

# Key inspection report

## Care homes for older people

<b>Name:</b>	Melrose Court
<b>Address:</b>	74 Cambridge Road Southport Merseyside PR9 9RH

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Elaine Stoddart	0 4 0 8 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Melrose Court
Address:	74 Cambridge Road Southport Merseyside PR9 9RH
Telephone number:	01704226177
Fax number:	01704226177
Email address:	
Provider web address:	

Name of registered provider(s):	Melrose Court Rest Home Limited
Type of registration:	care home
Number of places registered:	21

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	21
Additional conditions:		
Service users to include a maximum of 21 in the category of Old Persons, not falling within any other category.		
The service must employ a suitably qualified and experienced manager who is registered with the Commission for Social Care Inspection.		

Date of last inspection								
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### Brief description of the care home

Melrose Court is a residential care home, which is registered to provide personal care and support for up to 21 elderly residents. There were 17 residents accommodated at the time of the site visit. 18 single and 1 double room is provided. En suite facilities are provided in 4 single rooms and the double room. Communal areas consist of 2 lounges, conservatory/dining room and a designated smoking room for the residents. All are located on the lower ground floor. The residents have the use a large enclosed garden during the summer. The home has equipment to assist residents who require help with their mobility. Ramps and a lift allow access to all parts of the home and gardens. There is parking at the front of the home. A call bell system is available throughout. Nursing care is provided when required by the district nursing service. The home is

#### Brief description of the care home

situated close to the seaside resort of Southport and its amenities can be accessed via the local transport. The manager is Mr John Burns, who is yet to be registered by the Commission. The home is owned by Melrose Court Rest Home LTD. The fee rate for accommodation is 383.00 pounds per week.

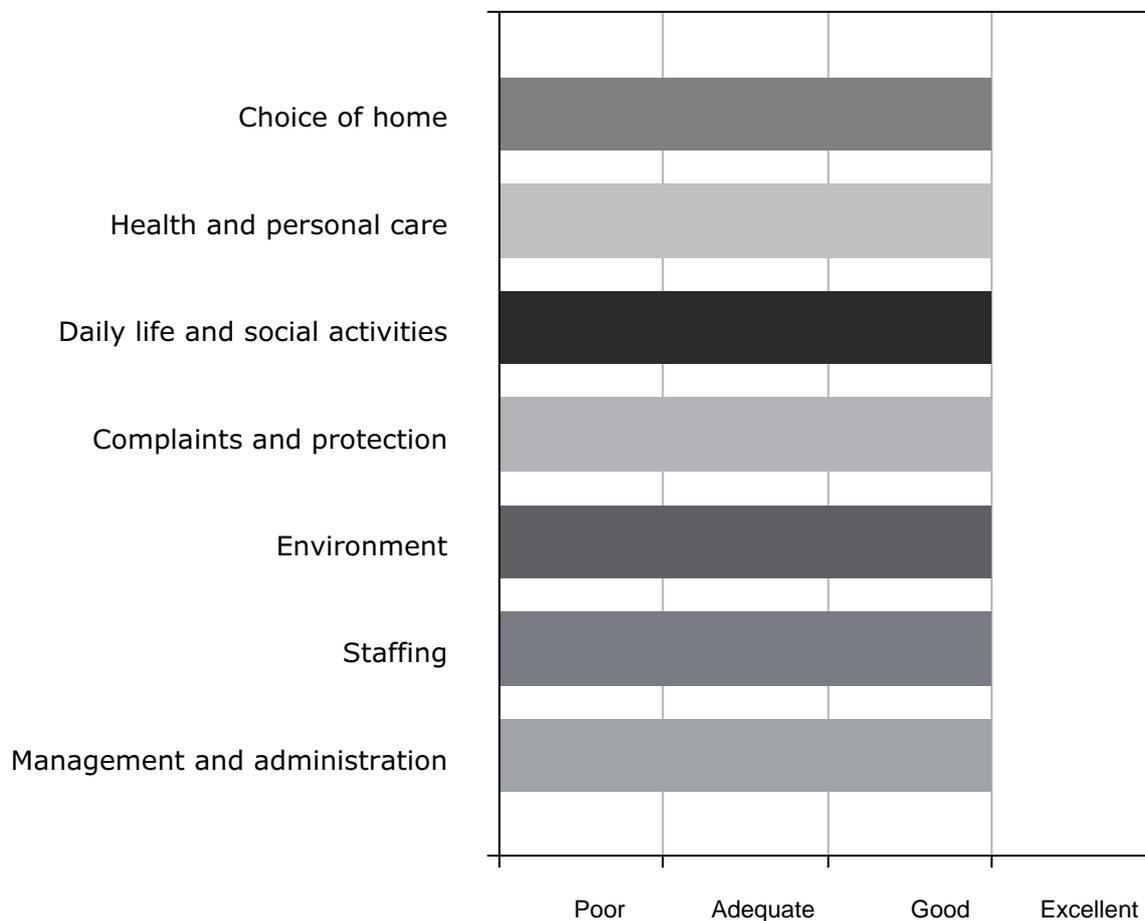
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

A site visit took part as part of the inspection and this was conducted by one inspector over one day for approximately eight hours. Information for this inspection was gathered in a number of different ways. This included the unannounced site visit where time was spent reading service records, looking at areas of the building and speaking with residents, visitors, staff and management.

All of the key standards and other standards were looked at. The manager and a number of staff were present for the inspection. Feedback was provided to the manager at the end of the visit.

'Case tracking' was used as part of the site visit. This involves looking at the support residents' receive from the manager and staff. This also includes looking at the residents care plans to obtain information on how their care needs, medication and finances are managed. Three residents were case tracked, however this was not

carried out to the detriment of other residents who also took part in the inspection process. Time was spent meeting with residents, visitors, relatives and staff to gain their views on the overall service. Surveys were sent out to staff and residents to ask them for their comments. Comments from surveys received and people spoken with are contained within this report.

An AQAA (annual quality assurance assessment) was completed by the manager in good detail prior to the visit. The AQAA comprises of two self-questionnaires that focus on the outcomes for people. The self-assessment provides information as to how the staff and manager are meeting the needs of the people who live there. The data set gives basic facts and figures about the service, including staffing numbers and training. Some information provided by the AQAA is included in this report.

The people accommodated at the home wished to be called residents and this term is used in the report.

The last Key inspection took place on the 2nd August 2007.

### **What the care home does well:**

Information is provided on the home to ensure people are able to make an informed choice prior to admission.

Prospective residents are assessed prior to admission to ensure their needs can be met.

Residents have access to health care services and are assisted by staff to appointments if they wish.

Medication is administered to the residents safely by staff who are trained to do so.

Residents are treated with dignity and respect and are encouraged to make choices in their daily lives.

Visitors are encouraged to call and join in the home's activities. Activities provided are stimulating and enjoyed by the residents and staff.

Meals are home cooked and alternatives offered. Thus ensuring the residents receive nutritious food.

Staff are trained to carry out their roles safely to meet the residents' needs.

The home is well maintained and provides a comfortable, safe place for the residents to live.

### **What has improved since the last inspection?**

The home has undergone some major refurbishment, re decoration and new furnishings since the last visit. This ensures the residents live in a comfortable, well maintained environment.

The manager has completed a National Vocational Qualification (NVQ) Level 3 in Health and Social Care.

The manager has introduced a system for dealing with residents' personal allowances which records all transactions made and has an audit trail to protect residents' monies.

### **What they could do better:**

All areas of the assessment form should be completed in detail to ensure the residents care needs are fully assessed prior to admission.

The manager is strongly recommended to ensure that all risks identified, such as moving and handling and environmental risks to residents are regularly reviewed and records maintained. A risk assessment should be in place to show the need for the use of bed rails. This is to ensure that they are used in the interest of the residents' safety. All risk assessments should be monitored regularly to reflect changing needs. Records

maintained should reflect this.

Care plans should be more detailed and record all aspects of residents' care needs.

It is recommended that the manager conducts and records monthly medication audits to monitor staff competency and ensure medication is administered safely. All residents should be risk assessed if they wish to self medicate to ensure they are safe to do so. Consent forms should be signed by the residents to show they accept that staff are to administer their medication.

The staff training plan should show evidence that staff have received training in Equality and Diversity and Deprivation of Liberty.

A number of communal toilets facilities are in need of upgrading to improve the standard of the accomodation.

The fire door needs re fitting due to the failure to close correctly after the fitting of the new stair carpet.

Two written references must be obtained for all new staff prior to appointment. To ensure safe recruitment practices.

The manager should apply to the Commission to be registered.

Formal staff supervision should take place at least six times a year and regular staff meetings held to ensure staff are supported in their roles.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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Requirements and recommendations from this inspection

## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Clear information is available to enable prospective residents to make a choice if they wish to live there. To ensure residents' safety identified risks must be recorded and regularly updated.

Evidence:

The AQAA reported 'We supply all our residents with a statement of purpose and service user guide. All our clients have a full assessment ensuring that we are in a position to meet all their care needs. Visits to the home are welcome and encouraged.'

We found the statement of purpose and service user guide had be updated and includes all the information required for prospective residents and residents regarding the home. The information was found to be available in all residents' rooms.

One new resident spoken with commented: "I got the information on the home and it seemed like a nice place. When I came here is was just like home. I am very

Evidence:

comfortable here."

We looked at three residents' assessments to see if the information was obtained to ensure the home can meet their needs. Assessment showed details of residents' social interests, spiritual needs, family, finances, favourite foods, sleeping habits and medical history.

A small number of areas in the assessments seen were incomplete. This was discussed with the manager and a recommendation made in this report to ensure that all areas of the assessment form should be completed in detail. This will ensure that records show all residents are fully assessed prior to admission.

Risk assessments were viewed for three residents. The manager was advised to complete a risk assessment for the use of bed rails to show that it is in the interest of the residents' safety. Consent for the use of the bed rails had been obtained and records viewed showed this. The manager should ensure that all risks identified, such as moving and handling and environmental risks to residents should be regularly reviewed and records maintained to show that these are being monitored.

Standard 6 was not assessed as the home does not provide this service.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care needs of the residents could be recorded in more detail to ensure they receive person centred care.

Evidence:

The AQAA reported 'All our clients are treated with the utmost respect and dignity.'

We viewed three residents' care files. The care plans identified the residents' care needs and the actions to be taken by the staff to meet those needs. We discussed with the manager that the care plans should be more detailed and person centred. Thus providing information on all areas of the residents' care needs so the staff have a clear understanding of their roles. Records should be made in the care plans to identify the positive outcomes for the residents. A recommendation is contained in this report and the manager agreed to look at providing more detailed plans of care for the residents.

Care plans are reviewed monthly by the key workers (a carer who works closely with a resident) to monitor the changing needs of the people they care for. The care plans viewed were signed and agreed by the residents.

## Evidence:

Staff spoken with said they have all the information required to enable them provide the care and support to the residents. During the staff handover any changes are reported to them and daily reports are maintained on each resident to keep the staff up to date.

Residents are provided with access to health care professionals and records showed all visits are recorded. Care staff and residents spoken with confirmed this. Staff accompany residents to health care appointments if they wish them to.

All medication is securely stored and administered by trained staff to ensure the residents' safety. Clear information on medication details for each resident was available and this is updated when any residents' medication changes. A copy of the residents' medication needs is provided to the hospital should an admission be made. Thus ensuring the hospital has up to date information on the resident.

Staff are regularly updated with medication information, such as 'side effects', 'what it is for' and 'symptoms to be aware of'. Procedures are in place to ensure staff handle medication safely and all administrations are signed for. Medication was seen to be administered to residents in a very caring and safe manner. It is recommended that the manager conducts and records monthly audits to monitor staff competency and ensure medication is administered safely.

All residents should be risk assessed if they wish to self medicate to show they are safe to do so. Consent forms should be signed by the residents to accept that staff are to administer their medication. A recommendation has been made in this report.

Staff were observed to treat all the residents with dignity and respect at all times during the day. Staff always knocked prior to entering private rooms. Staff were observed to speak to residents using their preferred term of address. Staff were seen to respond to residents' needs quickly if the call bell rang and dealt with personal care in the privacy of their own rooms.

Visitors have access to use residents' own rooms and the small lounge should they wish to see their relative in private. This was observed throughout the day of the visit as relatives called in.

Residents spoken with were very complimentary regarding the care and support provided and the pleasant approach of the staff. Comments include:

Evidence:

"I can have a bath when I wish and the staff are very caring when they help me"

"Nice, friendly staff"

"The staff are kind to everybody"

The residents were seen to be clean and tidy in their appearance and well cared for. There were no shared rooms occupied at the time of the visit.

Three care files seen contained information signed by the resident/or family to show their wishes at the time of their death. This information is obtained in a sensitive way by the manager.

There is a phone available for the residents' use, however some residents have their own phones or mobiles for their personal use.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents have the opportunity to get involved in a range of activities and to exercise choice in how they spend their day. A good choice of well balanced meals are provided.

Evidence:

The AQAA reported 'We encourage our service users to make their own choices and follow a lifestyle that is compatible with their conditions. We are flexible and very welcoming to family and friends.'

Care records viewed showed that residents' past history, employment, food likes and dislikes and hobbies and interests have been obtained to ensure staff are aware of their needs.

An activity programme is displayed for residents and visitors to view. The activities include quizzes, organist, memory games, bingo and BBQ's when the weather is fine. Several residents were observed to take part in a quiz in the morning and a memory game in the afternoon. There was a lot of laughter and the residents were observed to enjoy the sessions with the staff. The staff spoken with commented that it is good to spend some time with the residents and have a good laugh. When staff have the time

## Evidence:

they take individual residents out to get some shopping. One resident commented: "I was taken to Tesco last week and I enjoyed it as I was able to buy the things I need."

Visitors are made welcome at all times and were present throughout the day. A number of visitors called and offered a cup of tea by staff. Visitors are able to join in activities if they wish.

One visitor spoken with commented: "This is a lovely home. My relative is very settled here and the staff are lovely. When I used to call she didn't want me to go but now I feel as though I am interrupting as she likes to take part in the activities, which she enjoys. I feel that is a good thing."

The residents have the choice to join in the activities if they wish. Residents spoken with confirmed this and commented: "There are activities if you wish to join I but we like to watch the TV in my own room".

Meals are served in the dining area or in the residents own rooms if that is their wish. In the main the residents attend the dining area for their meals, which provides a pleasant area for them to sit. The tables were nicely set out and meals were served in a pleasant, unhurried manner by the staff.

The cook works six days a week and has worked at the home for a number of years. She demonstrated a good knowledge of the residents likes, dislikes and how they like their food to be served, such as cut up small to enable them to manage better. Dietary needs are catered for, such as diabetes. The cook has a food hygiene qualification to ensure food is delivered safely.

Menus are planned over a four week period and contain wholesome, nutritious food. On the day of the visit home made meat pies and tarts were being baked. The menu is displayed in the dining area for the residents to view. Residents spoken with commented:

"The food is very good"

"Good choice of meals"

Alternatives are provided should the residents not like the dish of the day. Residents confirmed that alternatives are offered and this is not a problem. "We just ask for something else and the staff sort it out."

Evidence:

Residents were seen to compliment the cook after their meal to show they had enjoyed it.

Residents are encouraged to handle their own financial affairs where possible. The manager handles some personal allowances. These are mainly to pay for papers, hairdressing and chiropody. All transactions made are recorded and regular checks made by the family and owner who countersign to agree the balance. Receipts obtained to show an audit trail. Where residents require an impartial person to deal with their finances the manager arranges for an advocate to attend. Evidence of this was seen at the inspection.

Residents are encouraged to bring personal items into the home and this was seen in a number of residents rooms viewed. One resident commented, "It is lovely to see my own belongings around me. It feels like home."

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents complaints are listened to and they are protected from harm by the home's policies and procedures.

Evidence:

The AQAA reported 'We have a comprehensive complaints procedure in place. We monitor all staff to ensure that all our service users are treated with dignity and respect and that all their care needs are met'. The AQAA reported one complaint since the last visit and dealt with within 28 days to the satisfaction of all parties. No safeguarding issues had been reported. No complaints have been received by the Commission since the last visit.

The statement of purpose outlines the complaints procedure and this is available to all residents in their own rooms should they wish to complain.

Residents spoken with confirmed that they would have no problem talking to the manager or staff if they had any concerns and were confident that they would be listened to.

All staff are trained in abuse and are aware of the safeguarding procedures should they witness any concerns. A copy of the training plan was viewed and showed that staff receive training in this area and have access to a copy of the local procedures. Staff spoken with had a good knowledge of what action to take should they witness or

Evidence:

have concerns regarding abuse. Those spoken with said they wouldn't hesitate to alert any issues.

Visitors spoken with commented that should they have any concerns they would discuss them with the manager who is very approachable and "Would sort it out."

Policies and procedures are in place to ensure residents' finances are protected.

The AQAA reported that the manager is aware of the duties and responsibilities under the Mental Capacity Act 2005 to safeguard people who may lack capacity to make particular decisions. Training in the Deprivation of Liberty is provided to staff to ensure their understanding. It is recommended the manager should evidence this in his staff training plan. Staff are made aware for Equality and Diversity within the induction provided. This training should also be evidenced within the staff training plan.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents live in comfortable, clean and safe accommodation.

Evidence:

The AQAA reported that the home is safe and comfortable.'Ongoing maintenance has taken place to improve the standard of the home. These include the complete refurbishment and re-decorated the entrance hall and stairs. New flooring and carpets in some private rooms. New UPVC windows have been fitted in some rooms, which have also been redecorated.'

A tour of all the communal rooms was made and a number of residents rooms viewed. The home was found to be clean and comfortably furnished and provides a safe environment for the residents. The AQAA reported that all certificates for services were up to date to ensure the safety of the residents. A number of these were checked to confirm this.

The front of the premises provides a well presented welcome to the home. The entrance hall has been completely refurbished and provides a homely feel to visitors.

Communal areas for the residents include a lounge, conservatory, small quiet lounge and a very large well kept garden with disabled access. The home provides a separate smoking room for those residents who wish to smoke.

## Evidence:

Work has taken place on the building to improve the structure of the home and the interior is in the process of an ongoing maintenance programme. A number of toilets were noted to be in need of upgrading to improve the standard. This was discussed with the manager who commented that priority had been given to building works and improving the entrance hall. The toilets are to be upgraded within their ongoing maintenance plan and a recommendation made within this report.

Resident's rooms viewed were found to be clean and comfortable. Clean fresh towels are provided daily by staff who conduct daily room checks and report any breakages in the repairs book.

Residents spoken with confirmed they were satisfied with their rooms. Comments include:

"I think I have the best room in the home"

"My room is just like home"

The home has double rooms, which are presently used for single occupancy.

In view of the new hall and stairs carpet the fire door at the top of the stairs did not shut properly. This was discussed with the manager who confirmed he is to conduct repairs to make the door safe. A recommendation is made in this report.

Staff qualifications and certificates were displayed around the home for residents and visitors to view. A copy of the inspection report and certificate was displayed in the entrance for visitors to read.

Handrails are in place throughout to aid independence. Disabled access is available to the rear of the home. Equipment was in place in the bathrooms to assist residents with mobility problems. A call bell is available throughout so the residents can call for assistance when needed.

The front entrance displayed a notice for visitors to be aware of the concerns regarding Swine flu and the care to be taken to avoid cross infection. Staff were seen to use the gels available all around the home. Gloves and aprons were plentiful in supply and observed to be used by staff to avoid cross infection. All staff are trained in infection control to safeguard the residents. Paper towels and liquid soap are in place in the toilets and bathroom to minimise cross infection.

Evidence:

The laundry is located in the basement and is well equipped to deal with residents' washing.

Residents have lockable facilities in their rooms to store valuables if they wish.

## Staffing

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are cared for by staff who are trained. Two references must be obtained for all new staff prior to appointment to ensure robust recruitment practices. Thus ensuring the safety of the people they care for.

Evidence:

At the time of the visit seventeen residents were accommodated and there was one vacancy. Sufficient staff were on duty to meet the residents needs. These included three carers (including one senior), the manager, a cook and one domestic. Night cover is provided by two night staff.

The AQAA and training plan viewed showed that sixteen permanent staff are employed and seven have National Vocational Qualifications (NVQ) at Level 2 or above. Staff spoken with confirmed that NVQ training is ongoing and some staff are now undertaking this qualification to improve their skills.

The manager is qualified to provide 'in house training' to the staff and conducts the majority of the training in the home.

The staff training plan was up to date, with the exception of a newly appointed carer, and includes all statutory training such as moving and handling. Other courses provided include dementia care, abuse and medication. This ensures the staff are

Evidence:

equipped with the skills to carry out their roles safely.

Staff spoken with commented:

"Training is the best we have ever had"

"The induction is thorough"

"Melrose Court is a happy home. Care of the clients is a 100%"

"We have a great team and we all work together"

"We are like one big family"

Staff files viewed showed that all staff are recruited following an up to date criminal record bureau check (CRB). Thus ensuring the residents are safe. The manager must obtain two written references for all new staff prior to employment. Three staff files viewed showed this was undertaken with the exception of one staff member who had evidence of only one reference on file. This was brought to the attention of the manager and a requirement made for two written references to be obtained for all new staff to provide robust recruitment practices and ensure the residents' safety.

A full induction is provided for all new staff in line with Care Training North West. This is to ensure their understanding the principles of care.

Staff also receive training in Equality and Diversity and Deprivation of Liberty. To ensure they are aware of residents diverse needs. This information was reported in section 4 of this report and a recommendation made to record this in the staff training plan.

Residents provided positive comments regarding the staff.

"Staff are lovely"

"Always willing to help"

Staff seen to be attentive to residents' needs at all times and a pleasant, friendly atmosphere was present.

Evidence:

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is run in the best interest of the residents.

Evidence:

The AQAA reported 'We ensure that the home is managed by a competent person and have a management structure in place to ensure all the needs of our service users are met. The Manager has attended specialist courses and gained NVQ 3 In Health and Social Care adding to his Management experience and knowledge.'

The manager has been managing the home for over two years and is yet to be registered with the Commission. The manager informed us he is to take NVQ Level 4 and has completed the application to the Commission to apply to be registered. The manager has worked well with us and informs us of any issues concerning the home.

There is an open door policy and the manager was seen to be approachable to staff, residents and visitors at all times. Both the staff, visitors and residents spoke highly of the manager.

Evidence:

Residents commented:

"The boss is great"

"He is very kind to everybody"

Visitors commented:

"John is very approachable"

Staff commented:

"The manager is always there if we need him"

"I feel I can talk to him in confidence"

Quality assurance checks on the service are provided annually by an external agency. This involves sending surveys to the residents, relatives and staff to obtain their views. Comments received were positive regarding the care at the home. A recent article was published in a local newspaper from a relative who praised the home on the care provided. The manager conducts monthly audit reports to monitor the progress of the service and looks the core principles of the care provided. These include privacy, dignity and rights of the people they care for to ensure this is being provided. Actions taken to make improvements are recorded to ensure continuing monitoring. Thus ensuring positive outcomes for the people who live at the home.

To ensure the residents' safety all accidents and injuries are recorded, staff are appropriately trained and regular fire safety and water temperature checks are conducted. Certificates for services are up to date and ensure a safe place for the residents to live.

Staff supervision was found to take place on a less formal basis as the manager speaks to staff daily. It was recommended that formal supervision and regular staff meetings take place and are recorded to show staff are appropriately supervised and supported. Staff confirmed the manager is always available if needed.

A pleasant inclusive atmosphere was present throughout the day. Residents spoken with were satisfied with their care.

Evidence:

All policies and procedures up to date and available to staff who sign to acknowledge receipt. This ensures the staff have the information available to them to carry out their roles safely.

All financial transactions made on behalf of the residents are in line with the home's policies and procedures to ensure the people they care for are protected.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	Two written references must be obtained for all new staff prior to appointment.  To ensure robust recruitment practices and to keep residents' safe.	31/08/2009

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	3	All areas of the assessment form should be completed in detail to ensure the residents' care needs are fully assessed prior to admission.
2	3	The manager is strongly recommended to ensure that all risks identified, such as moving and handling and environmental risks to residents should be regularly reviewed and records maintained. A risk assessment should be in place to show the need for the use of bed rails. This is to ensure that they are used in the interest of the residents' safety. All risk assessments should be monitored regularly to reflect changing needs. Records maintained should reflect this.
3	7	Care plans should be more detailed and record all aspects of residents' care needs.

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
4	9	It is recommended that the manager conducts and records monthly medication audits to monitor staff competency and ensure medication is administered safely. All residents should be risk assessed if they wish to self medicate to ensure they are safe to do so. Consent forms should be signed by the residents to they accept that staff are to administer their medication.
5	18	The staff training plan should show evidence that staff have received training in Equality and Diversity and Deprivation of Liberty.
6	19	A number of communal toilets facilities are in need of upgrading to improve the standard.  The fire door needs refitting due to the failure to close correctly after the fitting of the new stair carpet.
7	31	The manager should apply to the Commission to be registered.
8	36	Staff supervision should take place at least six times a year. Regular staff meetings should be arranged. To ensure staff are supported in their roles.

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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