Voyage 1 Limited

Melbreck

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Melbreck provides support and accommodation for a maximum of 26 people who have profound physical and learning disabilities. People have varied communication needs and abilities due to their complex needs. At the time of our inspection there were 23 people living at Melbreck.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service in December 2016. At the time of our inspection the service was being managed by an interim manager and clinical operations manager who supported us during the inspection. We have been informed since the inspection that a new manager has been appointed.

There were insufficient staff deployed throughout the service to ensure people's needs could be met. We observed people spent periods of time without staff interaction. Due to the high level of agency staff used people were not always supported by staff who knew there needs well. People's nutritional needs were not always monitored to ensure they received safe care. We have made a recommendation regarding this.

There was a lack of stimulating activities available to people. People had limited access to community activities and activities within the service were repetitive. People's rights were not always protected as the service was not consistently acting within the Mental Capacity Act 2005. Capacity assessments and best interest decisions completed were not always decision specific and Deprivation of Liberties applications did not always clearly highlight the restrictions in place.

The lack of good leadership after the departure of the registered manager had an impact across key areas we looked at. It affected the safety of the home, how effective the home was at meeting people's needs, and how well the home was led. Quality assurance systems were not always effective in identifying concerns and the lack of consistent leadership in the service had led to low staff morale and concerns regarding communication of changes taking place.

Staff had received safeguarding adults training and were aware of their responsibilities in protecting people. Records showed that where concerns were raised these were reported and investigated. Risks to people's personal safety were assessed and control measures implemented to help keep them safe. Accidents and incidents were monitored and reviewed to minimise the risk of them re-occurring. The provider had developed a business continuity plan to ensure people would continue to receive safe care in the event of an emergency. Personal emergency evacuation plans were in place to guide staff in the support people would require should they need to evacuate the building.

People were supported to receive their medicines safely. Medicines were administered in line with prescription guidelines and were stored securely. Staff competency in the administration of medicines was

assessed. People had access to a range of health care professionals and advice provided was followed by staff. People were provided a choice of food and drinks which was prepared in the line with the specific needs.

Staff received appropriate training, which was reflective of people's needs, to support them in their roles. Regular staff supervisions were held to monitor staff performance. Prior to being employed staff underwent robust recruitment checks to ensure they were suitable to work in the service.

People were supported with kindness and compassion by staff who knew their needs well. However, the high use of agency staff impacted on the care people received. Staff were aware of people's individual communication styles and supported their cultural needs. Care plans were detailed regarding the support people required and were regularly reviewed. People's dignity was maintained and visitors told us they were made to feel welcome. A complaints log was in place which showed that formal complaints had been appropriately addressed and monitored. However, some relatives told us they did not always feel the service communicated well.

Records were securely stored in an organised manner. Notifications had been completed to inform CQC and other outside organisations when significant events occurred.

During the inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Sufficient staff were not always deployed to meet people's needs.

People's nutritional needs were not always monitored. We have made a recommendation regarding this.

People received their medicines in line with prescription guidelines and medicines were securely stored.

Staff understood their responsibilities in keeping people safe.

Safe recruitment processes were in place to ensure staff employed were suitable to work in the service.

Contingency plans were in place to ensure people's care would not be compromised in the event of an emergency.

Is the service effective?

Requires Improvement

The service was not always effective.

People's legal rights were not always protected as the principles of the MCA were not consistently followed.

People were supported by staff who received appropriate training and supervision to meet their needs.

People had a choice of food and drinks and staff were aware of people's individual needs.

People had access to a range of healthcare professionals.

Is the service caring?

Requires Improvement

The service was caring.

People were supported by staff who knew them well and treated them with kindness. However, the high use of agency staff within the service impacted on the care people received. We have made

a recommendation regarding this.

People were supported to maintain their independence and their cultural needs were respected.

Relatives were made to feel welcome when visiting the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of stimulating activities provided to meet people's individual needs.

Care plans were detailed and regularly reviewed.

Formal complaints were responded to and monitored.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a lack of consistent leadership in the service which on occasions had led to concerns regarding communication.

Quality assurance systems were not always effective in addressing shortfalls in the quality of the service provided.

Records were organised and securely stored.

Melbreck

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 19 and 25 July 2017 and was unannounced. The inspection team consisted of three inspectors.

This inspection was undertaken due to concerns received regarding staffing levels at the service. Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This was because we inspected the service sooner than we had planned to. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As people were unable to tell us about their experience of the service we observed the care they received during our inspection and spoke to seven relatives. In addition we spoke to seven staff, the interim manager, clinical support manager and the managing director. We also reviewed a variety of documents which included the care plans for six people, five staff files, medicines records and a range of other documentation relevant to the management of the home.

We last inspected Melbreck on 9 November 2015 where we had no concerns.

Requires Improvement

Is the service safe?

Our findings

During our inspection we found that the service people received was not always safe. Staffing levels were not always sufficient to ensure people's needs were fully responded to and risks in relation to people's diet and nutrition were not appropriately monitored. We found that other risks in relation to people's well-being were managed by staff and any safeguarding concerns were promptly addressed. Relatives told us they felt their family members were safe living at Melbreck although some expressed concerns regarding staffing levels. Comments included, "The staff are very good and I know they look out for him. There needs to be more of them and not as many agency staff so more gets done with them.", "I've been in when there's just one agency staff in a lounge with eight people. It's not good enough. The good thing is a lot of the staff have been there for years." Other relative we spoke to felt that staffing levels were sufficient to ensure people received safe care. One relative told us, "I'm amazed she's still alive with her condition and put that down to the quality of care she receives. When I've visited there has been a subdued atmosphere though and she seems subdued these days.", "Staff don't know when we're showing up but she's always happy. I have no fears." And, "There's absolutely enough staff, there's always people around."

Sufficient skilled staff were not appropriately deployed to meet people's needs. We spoke to seven staff members regarding staffing levels at the service. Six staff members told us that due to changes in the rota there were no longer enough staff. Comments included, "We don't have enough staff anymore. It means that activities are being delayed and staff are being left on their own with a big group. We can't be everywhere at the same time.", "It's really sad. We used to have enough staff but we don't now. The care gets done but other things like activities and holidays for people don't happen.", "Sometimes we arrive at (day service) late because we're so busy. Activities start there at ten o'clock and sometimes we are not there until eleven or twelve. ", "We need to juggle everything to get things done. I feel as though we are always rushing, especially in the mornings. It does affect the quality of life for them". This was also reflected in our observations during the inspection.

Staff did not always have time to spend with people socially and care was focussed on completing day to day tasks. In some areas of the service people spent long periods of time with limited interaction whilst waiting for staff to complete support with others. Staff frequently asked other staff members to cover communal areas whilst they supported people's personal care. In one lounge we observed seven people sat with one staff member for a period of over an hour listening to music. During this time the staff member changed on three occasions which meant there was little continuity in the activity and gave the impression of the lounge being overseen by staff rather than creating a relaxed, inclusive atmosphere. Staff appeared rushed and were continually juggling tasks to ensure people were kept safe. We observed one person became distressed due to the noise levels in the lounge. Staff offered repeated reassurance that they would take them for a walk once another staff member returned. The person continued to show signs of distress for over 10 minutes until the second staff member returned.

On the first day of our inspection two people were due to attend day services at 10am but did not leave the service until 10.30 am when staff were available to support them. The interim manager and clinical operations manager told us that dependency scores had been completed and they believed there were

sufficient staff to support people's needs. They had identified that improvements could be made in the way in which staff were deployed and had recently implemented an allocation tool for each shift to support staff. We will assess the effectiveness of this during our next inspection.

Failing to ensure that sufficient numbers of skilled staff were deployed in the service was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks in relation to people's diet and nutrition were not always adequately monitored. One person's care records showed that they had lost almost 9 kg's in weight between February 2017 and June 2017. A letter from a healthcare professional held within the person's care records identified that in October 2016 their food plan had been changed as they were gaining weight. However, the service had not taken action to further review the food plan when continual weight loss was being noted. We discussed this with the interim manager who immediately contacted the healthcare professionals involved to request a further review. Another person's care records stated they were at risk of dehydration and malnutrition. The person had lived at Melbreck for five weeks at the time of the inspection and records showed they had not been weighed during this time in order for their weight to be monitored. A chart was in place to monitor the person's fluid intake. However, this did not record what the person's daily fluid intake should be and showed on a number of occasions the person's fluid intake was 600mls or less. The interim manager acknowledged that people's fluid intake records should be monitored regularly and the GP informed should concerns be identified. They added that they believed this was a recording issue as the person remained in good health. However, the lack of consistent monitoring of the person's fluid intake meant they were at risk of staff not identifying concerns until they showed signs of becoming unwell. The interim manager gave assurances that they would investigate this and make a referral to the person's GP if required.

We recommend that systems are implemented to ensure people's weight and fluid intake are regularly monitored and appropriate action taken where required.

In other areas risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's care files contained up to date and relevant information concerning the risks associated with independent movement, skin integrity, swallowing problems and moving and handling. There was information and guidance to staff on how to manage and reduce any identified risks to people to help ensure people were as safe as possible. For example, where people had been assessed as being at high risk of developing pressure sores Records showed that people were repositioned at the recommended intervals and pressure areas were checked regularly. Where people were known to display behaviour which may challenge others, guidance was available to staff on how to support people effectively including possible to triggers, how to communicate with the person and activities they may enjoy to help them feel calm. Accidents and incidents were recorded by staff and reviewed by senior members of the management team. All accident and incident forms were forwarded to the quality assurance team to check that appropriate measures were in place to prevent incidents and accidents happening again.

People were protected from the risk of abuse. There were up to date safeguarding and whistleblowing policies in place and guidance for staff was displayed around the service. Staff undertook annual training in safeguarding adults and were able to describe the signs they should look for and reporting procedures. Staff told us that they would have no concerns in reporting concerns to the manager and felt these would be acted upon. One staff member said, "Keeping people safe is the priority. The people living here are very vulnerable." Records showed that where safeguarding concerns had been reported these had been investigated appropriately.

There were safe medication administration systems in place and people received their medicines when

required. Medicines Administration Records (MAR) were completed for each person and contained a recent photograph, a list of allergies, and GP contact details. Staff were knowledgeable about how each person preferred to take their medication and we observed guidance for administration was followed. A number of people received their medicines through percutaneous endoscopic gastrostomies (a tube placed directly into the person's stomach through the abdominal wall). Staff were knowledgeable about the management of these and all nursing and senior care staff had been trained in this area. Guidance was available to staff regarding the administration of PRN medicines (as and when required) which detailed when people may require their medicine and how it should be administered.

Medicines were stored safely and regular stock checks were completed. Medicines requiring refrigeration were stored in a fridge which was not used for any other purpose. The temperature of the fridge was monitored regularly to ensure the safety of medicines. Medicines trolleys were kept locked between each administration and were stored securely when not in use. MAR charts were fully completed and no gaps in recording were seen. Daily stock checks were completed and a running balance of medicines stored was in place. Monthly audits in all areas of medicines management were completed, including the obtaining, storing, dispensing and disposal of medicines. Any issues identified as a result of these audits were acted upon in a timely and satisfactory manner.

There were arrangements in place to ensure safe recruitment practices were followed. The manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. We looked at a sample of staff records and found that the required documentation was in place. Staff files also contained evidence that application forms were completed and face to face interviews had taken place.

People lived in a safe environment. Staff carried out regular health and safety checks and a fire risk assessment had been completed. Fire equipment was tested regularly and fire drills were held to help ensure staff would know what to do in the event of an evacuation. Personal emergency evacuation plans were in place for each person and detailed the support they would require should they need to evacuate the building. There was a business contingency plan which gave guidance to staff on the action to take in the event of an emergency such as services failure, severe weather or if the building could not be used. This helped to ensure that people would continue to receive their care in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

There was a risk that people's legal rights were not fully protected as the principles of the Mental Capacity Act 2005 were not comprehensively followed. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Mental capacity assessments were not consistently completed in accordance with the MCA. Some capacity assessments contained blanket statements around people's capacity rather than being decision specific. We observed the majority of people living at Melbreck were subject to restrictions including the use of bedrails, safety belts and foot straps. Whilst it was clear these precautions were in place to ensure people's safety, not ensuring that capacity assessments were completed to address these specific concerns meant there was a risk that people's rights may not be protected. A number of people also had monitors in their rooms which were used at night to enable staff to hear if they needed assistance. The second monitor was placed in the communal lounge which meant that staff and others could hear any activity taking place in people's bedrooms when the monitors were switched on. Capacity assessment were not in place for all people subject to these restrictions and best interest decisions were not recorded. This meant there was a risk that the least restrictive measures to keep people safe had not been considered. There was no evidence to show that the effectiveness of the use of monitors in people's rooms had been assessed or if less restrictive measures had been considered. People's care records did evidence that capacity assessments had been completed with regard to some decisions such as flu vaccinations and best interest decisions were recorded.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been submitted to the local authority and a log was maintained by the manager. However, we found that applications were generically completed rather than highlighting specific restrictions such as bedrails, safety belts and monitors as outlined above.

People's rights were not protected because the requirements of the MCA were not always followed. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that staff sought people's consent in their day to day care and communicated with people about what was happening. When supporting people to move to different areas of the service staff informed people where they were going and explained the reason. We observed one person refused to eat all of their meal at lunchtime. Staff gave gentle encouragement and offered an alternative but respected the person's decision. When another person indicated they would like to spend time in their room staff listened to their request and supported them to spend time lying on their bed.

Relatives told us they felt that staff were skilled in their role. One relative told us, "The staff seem skilled and attentive. They ask lots of questions and take a great interest." Another relative said, "They seem to have things in hand. They know all about the PEG feeding and hoisting. I can't fault them."

Permanent staff had the skills and knowledge they needed to support people effectively. Prior to starting work at the service staff underwent an induction programme and had the opportunity to work alongside more experienced staff members. One staff member told us, "I shadowed for two weeks when I started. I found it very useful in getting to know the guys." The interim manager had recently introduced an agency induction sheet which covered areas including health and safety, reporting procedures and routines within the service. Records showed that not all new staff had completed the Care Certificate within the required timeframes during their induction. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. The manager was aware of this and told us they were supporting staff to ensure this was completed.

Staff had access to the training they needed to meet people's needs. Records showed that staff had completed mandatory training including moving and handling, health and safety, safeguarding, fire and first aid. In addition, training specific to the needs of the people living at the service had been completed. This included epilepsy, management of PEG's, pressure ulcer care and pressure ulcer prevention. Staff told us they found the training useful in supporting them in their role. One staff member told us, "We have had some specialist training because of people's needs like the use of PEG feeds and the use of oxygen. We have to be confident with everything so we know they are safe." Another staff member told us, "If there's any training we need we just ask for it in supervision."

Staff received supervision to support them in their roles. Staff files contained supervision records and demonstrated that staff received regular one-to-one supervision. A standard supervision template was used and discussions included staff performance, keyworker responsibilities, training needs, attendance and any concerns. Staff told us they valued having one to one supervision. One staff member said, "Supervision is very important. We can raise concerns and receive feedback." Another staff member told us, "Supervision is useful. We can talk about our training and development needs. We are asked about the support we provide to our key clients."

People were offered choices regarding food and drinks. We observed the chef bring samples of the lunch menu for people to see and smell to help them make a choice. As many people required their food to be of a modified texture due to swallowing difficulties, this was done in advance to give the kitchen enough time to prepare food to the right consistency for people. Meals were well presented and smelt appetising. People were offered a choice of drinks throughout the day and people who required a high calorie diet were offered fortified drinks such as milkshakes. Care records contained detailed information regarding people's preferences and we observed these were followed. The majority of people living at Melbreck required staff to support them with their food. We observed staff did this at a pace suitable for the individual and communicated with people well. We did however note that some people had to wait for over 30 minutes for their food whilst other people were being supported. People who did not receive their nutrition orally were also sat in the dining areas whilst others were eating. We discussed this with the interim manager and clinical operations manager who told us they would look at making changes to the lunchtime routine to provide people who were not eating with a more stimulating environment.

People had access to the healthcare they required. Care records contained details of health professionals involved in people's care including, GP's, dentists, opticians, speech and language therapy and community learning disability teams. Appointments with healthcare professionals and specialists were recorded and advice provided was followed. The provider employed a physiotherapy team who regularly visited the

service to support people directly and provide advice for staff. A number of people were living with epilepsy and staff we spoke to were able to describe the types of seizures people may experience and the action they should take. Detailed care plans around these needs were in place to ensure staff had the guidance they required. Relatives told us that they were informed if their loved one became unwell. One relative told us, "We are always informed about his well-being. (Family member) has been in hospital a couple of times and they let us know straight away. I was very impressed with how they dealt with it." Another relative said, "They always phone if there is anything important or urgent."

Requires Improvement

Is the service caring?

Our findings

During our inspection we found that although individual staff member's treated people with kindness, the high use of agency staff meant that people were supported by staff who did not always demonstrate understanding regarding people's individual needs. However, relatives told us they felt staff were caring. One relative said, "The staff are very caring, they apply themselves and are helpful and attentive." Another relative told us, "I don't think I could fault the staff, they are lovely people. You can see they're doing it for the love of the people." A third relative said, "The staff are simply superb."

Whilst we observed regular staff members working at the service knew people's needs there was a high use of agency staff which impacted on people's care as not all agency staff were aware of people's needs and preferences. The manager told us that on average 400 hours of agency staff were used in the service each week which equated to almost a quarter of the care hours provided. They told us they tried as far as possible to use the same agency staff and were working hard on recruitment. Staff said the high use of agency staff affected the care people received as agency staff did not have a good knowledge of people's needs. One staff member told us, "It's better if we have permanent staff. These ladies, they smile and laugh because they know our voices. They respond better if it's someone they know." Another staff member told us, "We have to supervise them at the beginning. This can be a problem as it takes so much time." A third staff member said, "If we have agency, that delays things also because we have to induct them, to show them what to do. With these guys, you have to know them because they don't talk and that's the problem with the agency staff."

This was reflective of our observations during the inspection. We observed an agency staff sat in the lounge with seven people for a period of 35 minutes. The agency staff member did not interact with people during this time and spent their time watching television. Permanent staff did come into the lounge periodically during this time to check on people's well-being. The deputy manager then asked if they could support people with breakfast. Staff needed to spend time giving direction to the agency staff member regarding people's dietary needs. Whilst they were supporting one person to eat the agency staff member did not interact with them and looked uncomfortable with what was being asked of them. On another occasion we observed an agency staff member sat in a lounge with four people. There was no interaction with people for a period of 15 minutes. They were then instructed by staff on how to introduce themselves to people.

The interim manager and clinical operations manager told us they were working hard to recruit permanent staff members and as far as possible tried to use consistent agency staff so they were able to get to know people's needs. Rotas viewed confirmed that a number of regular agency staff were used to provide some consistency for people.

People were supported with kindness and compassion by permanent staff members. We observed staff members supporting people in a caring manner, regularly checking they were comfortable. Regular staff showed genuine affection towards people and frequently used regular positive touch such as putting an arm around people's shoulders or stroking their hand. When people showed signs of anxiety or discomfort staff explored the possible reasons for this and offered reassurance. One staff member told us, "We try everything (to establish the cause of the distress). They may be hungry, thirsty, bored or in pain. If they don't stop, we

tell the nurse to see if they are in pain. We explain as much as possible to reassure them." One relative told us, "The staff are all so lovely to them. You can tell by the way they talk about (name) how much they care."

We recommend that the provider ensures that agency staff employed at the service support people in a caring manner.

People were supported by a core team of staff who knew them well and understood their individual communication styles. We asked staff to tell us about the people they supported, their interests, family and support needs. We observed that staff became animated when speaking about people and were clearly knowledgeable about their needs and preferences. Staff were able to tell us what type of music people enjoyed, their food likes and dislikes, preferred routines and how they communicated with family members. When communicating with people staff knelt or sat beside them to ensure they could make eye contact. We observed staff using different communication methods with people in line with their needs. Staff offered choices to one person by holding their hands and asking them to squeeze the hand of their preferred choice. Other people were able to indicate their wishes verbally, through facial expressions or through gestures. Staff showed patience in waiting for responses and carrying out the persons wishes.

People's cultural and religious needs were respected. One person's care records highlighted that they liked to listen to their prayer CD in the mornings and before going to bed. Staff were able to explain the importance of this whilst describing the person's routine. People who required specific foods to be prepared in different ways due to their religious beliefs received the support they required. The chef described how the person's food was ordered and prepared separately. They told us, "It's very important we get it right. We tell staff it's just as important as if the person was allergic to those foods."

People's dignity was respected by staff. We observed staff routinely knocked on people's doors before entering and personal care was carried out in privacy. One staff member told us, "We have to respect people's rooms and knock on doors. I will always close bedroom doors and in the bathroom. It would be important for me so it's important for them." Attention was paid to people's personal appearance and staff ensured people were comfortable in the clothes they were wearing. Where possible, people were encouraged to maintain their independence. For example, a range of modified crockery and cutlery was available to support people to eat and drink independently.

Visitors told us they were made to feel welcome and there were no restrictions on the times they were able to visit. One relative told us, "They will come and pick me up from the station if I need them to. They give me a nice cup of tea and a sandwich and are always chatty. They support (name) to email family to keep in touch." Another relative said, "The staff are always willing to have a chat and take time for us." A third relative told us, "They always make you feel very welcome."

Requires Improvement

Is the service responsive?

Our findings

Relatives we spoke with had differing views on the activities provided to people. Comments included, "We look at his file and he spends so much time on his bed. We've mentioned it in the office but nothing gets done. We've taken to bringing things to do each time we visit. It's not the staff's fault, they don't have the time. If they haven't got the staff to do it then we will.", "I look at his book and he does very little. He's supposed to go to the centre every week but for a long time that wasn't happening.", "I don't think there's many outside activities going on." And, "He does go out quite a lot, to the pub, in the garden and active holidays."

There were limited opportunities for people to be involved in community activities. We viewed activity records for five people and found community activities were repetitive and did not cater for people's individual needs. The majority of activities recorded for people were weekly visits to a day service run by the provider. One person's care records stated they enjoyed community outings, particularly visits to the countryside. Activity records showed the person had only been out on two occasions in the past six weeks. We spoke to a staff member about this who told us, "(Name) loves to go out but this is difficult to organise without the staff. By the time we finish care in the morning we only have a short time to do something before lunch." Another person's care records stated they enjoyed shopping and trips out. Activity records showed the person had been out to the garden centre once and to the day centre once in the past three weeks. The remaining three people's records showed that with the exception of attending day services, they had not accessed any other community activities in the past three weeks. Staff told us they used to be able to go out more with people but due to staffing levels they were no longer able to do this. One staff member told us, "People do go out but it's for an hour or less when it used to mean trips to the seaside or to the cinema. It's box ticking really, just to show that something has been done."

Activities held within the service were mainly group based and did not always cater for people's individual preferences. Music sessions were held most days through the week although our observations showed that there was a lack of engagement within the music group during the inspection. In another area of the service a ball game took place for a short period of time. Some people appeared to enjoy this whilst others appeared anxious at the noise levels which this created. In addition some people had reflexology treatments on an individual basis whilst others received hand massages and manicures. In the afternoon the majority of people spent time relaxing on their beds or on mats. There was little stimulation provided to people during this time. The television was on in one lounge and music was being played in another.

The manager told us that they had recognised there were concerns regarding activities. As a result an activities co-ordinator who was in the process of getting to know people. They had developed a 'wish tree' of activities people would like to participate in. In addition they told us that two drivers were employed to make it easier for people to access activities and health appointments. However, our observations during the inspection and review of activities records demonstrated that the lack of staff available to support people's activity needs had not been sufficiently addressed.

The failure to ensure people were provided with activities in line with their individual needs was a breach of

regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were in place for each person and covered areas including to general health, pain, medicines, communication, skin integrity, personal care, epilepsy, nutrition, mobility. Information was detailed regarding people's physical and emotional needs and provided guidance for staff in how to meet people's needs. Daily routines were well documented to enable staff to follow people's preferred routines. For example, people's preferences in relation to how they received their care at night included the position they preferred to go to sleep in, how many pillows, if the light should be on or off and if they liked to have music playing. Guidance relating to people's communication referred to different facial expressions and vocal sounds to help staff understand what people may require. We observed that regular staff followed this guidance when providing support to people and were able to describe the support people required in detail.

Care plans were reviewed on a monthly basis to ensure the information provided was up to date and remained relevant. Relatives told us they were involved in annual reviews of their family members where the contents of care plans and progress were discussed. One family member told us, "They all have a keyworker and we have reviews. We're told what's been happening and about their plans. We haven't needed to change anything but I'm sure we could."

There provider had a complaints policy in place which was displayed within communal areas. Relatives told us that if they had concerns then they would raise this with the manager of senior staff member on duty. The manager maintained a complaints log which showed that each complaint received had been responded to in writing within the timescales set. Records showed that one relative had complained about their family members clothes not being ironed. This had been addressed by the manager and the person's relatives told us they had noted improvements. However, relatives told us that although complaints were dealt with, they did not always feel as though any discussions regarding their loved ones' care were acted upon promptly. One relative told us, "We've mentioned things in the past few months about staffing and not having much in the way of entertainment. It's better than it was but we don't feel as though they really listen." The interim manager and clinical operations manager told us that relatives meetings were being planned to ensure that their views were taken into account and responded to.

Requires Improvement

Is the service well-led?

Our findings

During the inspection we found concerns regarding the management oversight of the service. Quality assurance systems were not always effective in identifying concerns and there was low morale within the staff team. There was no registered manager in post. The previous registered manager had left their post in December 2016. We received mixed responses from relatives regarding the management of Melbreck. Some relatives told us that since this time they felt that standards in the service had not been maintained. One relative told us, "I spoke with CQC at the last inspection and couldn't sing their praises highly enough. Things haven't been the same since the manager left. There's no communication with management now and it doesn't feel as though they're addressing things." Another relative told us, "Since the manager left we don't know what's happening. We see lots of agency staff, the lounge area is always in a mess and there's nothing going on (with regards to activities). We're not told what they're doing about it." The interim manager and clinical operations manager told us that a permanent manager had recently been appointed and recruitment checks were in the process of being completed. They said that a relatives meeting was being planned to update families on the changes being made and to listen to their concerns. Letters had been sent to all relatives informing them of management changes within the service.

Other relatives told us they felt communication with the service was good. One relative told us, "They keep me up to date on any changes either by email or post. For example changes in the management or named workers." One staff member told us, "The manager is new and seems very approachable. I know they want to make some changes. I think they are doing a good job". Relatives were given the opportunity to give feedback on the quality of the service provided. Comments from the last survey showed that feedback was largely positive.

Quality assurance processes were not always effective in highlighting concerns in a timely manner. The service completed audits over a three month cycle which included reviews of care plans, MCA and DoLS applications, medicines management, staff support, infection control and reporting and recording. Audit scores for the quarter January 2017 to March 2017 showed scores averaging 90%. However, an annual audit completed by the provider's quality assurance team completed in April 2017 found the service to be 46% compliant. The provider told us they visited the service regularly and during one of their visits they had identified concerns. In addition, a report had been received from the Surrey Quality Assurance team which highlighted concerns regarding the environment and the planned care of some of the people living at Melbreck. As a result the provider had requested the April 2017 audit be completed to gain a comprehensive picture of standards within the service. Following this audit the provider had appointed a peripatetic manager to support the existing senior team and a detailed action plan had been put in place which was regularly reviewed with the clinical operations manager. Whilst the provider took action once they were aware of these concerns this demonstrates that service audits designed to highlight shortfalls in the service on an on-going basis had not been effective. The audits completed had not highlighted the concerns identified regarding staffing levels, activities provided or the lack of food and fluid monitoring.

Infection control audits had been implemented in the service although these were not always effective in identifying concerns. Many people spent time in the afternoon lying on comfortable mats to minimise the

risk of developing pressure areas. We found the seams on the majority of mats were worn or torn meaning the foam area was exposed. In the physio room the washable covers on the physio bed mattresses was worn away. This concern had previously been highlighted to the service by the Surrey County Council Quality Assurance team but no action had been taken. This demonstrated that the service had not always responded to external feedback. We spoke to the manager who removed the mattresses in question immediately and placed an order for new mats. They told us that they had requested staff complete mattress audits but that staff had not included the mats in this. We found other areas of the service were cleaned to a satisfactory standard.

There was low morale within the staff team. Staff told us that did not always feel supported in their roles but felt the new manager was approachable. One staff member told us, "I think there could be better communication. There are changes being made but we don't seem to have a lot of say in them, especially about staffing and how we can achieve things." Another staff member told us, "There have been big changes in things management wise. They do explain but what we see is less staff and not many activities so we don't understand. If we have any concerns about the health of a resident we can speak to the manager and they will do something." Staff meeting minutes showed discussion included, rotas, allocation of duties, infection control and cleanliness, activities and health and safety. The opportunity was given to speak about individual people although no concerns were raised. The minutes reflected that although information was shared, staff members were all actively involved in discussions. We spoke to the interim manager about the low staff morale in the service. They told us they were aware of this and were trying to support staff through the process of change. They told us, "Staff are used to being told how and when to do things all the time. I don't manage like that, staff need to be empowered to think for themselves and plan the day. I work shifts where I can to support the staff and have done scenario training to help them start planning better. I understand it's a big change for them." Whilst this demonstrated that the interim manager and senior managers within the organisation were aware of the concerns of staff relating to staffing levels and the lack of activities, action had not been taken in a timely manner to address these concerns.

The lack of consistent leadership and effective quality monitoring and communication was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records were stored securely and in an orderly manner. With the exception of food and fluid charts we found that records were well maintained. Staff were able to access information requested during the inspection quickly and records were legible. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people were provided with activities in line with their individual needs

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure the requirements of the MCA were consistently followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of consistent leadership and effective quality monitoring with the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that sufficient numbers of skilled staff were deployed in the service