

Axelbond Limited

Melrose Residential Home

Inspection report

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Leyland
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28 February 2023

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Melrose residential care home is a care home supporting up to 26 older people over the age of 65. Some people living at the home have physical disabilities and some are living with dementia. At the time of the inspection there were 5 people living in the home who were supported with their personal care needs. The building has two floors, with sub floors. Stairs, a lift and two stair lifts give access to each floor. At the time of the inspection the lift was out of operation and people all lived in rooms on the ground floor. There is a kitchen, lounge and dining room to the ground floor and laundry in the basement.

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

Accidents were not always safely managed, and people did not always receive their medicines as prescribed. Fire safety remained a concern with inconsistent testing of equipment and an evacuation plan that could not be implemented with the available staff on site. We had ongoing concerns with the environment and equipment including an inoperable lift and no working extraction fan in the kitchen. Infection prevention and control measures had improved, and the home was clean.

The developing governance system did not address concerns identified by the inspection team. Policies recently purchased were yet to be rolled out across the service.

This was a targeted inspection to review specific areas identified in the ongoing monitoring of provisions at the service. Based on our inspection we found some areas of concern had been addressed but further work was required to address previous issues identified.

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

Rating at last inspection and update

The last rating for this service was inadequate (22 March 2022). The provider sent a report to CQC about the action they had taken to meet regulations and assure the commission, suggested enforcement action was not required. At this inspection we found improvements had not been consistently made and the provider remained in breach of some regulations.

Why we inspected

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.

We undertook this targeted inspection to check action had been taken to address concerns in relation to regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We use targeted inspections to follow up on concerns and assure ourselves action has been taken to keep people safe. They do not look at an entire key question, only the part of the key question we are specifically

concerned about. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed from inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led key sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Melrose Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We found the provider had not taken the action we were assured they would, to address breaches in the regulations. We have identified continued breaches in relation to medicines management, risk, and governance at this inspection. The numbers of people living in the home had reduced significantly, following the cancellation of the Local Authority's commissioning contract, as such staffing in place was considered adequate and no longer in breach. Following the last inspection we issued a Notice of Decision to vary a condition to the providers registration to remove the location at Melrose residential care home, Leyland. The provider had submitted an appeal to this decision. This inspection was completed to determine if we required to attend tribunal to remove the condition from the provider's registration. We still had concerns and made the decision to continue with the previously agreed enforcement action. Prior to attendance at tribunal the provider revoked their appeal and agreed to the Notice of Decision. The provider's registration will be varied and the location at Melrose residential care home, Leyland will be removed. Once completed the provider will no longer be able to provide the regulated activity at the location until a new registration is applied for and agreed with the Care Quality Commission.

Follow up

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

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Melrose Residential Home

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.

This was a targeted inspection to check whether the provider had taken action to address concerns in relation to: regulation 12. Risks were associated with the safe management of medicines, infection risks and risks to people and the environment. We also reviewed regulation 17 in relation to governance, audit and oversight and regulation 18 associated with staffing.

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 two inspectors.

Service and service type

Melrose residential home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Melrose residential home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A new manager had been in post for approximately 6 months and had

submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 28 February 2023 and ended on 24 March 2023 when formal feedback was provided. We visited the location's service on 28 February 2023.

What we did before the inspection

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. Prior to this inspection we reviewed assurance given to us following the previous inspections and planned to review the action had been taken. We also reviewed information we held about the service provided. We used all this information to plan our inspection.

During the inspection

We looked around the environment including communal areas and people's bedrooms. We observed care and support being provided and asked 3 people living in the home their views on the support they received. We spoke with staff on duty, 2 who had finished the night shift and 3 staff working the day of the inspection. We spoke with the manager and the domestic who was completing a short contract to bring the home up to standard. We reviewed care plans, medication records and paperwork used to keep people safe. We also looked at management information including policies and audits.

Whilst collecting additional information and during feedback we discussed concerns with the nominated individual for the provider's services. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At the last rated inspection this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had taken the specific action required to address previously identified concerns. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Using medicines safely

At the time of our last focused inspection, risks to people's health and safety were not being managed effectively, including the safe medicines management. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have reviewed elements of this breach at this and the last inspection as part of our ongoing monitoring to ensure the service was safe. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12. This continued to place people at risk of avoidable harm.

- We had been told that risks to both people and the environment were managed safely. Information was shared and risk assessments were reviewed and where required updated in a timely way. We found this was not routinely the case.
- We looked at 3 accident and incident records and found they had not had manager sign off to ensure any action required had been taken in a timely way.
- One person had fallen 3 times in a short timescale. We looked at the relevant risk assessments including the moving and handling risk assessment and falls risk assessment and found these had not been reviewed following the accidents. There was some detail of the action taken following the falls in the personal risk assessment, but reviews of the risk and assessment of changing needs had not been completed.
- We looked at 4 handover records when accidents had occurred and found only 2 included information on accidents that had taken place. This meant staff on the next shift were not formally passed over the information and may not have been aware of any additional support required.
- We were told fire safety and protection procedures were in place and were effective. We found equipment was not tested following best practice guidance and concerns including fire doors not fitting into their frame had not been identified by the provider. We also found Personal Emergency Evacuation Plans (PEEPs) had not been updated and continued to not show staff how to safely support people in the event of a fire or the need for a building evacuation.
- The lift was not in operation and steps requested to address this and ensure this was safe had not been taken.
- We looked at records and information to support safe and effective medicines management. We found staff were not all suitably trained and some medicines were not administered as prescribed.

- We found medication used to relieve anxiety was administered without records to support its use and medicines to be administered before food had not been.
- We saw a protocol for medicines to be administered when required (PRN) which held a different prescription to that on the Medicine Administration Records (MARs). This had not been checked for accuracy and on one occasion the dose from the PRN protocol had been administered.

Systems and procedures to manage risk including the safe management of medicines continued to be ineffective. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the maintenance person took action to fix the fire doors and add or replace window restrictors where these were not suitable.

Staffing

At the time of our last focused inspection the provider had failed to ensure there were sufficient numbers of suitably qualified staff deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Numbers of people supported in the home had significantly reduced since November 2022. A new manager had come into post in October 2022 and a new nominated individual had been in post since February 2023.

- We were told a dependency tool had been developed showing the needs of the current people in the home, that was supported by management judgement to identify the skill mix of staff to meet those identified needs. There was a dependency tool at the time of the inspection, but staffing remained as it was at the last inspection. A system had not been developed to ascertain when staff should be deployed to different roles or to inform the provider how many staff and in what role were required to support people safely.
- Staff continued to have multiple roles. They explained this meant they undertook caring duties, cooking duties and laundry duties as well as cleaning duties through the night. The new manager was also working on the rota when required to cover shifts. The chef finished their day at 2pm leaving staff on duty to serve and at times prepare tea and supper.
- When we arrived at Melrose there were two staff on duty and neither of them had been trained or were able to administer medicines. We were told the manager was on site, but they had not administered the early morning medicines.
- Other staff responsible for administering medicines had not had their competency tested by a person who was competent to do so.
- We were told the training needs for all staff had been audited and shortcomings around training had been addressed. We were unable to assure ourselves of this as the training matrix was not received when requested.
- We were told there were enough staff on duty to safely evacuate the building if required. We reviewed the available personal and home evacuation plans for use in the event of an emergency and found the numbers of staff available would have been unable to follow the plans.

There continued to be a lack of suitably qualified and competent staff deployed at the home to meet people's needs as identified by the systems in place. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst delivering feedback we were told the manager was to test each staff members competence in

administering medicines following receipt of their own training to complete this.

- We were told as more people moved into the home staffing would be revisited to ensure suitable deployment but there was not any evidence to show this had been considered in a structured way.

Preventing and controlling infection

At the time of our last focused inspection the provider had failed to ensure people were cared for in a clean and hygienic environment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recruited a housekeeper on a temporary contract to develop procedures to maintain the cleanliness of the home. Cleaning schedules had now been developed and were completed by day and night staff. The manager checked these daily to ensure they were completed.
- Communal toiletries were no longer used reducing the risk of cross contamination and infection.
- The kitchen was cleaner, but the flooring still needed replacing and the extractor required repair.
- New laundry procedures were being followed and a dirty to clean flow was now used to reduce associated risk from contaminated laundry.
- The manager had sourced and implemented current government guidance on managing the pandemic.

The provider had taken enough action to no longer be in breach of this part of the regulation, however, we recommend the kitchen extractor fan is fixed in line with legislation provided to the manager as part of this inspection.

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 time of our last focused inspection this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had taken the specific action required to address previously identified concerns. We will assess the whole key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the time of our last focused inspection the provider had failed to arrange suitable oversight of the service in order to assess, monitor and improve the quality, safety and welfare of service users, who were potentially at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have reviewed elements of this breach at this and the last inspection as part of our ongoing monitoring to ensure the service was well led. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17. This continued to place people at risk of avoidable harm.

- We were provided with a governance and audit plan which included audit templates and a frequency plan. We were told that regular and wide-ranging audits were carried out at the home that included care plans and nutrition and hydration records. We found this was not the case during inspections. All audits we reviewed did not identify concerns found during the inspection and care plans and nutrition and hydration records had not been audited at either this or previous inspections.
- We were told by the manager that care plans were to be rewritten and audits would commence when completed.
- Extra care monitoring records including food and fluid charts when people were at risk of malnutrition or dehydration had not been utilised to meet people's needs. We reviewed the records of one person which showed limited intake of hydration for a number of days. As these records were not audited this had not been identified.
- Accident and incident records were not analysed each month to ensure any actions required had been taken or to identify any themes and trends which could be addressed.
- We were told new policies and procedures had been introduced but we found this was still in its infancy and the home were still working from out-of-date policies and procedures.
- We had previous concerns that some "as required" medicines were being administered without explanation. We found that this was still happening and had not been identified by medicine audits.

Governance and oversight of the service remained ineffective, there was not an effective system of quality audit and continuous improvement. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was in the process of implementing more audits, but they required the implementation of the policies to ensure they were effective at monitoring the quality of the service.

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; Working in partnership with others

At the time of our last focused inspection the provider had failed to act on the feedback provided to ensure the quality of provision improved. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have reviewed elements of this breach at this and the last inspection as part of our ongoing monitoring to ensure the service was well-led. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17. This continued to place people at risk of avoidable harm.

- The provider had been in breach of regulations at four inspections and not enough had been done to act on information provided to address issues and meet the requirements of the regulations.
- The local authority quality team had been working with the provider to drive improvement, but action was not being taken in a timely enough way and the commissioning contract had been cancelled.
- Continued risks were identified that had not been addressed to meet the regulation requirements. This includes concerns around the quality of care records and risk assessments.

The provider did not act on relevant feedback about the quality of service provision. This put people at risk of harm. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The atmosphere in the home had much improved and staff were involved in decisions to help drive improvement.
- The manager has taken steps to involve people in the home and their families where relevant to make some of the changes required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not assured themselves risks to the safety and welfare of people in the home had been identified and addressed. This included risks associated with people's care needs, risks associated with the environment and risks associated with the management and administration of medicines.</p> <p>Regulation 12 (1) (2) a, b, c, d, g</p>

The enforcement action we took:

continue with enforcement and FTT vary condition on registration and remove the location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective system of quality assurance. Governance and oversight procedures in place were not effective to monitor the identification of concerns and the action taken to address them. There was not a system for contemporaneous record keeping in place or audit to address concerns in this area.</p> <p>Regulation 17 (1) (2) a, b, c, f</p>

The enforcement action we took:

continue with enforcement FTT