

Melba Lodge Limited

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Inspection report

16 Heverham Road
London
SE18 1BT

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08 August 2018

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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

This inspection took place on the 8 August 2018 and was unannounced. Melba Lodge Limited is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Melba Lodge Limited provides accommodation and personal care for up to four people with mental health needs. There were four people living at the service at the time of our inspection.

At our last inspection on 3 July 2017 we found breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to concerns that risks to people's health and welfare were not always managed safely and the provider had not always followed safe recruitment practices when employing new staff.

At this inspection we found appropriate procedures were in place to support people where risks to their health and welfare had been identified. We also found that robust recruitment checks were being carried out before staff were employed to work at the home.

The home had a registered manager in post. 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'. The registered manager was also the registered provider of the home. 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.

There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. There was enough staff and staff were attentive to people's needs. People received support with medicines when required. There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor infection control, the safety of the premises and equipment used within the home.

Staff had completed an induction when they started work and received training relevant to people's needs. 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 support this practice. People were encouraged to eat healthy meals and to cook for themselves. Staff monitored people's health and welfare and where there were concerns people were referred to appropriate health professionals.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People's privacy and dignity was respected. People had been consulted about their care and support needs. These needs were assessed before they moved into the home. People's care plans included sections on their diverse needs. Staff had received training on equality and diversity during their induction. There was a wide range of activities for people to partake in if they wished to do so. The home had a complaints procedure in place and people said they were confident their

complaints would be listened to and acted on. None of the people living at the home required support with end of life care. However the registered manager knew which care providers to contact to access this type of care and support if it was required.

The provider recognised the importance of regularly monitoring the quality of the service. Regular health and safety, medicines, fire safety and incidents and accidents audits were carried out at the home. They worked with other care providers and professional bodies to make sure people received good care. The provider considered people, their relatives and staff views of the service through regular satisfaction surveys. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. Staff said they liked working at the home and they received good support from the registered manager and deputy manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Risks to people were assessed and reviewed regularly to ensure their needs were safely met.

There were robust recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Sufficient numbers of staff were deployed to meet people's care and support needs.

Medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

There were arrangements in place to deal with foreseeable emergencies and systems in place to monitor infection control, the safety of the premises and equipment used within the home.

Is the service effective?

Good 

The service was effective.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff had completed an induction when they started work and they received training relevant to people's needs.

The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People were encouraged to eat healthy meals and to cook for themselves.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff had completed an induction when they started work and they received training relevant to people's needs.

The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People were encouraged to eat healthy meals and to cook for themselves.

The home environment was clean and suitably adapted to meet people's needs.

People had access to health care professionals when they needed them.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring, respectful and dignified manner.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People had care plans and risk assessments that provided guidance for staff on how to support them with their needs.

People's care plans included sections on their diverse needs. Staff had received training on equality and diversity during their induction.

There was a range of appropriate activities available for people to enjoy.

People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated

and action taken if necessary.

None of the people living at the home required support with end of life care. However, the provider knew how to access support if it was required.

Is the service well-led?

Good ●

The home had a registered manager in post.

The registered manager recognised the importance of regularly monitoring the quality of the service they provided to people.

The registered manager worked with other care providers and professional bodies to make sure people received good care.

The registered manager considered people, their relatives and staffs views of the service through regular satisfaction surveys.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Staff said they liked working at the home and they received good support from the registered manager and deputy manager.

Melba Lodge Limited

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 checked 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 the 8 August 2018 and was unannounced. One inspector carried out the inspection. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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. We also contacted health and social care professionals and the local authority that commissions services from the provider to gain their views about the home. We used this information to help inform our inspection planning.

During the inspection we looked at two people's care records, three staff recruitment records and records relating to the management of the home such as staff training, supervision, audits and policies and procedures. We spoke to all four people using the service to gain their views about receiving care. We also spoke with the registered manager, the deputy manager and two support workers about how the home was being run and what it was like to work there.

Is the service safe?

Our findings

At our last inspection of the service on 3 July 2017 we found that risks to people were not always managed safely. A fire door leading to a communal area at the home had been wedged open which meant it would not have closed automatically if the fire alarm had gone off. The provider had not conducted an assessment of hot surfaces such as the exposed radiators to ensure people were protected from the risk of burning. One person's medical condition had been identified as an area of risk but there was no detailed plan outlining how the condition should be safely managed.

At this inspection we found appropriate procedures were in place to support people where risks to their health and welfare had been identified. We noted that the fire door leading to a communal area was not wedged open. The provider had conducted assessments of all hot surfaces in the home for each person using the service. They had installed radiator covers on all of the radiators and there were detailed guidelines in place outlining how people's medical conditions should be safely managed.

We saw that other risk assessments had been completed, for example on self-neglect and mental health relapse. We saw guidelines in place for staff on monitoring and recording any deterioration in people's mental health conditions. This guidance included details of health care professionals or family members to contact so that they could support people in specific circumstances. People also had personal evacuation plans in place, which documented the support they required to evacuate the building in the event of an emergency. One person told us, "We take part in fire drills and I know how to get out of the home and where we need to meet up outside if there is a fire."

At our inspection on 3 July 2017 we also found that the provider had not always followed safe recruitment practices. At this inspection we found that robust recruitment checks took place before staff started working at the home. Recruitment records included completed application forms that detailed full employment history and explanations for any breaks in employment, employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Staffs eligibility to work in the UK had also been verified where required.

People told us they felt safe and that staff treated them well. One person said, "I feel safe here. The staff lock the doors at night." Another person said, "I feel safe. There are always staff or the managers to talk to if I am worried about anything." There were safeguarding adults and whistle blowing procedures in place and staff had a clear understanding of these procedures. Staff told us they would report any concerns they had to the registered manager. Training records confirmed that the staff team had received training on safeguarding adults from abuse. Staff said they would use the whistle-blowing procedure if they needed to. Safeguarding records we looked at included safeguarding policies and procedures, contact information for local authorities and reporting and safeguarding monitoring forms to ensure concerns were managed appropriately and to learn from any on-going safeguarding enquiries.

People said there were always enough staff on duty. Three people told us, "There are two staff around during the day and one at night in case we need them. That's plenty enough for what we need." A member

of staff said, "There are always enough of us around to meet people's needs. If we need more staff then the registered manager would arrange for other staff to come." The registered manager showed us a staffing rota and told us that staffing levels were arranged according to people's needs. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

Medicines were managed safely. Training records seen confirmed that staff had received training and had completed medicines competency assessments before they were permitted to administer medicines to people. People told us staff helped them with their medicines and reminded them when they needed to attend health care appointments. None of the people using the service self-medicated. We saw guidance was in place for staff to support one person to take their medicines under staff supervision. This person told us this helped them to feel independent. Medicines were stored securely. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from weekly medicines audits carried out by staff. People's care folders contained individual medicine administration records (MAR). These included people's photographs, information about their health conditions and any allergies where appropriate. We checked the MARs for two people; these indicated that they were receiving their medicines as prescribed by health care professionals.

The home was clean and tidy and free from any unpleasant odours. One person told us, "It's a nice place to live, we all help to keep the place clean." We saw hand washing reminders and soap and hand sanitizer available in communal toilets. Training records confirmed that all staff had completed training on infection control and food hygiene. We saw and staff told us that personal protective equipment was always available to them when they needed it. Records showed that infection control audits were carried out on a regular basis.

We saw the provider's system for monitoring and investigating incidents and accidents. We noted there had been one incident recorded since the last inspection. The registered manager told us that incidents and accidents would be monitored to identify any trends. Where trends were identified they said they would take action to reduce the likelihood of the same issues occurring again.

Is the service effective?

Our findings

People said the service was effective and met their needs. One person told us, "The staff know what they are doing." Another person said, "The staff are well trained so they know how to support me."

Assessments of people's care and support needs were carried out using the care program approach (CPA) before they moved into the home. The Care Program Approach (CPA) is used to plan people's mental health care. These assessments were used to draw up individual care plans and risk assessments. People's care plans described their needs and included guidance for staff on how to best support them. We saw that people's care plans and risk assessments had been kept under regular review.

Staff told us they had completed an induction when they started work and they were up to date with their training. The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. This was confirmed with the staff we spoke with. We saw a training matrix confirming that staff had completed training that the provider considered mandatory. This included moving and handling, safeguarding, health and safety, first aid, fire safety, infection control, the administration of medicines and food hygiene, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also received other training relevant to people's needs for example, mental health, depression, anxiety, learning disabilities and dementia. One member of staff told us the training they had received on mental health conditions had helped them to understand and support people with their specific care needs. Records seen confirmed that all staff were receiving regular supervision with the registered or deputy manager.

MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS.

We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a clear understanding of the MCA. They told us that all of the people using the service had capacity to make decisions about their care and treatment for themselves. Staff did not place restrictions on people's freedoms and no one living at the home was subject to a DoLS authorisation. The registered manager told us if they had any concerns about people's ability to make a specific decision they would make sure a mental capacity assessment was undertaken and that if required, any subsequent decisions would be made in the person's best interests, involving family members and or health and social care professionals where appropriate.

People were provided with sufficient amounts of nutritional foods and drink that met their needs. We saw a

weekly menu used at the home which was well balanced and varied. People told us they discussed what they wanted to eat with staff at resident's meetings and they supported staff to cook a main meal each day. One person told us, "I love what we have for meals here, the food is five star. We all help with the cooking. I usually peel potatoes or prepare vegetables." Another person said, "I sometimes make Chinese stir fry with staff. Sometimes we get take away meals. We make our own breakfast and we can make tea and sandwiches if we want to during the day."

The home environment was suitably adapted to meet people's needs. There were accessible toilets and bathrooms throughout the home. People also had access to a rear paved garden which included a seating area to relax in.

People had access to a GP and other health care professionals when needed. One person said, "If I need to see the GP, dentist or my community nurse I can do that. Staff make sure I get to my appointments." Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals for advice and support. The registered manager told us that people were registered with a GP and access to a range of other health care professionals such as the local Community Mental Health Team (CMHT), dentists, chiropodists and opticians if and when they required them. We saw that people's care files included records of their appointments with healthcare professionals.

Is the service caring?

Our findings

People told us staff were caring. One person said, "I think all of the staff are caring. They are very nice to me and the other people living here." Another person commented, "The staff are great. They look after us and make sure we get what we need. They are kind and caring and we all get along fine."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. They respected people's choice to spend time in their own rooms if they wished to do so. Staff told us that all the people using the service were independent and did not require any support with personal care; however on occasions they might remind people to shave or change their clothing. They said they knocked on people's doors before entering their rooms and they made sure information about them was kept confidential at all times. Three people told us their privacy was respected, that staff knocked on their doors if they wanted to come into their rooms. However one person said, "Nearly all of the time the staff knock on my door but there have been a couple of times when they didn't knock before coming in." We brought this to the attention of the registered manager who told us they would raise this issue with staff during supervisions and at the next team meeting.

People told us they had been consulted about their care and support needs. All of the people we spoke with were able to tell us the names of their keyworkers and said they had regular meetings with them to discuss how things were going with them. They told us they had care plans and risk assessments in place and they had discussed these with the registered manager before signing and agreeing the contents of the plans. One person said, "The registered manager is very good. She always talks to me about my care needs and my care plan. If I think we need to change the care plan I can talk to them about it." Another person told us they attended regular care program approach (CPA) meetings and reviews with staff.

People were supported to maintain relationships that were important to them. People and staff said there were no restrictions on visits to the home. People told us their family members were free to visit them anytime they wished. They said they went out for meals with family members and frequently visited family members at their homes.

People were provided with appropriate information about the home in the form of a 'Residents Handbook'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people when they moved into the home.

Is the service responsive?

Our findings

People told us the service was meeting their care and support needs. One person said, "There is always something to do. Plenty of activities." Another person commented, "I try to be as independent as I can. The staff are helpful and they encourage me to do a lot of things for myself."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Care files contained referral and assessment information, care plans, risk assessments, support guidelines for staff and records of appointments with health care professionals. Care plans described people's mental and physical health needs and provided guidance for staff on how to best support them to meet these needs. Staff we spoke with knew people well and were able to describe people's care and support needs in detail. We saw that care plans and risk assessments had been kept up to date so that staff were fully aware of and could meet people's current needs.

People's care plans contained a section that assessed their diverse needs such as their religious, cultural and sexual orientation. Staff had received training on equality and diversity and understood how to support people with their diverse needs. The registered manager and staff told us they encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do.

People had individual activity plans. Activities included domestic tasks for example, tidying bedrooms and cooking meals with staff support. People told us there were plenty of opportunities to do things outside of the home. They took part in social and leisure activities such as visiting a local library, swimming pool, Tai Chi classes and going for walks. One person said, "We go out a lot. I go shopping with staff to local shops and I go to a café. We always do something on Fridays, we go to shopping centres or trips to the coast. We are going to Great Yarmouth in a few weeks' time." Another person told us, "We all went away on a holiday to Bognor Regis recently. It was great. We had a fantastic time. We have a holiday every year." A third person commented, "I like going out for long walks and playing board games at home."

People told us they knew about the home's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to, and their complaints would be fully investigated and action taken if necessary. One person told, "I know how to make a complaint. But I have never needed to complain." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

The registered manager told us that all of people currently living at the home could understand information in the current written format provided to them, for example the Residents Handbook and the complaints procedure. These could be provided in different formats to meet people's needs if the need arose for example in large print or in different written languages.

The registered manager told us that none of the people living at the home required support with end of life care. They said they would liaise with family members, the GP and health care providers in order to provide people with end of life care and support if and when it was required.

Is the service well-led?

Our findings

People were positive about the registered manager and staff team. One person told us, "The home is well run. There is a good manager and a good deputy manager here. I can talk with them whenever I want." Another person said, "The manager is very good. Everything is well organised." The deputy manager showed us a certificate from a care home magazine [dated March 2018] confirming that, following feedback from residents and relatives, the home had been rated as one of the top 20 recommended care homes in London.

The home had a registered manager in place. The registered manager was also the registered provider of the home. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.

The provider recognised the importance of regularly monitoring the quality of the service. The deputy manager showed us a file that included monthly audit records which confirmed that the home was complying with the CQC's key questions of safe, effective, caring, responsive and well led. These audits included checks on health and safety, staff recruitment, training and supervision, infection control, fire safety, incidents and accidents, complaints, people's personal finances, medicines and care plans and risk assessments. We saw a report from regular six-monthly audits carried out by a local pharmacist. This indicated that medicines were being appropriately managed at the home. The file also contained engineer's certificates relating to the servicing of fire safety equipment and the fire alarm system, gas safety, portable appliances and legionella's testing. We saw a report from an unannounced spot check carried out at the home by the registered manager on 5 August 2018. The registered manager told us they carried out these checks to make sure people were receiving the right care and support. No issues or concerns were identified during the visit.

The provider carried out monthly surveys with people using the service, their relatives, staff and professionals with an interest in the home. Comments from all of the people that had completed the surveys were positive. For example, in July 2018 one person commented that they liked the freedom they had at Melba Lodge. Another person said Melba Lodge was a very relaxing home and staff were understanding. A relative recorded that their relative continued to make good progress especially with personal hygiene. A member of staff commented that managers made sure people and staff were safe and secure. A health care professional commented that staff took good care of their client. The staff and managers were very proactive and they contacted the Community Mental Health Team whenever they needed support.

Staff told us they enjoyed working at the home and there was good team work. They said they were well supported by the registered manager and deputy manager and there was an on-call system in operation that ensured management support was available when they needed it. They said about team meetings, "The team meetings are very good, we talk about people's individual needs and any concerns we have. If there are any accidents or incidents or complaints we talk about them, what we have learned from them

and what we can do to stop them happening again. We also have handover meetings everyday where we talk about what people have done or need to do for example, trips out, health care appointments or tasks they need to do at the home."

People told us they regularly attended resident's meetings where they were able to talk about things that were important to them for example, planned social activities, holidays, personal hygiene and financial budgeting. They said the meetings were very helpful. Residents meetings were attended by people from the home and from a second home run by the provider which was nearby. Minutes from the last two meetings showed they had been very well attended. People's comments and suggestions had been recorded. Items discussed at the meeting in June 2018 included road safety, drinking more fluids due to the hot weather, picnics in the park and planning day trips to the coast. The home also held carers meetings that were attended by people and their relatives, former residents and friends of the home and staff. Issues discussed at the June 2018 meeting included the last CQC inspection, diets and menu planning, annual health checks, quality monitoring, staff training and recruitment, the recent holiday and planning for a holiday in 2019.

The registered manager worked with external organisations to ensure people received good quality care. They told us they had regular contact with the local authority service commissioners and they welcomed their views on service delivery. An officer from a local authority that commissions services from the provider told us the registered manager was always willing to engage with them and took on board best practice and learning. We saw evidence during the inspection confirming that the registered manager and staff worked closely with the Community Mental Health Team, other health care professionals and the prescribing pharmacist. The registered manager also attended provider forums run by the local authority where they learned about good practice carried on at other care homes. They said they had found the forum in January 2018 to be very informative as there was a presentation from a CQC inspection manager. They said this gave them a better understanding of the CQC inspection and reporting processes.