Melrose Care Limited

Melrose Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

About the service:

Melrose Care Home is a 26 bedded home that provides nursing care and support to elderly frail people, specialising in end of life care and people with long term health conditions. At the time of inspection there were 25 people living at the home. It is also registered to provide personal care to older people in their own homes and at the time of inspection five people were being supported.

People's experience of using this service:

The management of the service had instilled an outstanding culture of care and support. Without exception people and their relatives said that the service provided by Melrose was of an exceptionally high standard. People were extremely confident in the management of the service and spoke very highly of the dedication and enthusiasm of the provider, registered manager and team of very caring staff. They maintained their professional knowledge and commitment to people and had received awards which recognised the level of commitment and dedication by management and staff. Relatives said they would "highly recommend" Melrose to others.

A provider of another home who worked closely with Melrose told us, "The registered manager is amazing and is the pillar of Melrose, she is hands on and knows exactly what is going on in the service. She is supportive to staff and has never had a Christmas off in 20 years. Nothing is too much bother."

People received exceptionally high-quality care that met and exceeded their needs. The management and staff team went above and beyond to ensure that people's care and preferences met their expectations, with people's wellbeing, independence and happiness at the heart of the service. People and their relatives said how the service was responsive to their individual needs and circumstances which gave them reassurance and peace of mind that their loved ones were well cared for. One person said, "Your individuality is respected by all staff and care is delivered with dignity."

Activities for people were innovative and highly regarded by people and relatives. The service went the extra mile to ensure that people were involved and empowered in the planning of activities to reduce social isolation and improve well-being. One relative told us, "Carers are always looking for ways to stimulate residents through activities. My mother loved the faces of the alpacas that came in, it was a real highlight."

End of life care was delivered with the utmost thought and compassion by staff who showed a deep sense of empathy. The service went above and beyond to ensure people had a dignified and pain free death. People were overwhelmingly positive about the quality of the food and enjoyed socialising with each other in the dining room. Extensive thought had been given to the environment of the service to give a home from home feel. The furnishings and décor were of an especially high standard.

Staff were exceptionally competent in their roles, demonstrating deep compassion, understanding and empathy. People felt they genuinely mattered and felt important. Positive relationships were developed between staff and people and they knew each other well, with people saying they always felt respected by staff and that their privacy, confidentiality and dignity were maintained.

The service was safe, with systems and processes which ensured that any concerns were reported to appropriate authorities without delay. One visiting professional told us, "This is a safe place because it has a workforce who really want to be here. Compared to some other Care Homes it is a 'home' as in a 'real home'. They have fun here, they don't want gloom and doom."

People had access to health and social care services as needed. The staff and management team provided strong support and worked openly and professionally with external professionals which supported people to receive a coordinated and consistent service.

Rating at last inspection: Good [Last inspection report published on 22 July 2016].

Why we inspected: We completed a planned inspection based on the previous rating of Good.

Follow up: We will review the service in line with our methodology for 'Good' services.

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 exceptionally caring Details are in our Caring findings below.	**Outstanding** ☆
Is the service responsive? The service was exceptionally responsive Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led Details are in our Well-led findings below.	**Outstanding** ☆

Melrose 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 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.

Inspection team:

Two inspectors and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had personal experience of supporting older people and people living with dementia.

Service and service type:

Melrose Care Home is a 'care home' with nursing care and is also registered to provide personal care to older people in their own homes. 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming. We carried out our inspection on 27 and 28 March 2019.

What we did:

Before inspection:

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We looked at information we held about the service including notifications they had made to us about important events.
Information sent to us from other stakeholders, for example, the local authority and members of the public.
We contacted two health care professionals following the inspection, to ask for their feedback on working with Melrose Care Home.

During the inspection:

We spoke with 12 people who use the service, 9 relatives, two visitors, the registered manager, provider, chef, cleaner and six members of care staff.
We observed the care and support delivered to people and pathway tracked the care of four people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

Good

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection we found that people received a 'safe' service. At this inspection the service continued to be 'Good'.

Systems and processes:

•Safe systems were in place to ensure people were safeguarded from abuse. Staff were trained and understood how to raise safeguarding concerns appropriately in line with the local authority safeguarding policy and procedures.
•The management team maintained electronic monitoring records of all communication with professionals outside of the home. This evidenced that proactive action was taken to safeguard people.
•Without exception people told us they felt safe and free from any bullying or discrimination when staff visited them. One person said, "I am safe because I have nothing to worry about."
•Relatives also said the service was safe. One relative said, "Everyone is safe because they have excellent supervision."

Assessing risk, safety monitoring and management:

•Risks to people continued to be assessed and monitored safely to reduce risk where possible. Risk assessments detailed people's individual risks such as, mobility, risk of falls, choking and managing behaviours that may challenge.
•One member of staff gave an example where they supported someone with a visual impairment in their own home, "Before I leave I make sure the person is wearing their call pedant, that they have their mobility aid next to them and that food and drinks are in reach."
•The registered manager gave an example, where a person moved to Melrose from another home. Staff identified a grade 3 pressure sore upon admission. The registered manager contacted the tissue viability nurse who gave advice and guidance on how to support the person and improve their skin integrity. By using a team approach the person's skin integrity improved.
•Risks associated with the safety of the environment and equipment were identified and managed.
•Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved, such as electrical wiring, appliances and fire safety.
•Maintenance jobs were logged using an 'mobile app' system and these were reviewed and prioritised each day. The maintenance person told us most jobs are completed in one week. On the day of inspection, a job relating to a person's bed rail was prioritised and completed.
•Staff received health and safety training and knew what action to take in the event of a fire. Following an external health and safety audit, the inspector said, "The evidence that was sampled and the observations of practice confirmed that Melrose operated at a very good standard and that performance, if continued at such a high level, would guarantee that Melrose is regarded as a safe place to both work and live."

Staffing levels:

•Staffing levels were regularly assessed, or when people's needs changed, to ensure they were safe. Everyone told us they felt the service had enough staff and our own observations supported this.
•The provider explained how they had an established care team and had adjusted their staffing structure, to reflect the needs of people and respond to their wishes by adding extra shifts, such as a bed maker. This enabled registered nurses to review care plans and free up staff and housekeepers to focus on their roles.
•Staff were recruited safely with appropriate checks completed which ensured they were of good character.
•New staff were interviewed before being offered the job, identification checks were carried out, references were obtained, and staff completed Disclosure and Barring Service checks to ensure that they were safe to work at the home. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
•Checks with the Nursing and Midwifery Council (NMC) were carried out when employing nursing staff. Nurses must be registered with the NMC to be able to work as a nurse.

Using medicines safely:

•Medicines continued to be managed safely and staff were trained to give people their medicines safely. People's medicines were stored in their bedrooms in a locked cabinet. Nobody we spoke with expressed any concerns around their medicines.
•Safe systems were in place for the storage and disposal of medicines, this was checked and recorded by two trained nurses. Medication expiry dates were checked weekly and a monthly audit of all medicine cupboards were checked, and expired medication was disposed of.
•Senior staff completed observed practice for staff who gave medicines to people. This ensured that staff were competent to give medicines safely.
•When people were prescribed 'As required' medicines, a protocol was recorded so that staff knew when the person may need their medicines.
•One member of staff gave an example, where one person cannot communicate when they are in pain. Staff recognise if the person is pain through signs of restlessness, teeth grinding and groaning noises.

Preventing and controlling infection:

•Risks associated with infection were safely managed. Staff used protective equipment such as gloves and aprons appropriately. One person told us, "My room is cleaned each day and everywhere smells nice."
•We observed specific instructions for hand washing in communal toilets and on staff notice boards.
•Dedicated cleaning staff followed cleaning schedules which ensured the home was clean and odour free.
•Staff had completed infection control training and food hygiene training. This ensured that people were protected from risks associated infection control and with unsafe food hygiene practice.

Learning lessons when things go wrong:

•Lessons were learned when things went wrong, and accidents and incidents were managed safely and communicated to staff. The registered manager analysed this information to identify patterns and trends and took corrective action to prevent accidents and incidents from happening in the future.
•A reflective practice approach was adopted by the management team which encouraged discussions when incidents had happened. This enabled the team to learn when things had gone wrong.
•For example, one registered nurse told us about a medication error where one person was given half a tablet. Two members of staff checked the medication in, but one half of the tablet went missing. The incident was reported, investigated and discussed as a team. The provider took action to install additional

lighting in the medicines area as it appears that one half of the tablet fell out and could not be found.

Good

Is the service effective?

Our findings

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

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:

•There was a holistic approach to the assessment, planning and delivery of care and support to capture people's needs when they moved to Melrose Care Home or received a service from the home care agency. • The provider had adapted the assessment process based on the Burford Nursing Development Unit's model of nursing to enable them to truly understand people's needs before they moved in. One person's relative told us, "When I decided on Melrose, they wrote down everything I told them about my mother, what she liked and disliked. I told them everything about her life and former hobbies her hopes and aspirations, her medical history." This meant that detailed attention was given to developing people's care plans to ensure staff had an in-depth understanding on how to meet their nursing and support needs.
•The provider had recently changed to a more advanced electronic care planning system, enabling staff to update people's care plans immediately and in 'live time'. The system alerted staff using an amber or red warning depending on the severity of action required for the person. For example, an amber warning alert was noted for one person due to their blood pressure being lower than normal. Staff were updated promptly, and close monitoring of the person was put into place. Once the person had stabilized and all action was completed the deputy manager closed the warning and updated the care plan stating the outcome. This meant staff received timely and effective information about changes to people's care and support needs.
•Technology was used to support people to maintain their independence. Including the use of assistive technology such as call bells, care pendants and the nurse call system had a damper at night to promote sleep.
•People were treated fairly, regardless of age, gender or disability. Staff received training to help them to understand how to positively support people equally regardless of any diverse needs.

Staff skills, knowledge and experience:

•New staff were recruited using a 'values based' approach and assessed for their compassion. This ensured potential staff had the required and relevant 'softer' skills as well as the more practical skills for the role. The registered manager involved relatives in the interview process and potential staff were encouraged to meet people living at Melrose, so that people could give feedback on their initial thoughts. This values-based approach to recruitment has showed an increase in staff retention. The provider told us that they have seen a lower turnover of staff, which has meant there is greater staff consistency for people.
•The provider and registered manager demonstrated a strong commitment to staff training and development. They told us," Staff training is fundamental to the success and quality of care given."
•Throughout the year the provider held 'team away days' outside of the service. These were called 'Dignity

days', giving staff the opportunity to reflect on their practice and share ideas to improve how they supported people to meet their care, support and well-being needs. The 'Dignity days' have led to improvements, including people learning how to use computers to increase their independence, the introduction of a buddy system for staff and the appointment of a well-being assistant to spend time with people. The well-being assistant told us, "When I leave people's room they seem more uplifted."
•Innovative ways for staff to build on and improve their skills and knowledge were sought. For example, the registered manager arranged for staff to receive training at a local funeral director to gain a better understanding of the process following a person's death.
•Staff received extra training to become service 'champions' in areas such as end of life care, infection control, and safeguarding. This enabled staff to share knowledge with the wider team and ensure best practice.
•Mandatory training in key areas such as moving and handling, medicines and food hygiene ensured staff were knowledgeable. Specific training for staff was given by external healthcare professionals for the management of complex needs and equipment. One person's relative told us, "My mother has great attention. The staff are well trained, and I can tell because they build up excellent relationships with those in their care."
•Regular team meetings and supervision enabled staff to reflect on practice and identify further training and development opportunities.

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

•People's individual needs around their mobility and the stimulation of their enjoyment and wellbeing were met. For example, people chose their favourite plants and planted them, to enjoy on window sills and care for them. This gave people ownership in something they had planted and grown.
•Melrose had a lovely, warm homely feel, with lots of photos of people on display. People and relatives were continuously involved in the decoration of the home and the provider engaged an interior designer to work with people when re-decorating areas of the home. Through using an independent designer, people were able to speak freely and were given meaningful opportunities to choose and vote on colour themes, fabrics and furnishings. People told us they felt listened to and that their opinion mattered throughout the process.
•People's bedrooms were personalised with their possessions. People chose the décor of their room when they moved in and furnished the bedroom to their preference.
•There was clear signage, hand rails and contrasting colours to support people in navigating their way around the home. The registered manager gave new people, family and friends orientation maps of the home to help them familiarise themselves with the building.

Supporting people to eat and drink enough with choice in a balanced diet:

•The food provided to people was of a high standard. People's preferences were person centred, with great attention given to ensure people had the food and drinks they enjoyed. This included chocolate, snacks and fresh fruit in people's rooms. Everyone thought the food was of an excellent standard.
•Melrose had a winter and spring menu and made changes to the menus based on people's requests. For example, one person had a Chinese heritage, the chef included the persons favourites on the menu, such as curries and sweet and sour foods. One person told us," The chef organised a Burns Night. The chef went out to the butchers and got a haggis, people wore Scottish attire and we addressed the haggis with the 'Ode to the Haggis' poem." A relative told us, "The chef comes up to my mother's room and tries to tempt her with something special, she is exceptional."
•The service provided cooked meals for people living in their own home. The chef phoned ahead with the days menu so that people could choose, and the meals were delivered by the staff.
•The chef told us, "I talk to residents every day and always ask what they would like to eat. I make a point of

spending time with new residents when they arrive to find out more about their food preferences."
•People's dietary needs were catered for and advice and guidance was sought from relevant professionals. For example, some people were diabetic and had controlled diets. The nurse would tell the chef if the person's blood sugar was low and the chef would make desserts with controlled sugar levels for them. If people required a higher calorie diet the chef would add extra butter or cream to the person's meal.
•We observed the lunchtime experience and found it to be a social experience for people, tables were nicely laid with music playing in the background. People were offered a range of drinks from, alcohol to soft beverages. Staff supported people and they were attentive and engaging. People were not hurried during their meal and people were given choice over where they wanted to eat their meal.

Supporting people to live healthier lives, access healthcare services and support and staff providing consistent, effective, timely care within and across organisations:

•People experienced excellent healthcare outcomes. The registered manager described in depth how they used a team approach and liaised with different professionals to support people with their healthcare needs. They gave an example, where one person moved to the service. Staff quickly identified some health issues due to poorly controlled diabetes, staff worked with the person and the diabetic nurse to get their diabetes under control. This collaborative approach meant the person's health significantly improved.
•A professional told us, "Melrose is the best at working in partnership. I feel confident that staff carry out the exercises safely and follow my advice and guidance to help improve people's mobility. This is the home that I would feel confident to put my parents in to live. The quality of care, compassion and kindness is amazing. The food looks good and staff are always welcoming and friendly."
•Staff supported people to receive the care and treatment they required. One person said, "I can see the GP when necessary and we have an optician who comes in as well as a chiropodist, manicurist and hairdresser."
•People told us they received their care calls on time and consistency had the same staff. Effective systems were in place to let people know in advance if staff were running late.

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

•The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•The registered manager was extremely confident and understood the principles of MCA. They worked proactively and engaged with external stakeholders to ensure that outcomes for people who lacked capacity were positive. Clear audit trails of conversations between the person, relatives and external professionals. For example, where one person who lacked capacity, we found clear guidance to staff about ensuing that family were aware and involved in any decisions about the persons care and treatment.
•Staff consistently sought consent appropriately from people, to promote choice and independence.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection this key question was rated as 'Good.' At this inspection there were improvements and people now received a service that provided 'Outstanding' care.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

•There was a strong culture for person centred care. Without exception staff demonstrated an especially kind and compassionate, can-do attitude.
•The provider had thought innovatively about supporting people's wellbeing and introduced a 'happiness strategy' to monitor and improve people's happiness. This identified how people were feeling and how staff practice impacts on the person's mood. When the provider introduced the new electronic care system they asked the developers to include a well-being monitor in the form of 'emoji faces' to monitor happiness, making it easy for people to use and identify with. Staff logged the impact of their care and support on the well-being and happiness of person. If the person was sad, staff asked how they can be supported to improve their day. This innovation enabled people and staff to have more honest conversations about well-being, feelings and mood. This has led to people making requests to improve their happiness such as, running film clubs at weekends.
•Each person had a keyworker who was responsible for developing the person's life story to gain a greater insight into their emotional and mental well-being, supporting people to achieve their goals and aspirations. For example, one person was passionate about the Royal family and wanted to celebrate the Royal Wedding. Staff supported them to send personal invitations to people living in the service, so they could watch it together. Staff came in to do people's make up to make the day special.
•One resident gave an example, where he likes to watch the England football matches with a can of beer. He told us, how the chef came in on their days off with a can of beer to watch the England games with him.
•Staff recognised the importance of supporting people to maintain positive relationships. Special occasions were celebrated such as birthdays and anniversaries. One person told us, how the chef cooked an anniversary dinner and drove the person's wife to the home, so that they could enjoy a meal together to mark their anniversary.
•The registered manager gave an example, where one person loved trains and toffees. They found a tin train filled with toffees to give the person at Christmas. The persons wife cried due to the thought that had gone into the gift.
•People and their relatives were overwhelmingly positive about the quality of care and support people received. Visitors stayed for long periods and spent meaningful time with their loved ones. One relative told us, "I can visit the home anytime of the day or night without an appointment and stay for as long as I like."
•We observed staff treating people with utmost care and empathy. On the day of inspection people were having their hair and nails done and we observed staff paying people lots of compliments about their

appearance. Staff checked in with people as they walked by and stopped, often holding the persons hand and taking an interest in what they were doing.
•One person told us, "I get so well looked after here." Another relative said, "My mother is not only cared for she is cared about."
•Staff communicated with people in their preferred ways and in line with people's needs. This ensured people were treated fairly, regardless of any 'protected characteristics' such as sensory loss or disability, including dementia. One member of staff gave an example, where one person's first language was not English. The person could not verbally communicate, so a nurse sat with the person and spoke to them in their first language to offer reassurance and familiarity.

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

•Without exception everyone we spoke to told us, they were fully involved in making decisions and given plenty of opportunities to express their views about the care they received. One people said, "I am always told about changes to my care and staff respect my wishes."
•People's communication needs were considered throughout to ensure they were involved in the decision-making process. For example, one person used a note book to express their views, but this method was becoming more difficult for them to read. Staff worked with the person to find different ways to support their communication needs, the person now uses a white board which they found easier to communicate their needs and wishes.
•People and their relatives were actively supported to express their views. Meetings often focussed on food and activities and people's wishes were at the centre. For example, one person said how they wanted to start a pub quiz with other local care homes. The registered manger worked with the person to write to other care homes and held a pub quiz at the home. Due to the success of the pub quizzes the registered manager has organised for future quizzes to be held at a local pub.
•Staff checked with people that the care given was right for them and done in their preferred way.
•Staff had open and honest relationships with people and their families and friends. On the day of inspection one person was due to move to another care home, staff were excellent at providing emotional and practical
support to the person and their family, offering reassurance about the move.
•People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence:

•Staff respected people's privacy and dignity. We saw they were discreet when people needed assistance with personal care. Staff ensured doors were closed and protected people's privacy and dignity when they supported them.
•One person told us, "They help me into and out of bed and attend to my personal care in privacy and in a dignified way. I have a special bed to prevent pressure sores. They think about everything."
•Independence was actively promoted and maintained for people. One member of staff gave an example where, one person wanted to attend a friend's funeral. The member of staff drove the person to the funeral. The person was so thankful to say goodbye as it was a very close friend and family lived far away.
•People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being.
•People's private information was kept confidential. Records were held securely in the office. The management team and staff received training to update their knowledge about the new data protection

law.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At our last inspection people received a responsive service and this key question was rated as 'Good.' At this inspection we found that the service had improved, and people received an exceptionally responsive service. We rated this key question as 'Outstanding.'

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care:

•People received an exceptionally personalised service that was very responsive to their care and support needs. Staff and the management team worked with dedication and passion to respond to each person's personal situation and went above and beyond to achieve this. For example, one person loved photography, but following a stroke they only had the use of one hand. Staff researched and bought a camera holder for the person's wheelchair so that they could continue their love of photography. This meant the person had control over something they loved doing without having to ask others for help in doing it. We also found information in one-person's care plan which stated that the person would often fall asleep during lunch. The electronic care plan system alerted staff if the person's food intake had not been entered by 2pm. This meant that if the person had not eaten, staff could offer them another lunch or ensure more food was provided throughout the afternoon. The provider gave an example, where one person was distressed and told staff that due to being in a wheelchair they could never do gardening again. The provider arranged for raised beds to be installed in the garden for them to tend to. The person was delighted as it gave them back a sense of purpose.
•Activities were exceptionally person centred with a strong focus on improving people's well-being and reducing social isolation. People told us the activities and interactions made a difference to their lives. People were involved in planning the activities. One relative told us, "The activities are designed around what people want rather than what the care home thinks they might want. They discuss these things at residents' meetings and they make their wishes known." One person told us, "We do a lot and sometimes they bring in animals from a local farm."
•Activities were exceptionally diverse, and staff ensured people had a mixture of things to do within the home and out in the community. These ranged from garden parties in the summer with string quartets playing, to involving an interior designer in the Christmas decorations to ensure everyone had a say.
•The registered manager and provider were creative and had made connections with a local secondary school and arranged for students to visit the home once a week to spend time talking to people. This was called an 'intergenerational' buddy programme. At the end of the first term students were given certificates to mark their contribution to the programme. One person told us, "The older children from the High School come in, they were amazed I served in the war. They knew nothing about the second world war, so I was able to share my memories with them. I enjoy their visits." One student said, 'It's amazing to actually meet someone who was alive in the second world war!' The provider told us how the students will be writing

blogs about their experiences and sharing these with people, so that the learning is mutual.
•A local nursery visited the home every week where the children and people did activities together. On the day of inspection, we observed them making Easter decorations. On person told us, "The Nursery children come into my room to say 'hello' or chat." One relative told us, "Activities range from 'what is enjoyed' rather than 'what is inflicted'. My mother's memory is failing but the Nursery School and High School visits have helped her recall her own childhood and that is good news."
•Melrose had established their own choir and people benefited from professional musicians visiting weekly to sing with people. People told us, how much they enjoy the singers coming in and how they have encouraged them to form their own choir. One relative told us, how their relative had been nonverbal since having a stroke. "Two singers visited mum's room and sang 'Edelweiss', mum started to sing. Now she goes to the choir. She doesn't always manage to sing but she tries to. That's when I found out my mum could sing. I couldn't believe it, it was such an emotional moment."
•People had access range of daily activities, from hairdressing, beauty therapies, trips to the theatre and days out. The provider told us how they had employed a 'wellbeing assistant' who worked at the home twice a week to ensure that activities were person centred. One person told us, how they did flower arranging and painting with the wellbeing assistant and how much they thoroughly enjoyed the activities.
•Staff responded and went the extra mile to support people's needs in relation to 'protected equality characteristics' such as visual or sight impairment. The service had taken innovative steps to meet people's information and communication needs. For example, the provider had purchased specific sensory equipment to improve staffs understanding around supporting people with visual impairments. One member of staff said, "It made me feel agitated because I could see, but not properly." This improved staff understanding and practice. For example, staff take more time when explaining and showing items to people with visual impairments to ensure they understand.
•People and relatives were involved in the development and review of care plans which had a detailed life story. One relative said, "The care plan is person-centred to my mother." Another relative told us, "The management team is very approachable, and they keep me informed about my mother's life style at Melrose, always keeping me very up to date."
•One relative provided a 'five star' rating on an independent website, "My mother has been in Melrose for 8 years now. I truly believe without the high level of care my mum would not be with us now. I have always found the home to be clean and the staff to be caring and friendly. On the whole a superb nursing home."
•People's communication needs were identified, including those related to protected equality characteristics such as dementia or sensory loss. Staff identified, flagged, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. For example, staff worked with the speech and language team to create a bespoke booklet for one person who was dysphasic following a stroke, to support the person's communication.
•The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is the law for adult social care services to comply with AIS.
•Technology was used to support people's independence. For example, the service had two computers which had been adapted to ensure the keyboards where in a larger font and on a yellow background. One computer on the first floor was portable so that people could use the computer in their bedrooms.

End of life care and support:

•The registered manager and staff displayed an exceptionally compassionate and empathetic approach to people and their loved ones at the end of their lives.
•The provider told us, the service was working towards its 10th year of 'Beacon' status in the Gold Standard Framework (GSF) for end of life care. This accredited quality standard includes a training programme that

provides a framework to enable a gold standard of care, enabling people to live well until the end of their lives. Since the accreditation staff have achieved 100%, supporting people at the end of their lives to die in their preferred place. In September 2018 the team won the Gold Standard Framework Platinum Award, for their achievements in end of life care.
•EOL champions completed the six steps programme for end of life, to support people to live and die well. This programme recognises that social care providers are central to the effective delivery of end of life care.
•Following the six step programmes and GSF, the registered manager set up link meetings with other local nursing homes to share experiences and help other homes improve their approach to end of life care.
•One relative told us, "My husband and all of us received excellent consideration during his end of life. The staff gave us lots of time and the manager and owner were marvellous."
•At the time of inspection there was one person receiving end of life care. We found exceptionally detailed information about their preferences, wishes and how to support the person with pain and maintaining oral care. A relative told us, "They have treated me and my sister with such wonderful consideration, the communication has been remarkable. I live far away, and my sister is local. Everything has been conducted with dignity and respect for all of us."
•Staff received training in death, dying and bereavement. Staff were supported with compassion and understanding when people they had cared for passed away. A staff member told us, "If the person has no family we will always make sure that the person has a member of staff with them at all times. Staff have been on bereavement training, and we were given the opportunity to visit a local funeral director to see how the person is respected and that their dignity is maintained when they leave the service. I had so much more knowledge about the process and feel confident that people and their families were treated respectfully."
•The registered manager and staff worked proactively and in partnership with external specialist palliative healthcare professionals at the end of people's lives. For example, involving the GP and the EOL community teams to seek advice on symptom control such as oral thrush, agitation and pain. This showed that the service worked closely with appropriate end of life specialists to ensure people received the care they needed and wanted at the end of life.
•People's relatives left five-star ratings for the service on an independent website. We reviewed the feedback where one person's relative said, "He knew he was at the end of his life and was very scared. They were so kind to him and us as support was there 24 hours. When the end came close, they explained all the medicines that he would need. We would not have got through it all without them, thank you Melrose."

Improving care quality in response to complaints or concerns:

•There was an open and transparent culture to complaints and people were positively supported to access the complaints policy and procedure. People and relatives told us they knew how to raise a complaint if necessary. Complaints were logged to show what actions were taken evidencing changes and outcomes.
•The provider gave an example, where a relative complained that there was not enough detail about the extra services being billed for such as hairdressing for her mother. The provider worked with the relative to improve the billing process. The relative was very happy with the outcome and felt involved in the process.
•Complaints were discussed at senior leadership team meetings and analysed by the provider on an annual basis which provided additional oversight and feedback regarding the management of complaints.

Outstanding ☆

Is the service well-led?

Our findings

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

The service was consistently well-led. Leaders and the culture they created promoted high-quality, person-centred care. At our last inspection this key question was rated as 'Good.' At this inspection there were improvements and people now received a service that is 'Outstanding'.

Planning and promoting person-centred, high-quality care and support and how the provider understands and acts on duty of candour responsibility:

•The service was exceptionally well led. We received overwhelmingly positive comments about the management of the service and our own observations showed us that outstanding standards of care were being delivered by an especially skilled management team and staff. Comments from people and relatives included, "hands on and efficient", "the best listeners, so understanding", "wonderful organisers, very good communicators", "just outstanding." People were so positive about the service they received and told us they would, "recommend the service to others."
•Since our last inspection, the registered manager had won a 'Registered Managers Award' presented by the West Sussex Care Accolades. Award recipients included people who go above and beyond in their work by planning activities for their residents and providing the best level of care possible.
•Since 2015, year on year staff have consistently been awarded and recognised for the high quality of care given to people, through the West Sussex Care Accolades and The Great South British Care Awards. Areas have included, End of life Care, Best Practice and individual awards for Home Care Worker, Ancillary Worker and New to Care. We spoke to staff who had received awards and they told us, "This made me feel very appreciated, valued and noticed."
•There were clear aims and objectives of the service and people were given a 'residents guide and brochure' when they moved into the service. The provider had a 'residents charter' detailing commitments around how people will be consulted on all aspects of their care, privacy and dignity. People were clear about what they could expect from the service and the structure of the organisation.
•People consistently received a well-managed and reliable service that exceeded their expectations. One relative told us, "My mother is special to me and I know she is cared for by special people."
•The registered manager worked openly and transparently. They understood their duties in line with 'Duty of Candour.' This Regulation aims to ensure that all providers act honestly and openly in their daily practice. It was evident that the registered manager took this very seriously and ensured they fulfilled this duty.

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

•The day to day culture of the home was that of high-quality care, delivered by staff who cherished people and cared about their wellbeing. Staff demonstrated dedication and understanding in their roles. One visitor said, "I think they must offer a better rate of pay than other care homes because they retain the services of

good carers who appear to be happy in their work."
•The 'Dignity Days' have enabled senior managers to embed the values of the service across the team. This has led to increased staff confidence to whistle blow, when they feel other staff including bank staff exhibit poor practice and are not working in line with the services value base.
•The management team had exceptional oversight of the service. When we asked questions about the service they replied promptly with in-depth responses. This demonstrated a thorough knowledge and understanding of the services.
•Governance arrangements were thoroughly embedded and effective. Themes and trends were clearly identified, and corrective actions taken proactively when required. For example, people were becoming increasingly agitated by noise of the call bell system during night time, the provider took action to replace the system with a quieter one where the call bell alerts went directly to the staff's hand-held devices.
•Monthly senior leadership team (SLT) meetings took place to discuss the service, reviewing risks, policies and procedures, complaints and human resources. We saw detailed minutes and actions from these meetings, highlighting who was responsible for the action and the completion date.
•The provider along with a consultant in strategy and wellbeing developed the services strategy and 'dignity days' following four key areas; team and community, existing business improvement, new business development and well-being. Actions are spread across the year with clear delegation and ownership for each action. Every quarter SLT reviewed the strategy to monitor progress and ensure oversight of the business.
•Following the strategy SLT completed a very detailed action plan to improve the service which contained innovative service developments they planned to introduce over the coming year. This included looking at the use of new technologies, setting up staff steering groups, community engagement and further developing work with local schools, increasing meaningful activities for people to increase happiness and well-being. This meant that the management team continuously strived to improve and enhance people's care, support and experiences.
•To develop a deeper understanding of people's needs the provider introduced 'swap days' between staff and the management team, to experience the impact of the care and support given to people.
•Staff attended regular handovers in the morning, afternoon and evening when there was a change in staff teams. We observed the afternoon handover which was very detailed. The lead nurse gave a verbal handover sharing up-to-date information about people's physical, emotional and medical needs and any changes. By using the morning's printout of people's electronic care records, one member of staff coming on shift specifically asked about one person's end of life care plan. It was clear that staff knew people, their lifestyles and their medical needs very well.
•The provider had invested in an 'Employer Assist Programme' for staff. Recognising that that the job and life can be very stressful, and staff may need additional support with health and well-being. This meant that staff had a 24-hour confidential helpline to access external guidance and support if required.

Engaging and involving people using the service, the public and staff and continuous learning and improving care:

•People and staff were involved in every aspect of developing the service and were at the heart of all decisions made, from staff recruitment to the décor and layout of the home.
•People, relatives, staff and external professionals were given opportunities to feedback about their experiences of the service. We found that survey responses were overwhelmingly positive, with the majority of responses being outstanding. Comments included, "I have had a good experience which has met my needs." "Thoroughly satisfied in all respects." "I can't praise Melrose highly enough." "Excellent nursing care to a very high standard." "One of the best homes I visit." "I love working at Melrose".
•Throughout the year the registered manager organised for guest speakers to attend meetings and hold seminars to support people and relatives understanding in topics, such as finances, power of attorney

arrangements and continuing health care. For example, one person was anxious that they might not be able to afford to stay at Melrose long term. They attended a seminar and arranged to meet with the financial advisor who talked through the different options. Following the advice the person was able to stay at Melrose. This has meant that the person can enjoy the rest of their life without fear of moving to another home.
•Staff were encouraged to voice their opinions using staff surveys and there was an 'open door' management approach. Staff came to the office unannounced and the registered manager ensured they were available to listen to any staff concerns.
•The provider and registered manager were extremely proactive in finding ways to support and value staff. They had a staff recognition scheme called GEM (Going the Extra Mile) where staff were nominated monthly by people, relatives and colleagues. Staff were given a certificate detailing how they were being recognised for going the extra mile. For example, we reviewed one certificate where it said, "She is always smiling, goes above and beyond in all she does." The registered manager told us how staff sickness has greatly improved since introducing this initiative.
•Without exception staff told us they felt valued and supported by the management team and enjoyed working as part of a dedicated team. There was a strong, positive culture of continuous learning and development. The registered manager had introduced reflective learning sessions. For example, once a month staff came together to reflect if they have supported someone with end of life care, identifying what went well and what could have been better to improve on staff practice.
•The registered manager had made strong links with the community, through coffee mornings and published success stories from the service through regular press releases and online social media sites to advertise. This ensured that information was shared more widely across the local community.

Working in partnership with others:

•The registered manager worked exceptionally well with external health and social care professionals to ensure that people received a seamless service.
•On the day of inspection, we met with a provider and registered manager from another care home. They told us they had built up a very good relationship with Melrose and gave many examples of good partnership working. The provider told us, that following the deterioration of one person's health they needed to get a hospital bed with an air mattress. They could not access the community services as it was a Sunday. The provider contacted the provider at Melrose, who agreed to lend them the equipment. Melrose arranged for the equipment to be delivered that day. Other examples included sharing good practice, polices and paperwork. The homes also held gatherings where people using the home care service, people living at Melrose and other care homes were invited to enjoy events such as, garden and Christmas parties. Last year people from Melrose were invited to attend a classic car show, people told us they thoroughly enjoyed the experience. This demonstrated proactive partnership working where two local independent care homes with mutual respect for one another, had found ways to work together supportively and share resources.
•The provider and registered manager attended local provider meetings and events run by the local authority where often asked to present on key topics, such as end of life care.