

Mr H G & Mrs A De Rooij

Melrose

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Melrose on 11 April 2018 and the inspection was unannounced. We previously carried out a comprehensive inspection of the service on 24 April 2017. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines which the provider had not identified and the service received an overall rating of 'requires improvement'. After that inspection, the provider wrote to us to describe what action they would take to meet the legal requirements.

We undertook this inspection to look at all aspects of the service provision, check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found during this inspection that improvements had been made and the breach relating to safe management of medications had been met. However, we identified further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for Melrose remains as requires improvement. We will review the overall rating of requires improvement at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been made and sustained.

Melrose is a 'care home' which is registered to provide accommodation for up to 29 adults who require support with personal care and specialises in providing support for younger adults with enduring mental health conditions. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection there were 28 people living at the service on a permanent basis and one person who was leaving the service that day after a short 'respite' stay.

There was a registered manager in place. 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.

During this inspection, we identified breaches of regulations. This was because the systems and processes to monitor the quality and safety of the service were not sufficiently robust to identify shortfalls in records and areas that needed improvement. Staff recruitment and appraisals records were disorganised and contained gaps and people's daily records had not been checked. Some staff practices were task led and not person centred. At lunch time staff did not instigate any conversation with people and some interactions that did take place were not dignified or respectful.

Some of the communal areas of the service were not homely. We have made recommendations for the provider to seek advice from a reputable source with regards to current best practice for creating a homely environment.

People were involved in the assessment of their needs and plans were in place for how they wanted and needed their support to be delivered. People were free to come and go throughout the day and spend their time as they wished.

People told us they felt safe and well cared for living at Melrose. They told us staff were always available to support them if needed and that they felt able to raise concerns with them. Staff new people well and most of the time were caring and respectful in their interactions with individuals.

Robust systems were in place to ensure the safe handling of medicines. People were supported to take responsibility for their own medicines whenever possible. The service was clean and the premises and equipment were routinely checked and serviced.

Where necessary, people were supported to access advocacy services to help them express their views and opinions about their care arrangements.

Systems were in place to ensure staff were safely recruited and staff told us they received the induction, training and supervision they needed to be able to carry out their roles effectively. They told us they felt supported by management who they found approachable.

People who used the service were encouraged to participate in activities which met their interests and helped to promote their health and well-being. People were also supported to keep in contact with friends and family.

Records we reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People were also supported by staff, as far as possible, to maintain a healthy diet.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff had been recruited safely but staff personnel files were disorganised and did not all contain the required information.

Incidents of potential abuse had been acted on and reported appropriately.

There were sufficient numbers of staff on duty to meet people's needs.

The premises and equipment were safe, clean and hygienic.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received the training they needed to undertake their roles but had not always received documented supervision or an annual appraisal of their performance.

Parts of the service were not homely. We have made a recommendation in relation to providing a homely environment.

People enjoyed the home cooked meals provided and their dietary needs were catered for.

Staff gained people's consent before delivering care and worked within the principles of the Mental Capacity Act (MCA).

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Some practices were outdated and institutional. Staff interactions with people were not always dignified and respectful and people's choice was not always promoted. We have made a recommendation in relation to these issues.

Staff knew people well and people felt cared for.

Requires Improvement ●

Information about people was stored securely.

Is the service responsive?

The service was responsive.

People's needs had been appropriately assessed and planned for.

Staff monitored people's well-being and responded to any changes in their condition,

People felt able to raise concerns and complaints were managed well.

Good ●

Is the service well-led?

The service was not consistently well-led.

Quality assurance systems in the service had not been sufficiently robust to identify the shortfalls found during the inspection.

Staff enjoyed working in the service and felt well supported by their colleagues and management.

The management and staff worked well with other stakeholders involved in people's care.

Requires Improvement ●

Melrose

Detailed findings

Background to this inspection

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

This inspection took place on 11 April 2018; and the inspection was unannounced. The inspection was undertaken by one adult social care inspector, a specialist advisor in mental health and an expert by experience who had experience of using mental health services.

In preparation for our visit we contacted the local authority quality assurance and safeguarding teams and 14 other health and social care professionals involved in the care of people who live at Melrose to ask them for their feedback and received two responses. We also checked the information we held about the service and the provider, this included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

When planning the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the service. With people's permission we looked at the communal areas and met with 14 people who lived at the service, seven of whom gave us their views. We also spoke with the registered manager, deputy manager, a support worker, an assistant support worker, three visiting health and social care professionals and one person's relative.

We looked at a sample of records including six people's support plans and other associated documentation, five staff recruitment records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, maintenance records and a sample of policies and procedures and audits. We also observed the administration of medicines and the lunch time experience and interactions

between people and staff.

Is the service safe?

Our findings

At the last inspection on 24 April 2017 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines. At this inspection we found improvements had been made, the breach had been met and the management of medicines was safe. However, we also identified further breaches of regulations in respect of records relating to staff recruitment records and the appropriate recording of incidents of potential abuse.

The provider had safe recruitment procedures in place; however staff recruitment files were disorganised and none of the files seen contained all the required information. For example one staff file contained one reference rather than two, some files did not contain evidence that the references had been verified, one had only one form of photographic identity, most of the files did not include a full work history or an explanation for the gaps in their employment and one did not have any evidence that a DBS (Disclosure and Barring Service) check had been completed. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. We raised this with the management of the service who assured us that all the required information had been obtained prior to the staff starting work but had either not been recorded properly or had not been stored in the relevant files. Following the inspection the provider sent us the missing information. However on the day of the inspection these records had not been available to view and the providers own checks had not identified the information was missing from the staff recruitment files.

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

The deputy manager told us all incidents were recorded on incident reports. They explained these were reviewed on a daily basis and when appropriate to do so were reported to the local authority for them to consider under local safeguarding protocols. The majority of accidents and incidents had been recorded on accident and incident reports had been managed safely and appropriate action taken to reduce the risk of re-occurrence. Where appropriate, any identified potential abuse had been reported to the local authority for them to consider under safeguarding protocols. Lessons learned and any changes to people's support plans were communicated to the staff team at handover or at additional staff meetings which were arranged to discuss specific issues.

Improvements had been made in relation to the management of medicines. Medication administration records (MAR) had been fully completed and were checked for accuracy on a regular basis. Medicines were stored appropriately and securely and in line with legal requirements. There were protocols in place for as and when required (PRN) medicines could be administered to people and these had been followed. There was a system in place for people who lived in the service to self-administer their own medicines once they had demonstrated they were able to do so safely. Medicines were only administered by staff who had received the relevant training and whose competencies had been checked. We noted the medication

refresher training was overdue for some staff however the deputy manager explained this was because they were changing over to a new training provider and the update training and competency checks would soon be provided.

People were supported to be safe without undue restrictions on their freedom and choices with regards to how they spent their time. Throughout the inspection, we saw people moving freely around the service and accessing the local community. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. For example we saw risk assessments for people who smoke, manage their own finances and access the community. There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm tests took place along with fire evacuations to ensure that people and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and where required an individual personal evacuation plan was in place. Legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. A health and safety checklist was completed on a daily basis which identified any repairs or action that was needed to ensure the safety of the premises. We also noted the lights on the first floor were not working however there was no record of this was on the health and safety checks. Staff told us this had been on-going for several weeks and thought they were due to be repaired. The deputy manager gave assurances that an electrician was due to visit the service soon and that this would be added to the list of work needed.

People who used the service told us there were enough staff on duty to provide the support they needed. The deputy manager told us extra staffing was arranged if required and that a member of the management team were always on call to provide assistance if needed. The deputy manager told us they had three staff vacancies which they covered through offering staff additional hours or by using agency but that they always had a permanent member of staff on duty and records confirmed this. The registered manager and deputy manager told us another two staff were due to leave the service soon. They explained they had looked at the reason staff were leaving but that the majority of staff had left to either develop their careers or because they were moving away from the area.

The service was clean and odour free and staff had access to personal protective equipment (PPE) when needed. All staff had completed training in infection control and food hygiene and the service had been awarded a five star food hygiene rating by the rating as part of the environmental health.

Is the service effective?

Our findings

Initial pre-admission documents had been completed for each person which set out their individual physical and mental health issues and looked at them holistically. This information had then been used as a base on which to compile a care plan. Most care plans indicated the person's involvement, their choices, likes, dislikes and where appropriate the involvement of their relatives. Information also included guidance for staff as to people's mental health conditions and the specific support they required to help manage them. Some care plans detailed the person's hopes and aspirations and detailed actions needed to help support these goals.

Staff told us the training they received was good and they felt they had the skills and support they needed to carry out their roles effectively. Training schedules confirmed staff received essential training such as, moving and handling, dignity and respect and infection control. Staff had received training that was specific to the needs of the people living at the service, this included Mental Health Awareness, Mental Health Act (MHA), the Mental Capacity Act (MCA) and managing behaviour that may challenge others.

There were arrangements in place for staff to receive supervision from their line manager. The deputy manager told us they were a small staff team that worked together on a day to day basis and had regular discussions with individual staff members but they did not always record these discussions as formal supervision meetings. They also told us staff received an annual appraisal of their performance and staff confirmed this. However records for some staff showed they had not received documented supervision on a regular basis or received an appraisal of their performance for over a year. For example one staff member had not received an annual appraisal since 2015, another since June 2016 and one staff member had never had an annual appraisal. Although we did not assess any harm had occurred as a result of this shortfall it has been identified as an area of practice that needs improvement.

Staff we spoke with told us and records we reviewed showed staff were required to complete an induction which helped to ensure they had the knowledge and skills to provide effective care. New staff also completed shadow shifts with more experienced workers to help them understand the needs of the people they would be supporting.

Some communal areas had not been adapted to provide a homely environment. For example the dining room was furnished with hard plastic chairs and at lunch time there was a tray at each place rather than a place mat which made the room look and feel like a canteen. People's bedroom doors did not have a door number or personalised in any way to indicate who lived in which room. We also saw people received treatment from visiting healthcare professionals in the clinic room which was small and not set up or designed for this purpose. There was a programme of renewal and refurbishment in place and on the day of our inspection some carpets were being replaced. However staff expressed frustration at the time it took for items to be replaced and felt more could be done to improve the environment for people.

We recommend the provider seeks guidance from a reputable source on the adaptation and design of the premises to provide a homely environment.

Adaptations had been made to the environment to support people who had mobility difficulties. These included a passenger lift, handrails in corridors and accessible showers, wet room and bathrooms. Corridors were uncluttered and wide enough to accommodate wheelchairs. There was level access to a conservatory and secure garden with tables and chairs. People also had the opportunity to use the communal lounges and quiet rooms located on each floor.

People had a choice of home cooked food at each meal time which they told us they enjoyed. People's comments included; "The food is nice, it's excellent in fact", another person said "They go the extra mile with the cooking". The cook told us they were aware of people's dietary needs and preferences which they catered for. They explained they prepared a two week menu which was made available to people in advance to select from. They told us some people ticked off what they wanted two weeks in advance whilst others made their selection each morning. Staff told us meals were served over two sittings with lunch being served at 12.30 pm and 1pm. Staff told us if people had appointments they would save them a meal which they could have later.

There were arrangements for sandwiches to be made available to people who had an assessed need for example if they were diabetic and needed food quickly. We were told that if other people wanted something to eat outside of the set mealtime then they had to buy themselves a snack from the shop or eat out. The deputy manager told us five people had access to a shared kitchen in which they could prepare their own meals and snacks if they wanted. They explained although other people did not have access to the main kitchen or a shared kitchen, each person was provided with a kettle, tea, coffee, hot chocolate and biscuits in their room.

There were systems in place to monitor people's weight but these were not effective. Records showed some people's weight had significantly changed from month to month. The deputy manager told us this must be a recording error because people's weight was generally stable. However the staff that had made the entries in these records had not identified the change in weight or reported it to the management and the management had no system in place for checking these records. This is an area of practice we have identified as needing to improve.

People told us and records confirmed that people were supported to access health care services in relation to their mental and physical health needs. These included appointments with dentists, opticians and GPs. We met with a healthcare professional who visited the premises on a regular basis in order to undertake health checks with some people. They confirmed they had no concerns in relation to the care people received.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

Management and staff demonstrated a good understanding of the principles of the MCA. Staff told us they

would always support people to make their own decisions, within the context of any legal restrictions in place. Where assessed as needed applications for a DoLS had been submitted to the local authority appropriately. The provider had also introduced a finger print recognition system so that people assessed as having the capacity to make decisions about their safety could leave the building when they chose without having to ask staff.

Is the service caring?

Our findings

People told us staff were supportive and caring. Their comments included "Staff are respectful", "Staff are good", "I like it here, they are pleasant" and "Can talk to any staff". It was evident that staff knew people well and were aware of their personalities, preferences and preferred term of address. One healthcare professional that provided written feedback about the service wrote 'I have visited patients at Melrose over a number of years and I have never had any concerns about the care they receive. The home staff are welcoming and the manager is always present to discuss the residents progress. I believe they are genuinely interested in the welfare of their residents.'

Staff knew people well and we observed some warm interactions for example we saw staff offering reassurance to one person when they were anxious and laughing and joking with others. However we also observed some interactions that were not respectful and saw some practice that was institutional and did not promote choice.

During the lunch time meal we observed staff did not initiate any conversations with people. We saw that a pot of tea had been prepared before the meal and left on the side however when one person left the table and asked staff for a hot drink they were told by a member of staff to sit back down and finish their meal first. On the second time of asking another staff member interjected saying "Let them have a drink".

The system in place for the administration of medication was institutional and outdated. In the morning we observed people sat in dining area waiting for their names to be called out by staff for them to go behind a white board screen in the room to receive their medicines. The practice of shouting out a person's name does not promote dignity and respect for people or promote privacy. Behind the white board screen on a table was a tray of beakers of orange squash lined up for people to take their medicines with. Therefore people did not have a choice of what drink to take their medicines with.

In later discussions with the registered manager and deputy manager they told us receiving medicines behind a white board screen in this manner was people's preferred method of receiving their medicines. They showed us minutes of a residents meeting held in November 2017 which confirmed people who attended the meeting had said they were happy with this arrangement. However it was also noted that not everyone who received medicines from staff had attended the meeting and there was no record that their views on how they would like to receive their medicines had been sought. Later in the day we also observed people queuing up on the corridor waiting to receive treatment in the clinic room which was small and provided only limited privacy. We highlighted concerns about the arrangements of the administration of medicines with the registered manager and deputy manager. They told us the local authority had also raised similar concerns with them and confirmed to us they would review the process to make it a more person centred and dignified process.

The above evidence demonstrates a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a key to their own room and staff were only allowed to enter without the person's consent if they had concerns about their well-being or needed to undertake health and safety checks. People's rooms were personalised to reflect their personality.

People's involvement in developing their care plans was evident from the records and most people confirmed this. We noted that all care records were kept securely on a password protected computer. Any paper records were stored in locked cupboards in locked offices to which only staff or management had access to. This helped ensure the confidentiality of people's personal information.

Prior to their admission to the service people were given a service user guide which contained information about the support they could expect to receive. Information was also available on how to access advocacy services which people had been supported to use. Visitors were welcomed into the service and people were encouraged to maintain links with their family and friends.

Is the service responsive?

Our findings

People told us staff always responded to their needs and supported them well. Comments people made included, "I can't fault the care I get", "I am looked after" and "Staff look after me and keep me clean".

The providers service user guide states 'the ethos of the service is, 'to reclaim and sustain' and drives the commitment to encourage all residents to be able to lead independent and active lives'. People were able to come and go from the service and spend their time as they wished, some people had jobs whilst others socialised in the community. Staff told us when social events were held at a nearby community hall they encouraged and supported people to attend. They also told us they held a coffee meeting and a cooking session once a week.

Staff maintained regular contact with the community mental health professionals who were responsible for reviewing people's care arrangements. This helped to ensure any changes in people's mental health could be closely monitored and action taken where necessary. We received feedback from two professionals who provided support to people at the service and both told us they had no concerns in relation to the care people received. One health care professional who provided written feedback wrote 'They correctly identify changes in mental state, and they alert me or other members of the team promptly if they are experiencing any difficulties with one of our patients'.

We checked whether the provider was following the Accessible information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The deputy manager told us people's communication needs were always considered as part of the assessment and support planning process and records confirmed this.

There was a complaints procedure available to people and records showed that when incidents had occurred staff had asked people if they would like to raise a complaint. We could see from the records that people were encouraged to complete complaints forms if they were unhappy about something. The deputy manager monitored any complaints, compliments or concerns on a daily basis. and used the information to understand how they could improve or where they were doing well. People told us they would feel comfortable complaining to the management if they were unhappy.

Nobody living at the service was receiving end of life care. The deputy manager told us they would make referrals for support to be provided by the relevant health care professionals if someone reached the end of their life and wished to be cared for at the service.

Is the service well-led?

Our findings

We looked at the arrangements in place to monitor the quality and safety of the service. The deputy manager monitored all accidents, incidents and complaints on a daily basis and took action needed to prevent reoccurrence including reviewing relevant risk assessments and associated care plans. People's risk assessments and care plans were reviewed on a monthly basis. However some records were disorganised and some information was difficult to find. There were no systems in place to check that staff recruitment files contained all the required information or monitor whether staff had received regular supervision and an annual appraisal of their performance. In addition to this daily records had not been checked to assess whether or not incident forms had always been completed when needed and records of people's weights were not checked. Therefore the provider had missed the opportunity to identify shortfalls and take appropriate corrective action.

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

The registered manager was aware of their responsibilities notifying CQC of any adverse incidents and events. Records confirmed the majority of the time notifications had been submitted when needed. However there had been some occasions when notifications had not been submitted as required. This is an area of practice that needs to improve and be sustained.

People who lived in Melrose and staff were complimentary about the management and the way the home was run. One person commented "This is the best place I have ever been in" and a relative told us they were very happy with the service and the way it was managed. Satisfaction surveys showed that the majority of people were satisfied with the service they received. People also had the opportunity to attend residents meetings at which they could discuss the running of the service and raise any concerns.

We observed a good working relationship between registered manager, deputy manager and staff. Staff told us they felt valued, listened to, enjoyed working at the service and were part of a good team. All the staff we spoke with told us they felt they were treated equally and supported. Staff saw the registered manager or deputy manager on a daily basis and received regular feedback from them. They also had the opportunity to attend regular meetings to discuss issues relating to the people they were supporting, exchange ideas and develop good practice. One staff member told us they "love working at Melrose", and believed staff "do their best for residents" and "get on well with each other". They also highlighted the management as being very approachable, helpful and accessible.

Management and staff reported they had good working relationships with external agencies, local mental health teams and other healthcare professionals such as GP's, podiatrist and dentists. Management and staff encouraged people to become involved in the local community.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not ensured that people were always treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems for the monitoring the quality of the service provided was not robust. Records were had not always been maintained as required.