatives informally and through quality surveys. We saw comments from relatives included, 'All staff at Melrose House are friendly and professional. They all have a good understanding of my [person's] very complex needs' and, 'The staff are lovely, [registered manager and staff member] were great. [person] felt at home. They [staff] made [person's] stay very enjoyable. They [staff] are warm and very professional'.
- The registered manager and staff worked in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. A social worker said, '[Registered manager] is very responsive and flexible, they keep me updated on [Person's] progress.'

Continuous learning and improving care

- The registered manager ensured they kept updated on best practice to continually drive improvement at the service.