

Melrose Court Rest Home Limited

Melrose Court Rest Home Limited - 74 Cambridge Road

Inspection report

74 Cambridge Road
Southport
Merseyside
PR9 9RH

Tel: 01704226177

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Melrose Court Rest Home is registered for 21 older people with a range of needs. It is situated close to the centre of Southport which can be accessed via nearby public transport. Accommodation is provided over three floors. The home has three double rooms and eight of the 18 rooms have en-suite facilities. A passenger lift provides access throughout the home. Bathrooms and toilets are provided with equipment to assist with bathing.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Everyone who lived in the home said they felt safe. There were robust measures in place to ensure people were safe. Risk assessments were in place for areas such as pressure care, safe environment, falls and mobility, and nutrition and hydration.

There were sufficient staff on duty to meet people's needs. Staff rotas showed a consistent number of staff were on duty each day. People told us call bells were answered within a reasonable time.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely. Staff were supported by the home manager through regular supervisions, annual appraisal and regular training. Staff had attended training in subjects such as first aid, fire safety, food safety, moving and handling, infection control, safeguarding and medication. New staff were required to complete an induction. Staff meetings were held regularly.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines to ensure errors were kept to a minimum.

The home was very clean and there were no odours. The home was well maintained and in good decorative order. People's bedrooms were personalised and were decorated and furnished to a high standard.

Regular checks and tests, such as gas, electricity, water safety, fire drills, fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home.

People's needs were assessed and reviewed regularly to reflect their current health and support needs. People were supported to maintain healthy lives; records showed that people were supported to attend medical appointments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw clear evidence of staff working effectively to deliver positive outcomes for people.

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. Drinks were offered throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals were provided accordingly.

Everyone living in the home was very complimentary about the attitude of the staff and the way they were treated. Staff showed kindness towards the people in the home. It was clear from the banter and laughter that people were comfortable with staff and enjoyed their support.

Staff supported people to make decisions about their care, support and treatment. Staff showed a good understanding of people's likes and dislikes and preferred routines. This information was recorded in people's care records.

People and their family members were involved in the planning of their care and family members kept up to date with matters relating to their relative's health and welfare.

There was a complaints policy in place, which was displayed in the home. No complaints had been made since the last inspection.

Activities were planned each day and took place each morning and afternoon.

Quality assurance audits were completed by the registered manager and senior care staff which included, medication and health and safety.

People living in the home met each month with their key workers to provide any feedback about the home and any issues they had. There was a process completed annually where their relatives had the opportunity to voice their opinions about the service.

There was a caring, person-centred, and open culture in the home. The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home and on their website.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 9 January 2019 and was unannounced.

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

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the Infection Prevention and Control team and the Commissioning team at the local authority to see if they had any updates about the home. We received feedback from two health and social care professionals who had worked with the registered manager and staff in the home. Both gave very positive feedback regarding the high level of care at Melrose Court.

During the inspection we spoke with seven people who were living at the home and three relatives/visitors. We spoke with a total of five staff, including the registered manager and the cook.

We looked at the care records for two people living at the home, three staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, dining area and lounges. We spent time with people during lunch.

Is the service safe?

Our findings

People said they felt safe living in the home. Some of their comments included, "I've been here for two years and feel safe", "I've been here for three years and feel safe and cared for", "I feel very safe and comfortable, even though I can't see. I belong, I fit in" and "Extraordinarily safe. Definitely looked after".

There were robust measures in place to ensure people were safe. All visitors were asked to sign the visitors book. Risk assessments were in place specific to individual needs and detailed how staff should support people to keep them safe. Risk assessments included mobility, falls, diet and nutrition, skin integrity and personal care. We saw through people's body language that people were comfortable with the staff.

Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse. There was sufficient staff on duty to meet people's needs. Staff rotas showed a consistent number of staff were on duty each day. We observed people's needs being attended to and call bells answered swiftly. One person said, "I don't have to wait if I want anything". Another person told us, "I don't wait long if I ring the bell."

We looked at how staff were recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out at the start of a person's employment. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum. Regular stock checks and audits were completed: the registered manager addressed any issues found promptly.

The home was well maintained and in good decorative order. People's bedrooms were personalised. A cleaning rota was in place to maintain good standards of cleanliness. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were attended to in a timely way. Regular checks and tests, such as gas, electricity, water safety, fire drills and external checks of fire fighting equipment, were completed to maintain safety in the home.

We found the home clean with no odours. Staff wore personal protective equipment (PPE) such as aprons and gloves when conducting personal care, administering medication and serving meals to prevent any cross contamination.

Accident and incident forms were collated and analysed by the registered manager each month to look for any themes or trends.

Is the service effective?

Our findings

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. One person said, "Staff meet my needs, but I have had a few health problems and have a review meeting to see if I can stay here or need more care."

People were supported to maintain healthy lives. Appointments were made regularly to visit the GP, dentist, optician and a chiropodist to help to maintain good health. A healthcare professional gave us positive feedback about their experience; their comments included, "The staff are always professional and have good knowledge of the residents. The home provides excellent care and tries to address all individuals' needs. Staff would contact me in a timely manner with any concerns and have always acted on advice." Another healthcare professional told us, "I have always been extremely satisfied with the quality of care being provided to the residents. Melrose Court does an excellent job of caring for residents with complex, high level needs."

Family members told us they were kept up to date with matters relating to their relative's health and welfare.

We saw from the training records and from conversations we had with the staff that they had the skills, knowledge and experience to support people effectively and safely. Staff completed training courses regularly, which included, first aid, fire safety, moving and handling, infection control, safeguarding vulnerable adults and health and safety. Staff were supported by the home manager through regular supervision and an annual appraisal. Staff meetings were held regularly.

We received positive comments about the meals provided, which included, "[Name of relative] likes the food, she has put a bit of weight on, that's a good thing", "Food is very nice, I like the chips", "Food is perfect, cook knows what I like" and "I am satisfied, no complaints".

We saw that people received their choice of meals and staff supported people to eat a balanced diet. There was a wide choice of food on the menu, which changed each week. Most people had their meals in the lounge on the day of our inspection; some ate in their bedrooms. We observed staff supported people with their meals when needed, offering to cut up food if and when necessary, but gave people choice over this. People were offered drinks regularly throughout the day to ensure their hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals and drinks were provided accordingly.

The home had been adapted to meet people's individual needs; equipment to support people with poor mobility was in place in the bathrooms. Access into the home was on a level access and people could get to the garden safely. A passenger lift enabled people to access the first and lower ground floors. People's bedrooms were decorated to their individual taste.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager was fully aware of the process and applications had been made to the local authority.

People living in the home were able to make decisions regarding their day to day choices. We observed staff asking people before carrying out a task to ensure they consented to it taking place. Mental capacity assessments had been completed to determine if people were able to make specific decisions.

Is the service caring?

Our findings

People living in the home and relatives told us that the staff were very considerate, kind, looked like they enjoyed their job and they were very patient with people. Comments included, "Staff are kind and have a chat", "Staff get you anything you want" and "They are kind and respectful".

People told us their relatives they were always made to feel welcome when they visited. Comments included, "My sister is made welcome and offered a drink", "My three nieces come to see me and are made welcome" and "My daughter has lunch when she visits". A relative said, "We can visit whenever we want, just asked to avoid mealtimes."

We received positive comments from a social care professional which included, "Melrose Court is a 'homely' environment, the staff are friendly, caring and professional. The residents I have placed at Melrose Court have always been settled and happy living at the care home."

We saw that the staff showed kindness towards the people in the home. It was clear from the banter and laughter that people were comfortable with staff and enjoyed their support.

Staff supported people to make decisions about their care, support and treatment. Staff showed a good understanding of people's likes and dislikes. This information was recorded in care records.

People's privacy was respected; people could enjoy time on their own when they preferred. Staff checked them regularly. We observed staff knocking on bedroom doors before entering. Some people were supported to maintain relationships with their family members.

Managers were aware of the local advocacy service; the service had been involved with a person. However, most people had family members actively involved in their lives or had appointed people with power of attorney responsibility.

Where possible people were supported to maintain their independence with activities of daily living, attending health appointments and accessing the community. Care plans recorded people's ability to complete certain tasks to inform staff. One person told us, "I'm independent and get myself ready, but can ask if I need help."

Information recorded about a person was stored securely to ensure it was kept confidential. People had signed documents giving their consent for their information to be shared with family members.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. 'All about Me' documents were completed with the person and their family members to give a picture of the person and their preferred routines. For example, their preferred time to get up and retire to bed, their meal and drinks choices. The care plan documents were regularly updated to reflect people's change in need or preference. People living in the home and relatives we spoke with told us they were involved in care plan meetings to review their support.

The home manager had started to complete person centred plans with people, which included people identifying their dreams and wishes. A person who had done so was supported by staff to fulfil their wish. The person told us what a good time they had.

A programme of activities was in place. Care staff were responsible for doing an activity each morning and afternoon. These included, card games, music, bingo, quizzes and board games. Musical entertainers visited the home twice a week. People we spoke with were happy with the activities provided. Their comments included, "I like to watch TV and read a good book in my room", "We play memory games, bingo, other games and have a quiz", "I join in the activities", "I use the garden in the summer", "I like crosswords" and "I get involved with the quiz".

People were supported to follow their chosen faith. People's religious views and needs were recorded; people who wished to attend local church services.

The provider had a complaints policy in place. No formal complaints had been received since the last inspection in 2016. The policy was displayed in the home. Compliments had been received in the form of cards. People told us, "I would say if I wasn't happy, but I am", "If I wasn't happy, I would tell staff and they would put it right", "If I wasn't happy I would tell the staff", and "I would tell the senior on duty if I was upset".

Information was recorded with regards to people's end of life wishes. Some people had chosen to arrange funeral plans with their relatives and details of these were kept in the person's care plan. Advanced care plans and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents were in place where appropriate. Some staff had completed 'End of Life' training and there were plans for more staff to complete the course. There was no one living at Melrose Court at the time of our inspection receiving end of life care.

Is the service well-led?

Our findings

We received positive feedback about the managers and staff at Melrose Court. People we spoke with during the inspection said they would recommend the home to others. A relative said, "It's great Mum being here, the peace of mind we have knowing she is being looked after is priceless." A social care professional told us, "[Registered manager] and the staff team have always seemed dedicated to providing the best possible service to the residents. The management has always been helpful and have a good understanding of the needs of the clients. The management appears supportive of the staff and the atmosphere at the care home is always positive. The documentation is always current, accurate and well written."

There is a registered manager at the home who is also one of the owners (registered provider). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

From discussions we had with the registered manager and the staff we found they were committed to providing a high quality and person-centred service at the home for the individuals who lived there.

Staff reported that the registered manager and home manager were supportive and made themselves available to support staff when they needed it. Staff worked as a team and supported each other.

Feedback was gathered from the people who lived at Melrose Court and their relatives regularly. People living in the home met each month with their key worker and any issues or changes were recorded. Action plans were drawn up to identify when changes had been made or any issues had been resolved. Questionnaires were issued to relatives each year. Feedback from everyone was positive and complimentary and was very similar to the feedback gathered on inspection.

Afternoon tea was held each week for relatives to attend to enable people to meet with the registered manager, home manager and staff on a regular basis.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. Audits were completed by the registered manager and nominated senior care staff which included, medication, care records and health and safety. The registered manager completed a report on all aspects of the service each month.

Melrose Court is a family run business; the registered providers were heavily involved with the day to day running of the home and therefore were knowledgeable about people's needs.

The registered manager was aware of their responsibility to notify the Care Quality Commission of certain

incidents and has submitted notifications to meet this requirement. The ratings from the last inspection was displayed in the home and on the registered provider's website, as required.