

Mellor Nook limited

Mellor Nook Residential Care Home

Inspection report

133-135
Moor End Road, Mellor
Stockport
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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

About the service

Mellor Nook Residential Care Home is a residential care home providing personal care to up to 15 people. The service provides support to older people and at the time of our inspection there were 13 people using the service.

The home is located in the small town of Mellor in Stockport and provides care and accommodation for people. There are a variety of communal areas including lounge and dining areas, garden and shared bathrooms. Bedrooms are situated on the ground floor and first floor of the home with access between floors via a stair lift and staircase. Most bedrooms are single occupancy and some have an en-suite toilet.

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

People were well cared for and felt safe at the home. There were systems in place to ensure appropriate checks of the environment were completed. There were a variety of individual and generic risk assessments which guided staff on how to reduce risk as much as possible. The home was clean and tidy and people told us they were comfortable and happy at the home. There were enough staff to meet people's needs and staff had been recruited following safer recruitment practices. The registered managers were committed to learning lessons and driving improvement in the home and analysed any incidents and accidents for themes and took steps to reduce future risk.

People's needs and risks were assessed and staff knew people well. Staff would seek health care input for people as needed. People were supported to have a healthy diet and staff knew what people liked to eat and drink. Staff had the training and support they needed to care for people living at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who knew them well. People's privacy and dignity was respected and staff supported people to be involved and make decisions about their daily lives. People were encouraged and supported to be as independent as possible.

People's care was person-centred and staff had a very good understanding of people's needs, likes and dislikes. People were encouraged to stay involved with things that were important to them, contact with families was actively encouraged and a range of activities available to promote people's wellbeing. The home had completed an accredited training programme regarding the end of life and staff had a good understanding of how to support people and their families in this area.

The registered managers were responsive to feedback and actively sought the views of people, families and visiting professionals to help drive improvement in the home. Staff felt well supported and encouraged to

develop in their roles and there were good community links and relationships. The two registered managers' skill and knowledge worked to complement each other and drive good quality care for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good (published 10 September 2018).

Why we inspected

This was a planned inspection of this newly registered service under the current provider registration.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Mellor Nook Residential Care Home

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

This inspection was undertaken by one inspector.

Service and service type

Mellor Nook Residential Care Home 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. Mellor Nook 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 were two registered managers in post who shared responsibility for the running of the service.

Notice of inspection

This inspection was unannounced on the first day of inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted local stakeholders to obtain their views about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with two relatives to gain their views on how their family members were supported at Mellor Nook. We spoke with six members of staff including the registered managers, care workers and auxiliary workers. We observed how people were being supported during the day and walked around the service to ensure it was clean and a safe place for people to live.

We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service, including policies and procedures.

We watched people being given their lunch time medicines. We looked at medicine records, including medicine charts and reviewed the systems for oversight and safety checks completed by the registered managers.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People looked well cared for and told us they felt safe at the home. One person told us, "The staff are lovely." We observed staff knew people well and were able to readily offer reassurance if this was needed.
- Staff completed training and understood their responsibilities in keeping people safe. There were policies and procedures to underpin this. The registered managers used scenarios to deepen staff's understanding of the issues they may experience when working in a care environment.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place which covered a variety of potential areas of risk and guided staff on how to reduce risk where possible for individuals. The registered manager discussed the ethos of the home to support positive risk taking and encourage people to remain as independent as possible
- A variety of generic assessments were in place which covered risks associated with the environment and equipment. There were suitable systems for the servicing and maintenance of equipment as needed.
- The registered managers had systems in place to complete and record checks of the environment and we saw that any shortfalls identified were addressed as quickly as possible.

Staffing and recruitment

- Safe recruitment processes were being followed. This included checks with the disclosure and barring service (DBS) and of an employee's character from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff to meet people's needs. People, relatives and staff all felt that staffing levels were appropriate. The provider recruited additional staff on 'bank' to ensure they were able to cover any gaps in staffing levels as needed.

Using medicines safely

- People were supported to take their medicines as prescribed. We observed staff complete a medicine's round and saw they were kind and patient when supporting people to take their medicine, ensured consent was obtained and accurate records of administration maintained.
- People's medicines were securely stored when not being administered. We discussed the arrangements for the security of people's medicines during medication rounds. We were assured the provider had systems to manage the challenges which arose from the layout of the home and that this was subject to constant review.

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.

People were being supported to have visits from friends and family in line with the guidance in place at the time of inspection. The home had a variety of areas where relatives could visit people, including outside areas, quiet inside space, bedrooms and a secure visiting pod.

Learning lessons when things go wrong

- The registered managers welcomed feedback and were committed to driving continued improvement within the home.
- The registered managers actively sought learning opportunities. They engaged in forums run by the local authority for registered managers and providers and signed up to a variety of online forums and discussion groups related to care homes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered managers completed individual assessments of people's needs. These were reviewed frequently and updated if there had been any changes. A variety of evidence-based assessment tools were used to develop a full assessment of a person's needs and assessments were ongoing.
- People and families were involved in assessments as much as possible and this information was all used to develop personalised care plans. One person told us, "Staff will often ask about my care."

Staff support: induction, training, skills and experience

- The registered managers gave staff a full induction prior to them working directly with people. This included an introduction to the service and its systems, a variety of training and the opportunity to shadow more experienced staff. The registered managers told us they would arrange for as much support and shadowing opportunities as staff needed to help staff develop the skills knowledge and confidence they needed.
- Staff spoke very positively about the training and support at the home. One member of staff told us, "The training is excellent and ongoing. We get refreshers when we need them and feel well supported." Staff told us the provider had recently arranged for a dentist to come in and give them training around oral care and this had given them more knowledge when supporting people with their oral care.

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

- Mealtimes were a pleasant and sociable experience for people. The food looked and smelt appetising and we observed people enjoyed their meals. When people needed additional support from staff, such as assistance or prompts to eat a balanced diet, staff did this kindly and with patience. One person told us, "The food is pretty good. They are always trying to feed us."
- The kitchen staff understood how to meet the different needs of people. This included those who needed a modified diet or needed their meals fortified to increase calorie intake and reduce the risks associated with weight loss. Staff knew what people liked and disliked and provided alternatives for people when needed.

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

- The service worked closely with a variety of health care professionals and other agencies. People were visited regularly by a local podiatrist, dentist and hairdresser.
- Staff had good working relationships with the local doctor's surgery and district nurse team and would seek advice if they noted any decline in a person's health.

- Staff knew people very well and used a 'stop and watch' tool to identify any decline in people or when additional support and monitoring might be required. Any issues were discussed with the registered managers and staff team at the twice daily handover meetings. One person told us, "They get the doctor to me if I need it."

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

- People had their own bedrooms and these were decorated and personalised. There were a variety of different communal spaces including quiet areas where people could spend time.
- The home had been adapted with consideration to the needs of the people living at the home. Most people were mobile and independent and the home had handrails and contrasts on the stairs to support people to remain independent. Dementia friendly signs were in place to help people be orientated to where they were in the home.

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.

- People's mental capacity was considered, and where people were subject to restrictions, applications to DoLS was made. Staff had completed training in this area and understood the importance of consent.
- We observed staff consistently obtained consent from people when providing support and would take time to explain what they were doing. Staff encouraged people to make choices about their daily lives as much as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were looked after by kind and caring staff. People told us they had good relationships with staff and one person said, "I like to have a chat with the staff. They are very nice." We observed staff speak to people respectfully and would ensure they took time to chat with people.
- Relatives gave positive feedback about the care being given by staff at the home. One relative told us, "Staff are so personal in the care they give. I am 100% satisfied and recommend Mellor Nook to anyone."
- Personalised information was incorporated into individuals care plans to ensure people's equality and diversity was supported. Staff completed training in this area and respected people's equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Staff collected information about people and their likes and preferences through a 'this is me' and 'things I like' document. We saw that staff knew people well and took time to support people to make decisions. The registered managers used information about people and their lives and incorporated this into people's care plans.
- People and families were involved in developing individualised care plans. One relative told us, "We have been involved in annual reviews. The whole process felt strong and responsive."
- Staff respected people's choices. If needed, the registered managers would arrange for advocacy services to be involved to advocate on behalf of the person's best interests.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "They always knock before they come in to check on me." We observed staff ensured people's dignity and privacy was respected when supporting them with personal care.
- Throughout the inspection we saw that people were encouraged to remain independent and supported to do as much as they could for themselves. One person told us, "I usually do this for myself [get up in the morning] but staff are always around if I need anything."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans. Individual care plans contained detail about the person's needs, health conditions and likes and dislikes. People and families were involved in developing care plans.
- People told us that staff supported them in line with their wishes. We observed people were supported by staff in line with their care plans and staff took time to support people to make decisions and were responsive to any requests people made. One family member commented, "Everything about the care is very integrated. The pastoral care is as strong as the health care. Any little things they are dealing with immediately."
- The home worked to develop a good understanding of people through a 'what I like' profile and 'bucket list'. The registered managers were committed to helping people complete their bucket list. They looked at creative ways to support the completion of these, for example, by using virtual reality programmes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place to guide staff on how to support and communicate with them. These detailed any barriers to communication and steps staff could take to overcome these. Any equipment people might need such as glasses or hearing aids was noted.
- Staff took time to speak with people and understood how best to communicate with the people living at the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff would take people out on trips in the local community when possible. The home had a minibus and would support people to go out to do shopping or other activities locally.
- There were a range of activities provided at the home which included puzzles and quizzes, gardening and animal therapy. The activity worker was very creative in their approach and supported people to engage in activities respectfully, fully considering their needs and strengths. The registered managers commented on the positive impact these activities had on people's wellbeing.
- People were supported to maintain contact with friends and families, and visits were facilitated as much as possible. Alternative contact with people, such as video calling was arranged if needed. A vicar from the

local church came to the home often to see people.

Improving care quality in response to complaints or concerns

- The home had not received any complaints recently. When complaints had been raised in the past, these had been investigated as needed. Action was taken to address the concerns and respond to the person raising the complaints. There was a system where people could anonymously raise concerns but this had not been used. Everyone we spoke with told us they felt able to raise any concerns.
- The registered managers were present within the home and people told us they were very approachable. The registered managers told us being in the home frequently and speaking with families allowed them to address any issues or concerns at a very early stage.

End of life care and support

- Staff had completed an accredited training programme to support people who were approaching the end of life. The registered managers demonstrated a good knowledge of how to support and comfort people and their families as they approached end of life. Care plans in this area were developed when they were required or if the person wanted to have these discussions.
- The registered managers and staff team had received compliments from family who been supported by the home in this area. One family had written, "I wanted to extend my heartfelt thanks for the wonderful, serene and comforting experience undertaken whilst my [family member] was in the last weeks of their life."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff spoke very positively about the management team. One staff member told us, "Because it's a small home the managers are really involved. They have given us loads of support and I feel so much more confident about supporting people and families now. I really enjoy working here."
- People and families spoke positively about the care and the culture in the home. One family member told us, "The registered managers are very good. You can ask them anything and they take time to listen. I am very pleased my [family member] is here."

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

- The registered managers demonstrated they understood their responsibilities under duty of candour. They told us they would always try to address any issues and learn when things went wrong. They were submitting notifications to CQC as required and providing regular data to the local authority as requested.
- The registered managers were responsive to any feedback and keen to embrace opportunities to learn, reflect and improve the service and create an open and honest culture in the home. Staff felt able to raise concerns and felt supported to learn and develop within their role. One family member commented, "The registered managers are so open, accessible and responsive. They are never defensive about any suggestions you might make."
- There were two registered managers in post who worked very closely. Their skill sets complemented each other and ensured good oversight within the home. Appropriate policies and procedures were in place to guide staff and the registered managers were always looking at new systems to drive improvement in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, families and staff felt involved in the service. The registered manager held regular team meetings and these were well attended. Staff told us they felt able to feedback and make suggestions to the registered managers and felt listened to and valued.
- The provider completed annual surveys with families and visiting professionals. This information was compiled and used to develop an annual plan of improvements.
- The home had developed a variety of community links and received regular visits from the local vicar. The

registered managers told us they had developed good relationships with local health care and community services and the home held a defibrillator for the local community to access in an emergency.

Continuous learning and improving care

- The registered managers were committed to continued learning and improvement. They sought feedback from any visiting professionals to the service, actively sought opportunities for learning, and participated in a variety of care related forums.