

Alderwood L.L.A. Limited

Mellieha

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mellieha is a residential care home which has 3 adapted buildings each providing personal care to adults with learning disabilities or mental health conditions. At the time of the inspection 15 people were using the service. The service can support up to 15 people.

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

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

Right Support: Overall, people were supported to have 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 did not consistently support this practice. Records relating to consent and capacity needed improving and we have made a recommendation about this.

People living at the home each had unique and complex needs and staff knew people and understood most risks to people. However, we found risk management needed to improve in some areas. Staff provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs.

Right Care: People's needs were assessed and developed into a support plan. Further work was needed to ensure support plans contained detailed information to enable people to receive appropriate care and support that was responsive to their needs, we have made a recommendation about this. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were sufficient staff deployed to meet people's needs and wishes, however, there were significant shortfalls in the levels of training required. People received person-centred care that promoted their dignity, privacy, and human rights. Staff recognised and responded to changes to individual's needs. Staff treated people with kindness and patience. People had access to meaningful activities, however, we found that people had missed opportunities for activities.

Right Culture: Governance arrangements were not as effective or reliable as they should be. Further improvement was needed to strengthen the quality assurance processes to identify shortfalls, to drive further improvement and to embed them into practice. Support plans and risk assessments relating to people were completed but needed more person-centred detail. People and staff gave positive feedback about the culture at the service. We found the provider to be responsive, open, and transparent to the inspection and acted responsively to making improvements.

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

Rating at last inspection

This service was registered with us on 16 December 2022, and this is the first inspection.

The last rating for the service under the previous provider was good, published on 17 November 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can see what action we have asked the provider to take at the end of this full report. Following this inspection, the provider acted responsively to address all of the concerns we identified and were open and transparent throughout the inspection.

Enforcement and Recommendations

We have identified breaches in relation to safety, safeguarding, staff training, medicines, and management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Mellieha

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors, 1 specialist pharmacy advisor (SPA) 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

Mellieha 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. Mellieha 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 were 2 registered managers in post and recruitment for a third registered manager was underway.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people that use the service. We also spoke with 11 members of staff including the registered managers, Dialectic Behavioural Therapy (DBT) manager, deputy manager and support staff.

We observed staff providing support to people in the communal areas of the service. We reviewed a range of records. This included 4 people's care records and 3 people's medicines administration records. Quality monitoring systems and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Overall, risks were assessed and monitored. However, some risks had not been identified or considered which meant people were at risk of harm.
- Risks relating to people's health and care needs were not always assessed thoroughly. There was a lack of detailed information about specific risks to people for staff to be aware of.
- Accidents and incidents were not effectively recorded by staff or analysed by the management team to ensure suitable and sufficient learning was taking place.
- Discussions with staff using a 'reflective practice' approach to incidents was taking place where lessons learned from accidents and incidents were discussed, to support improvement in practice. However, this was not a consistent approach to all incidents.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service needed to be strengthened. This placed people at risk of harm. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. Staff did not always follow prescribers' guidance when administering medicines.
- Medicines to be administered 'when required' (PRN), person centred protocols were in not always in place, or sufficiently detailed.
- Medicines audits were ineffective as they failed to identify required improvements we found during the inspection.
- Medicines to better support people to express their feelings or emotions were used but records did not show they were used as a last resort, for the shortest time and after other measures had been tried.

Systems had not been established or operated to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had systems and processes in place for the safe storage of medicines.
- People's medicines were reviewed to monitor the effects of medicines on their health and wellbeing, including evidence of the principles of STOMP (stopping over-medication of people with a learning

disability, autism, or both).

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were not robust to ensure people were always protected from the risk of abuse.
- Safeguarding concerns were not always reported by the provider as required. We asked the provider to make retrospective referrals to the safeguarding team following this inspection. We also made a referral to the safeguarding team under our reporting duties.
- Training in safeguarding was not up to date and not always effective. Safeguarding incidents had not always been recognised and reported by staff or the management team.

The provider had failed to maintain effective scrutiny over safeguarding issues and had not effectively implemented and operated robust procedures to protect people from abuse. This was a breach of regulation 13(1)(2)(3)(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies and procedures were in place to safeguard people from the risk of abuse.

Staffing and recruitment

- Enough staff were deployed to maintain people's safety and meet their individual needs.
- Staffing levels were determined by the number of people using the service and their individual needs.
- The provider operated safe recruitment procedures to ensure applicants were suitable to work in at the service. Pre-employment checks were conducted, suitable references were sought, and Disclosure and Barring Service) certificates were checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was enabling visiting in line with government guidelines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff had completed all relevant training, or had the necessary skills and competence required to support people in line with their needs.
- We were not assured staff training was up to date. The provider's training matrix indicated several courses had either not been completed or were out of date. For example, staff had not completed training in dysphagia or stoma care.

The provider had failed to ensure that staff received appropriate training to meet people's needs. This was a breach of regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received regular supervision and appraisal. Staff were well supported by the management team. One staff member said, "They [managers] do help us and they are supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Overall, support plans were generally detailed, and reviews were taking place, although changes in people's needs were not always reflected in their support plans.
- People's positive behaviour support plans in their care records were personalised and gave guidance for staff where people might be trying to communicate through their behaviours. However, behaviour monitoring records did not detail how and when preventative and reactive strategies were used, to help ensure people received an enhanced quality of life.
- People's cultural and religious needs were considered in their support plans, and people and their families were involved in this planning.
- Staff worked with other agencies to ensure people received consistent, effective, and timely care.
- Records confirmed people were supported to access their GP and other health services when required. Records were not always up to date or contained enough information around people's health and support needs.

We recommend the provider reviews and updates people records in line with best practice.

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

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked and the provider was working within the principles of the MCA, and appropriate legal authorisations were in place when needed to deprive a person of their liberty, and any conditions relating to those authorisations were being met.

- Records relating to consent, and capacity needed improvement. For example, records did not always demonstrate that people or their legal representatives had consented to their care.
- People's care plans contained conflicting and confusing information about their mental capacity. There was also little evidence to support best interest decisions were being made in line with the MCA (2005) Code of Practice.
- Despite the issues with records, we saw no indication people's rights were restricted. Staff understood the importance of supporting people to make their own decisions.

We recommend the provider reviews and updates consent and capacity decisions to ensure they are current and in line with the MCA.

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

- There was a lack of detailed information in care plans about people's nutritional needs, preferences and support needed to maintain a balanced diet and good health. Daily records did not show people's nutritional intake to evidence they were supported in line with specific diets.
- We saw that home cooked nutritious food was being served but people were not always involved with meal preparation and cooking which led to missed opportunities.
- People were being supported to have food and drink of their choice and preference. Mealtimes were a positive experience for people and people told us they enjoyed their meals.

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

- The environment was suitably adapted to meet people's specific needs. Some areas of the home had been designed and built specifically to meet people's sensory needs.
- People were encouraged to personalise their rooms with photographs and personal items.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff members spoke about people with positivity and were enthusiastic about them having meaningful lives. Staff were keen to share with us details of people's achievements and successes and gave many examples of how they had supported people to successfully overcome significant hurdles in their life. For example, several people who had previously needed a high ratio of staff had, had their staffing levels significantly reduced.
- Staff members knew what was important to people and how they wanted to be supported. They spoke about the people and the relationships they had built up with them over a number of years.
- People appeared relaxed and comfortable using the communal areas and seemed to enjoy each other's company. Staff were available to support people and engaged with them.

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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion, and sexual orientation are met. People's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. Staff told us they respected people's protected characteristics and would support people without discrimination, helping them to make decisions.

Respecting and promoting people's privacy, dignity, and independence

- Staff were aware of how to maintain people's privacy and dignity. For example, knocking on people's doors before entering. One staff member said, "I think people are cared for very well. This is our little family home."
- People's confidential information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- Interactions between staff and people were kind and caring. One person said, "The staff are nice to me, and they never get cross. The staff are the best thing about living here."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were working towards agreed goals and ambitions in line with Right Support, Right Care Right Culture principles. Records demonstrated how people had been empowered to make positive life changes.
- The provider used a 'Dialectical Behaviour Therapy' (DBT) model with people which had significantly helped them to learn new skills, enabling people to increase their goals and ambitions and succeed in areas that had previously been problematic for them. One person said, "I keep myself safe because I had learnt DBT. It helps me to plan my day, talk to people and get on with others. DBT has taught me a lot." Another person said, "DBT is really good it helps me with my mental space."
- People's need to be involved in their community and take part in relevant activities were considered but not always met. People were not always able to access activities or go out into the community due to the vehicle needing repair or staff not being available.
- People had individual activity plans, but records were not always detailed to show these were being consistently followed.

Meeting people's communication needs

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

- People's communication needs were identified and recorded in support plans. This included people's needs with regards to their hearing, sight, and speech.
- Staff were knowledgeable about people's communication needs and able to interpret their gestures and body language.
- Information about the service was available to people in accessible formats such as easy read.

Improving care quality in response to complaints or concerns

- There was a system in place to manage and respond to complaints. People had information about complaints in accessible formats. The registered manager responded to and resolved complaints.

End of life care and support

- People's support plans included information on how they would like to be supported with last wishes.

This included consideration of their equality and diversity needs.

- The registered manager told us no one currently using the service required support with end-of-life care. If this arose, they would work with people, their family members and health professionals to make sure people were supported in line with their wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of the inspection there were two registered managers in post and recruitment for a third was underway.
- The registered managers and staff were not clear about their roles and responsibilities. CQC notifications were not consistently submitted in line with regulatory requirements and safeguarding concerns were not always reported as required.
- Systems and processes had not consistently identified the issues found during the inspection. For example, audits in place had not identified the concerns in relation to medicines management, staff training, safeguarding and peoples care records were not always accurate and up to date.
- Accurate records were not always maintained. Risk monitoring records such as food intake or behaviour monitoring charts were not sufficient detailed or promptly reviewed which meant oversight was inconsistent.
- Overall, staff were consistently positive about the support they received from the management team. However, staff did tell us that since the new provider had taken over there had been delays in the way repairs were rectified and found the providers systems and processes were frustrating and much less responsive towards meeting people's needs. One staff member said, "It has been a big change this provider taking the service on. We have to wait much longer and its annoying because we want to do things quicker for people."

The provider had failed to effectively implement safety and quality checks to identify shortfalls and drive improvement and failed to ensure accurate contemporaneous records were in place. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken over the service in December 2022 and was implementing their systems and processes. The provider was given feedback about the shortfalls identified during this inspection which had not been picked up by the provider monitoring systems. The provider was open, transparent, and responsive to addressing the areas that needed improvement and made resources available to support the registered managers drive the changes.

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

- People gave positive feedback regarding the management team. One person told us, "I can raise a complaint and I am happy to go to the managers." Another person said, "I can approach the managers."
- Staff felt supported by the registered managers. One staff member told us, "The manager is very approachable. They communicate with us constantly."
- The provider promoted a positive and open culture at the service which enabled staff to continue to learn. One staff member told us, "I enjoy my job I love everything about it." Another staff member said, "We really pull together as a team here."

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

- Staff worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people a voice and improve their wellbeing.
- Staff consulted with healthcare professionals to coordinate better care for people.
- The provider had a system in place to involve people, the public and staff to share their comments and suggestions about the service.
- Staff had regular supervision which they found useful and gave them the opportunity to feedback regarding the service. Staff also attended team meetings where they could engage with management at the home and make suggestions to improve the service. One staff member told us, "We can make suggestions about the service at any time or in team meetings, we can say what we think will improve the service."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service needed to be strengthened. This placed people at risk of harm.</p> <p>Systems had not been established or operated to ensure medicines were managed safely.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to maintain effective scrutiny over safeguarding issues and had not effectively implemented and operated robust procedures to protect people from abuse.</p> <p>Regulation 13(1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff received appropriate training to meet people's needs.</p> <p>Regulation 18(1)</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to effectively implement safety and quality checks to identify shortfalls and drive improvement and failed to ensure accurate contemporaneous records were in place.</p> <p>Regulation 17 (1)(2)</p>

The enforcement action we took:

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