

Mr H G & Mrs A De Rooij

Melrose

Inspection report

8 Melrose Avenue
Hoylake
Wirral
Merseyside
CH47 3BU

Tel: 01516324669

Website: www.polderhealthcare.co.uk

Date of inspection visit:

21 November 2019

28 November 2019

Date of publication:

07 January 2020

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Melrose is a care home that provides personal care to people living with mental health needs. There are 29 bedrooms over two floors and at the time of the inspection, there were 25 people living there.

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

On the first day of inspection we found that the environment was not always safely maintained. The heating was not working in some parts of the home and people told us they were cold. Changes made to the smoking area had left a door to the home unsecure. These issues were raised with the registered manager and on the second day of the inspection, we found that they had been addressed. People were supported by a sufficient number of staff who had been safely recruited and were knowledgeable about safeguarding procedures. People told us they received their medicines when they needed them.

Staff had been assigned training to help ensure they had the knowledge to support people effectively, although this had not all been completed. People told us it could be a long time from tea until breakfast the following morning. We discussed this with the registered manager and on the second day of the inspection, people told us toast was now regularly available at suppertime. 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.

New checks had been implemented to monitor the quality and safety of the service, however they were not always effective in identifying areas of the service that required improvement. The registered manager had worked hard to address areas of concern raised at the last inspection and was responsive to feedback provided during this inspection. People knew the registered manager and told us they could raise any issue they had with them.

People told us they were treated well by staff. People were involved in decisions regarding their care and were aware of their care plans. Staff knew people and their needs well. Systems were in place to gather feedback from people and people felt able to share their views.

Care plans were in the process of being reviewed and rewritten to ensure they were detailed, accurate and person centred. New care plans reflected people's preferences in relation to their care. People were supported to access activities in the community if required, to help prevent social isolation. No formal complaints had been received since the last inspection, but records showed they had previously been investigated and responded to.

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 4 July 2019). We identified breaches of Regulations 12 (Safe care and treatment) and 17 (Good governance) at the last inspection. The provider

completed an action plan to show what they would do and by when to improve. At this inspection, we found that improvements had been made, but additional concerns were identified, and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections. We met with the provider following the last inspection and found that although still rated as requires improvement, measures had been taken to drive forward the quality of the service in areas raised at the last inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safety of the environment and the systems in place to monitor the quality and safety of the service at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 (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 Care Act 2014.

Inspection team

This inspection was undertaken by an inspector, an inspection manager 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 '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.

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

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 local safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits, staff training, and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people had not been robustly assessed and the environment was not always safely maintained. At this inspection, we found that the issues raised at the last inspection had been addressed, but further concerns were identified, and the provider was still in breach of regulation regarding this.

Assessing risk, safety monitoring and management

- The home was not always safely maintained. The heating system did not always work in all parts of the home and people told us they were often cold. Their comments included, "Yeah in the mornings it's cold I think, I was cold in bed last night I had to sleep with my coat on" and "It is cold; I've got a little heater in my bedroom. We had two heaters in [the upstairs lounge] and they said they stopped the heating kicking in, so they took them out of here." Another person told us they were cold and said, "The heating is not on very often." A third person described how people used hats and dressing gowns to keep warm when sitting in the lounge. On the second day of inspection, we found that actions had been taken. The heating had been repaired and people told us they were warm.
- Adaptations had been made to a conservatory used as a designated smoking area, but these adaptations meant there was no lockable door and the home was not secure as there was free access from the garden, which was also not secured. On the second day of inspection, we found a new door had been fitted to the doorway leading to the conservatory. This meant the home was now secure.
- We found an unlocked cupboard that contained chemicals that could pose a risk to people and several razors left out in a bathroom.
- The baths within the home were not in a useable condition. Although there were several showers available, some people told us they preferred a bath but were unable to at present. One person told us, "I prefer a bath, but it's gone out of order about three weeks ago."

Failure to maintain a safe environment is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The electrical system within the home was in the process of being replaced and all high priority work had been completed.
- Individual risks to people had been assessed that met their diverse needs and measures had been put in place to reduce those risks. Personal emergency evacuation plans had been completed and were in people's rooms.

We made a recommendation at the last inspection for the provider to ensure best practice guidance was followed and records regarding the safe administration of medicines were completed comprehensively. During this inspection we found that improvements had been made and the recommendation had been met.

Using medicines safely

- Medicines were stored safely in a locked room and the temperature of the room was monitored.
- Records regarding the administration of medicines were completed robustly.
- People told us they received their medicines when they needed them.
- When able, people were supported to manage their own medicines and systems were in place to help support them with this and ensure they were managed safely.
- Competency assessments for staff had been created and were in the process of being completed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals were made to the local authority appropriately.
- Although not all staff had completed safeguarding training, staff we spoke with were aware of safeguarding procedures and knew how to raise any concerns they had.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw two people went out to a local cafe with staff support during the inspection. However, some people told us more staff would be beneficial.
- Agency staff were used when required due to staff vacancies. The same agency staff were requested to help provide consistency for people.
- Improvements had been made to the management of recruitment information and records were stored together and were easy to access.
- Records showed that staff had been recruited safely and were suitable to work with vulnerable people.

Preventing and controlling infection

- Some communal bathrooms contained bars of soap, cotton hand towels and nail brushes. This is not in line with infection control guidance. This was raised with the registered manager and was addressed straight away.
- The home appeared clean and regular cleaning schedules were in place.

Learning lessons when things go wrong

- Accidents and incidents were reviewed regularly to help identify any trends or themes.
- We were provided with examples of how lessons had been learnt from specific situation, and systems were changed to make improvements based on that learning.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

We made a recommendation at the last inspection, for the provider to update practices and ensure all staff had completed training relevant to their role. At this inspection, we found that steps had been taken to begin addressing the concern.

Staff support: induction, training, skills and experience

- A training matrix had been developed and staff had been assigned the training courses they needed to complete. However, not all required courses had yet been completed.
- Staff told us they felt well supported. Systems in place recorded when staff received supervisions and appraisals and showed when they were next due. All but one staff member had received supervisions recently.
- New induction procedures had been implemented for new and agency staff. These had been introduced based on feedback from new staff and agency staff and what they felt they needed to know to ensure they could meet people's needs safely.

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

- Not all people were happy with the timings of meals provided each day. One person told us, "The dinner is sometimes at half past four, then nothing until the next day." Another person described, "A big gap from tea to breakfast. Toast at supper time would be brilliant." A third person told us they bought sandwiches from a local shop because, "Sometimes I'm hungry before I go asleep and I can eat a sandwich at any time." We discussed this with the registered manager who agreed to ensure people were aware there was always something available for supper if they required it. On the second day of inspection, people told us toast was now offered to them each evening and had been informed of this through a meeting and a note sent to them from the managers of the service.
- Another person told us they enjoyed the food available and we saw that there was a choice of meals available to people.
- People's nutritional needs had been assessed, and staff were aware of people's specific dietary needs.

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

- Pre-admission assessments were completed to ensure staff were aware of people's needs and that they could be met.
- Staff had access to information regarding The Mental Health Act to help them support people effectively and in line with the law.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they had easy access to health professionals when they needed it. They told us staff supported them to make appointments when needed. Comments included, "Staff make an appointment for me to go [to GP practice] by bus or train" and "They make appointments for me; most times I go on my own on the bus."
- Staff worked well with other health professionals involved in people's care and made referrals to other professionals when required to meet people's needs.
- Oral health care plans had been developed and senior staff were working to ensure people were registered with a dentist.

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

- An electronic fingerprint system was in place to enable people to access and leave the home freely, without worry of keeping a key safe.
- Bathrooms were adapted to ensure they could be accessed by all people and a lift was available to the upper floor for people unable to use the stairs.
- An enclosed courtyard garden, separate to the main garden, provided a safe and private area for people to sit and enjoy the outdoors.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been submitted appropriately for people and all staff were aware of authorisations in place. A new system was in place to manage DoLS and ensure they did not expire.
- Care plans reflected when people had a DoLS authorisation in place and how staff should support them with regards to this.
- People were not restricted and were free to leave the home when they chose to. We observed several people going out independently during the inspection. When people had a DoLS in place, staff supported them in the community and we observed two people with a DoLS in place going out for lunch with staff.
- Systems were in place to gain people's consent and people told us their care was discussed and agreed with them.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they were treated well by staff and were respected. People's comments included, "Staff are pretty good; I like them", "Yes, the staff here care" and "They're very good here."
- Staff knew the people they supported well; what their needs were and how best to meet them.
- This knowledge was used to create care plans that reflected people's needs and wishes.
- Staff spoke about people they supported with warmth and compassion and we observed positive interactions between people living in the home and staff during the inspection.
- The language used by staff in records about people's care, was respectful.
- People were able to continue practicing their faiths and beliefs and access local places of worship if they chose to.

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

- People were consulted regarding their plan of care and had been supported to make decisions in relation to this. People told us, "I'm asked for input to my care-plan", "I was in with [staff member] quite a while and they went through my care plan with me" and "Yes, I've been involved in my own care plan."
- When required, support from advocacy services could be arranged for people who did not have friends or family available to support them with decision making. None of the people we spoke with currently had support from an advocate.
- Systems were in place to gather feedback from people about the service. There was a residents committee that met regularly to discuss aspects of the service. The registered manager had also developed a weekly drop in session. This enabled people to raise any issues, queries or concerns they had. All issues were recorded and actioned. One person also told us, "They do [ask for my feedback] yes, they do questionnaires about 4 times a year."
- People made choices about how they spent their day. We saw people spending time in their rooms, watching television in the lounge and going out into the community for a variety of reasons throughout the inspection.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in ways that prompted staff to provide care that encouraged people to maintain their independence. They described what people could do for themselves and what they required staff to support them with.
- When able, people were encouraged to prepare their own drinks and snacks and were provided with the

equipment and supplies to do this.

- Confidential information regarding people's care was stored securely on a computer to protect people's privacy.
- Equipment was used to help maintain people's independence, but also keep them safe.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team had begun reviewing, updating and improving people's plans of care to ensure they were detailed and personalised. Not all plans had been updated; the work was still in progress.
- New care plans included information regarding people's preferences, dreams and aspirations. This enabled staff to know and understand people as individuals.
- Care plans were reviewed regularly to help ensure they remained accurate and reflective of people's current needs.
- Staff responded to people's changing needs in a personalised way. For example, one person had become more disorientated around the home, so staff had displayed a picture on their bedroom door, with an item of interest to the person, to help them identify their room.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and staff were aware how best to communicate with people.
- The registered manager had arranged for a local optician service to visit people at the home, complete eye tests and provide any necessary aids.
- If required, staff supported people to attend appointments when needed, to help ensure people could communicate effectively with health professionals regarding their needs.

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

- Several people were independent and able to participate in their choice of pastime. Staff supported people to access the community and participate in activities if support was required.
- Afternoon tea was available each week in the home, which people told us they enjoyed.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. We saw that no formal complaints had been received since the last inspection.
- People used the regular drop in sessions to address any minor issues they had, and these were resolved

quickly.

- Records showed that previous complaints had been managed well.

End of life care and support

- Care plans showed that conversations had been held with people about their end of life wishes. People's choice was respected and if they did not want to discuss their wishes, this was recorded.
- Nobody was receiving end of life care at the time of the inspection, however staff had access to training in this area and had been allocated dates for completion.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

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 although some improvements had been made, systems in place to monitor the quality and safety of the service were still not effective.

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

- Checks in place to monitor the quality and safety of the service were not always effective. They did not identify the significant environmental concerns we highlighted during the inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new system of audits had been introduced, which covered several areas of the service. New checks on staff recruitment and water temperatures had been commenced.
- The audits showed that actions had been taken to address any identified actions.
- The registered manager had worked to address most of the issues raised at the last inspection.
- Responsive actions were taken during the inspection to rectify the concerns highlighted.

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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way. Records showed people's family members were informed of any relevant incidents.
- Staff told us that they would not hesitate to inform the registered manager of any issues, concerns they had.

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

- People living in the home and staff, knew the registered manager (who is also the provider) and told us they spoke to them regularly in the home and could raise any issues with them.

- The registered manager was aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- The ratings from the previous inspection were not displayed within the home. This was raised with the registered manager who told us they had been on the notice board and must have been removed. They printed off a new copy and displayed them straight away. The rating displayed on the website was not from the last inspection, although the overall rating was the same. The registered manager told us they planned to remove the website.
- A range of policies and procedures were in place to help guide staff in their roles.

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

- People living in the home were engaged through regular meetings and drop in sessions.
- The registered manager was working with other health professionals to ensure people's needs were met.
- Regular staff meetings were held to engage with staff and seek their views.

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>The environment was not always safely maintained as the heating system did not work in all areas of the home and the home was not secure as one door did not lock, leaving easy access to the home.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to monitor the quality and safety of the service were not always effective in identifying areas that required improvement.</p>