

# The Mellows Limited

# The Mellows

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Mellows is a residential care home providing accommodation and personal care to up to 50 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 49 people using the service.

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

The inspection identified minor improvements were required in the management of medicines. Accidents and incidents that occurred within the home were recorded and appropriate action was taken to ensure people were safe. However, we identified some accidents and incidents that required a referral to the local safeguarding team. People told us they felt safe living at the Mellows.

Risks to people's health and well-being had been assessed and staff had a good level of knowledge and understanding about people's individual risks and how best to support them. There were enough staff to meet the needs of people living in the service.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The meal experience was positive overall, and people were offered a choice of meal options. However, further monitoring was required to ensure people received the option they had chosen. People were supported by competent and knowledgeable staff who were well supported to meet people's needs.

The service was well-led. The staff team told us they felt supported by the registered manager. The registered manager had processes in place to monitor and improve the quality of service people received and had responded proactively to minor concerns identified during this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 21 December 2019).

At our last inspection we recommended that the provider ensured recruitment checks were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection recruitment files looked at met Schedule 3.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to staff not recognising or escalating people's healthcare needs in a timely way. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led relevant key questions sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

**Good** ●

# The Mellows

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

The Mellows is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Mellows is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and four relatives to gather their views on the care they received. We reviewed a range of records. This included six people's care records and risk assessments, and several medicine administrations records (MARs). We looked at three staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service were reviewed. We spoke with seven members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three visiting professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicine related records were not always accurate. We found some gaps in records and some medicines did not always reconcile. The registered manager introduced an additional audit process and nominated and trained two medicines champions following these findings.
- Medicines were administered by staff who had been trained and assessed as competent.
- Individual people's medicines records such as 'when required' medicines guidance were in place.

### Assessing risk, safety monitoring and management

- Care plans contained risk assessments for areas such as falls, mobility, skin integrity and malnutrition and included guidance for staff about how to reduce these risks. However, guidance in place for what monitoring records were required to reduce risk were not always clear.
- When we looked at one person that was at risk of pressure ulcers, the care plan was not clear about if this person required regular repositioning or how frequently. Staff were recording when they had repositioned this person but, on some occasions, there were significant gaps. This person did not have any damage to their skin and equipment was in place to reduce the risks. The registered manager told us they would review risk assessments, so they were clear what monitoring processes were in place.
- The premises and equipment were checked regularly to ensure they were safe for people to use.
- People had personal evacuation plans (PEEPS) in place. PEEPs contained important information such as people's mobility and if they required assistance in an emergency.

### Learning lessons when things go wrong

- The registered manager monitored and analysed accidents and incidents routinely to check for any trends or patterns. This information was used to help inform or improve people's care and prevent any further reoccurrence, when needed.
- When we reviewed accidents and incidents, we noted not all accidents and incidents had been referred to the relevant safeguarding authority. The registered manager told us most people involved in these incidents were under the care of the mental health team but agreed they would now raise these incidents and accidents retrospectively.

### Systems and processes to safeguard people from the risk of abuse

- The provider had policies on safeguarding people from the risk of abuse and whistleblowing.
- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff

were confident actions would be taken if they were to report something. One staff member told us, "If I see abuse, I will tell straight away. If I see abuse or a mark, I would take a picture. If managers did not listen, I would tell CQC."

### Staffing and recruitment

We made a recommendation at the last inspection that the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. The provider had made improvements.

- The provider had completed appropriate recruitment checks prior to employing new staff.
- Information obtained included full employment history, previous employer references, and a criminal records check.
- The provider told us recruitment had been challenging and was researching various opportunities to increase their workforce.
- There were enough staff to meet people's needs and keep them safe. One person told us, "There are staff around when I need them." A relative said, "Yes there does seem enough staff around, I come regularly, and I am always seeing familiar faces."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People's relatives were supported to visit the service, we observed visitors with people during our inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out before people moved in. This was to make sure the service was suitable for them and their care needs could be met. Care plans were then developed from this initial information.
- We identified some improvements were needed in relation to care plans being clearer about whether additional monitoring records were needed as part of controls to reduce risk. We have reported on this in the safe key question.
- The service used recognised tools for assessing risks, such as potential skin damage and nutrition. Staff had a good knowledge of people and their individual preferences and choices.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles.
- People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. A healthcare provider told us they had just completed some additional training for staff which included catheter, continence and pressure care training.
- Staff confirmed they were well supported. One staff member told us, "I am well supported, if I have any doubts I ask."

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

- People were supported to drink often throughout the day. Hot drinks were provided regularly and in addition there were cold drinks available at all times.
- People were positive about the food. One person told us, "Food is good here."
- We observed the lunch time meal being served and people ate well. However, whilst there were two choices, when we looked at the choices people had made the second choice had been changed and the cook was unaware if people had been informed.
- The registered manager told us they had recruited a chef and were waiting for all their recruitment checks. The registered manager told us they would monitor any changes to the menu until the new chef arrived.

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

- Staff worked in partnership with local health services and communicated with them in a timely way. There had been some recent concerns about staff recognising people's health concerns in a timely way. The registered manager told us weekly face to face surgeries had resumed and the service was now allocated a community matron.
- Healthcare professionals we spoke with were positive about the service, one told us, "This service was

amazing during lockdown and really did well taking over wound care." Another said, "The staff are very helpful, and very good with residents. We had a very good relationship during the pandemic and the service took over wound care and managed to heal some wounds."

- During the inspection a healthcare professional came to tell us they had asked for help for a person during the visit and wanted to tell us how quickly staff had responded to their request. "They said, "I do think they have some lovely staff here."

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

- The environment was homely and although an older building, the registered manager and staff ensured people were comfortable and able to move around as independently as possible.
- Doors leading to the garden were open and we observed people using the outside areas.
- We identified some maintenance issues on the day of our visit in relation to the environment, furniture and fittings. The nominated individual and registered manager responded immediately to some of these concerns which were resolved by the second day of inspection. An action plan was sent following the inspection which included the replacement of some bedding and window coverings. The registered manager has also introduced a two-weekly check on all rooms to ensure all concerns will be picked up and addressed immediately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken and records of these were kept.
- Staff had completed training on the MCA and DoLS. A staff member told us when supporting people with decision making, "I would try to listen, or talk to the family, I would go to the manager if I needed further advice." Another staff member said, "We do try to support people with choice, during personal care we take dresses and ask for their choices or show different jugs of juice."

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was available for people and we saw throughout the inspection where they responded to people straight away when they had a request or if they noticed someone was upset.
- Feedback from people and relatives was positive. One relative did have some concerns about their family member which we fed back to the registered manager so they could organise a meeting. One person told us, "It is nice here, staff are nice, and have a sense of humour." Another person told us, "They are all nice people here." A relative told us, "I find them good really and [person] is very comfortable." Another relative said, "Overall I am happy with what I am finding."
- People were involved in the planning of their care. Staff knew people well and could tell us what was important to them. During our observations we observed staff engaging with people, asking them about their family and friends and interactions were kind and caring.
- Staff told us they enjoyed working at the service and teamwork was good. One staff member told us, "It does feel like a nice place to work, everyone is supportive." Another staff member said, "I like working here, I like the residents they are like my Grandma, I like the staff and it is a nice atmosphere."
- The registered manager was aware of their responsibility under the duty of candour and conducted themselves in an open and honest way.

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

- Audits were completed regularly by the senior team to monitor and improve the quality of the service.
- The registered manager and nominated individual responded positively to the minor concerns we found and acted quickly to improve and put in additional processes to strengthen their quality assurance arrangements.
- Staff had regular handover meetings each shift to discuss people's care. A staff member told us, "We have handover and all notes are on the gadget [hand held devices staff use where records are electronic]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they had staff meetings and they felt supported and listened to by the senior staff.
- The registered manager's engagement practices had scope for improvement as meetings with relatives

and residents were not always held regularly. However, we did see people's care was reviewed regularly and relatives told us the service communicated with them well.

#### Working in partnership with others

- Documentation showed staff and the management team worked with a range of other health professionals to help ensure people received person centred support that met their needs.
- The registered manager had engaged with community healthcare services to re-establish face to face visits and additional healthcare support.