

# Broomhouse Care Limited

# Melbury House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Melbury House is a residential care home providing accommodation and personal care to up to 34 older people, including people who may live with dementia, or a dementia related condition. At the time of our inspection there were 29 people using the service in one adapted building.

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

Staff knew people well, but people were not always consulted or involved in daily decision making.

People were not always 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 did not always support this practice.

Improvements were needed to some systems including to people's care records to ensure more person-centred care was provided. We discussed with the management team, care plans should be more person-centred detailing how staff were to provide care in the way the person wanted and needed support to be provided.

We have made a recommendation about ensuring systems are in place to provide choice and promote people's involvement in their daily living requirements, whatever the level of need.

Medicines were managed safely. Medicines records required more information for the use of 'when required' medicines.

We have made a recommendation about protocols being available for the use of 'when required' medicines.

There was a welcoming and cheerful atmosphere in the service. A person told us, "It's just like being at home. We all get along with each other."

Risks were assessed and mitigated to keep people safe. Staff recruitment was carried out safely and effectively.

People and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. A person told us, "I love it here. I love everything about it, I couldn't ask to be better looked after."

Staff were following safe infection prevention and control procedures to keep people safe. Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely way. A person told us, "There are lots of staff always buzzing around."

There was evidence of collaborative working and communication with other professionals to help meet people's needs. A visiting professional commented, "Staff are very responsive, they always follow our advice, any referrals are made without delay."

Staff spoke very positively about working at the home and the people they cared for. They said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs.

A quality assurance system was in place to check the quality of service provision. A person told us, "I think it's run very well. They [staff] do what they say they are going to do. This is the best one I've been in, I've been lucky."

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

#### Rating at last inspection

The last rating for this service was good (published 14 September 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Melbury House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about ensuring systems are in place to provide choice and promote people's involvement in their daily living requirements, whatever the level of need.

We have made a recommendation about protocols being available for the use of 'when required' medicines.

We have made a recommendation that the locking of all bedroom doors, when people are not in them, should be reviewed, so people can easily access their bedrooms.

#### 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Melbury House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by 1 inspector, 1 assistant inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Melbury House 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. Melbury House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The new manager was in the process of applying to register with the Commission.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

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

## During the inspection

During the inspection we spoke with 12 people who used the service about their experience of the care provided and 2 relatives. We spoke with 10 members of staff including the nominated individual, the manager, the deputy manager, 5 care workers including 1 senior care worker, 1 activities person and the cook. We received feedback from 1 visiting health and social care professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

We reviewed a range of records. This included 4 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. A person commented, "I am very safe here."
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately. A staff member told us, "There is an open culture to raise any concerns."
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

Assessing risk, safety monitoring and management

- People lived safely because the staff assessed, monitored and managed safety well.
- Risks were managed to ensure people were kept safe and staff took action to mitigate the risk of avoidable harm. A person told us, "It is better that I am here, I wasn't safe at home."
- Care plans contained some explanations of the measures for staff to follow to keep people safe, including how to respond when people became distressed. We discussed with the management team that care plans should contain more guidance for staff about how to de-escalate and reassure a person if they became upset.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. Bedroom doors were locked during the day, when not in use. We discussed with the management team that people should have easy access to their bedrooms, and that individual risk assessments be carried out, where people may be at risk if their door is left unlocked. A person told us, "Sometimes I have to wait when I want to go back to my room. It's because I don't have a key to get in my room." The manager told us people were offered keys to their bedroom doors when they moved into the home, but it would be addressed again.

We have made a recommendation that the locking of all bedroom doors, when people are not in them, should be reviewed, so people can easily access their bedrooms.

Using medicines safely

- Medicines were managed safely. Staff followed systems and processes to prescribe, administer, record and store medicines safely.
- People received supported from staff to make their own decisions about medicines wherever possible.
- Medicines risk assessments and associated care plans were in place, including some guidance to follow where a person may experience agitation or distress, but they did not provide guidance about when to

administer 'when required' medicines.

We have made a recommendation about ensuring protocols are in place, for the guidance of staff, about when to use 'when required' medicines, where prescribed, including for their use where a person may be agitated and use as a last resort.

#### Staffing and recruitment

- There were sufficient staff to support people safely. Staff met people's needs promptly and were unhurried when assisting them. A person told us, "There's always lots of lovely staff around."
- There was a long-standing staff team, any new staff were recruited safely with all appropriate pre-employment checks carried out before they started work. A staff member said, "We work really well as a team."

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The management team managed people's safety well. Staff recognised incidents and reported them appropriately, and the management team investigated them, and shared lessons learned.
- The manager analysed incidents and near misses on a regular basis so that any trends could be identified, and appropriate action taken to minimise any future risk.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments were completed as required. Records showed if any restrictions were in place, so they were not unnecessarily applied to restrict people's choices.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A person commented, "The place is very clean. They [staff] always seem to be coming round doing

something."

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions to visiting and the provider followed guidance if an outbreak was to occur. A relative told us, "We come in any time we like."

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems did not always promote a person-centred culture including to enable people to be offered choice and supported to be involved in making decisions about their everyday living requirements, whatever the level of need. A person told us, "I haven't been asked what I like to do" and "I would like to be able to get in my room when I want."
- Although staff interaction with people was patient and friendly, observations showed when drinks were served, staff did not consult with people and offer them a choice or inform them what they were being served. This was also evident during the mealtime observation. A substantial alternative meal was not available, if people did not want the main meal, people were not informed what they were being served as staff placed people's plate in front of them.
- Accessible menus were not available, advertising food choices or alternatives, including in an accessible format, if people no longer understood the written word. People's comments included, "I don't know what's for lunch, I just eat what's brought to me. I find out when I go into the dining room", "I never know what I'm getting but that's alright" and "The food is good home cooked food, but sometimes I fancy something different."
- Records were in place, but improvements were needed to ensure they were more person-centred. We discussed with the management team that records should contain more information, if people wanted to share it, about their hobbies, interests and life history in order to provide more person-centred care.
- Care plans, although they contained some person-centred information, did not all provide concise guidance for staff about how to deliver people's support requirements.

We recommend the provider ensures all systems promote person-centred care and a culture where all people are offered choice and daily living requirements, whatever the level of need.

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

- A manager was recently appointed and they were in the process of registering with the Commission.
- Quality assurance within the service was mostly effective.
- The management team had clear and effective oversight of the service.
- Management made regular checks on the quality of the service using a range of audits. Where improvements were identified these were acted on. We discussed the improvements, we identified, to

ensure person-centred care was provided.

- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes being introduced into the home.
- Staff said they were well-supported. They were very positive about the manager and said they were approachable. People, relatives and staff all said the new manager was, "Very approachable."

Continuous learning and improving care; Working in partnership with others

- There was a programme of staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

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 management team understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.