

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Melba Lodge Limited

16 Heverham Road, Plumstead, London, SE18
1BT

Date of Inspection: 20 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Melba Lodge Limited
Registered Manager	Mrs. Mabel Obianim-Bimpong
Overview of the service	Melba Lodge Limited provides accommodation and personal care for up to four people with mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information sent to us by commissioners of services and talked with other authorities.

What people told us and what we found

All the people we spoke with told us that they were happy with the care provided by the home. People we spoke with told us that staff looked after them well and supported them as and when needed to meet their assessed health and social care needs. For example a person told us: "I do voluntary work twice a week, staff gives me medicines daily". Another person said: "I am very happy, want to stay here, because staff look after me".

We found that people were involved in making decisions about their care and treatment and they experienced care that met their needs. People's care and support needs were assessed and regularly reviewed. Staff understood people's care needs and knew how to protect them from the risk of abuse and harm. Appropriate checks were undertaken before staff began work. People's records were fit for purpose, kept securely and could be located promptly when needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. The manager told us that individual needs and preferences were taken into account at the time of developing their support plan. The support plans we looked at included information about people's choices and preferences, daily living skills, weekly activities, health and care needs, and information about health and safety aspects of their care. For example, one person's support plan stated that staff should ensure that the person was debriefed after any incident of challenging behaviour to reduce incidents of aggression.

People were supported in promoting their independence and community involvement. Each person had an individual weekly activity plan that included maintaining contact with family and friends, doing domestic tasks, participating in community based activities, such as shopping, cinema and voluntary work. People's diversity, values and human rights were respected. People's religious and cultural needs were taken into account and reflected in their support plans. Staff we spoke with understood people's cultural needs and explained how they supported people. For example a person was supported to attend church on Sundays.

The care records we looked at showed that people using the service, their representatives, and staff had participated in the review of their needs assessment and development of their care plan. People we spoke with told us that they had been involved in the planning of their care to ensure their specific needs and wishes were taken into account. We saw people's care plans had been signed by the person using the service and staff to show that they had been involved in the care planning process and agreed with the contents.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan. We saw that an individual support plan based on an assessment of the person's health and social care needs had been developed. People's support plans described how staff should support the individual and also highlighted the areas where the individual could do things for themselves. For example, one person's support plan stated that staff should accompany the individual to the kitchen at all times and supervise safe usage of the gas cooker and meal preparation. Another person's support plan stated how staff continued to encourage and support them to maintain oral hygiene and keep their bedroom clean and tidy.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments and support plans were up to date and had been reviewed within the previous two months. The risk assessments we looked at included fire safety, diet, personal hygiene, using the kitchen and appliances, challenging behaviour and money management. These assessments informed the support plans we looked at which had written guidance for staff to follow to mitigate the risk and to assist staff deliver care that met people's needs. The health care records we looked at demonstrated people had access to external health care professionals' support as and when required, such as the general practitioner, psychiatrist and optician. The staff we spoke with were aware of the individual's care and support needs and how their care should be delivered. Care records we saw showed that staff maintained daily notes to evidence that people's care was delivered in line with their support plans.

There were arrangements in place to deal with foreseeable emergencies. The provider had considered the need to make arrangements in the event of an incident or emergency such as fire. Fire safety records we saw showed that staff had carried out weekly fire alarm checks and monthly fire drills and knew to contact the manager or emergency services when necessary.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People were supported by staff who understood how to protect them and keep them safe. There were safeguarding and whistle blowing policies in place that described staff's responsibility in relation to recognising, reporting and preventing any type of abuse. The staff training records we looked at showed that all staff had completed safeguarding courses in August 2013. The staff we spoke with demonstrated that they understood their responsibilities and the action they would take if they witnessed or suspected abuse, and were familiar with the incident recording and reporting procedures. All the people we spoke with said they felt safe living at home and with staff. For example, one person told us: "If I am not happy I tell the member of staff, there was no instance to inform or tell the staff".

The manager confirmed that there had been no safeguarding issues at the service since the last inspection. A review of the information we hold about this provider showed that no safeguarding issues had been reported to the Care Quality Commission.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Appropriate checks were undertaken before staff began work.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. The manager told us that prior to commencing work all staff had gone through a recruitment process, which included appropriate checks for their suitability to work with vulnerable people. Staff we spoke with told us that they had participated in interviews, completed an induction process, provided references, and had criminal records check completed before they started working at the home.

The five staff recruitment records we looked at showed that all the staff had proof of identity, eligibility to work in the UK, qualifications, employment history, and satisfactory references on record; and that staff had completed their induction before they began their work. This ensured that only suitable staff were employed to deliver care. However, one of the five staff criminal records checks we looked at showed that their criminal records checks had been completed by their previous employer. As a result of our inspection, the provider had stopped this person working in the home until a new criminal record check was carried out by their current employer. All the people we spoke with said they felt safe with staff.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including care records were accurate and fit for purpose. The provider kept appropriate records including assessments and support plans to ensure people were protected against the risks of unsafe or inappropriate care. The care records that we looked at showed that people's care needs were reviewed and updated to reflect their current needs and people had signed support plans to confirm that they had agreed to the care and support that would be provided. The manager was able to produce people's records promptly when we requested them during the inspection. Staff documented the care and support they had provided to each person on a daily basis. The maintenance of accurate records by staff ensured that planned care was safely delivered to meet people needs.

Records were kept securely and could be located promptly when needed. The records management policy we saw stated the retention periods and how people's records would be destroyed securely. We found that all staff records such as recruitment, induction, training and supervision were up to date, kept securely and provided promptly when required. We found that people's individual care records were kept securely and could easily be accessed by staff when planning, delivering or recording care given to people.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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