

Mr H G & Mrs A De Rooij

Melrose

Inspection report

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Date of inspection visit:

03 June 2019

05 June 2019

Date of publication:

04 July 2019

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?

Inadequate 

Summary of findings

Overall summary

About the service:

Melrose is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Melrose is registered to provide accommodation for up to 29 people with mental health needs. At the time of our inspection, there were 27 people living in the home.

People's experience of using this service:

The systems in place to assess and oversee the quality and safety of the service were not effective. The checks did not cover all areas of the service, or identify all issues we highlighted during the inspection. Records were stored electronically, but the system was not organised and it was difficult to locate some required information. We had raised these concerns at the last inspection. The action plan provided after the last inspection had not all been completed and not all notifications had been submitted to the Commission about events within the home.

Risk to people and the environment, was not always assessed or managed. This meant people were at an increased risk of harm. The provider was unable to locate a certificate to evidence that the home's electrics were safe and water temperatures were not monitored. The water temperatures were monitored during the inspection and the general manager told us following the inspection, that they had made plans for the electrical system to be re-inspected.

Medicines were administered safely, but the recording of medicines required further improvement to ensure they were accurate. We recommended that the provider updates its practices to ensure medicines were administered and recorded accurately.

Staff told us they were well supported and had completed training. However, records showed that not all staff had received necessary training to ensure they could meet people's needs safely. We recommended that the provider reviews staff training to ensure all staff have the necessary knowledge to enable them to meet people's needs safely.

Care plans were detailed regarding people's needs and how their mental health needs impacted on and presented in their every day lives. Further improvements were required to ensure clear guidance was available on how staff should meet people's needs and aspirations.

People were supported by sufficient numbers of staff who had been recruited safely. People told us they felt safe in the home with the support they received. Staff were described as, "Nice people."

People's nutritional needs were assessed and met. The dining room had been refurbished and most people told us they enjoyed the meals available.

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's consent to their care and treatment was sought and recorded in line with the law. Applications to deprive people of their liberty had been made appropriately and staff were knowledgeable about who this related to. Independence was promoted and people's dignity was protected.

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 requires improvement (published 7 June 2018) and there were multiple breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that enough improvements had not been made and the provider was still in breach of some regulations.

Why we inspected:

This was a planned comprehensive inspection based on the previous rating.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Melrose

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Melrose is a residential care home providing accommodation and person care to people with mental health needs.

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:

The inspection was unannounced on the first day.

What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, general manager, 11 people using the service and three other members of staff.

We looked at five people's care files, four staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.

This report reflects the findings of the inspector and the expert by experience.

Is the service safe?

Our findings

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

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.

Assessing risk, safety monitoring and management

- Risk to people was not always addressed fully to minimise risk of harm. For instance, those people that smoked did not have the risks associated with this assessed or managed.
- Risks were not accurately assessed. For example, one person's care file included a risk assessment that informed staff how to manage the risks associated with a specific medication, but the person did not take this medication.
- The environment was not safely maintained to ensure it was safe for people or staff. For instance, the provider was unable to locate the electrical certificate during the inspection. Water temperatures were not monitored to help prevent against the risk of legionella or scalds and there was no evidence that showerheads were descaled regularly as required. The general manager told us they would have the electrics re-inspected as soon as possible.
- Accidents and incidents were not robustly recorded or reviewed to minimise risk of recurrence. Some accidents were recorded within a paper accident book, others were recorded electronically in people's daily notes.
- At the last inspection there had been large weight losses recorded for some people. This had been an error with the scales, but the weight changes had not been identified or acted upon. During this inspection, we looked to see if systems had been updated to ensure any significant changes in people's weight could be quickly identified. We found that no changes had been made.

The lack of effective risk management systems is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the last inspection, the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as safe recruitment practices were not evident at the time of the inspection.

During this inspection, we found that the recording system was not organised, and some evidence was difficult to locate, however all safe practices were eventually evidenced. The provider was no longer in breach of regulation regarding this.

- People told us there were usually enough staff on duty. One person said, "There's always staff around if I need them."
- The registered manager told us they had three staff vacancies and used agency staff to ensure there were enough staff to support people. They used the same agency to try to provide consistency, but people told us they felt the impact of inconsistent staff. Comments included, "There's sometimes a high turnover of staff"

and other times not so much. I think it's better for the residents if there's the same staff as you get used to them" and "It's a very quick turnover of staff, it's been more just recently."

Using medicines safely

- Medicines were stored in a locked clinic room. Those that required refrigeration, were stored in a fridge and the temperature was monitored and recorded. However, the temperature of the room was not monitored. If medicines are not stored at the correct temperature, it can impact on how they work.
- Some recording errors were identified, but we found that medicines had been administered as prescribed.
- There was no staff signature list available to ensure staff recording medicine administrations could be identified.
- All but one of the stock balance checks we completed were correct.

We recommend that the provider reviews and updates its practices to ensure medicines and administered and recorded accurately

- People were able to administer their own medicines if assessed as safe to do so. One person told us, "I self-medicate. I've got like a safe box in my room what I keep my meds in, I've got the key for it."
- People's allergies were recorded on their medication administration charts (MARs).

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and how to report any concerns they had.
- Referrals had been made appropriately to the local authority for them to investigate.
- People told us they felt the support they received helped to keep them safe.
- Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.

Preventing and controlling infection

- Staff had access to gloves and aprons to help prevent the spread of infection and we saw these were used appropriately.
- The home appeared to be clean and odour free.
- Bathrooms contained liquid soap and hand dryers in line with infection control guidance.
- The kitchen had been rated as five, the highest score available for food hygiene.

Learning lessons when things go wrong

- Records showed that staff took appropriate action following incidents, such as contacting emergency services, reviewing risk assessments and implementing regular observations, to help prevent further incidents.
- The general manager agreed they would develop a system to review all accidents and incidents monthly to identify any trends and learn from incidents that had occurred.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- Records provided, showed that not all staff had received training appropriate to their role. Out of the 13 current staff recorded on the off duty, only eight had completed fire safety training, six had completed health and safety and infection control training and nine had completed safeguarding training. Three staff did not have any recorded training.

We recommend that the provider reviews and updates its practices to ensure all staff receive appropriate training to undertake their roles safely.

- Staff we spoke with told us they received supervisions regularly but there was no system to oversee when staff had last received or were due a supervision or an appraisal.
- Staff told us they felt well supported in their roles and could discuss any issues with the registered manager or general manager.

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

- Pre-admission assessments were completed prior to people moving into the home. This helped to ensure staff were aware of people's needs and could effectively meet them.
- Plans of care were developed based on the initial assessments.
- Information regarding The Mental Health Act and how it was used to support people, was on display within the staff office.

Supporting people to eat and drink enough with choice in a balanced diet

- Feedback regarding the food was mixed, but most people were happy with the choice and quality of the meals available. One person told us, "The thing that's really good is the food".
- There were three sittings for meals in the dining room. This had been discussed with people who lived in the home and those people we spoke with were happy with the arrangement.
- The dining room had been refurbished since the last inspection and was more homely. One person told us they were pleased that trays were no longer used.
- Risks to people regarding nutrition and hydration were assessed and managed.
- People had access to hot and cold drinks throughout the day in the dining room and some people were provided with drinks packages, so they could prepare their own drinks in their room.

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 health and social care professionals to help ensure people's healthcare needs were met.
- People told us staff supported them with their health needs and arranged for the doctor to visit if they were unwell. Staff supported people to attend their appointments if needed. One person told us, "I ask staff if I want to see a doctor and a dentist, they'd make an appointment and tell me when it is and take me to it." Another person said, "I can ring, or staff can ring and make us a doctors or dentist appointment, and I'd just go on my own."
- Visits from health and social care professionals were clearly recorded in people's care records.

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

At the last inspection, we made a recommendation for the provider to seek guidance from a reputable source on the adaptation and design of the premises to provide a homely environment. During this inspection we saw that improvements had been made.

- Bathrooms were adapted to ensure they could be accessed by all people.
- A lift was available to assist people to upper floors if they were unable to use the stairs.
- Corridors had been painted in different colours to help people orientate themselves around the home. When required, people could use a photograph or picture of significance on their bedroom doors to help them identify it.
- One area of the home had been developed into an area with individual bedrooms and communal lounge and kitchen area. This could be used to help people with rehabilitation.
- There were several lounge areas where people could relax, watch television or read. An enclosed garden area was also available with a seating area.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been submitted appropriately for people and all staff were aware of authorisations in place. When authorisations were in place, conditions were being met.
- The authorisations in place were in date, however there was no system in place to effectively monitor when they expired and ensure that if needed, new applications were submitted in a timely way.
- People were not unnecessarily restricted in their daily practices and we observed people coming and going from the home throughout the inspection.
- People's consent to their care and treatment had been sought and recorded.
- The registered manager told us they liaised with the local authority if there was concern regarding people's capacity to make a specific decision. Mental capacity assessment tools were available for use and good practice example assessments had been completed for staff information and guidance.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection in April 2018, the provider was found to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people's dignity was not always maintained during the provision of support. During this inspection, we found that improvements had been made and the provider was no longer in breach of regulation regarding this.

- The system for administering medicines had been reviewed and people were supported with their medicines individually within the privacy of the clinic room.
- We observed staff knock on people's bedroom doors before entering and people told us this was usual practice.
- Staff told us people were encouraged to do as much for themselves as they could and this was reflected within people's care plans. The general manager described how they had worked with one person to promote their independence when using public transport.
- Records regarding people's care and treatment were stored securely on an electronic system to maintain people's privacy and confidentiality.
- A fingerprint access system had been installed to enable people who were safe to access the community alone, an independent way of leaving and entering the home, whilst maintaining the safety of the home for others.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked the staff that supported them, and that staff treated them well. Comments included, "I think the staff are super, I like them a lot they're all anti-violence and it is relaxing", "Staff treat me okay", "The staff are very good", "The new staff are always as nice as the last" and "The staff in here are all nice people."
- We saw positive, familiar interactions between people living in the home and staff and people spoke positively about the support they received from staff.
- Permanent staff knew people well, including their needs and preferences. They used this knowledge to create individual plans of care that reflected the support people wanted and needed.

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

- People were consulted regarding their care and supported to make decisions in relation to this.
- When required, support from advocacy services was arranged for people who did not have friends or family available to support them with decision making.
- Regular reviews were undertaken, and people were involved in these reviews to ensure the plan of care was still appropriate to meet their needs.
- People were able to make choices regarding their daily routines and we saw people spending time in

different ways and going out into the local community to access services of their choice.

- Systems were in place to gain people's views of the service. There was a suggestion box, complaints process and regular resident meetings. This enabled people to share their views and people told us they were listened to. One meeting recorded that a clock had been requested for the dining room and we saw that there was now one in place.
- A statement of purpose was available that provided brief details regarding what the service offered.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in place for people and there was evidence that people had been involved in these.
- Care plans informed staff about people's needs, but not all plans provided clear information as to how people's needs should be met.
- Care plans included information about people's aspirations for the future, but there was no evidence of how people would be supported to achieve these goals.
- The Accessible Information Standard was being met, as people's communication needs had been assessed and were known by staff.
- We received mixed feedback regarding activities available in the home. There was no allocated activity coordinator and the only activity provided in the home was a weekly afternoon tea. The registered manager told us they had previously provided activities, but people did not want to participate in them.
- Some people were happy with the quiet and relaxed atmosphere in the home. One person told us, "It's nice to have a stress-free environment this is supposed to be our home." Other people did not feel there were enough activities provided. One person said, "I used to do yoga, knitting and group outings [in last home], I'd like it if they had things like that here" and another person told us, "I'm not always bored but I am quite often."
- The registered manager told us they were unable to provide staff to support people to access activities in the community unless they received funding for this. For those people that did receive funding, there was evidence that they were regularly supported to participate in activities of their choice outside of the home.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had and told us they had been addressed.
- Records showed that one complaint had been received since the last inspection and this had been managed well.

End of life care and support

- The service was not providing end of life care to anybody at the time of the inspection. The registered manager told us they had provided this support in the past and worked closely with other health professionals during this time, to ensure people received the care they 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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Continuous learning and improving care

At the last inspection we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as systems to monitor the quality and safety of the service were not effective. During this inspection, we found that improvements had not been made and quality monitoring systems were still not effective.

- There were no checks made on people's care plans or staff files. Accidents and incidents were not audited to identify any potential themes or trends, to enable actions to be taken to prevent further incidents.
- When checks on the service had been made, records did not show if any actions had been taken. For instance, a maintenance audit identified actions required to improve the service, but there was no evidence to show if they had been addressed.
- The checks completed did not highlight the issues we identified during the inspection, such as those relating to risk management and the safety of the environment.
- Following the last inspection, the provider submitted an action plan to advise what they would do to make the required improvements. We found that not all of these actions had been met. For example, records regarding weight management and staff recruitment were not reviewed regularly to identify any issues.
- We requested the provider complete a provider information response (PIR) to share information about their service prior to the inspection. This was not completed.
- Records regarding the service were stored electronically and the provider aimed to be paper free. However, the recording system was chaotic, and records could not be located easily and some not at all. The provider told us they had purchased a new electronic system which would help ensure information was accessible, but this was not yet in use.

The lack of effective quality monitoring systems is a continued 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

- CQC had not been notified of all incidents that had occurred within the home.
- Ratings from the last inspection were displayed within the home, but at the time of the inspection, were not displayed on the providers website as required.
- The provider had a range of policies and procedures in place and this helped to ensure staff were aware of the expectations of their role.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- The service was run by the provider who was also the registered manager. They were supported by a general manager and staff manager.
- The management team were working through an action plan developed with the local authority quality team.
- Staff told us they felt well supported by the management team and were able to raise any issues they had. They also told us there was always someone available out of hours if they needed advice or support.
- People living in the home knew who the registered manager was and told us they were approachable.

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

- Systems were in place to gather feedback from people, including meetings and surveys and a complaints process.
- Staff meetings were also held to enable staff to share their views and receives updates regarding the service.

Working in partnership with others

- The registered manager and staff maintained working relationships with other agencies, such as the GP practice and other health and social care professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk to people, and the environment had not all been robustly or accurately assessed or managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not robust or effective. Systems were disorganised and difficult to navigate to find required information.