

Barchester Healthcare Homes Limited

Melbourn Springs Care Home

Inspection report

Hyacinth Drive
Melbourn
Royston
SG8 6FY

Tel: 01763261974
Website: www.barchester.com

Date of inspection visit:
13 October 2021

Date of publication:
04 November 2021

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Melbourn Springs Care Home provides accommodation and personal care for up to 78 older people, some of whom are living with dementia. The service is over two floors and has various facilities available including a hair and nail bar, cinema room and café. At the time of the inspection, 22 people were living at the service.

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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidance to prevent the spread of infection and gave people their medicines safely.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People, and their relatives were involved in making decisions on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

Staff received training, supervision and support so that they could do their job well. Staff enjoyed working at Melbourn Springs Care Home and told us that they would be happy to have a member of their family living there.

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

Systems to monitor how well the service was running were in place. Complaints and concerns were followed up to make sure action was taken to rectify the issue. People were asked their views of the service and action was taken to change any areas they were not happy with.

The service was well managed by an interim manager and senior staff team. They were passionate about giving people a high-quality service and ensuring that staff were supported and skilled to deliver the service effectively.

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

Rating at last inspection

This service was registered with us on 17 April 2020 and this is the first inspection.

Why we inspected

This is the first inspection since the provider registered with the CQC on 17 April 2020.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Melbourn Springs Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Melbourn Springs Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not currently have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the manager, deputy manager, senior care worker and care workers. 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 two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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.

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.
- Records showed the manager reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured action could be taken promptly to safeguard people when the need arose.

Assessing risk, safety monitoring and management

- Risks to people were assessed before they moved into Melbourn Springs Care Home. Plans were put into place to manage and mitigate risks. Risk assessments and care plans were regularly reviewed to ensure they remained effective.
- Risk management plans clearly identified the risks posed and provided guidance for staff. Risks identified for people included falls, skin integrity, eating and drinking and risks associated with different behaviours.

Staffing and recruitment

- The manager used a recognised tool to assess people's needs and work out how many staff were required to meet people's needs safely. At the time of our inspection the service was running at below half of its intended capacity. This was reflected in the staffing numbers.
- The provider had a contingency plan in place, should any situation occur which reduced the amount of staff on site.
- Staff were recruited safely to ensure they were suitable to work at the service. Staff confirmed they had to wait for the manager to receive checks, such as a criminal record check and employment references, before they started working with people.

Using medicines safely

- Staff received, stored, administered and disposed of medicines safely. Staff involved in handling medicines had received regular training, and had their competence checked.
- During our inspection we spoke with senior staff responsible for administering medicines. They demonstrated in-depth knowledge of all the medicines that people were taking, how they should take them and why they were taking them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents involving people were managed effectively. Staff recorded these appropriately and the manager took action to reduce the risk of these reoccurring.
- The manager and senior staff held a monthly "clinical meeting" which reviewed incidents, and any learning from these incidents.
- Outcomes from lessons learnt were shared with the team during team meetings and supervisions.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care was planned and managed in line with good practice guidance. People told us they received good care and their needs were met. One person said, "I am very happy with the care and couldn't ask for better."
- Where people's needs changed, staff reassessed their needs and referred people to appropriate external professionals.
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.

Staff support: induction, training, skills and experience

- New staff received comprehensive training and induction into their roles, and regular refresher training in key topics relevant to people's needs. This included moving and handling, dementia care, and health and safety.
- Staff received regular supervisions and annual appraisals.

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

- The mealtime experience was a very pleasant and relaxed experience for people. Staff knew people well and this was evident in their interaction and encouragement at mealtimes. We observed kitchen staff telling one person they had kept them extra crackling, to which they responded laughing and said, "You know me well."
- People had two choices of each course, and those unsure were shown both meals so they could make a choice. People eating in the dining rooms all commented on the quality of the food and it was evident people had enjoyed their meals.
- Staff supported people who needed help to eat and or drink. When people were not eating or drinking enough, staff had sent referrals to appropriate health services. Staff followed professional's guidance and completed fluid and food monitoring charts when required?.
- The manager held a monthly nutritional meeting with the head chef and senior members of staff. This meeting discussed everybody's nutritional needs at the service, to ensure staff were meeting these.

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

- Relatives told us, and records confirmed, staff supported people to access health services such as GPs, community nurses, chiropodist, and dietitians.
- Staff understood and followed the advice given by health professionals For example, one member of staff

told us that someone was having their fluids and food intake recorded as part of diabetes monitoring.

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

- Melbourn Springs Care Home was a new purpose-built building, specifically designed to support older people and people living with dementia. A handrail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently.

- Communal areas and people's bedrooms were designed and decorated to a high standard. One relative told us, "It's like a 5-star hotel."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

- Staff had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process.

- Where people did not have capacity, best interest decisions were recorded in care records. This meant that staff would easily know how to support people with specific decisions.

- The manager told us they were in the process of reviewing all the DoLS applications currently in place.

Is the service caring?

Our findings

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

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

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

- The staff team worked hard to do the best they could for the people who lived at Melbourn Springs Care Home. There was a warm, friendly atmosphere and staff were kind, caring and respectful.
- We saw numerous friendly and caring interactions between people and staff. Staff knew people well and understood their needs and preferences.
- Staff told us they would be happy with a family member receiving care at this service. One staff member told us, "Yes, because it is a happy place, friendly and fun".

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

- Staff supported people to make decisions about their care and daily lives. We observed this in interactions through the day, such as staff asking people's permission before entering rooms, offering support and choices at mealtime.
- A relative that before people moved into Melbourn Springs Care Home, that they were given a very detailed booklet to complete. This included how people wanted to be supported with their care, and detailed information about their life history, family and what is important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence by encouraging them to do as much as they could for themselves. This was demonstrated throughout people's care plans. For example, one person's personal outcome was, 'To maintain my independence.'
- Staff confidently discussed how they promoted people's dignity and independence and could give examples of how they ensured people were treated with dignity and respect.
- We saw that staff always knocked on people's doors before entering.
- People's confidentiality was maintained; records and information about people were kept securely
- We were told that people were treated with dignity. A relative told us, "They [staff] look after [relative] really well, no problems with her care. [Relative] is always well dressed, clean and happy."

Is the service responsive?

Our findings

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

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

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

- All staff we spoke with understood the importance of people being given choices
People had care plans in place, which were personalised and detailed. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff had built good relationships with people and knew people's likes, dislikes and preferences.
- People's care plans were reviewed each month or more frequently when required. People and relatives were involved in these reviews.
- Relatives confirmed that they were asked to contribute to people's care plans. Feedback on the provider's website said, "After our visit, one of the senior carers updated Mum's paperwork with me and I was very impressed with how thorough and detailed her care plan is."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided people with information in formats and ways that supported their individual communication needs.
- People had a communication risk assessment. This contained information on how the person prefers to communicate and any aids or support they may require to communicate effectively.

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

- People confirmed that there was a programme of activities on offer daily. One person told us, "I don't take part in many activities but we get a weekly planner so we can choose which ones to join in if we wish."
- We observed different activities taking place, one to one support with a staff member, outdoor activities and a quiz. We observed the quiz, and it was notably a very enjoyable experience for those who chose to take part. The interaction between people and the staff member was extremely positive. At the end one person said to the member of staff, "Well we had a good laugh... And I think we should make up our own quiz for you next time."
- Visitors were made to feel welcome at Melbourn Springs Care Home. The service had a dedicated visitors suite and private dining room which could be booked so that people could enjoy time alone together.

Improving care quality in response to complaints or concerns

- Complaints had been acknowledged, thoroughly investigated and the complainants responded to. This included information about any action they had taken to reduce the risk of recurrence.
- Staff followed the provider's complaints procedure which was available in the service.
- Relatives confirmed that they had been able to raise concerns, and these were addressed by the manager.

End of life care and support

- People's care plans contained clear guidance on how people wanted to be supported at the end of their lives. Staff had received training with this part of people's lives.
- Staff worked closely with people, their relatives, and external healthcare professionals to ensure people's needs and wishes were met.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff knew the provider's values and how this applied to their work. One member of staff told us, "[Our values are] respect Integrity passion, equality, responsibility."
- The manager encouraged staff to provide the best service they could. Feedback from a relative on the providers website says, 'All the management and care team were fantastic, great communication throughout mum's stay, even more so through rough times during the pandemic, nothing was too much trouble.'
- The interactions we saw throughout the day evidenced a positive culture between people and staff. Staff maintained respectful positive and appropriate interactions.
- Feedback comments on the providers website comments on the relationship between people and staff, one comment reads, 'Mum obviously has a good rapport with the carers, and I can see how well they are looking after her.' Other posts recommended Melbourn Springs Care Home as a care provider, for example, 'We are all exceptionally impressed with Melbourn Springs Care Home - my Aunt truly has never looked better. Highly recommend!'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 manager understood their regulatory role and responsibility. The manager understood their legal responsibilities, including appropriately notifying CQC about any important events that happened in the service. The previous registered manager cancelled their registration with the CQC in August 2021 and the service was currently being managed by an experienced interim manager.
- The manager and staff had clearly defined roles and responsibilities which they understood. The manager and the provider understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from this in clinical meeting discussions with senior staff.
- Audits were undertaken to monitor the quality of the service provided. Action plans recorded any improvements required and acted on.
- All staff we spoke with felt supported by the interim manager. Staff were extremely happy the provider had asked the manager to work at the service whilst they recruit a new manager.

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

characteristics

- People took part in 'resident's meetings' on a monthly basis. These meetings encouraged people to give feedback on food, rooms, activities and the care. Minutes from these meetings showed that people were very positive about the care. People said, "Well done to the staff for all that they do. They work so hard to look after us."
- The service opened at the beginning of the COVID-19 pandemic and at the time of the first UK lockdown. Due to this face to face meetings with relatives were not held due to social distancing. Updates and feedback were communicated in writing to relatives during this time. Meetings have now been scheduled going forward.
- The manager told us that due to not being able to hold formal meetings, they took the opportunity to meet with relatives during their visits to the service.
- The manager and staff had been working hard to engage with the local community since opening. We saw communication from a number of different community groups planning joint work and visits moving forward out of lockdown. These included the local primary school, community police officers and other craft groups.

Working in partnership with others

- Staff and the manager worked in partnership with other professionals and agencies, such as the GP, social workers, other health care professionals and the local authority to ensure that people received joined-up care.