Eastgate Care Ltd

Melbourne House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 28 February 2018 and was unannounced. Melbourne House is a care home that provides accommodation with personal care and nursing and is registered to accommodate 48 people. The service supports older people who may have nursing needs or are living with dementia. The accommodation at Melbourne House is on the ground floor and first floor. There are four lounge areas and dining room for people to use. The home is located in Nottingham and public transport services and facilities are within easy reach of the home.

Melbourne House is a 'care home'. 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 during this inspection. At the time of the inspection there were 47 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Melbourne House was last inspected on 1 and 2 December 2015 and the service was rated as Good. On this inspection the service has been rated as Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not effective.

This is the first time the service has been rated Requires Improvement. This was because staff were not always available to support people in the different areas of the home, or had the opportunity to regularly engage with them. People felt the staff were kind and treated them with dignity and respect. However, some interactions were not dignified or respectful. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about their care and staff knew how to respond if people no longer had capacity to make some specific decisions. However, assessments to determine whether people could make decisions did not always identify how this decision had been reached. We have made a recommendation about this.

There were arrangements in place to keep people safe from harm. Staff understood how to recognise abuse and their responsibility to report it as required. People's risks associated with their care were identified, assessed and managed to reduce the risk.

People's medicines were managed to ensure they received their prescribed treatments safely. Staff had access to training and support to improve their knowledge of care and enhance their skills. People were provided with a choice of food and drinks throughout the day.

People maintained important relationships, as relatives and friends could visit at any time. People were able to regularly review their care to ensure it was still relevant for them. People enjoyed a varied programme of entertainment and support with their hobbies to prevent them from becoming socially isolated. People knew who to speak with if they wanted to discuss a concern or complaint.

People received support from health care professionals where they needed this to keep well. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Infection control standards had been reviewed to ensure suitable hygiene standards were maintained in the home. People felt the registered manager was approachable and keen to listen to their views and they were able to share their views about how the service was managed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not always sufficient staff working in the service to promptly support people when they needed care. New staff had been safely recruited to enable them to work with people and staff understood how to recognise abuse to keep people safe. Risks to people had been assessed and staff were clear how to minimise these risks to prevent the chance of harm occurring to people. Infection control systems were in place to maintain hygiene standards. Safe systems were in place to ensure people received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Assessments were being carried out to determine people's mental capacity, however, it was not always clear how capacity had been assessed for individual decisions. A training programme had been developed to give staff the skills they needed to support people. Staff received formal supervision to enable them to discuss their performance and address any learning needs. People had a choice of food and drink which met their nutritional needs, and were helped to receive all the healthcare attention they needed.

Is the service caring?

Requires Improvement

The service was not always caring.

The staff were not always respectful and maintained people's dignity. People's right to privacy was respected. People were able to choose how to spend their time and decisions were respected.

Is the service responsive?

Good

The service was responsive.

People were offered opportunities to pursue their hobbies and interests and do the activities they enjoyed. People had been consulted about the assistance they wanted to receive and there was a system to resolve complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality checks were being carried out although these had not always effective. People were being encouraged to speak out about the quality of the service and felt listened to. Staff were supported in their role. The registered person had told us about significant events that had occurred in the service.

Melbourne House

Detailed findings

Background to this 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 was planned to check 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.

This inspection visit took place on the 28 February 2018 and was unannounced. The inspection visit was carried out by one inspector and an 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal areas, and how staff interacted with people. We spoke with 12 people who used the service and four relatives. We also spoke with four members of care staff, the deputy manager and the registered manager. We also spoke with two social care professionals before our inspection visit. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files. We asked the provider to send us information relating to the recruitment checks for new staff to demonstrate how they ensured new staff were suitable to work with people.

Requires Improvement

Is the service safe?

Our findings

People felt the staff were not always available to provide support when they needed this. We found that at times, people needed to wait for a period of time before they received the attention they needed. One person told us, "It depends what time of day it is; sometimes we have to wait a while before any comes to us." Another person told us, "If you want anything you just push the buzzer and they come but they can takes ages." A relative told us, "There's been times the staff can't get to [Person who used the service] and they have to wait. It's not ideal for them." Another person told us, 'You can shout that you want to go to the toilet and no one listens". We saw call bells were not always responded to promptly during the day and one person asked us to alert staff on their behalf as they had been waiting for assistance with personal care. They told us, "It's not always like this but if the staff are upstairs, it can takes ages for them to come to you." The recent call bell audit confirmed that for parts of the day, generally around early morning and in the evening, there were times when people had needed to wait for assistance. When we reviewed this, we saw on one day there were twenty four occasions where people waited for care over eight minutes and of these, there were five occasions where people waited for over twenty minutes. The staff agreed that at times, people needed to wait as they were supporting other people and did not always have the capacity to meet their need promptly. One member of staff told us, "We have two staff in each area but if we are busy there are times people might have to wait. We know it's not ideal."

This evidence demonstrated there was not sufficient staff to support people to receive their care and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from harm as staff understood how to recognise abuse and how to act if they were concerned. The registered manager and staff were clear about safeguarding and could describe different forms of abuse and what they would look for. They had undertaken training in safeguarding adults and were able to explain what they would do if they had concerns about any person's safety. Where people had any injury these had been recorded on a body map and action taken to determine how these had been sustained. Where any concerns were identified, the registered manager liaised with the investigating officers to ensure incidents were reviewed and people were protected from potential further harm. One member of staff told us, "We don't just brush things under the carpet." The registered manager reflected on the quality of service provision following any safeguarding investigation to ensure lessons had been learnt. For example, a recent safeguarding alert had identified improvements could be made with recording of what people ate and drank. As a result new monitoring forms were introduced and completed to ensure where concerns were identified, this could be reviewed.

Some people were at risk of developing sore skin, and we saw that their support was provided according to the recommendations made to reduce this risk. For example, people were repositioned, their skin was checked regularly, and referrals were made to the necessary professionals when needed. We saw that when people needed to use specialist mattress or cushions these were in place and maintained. One person told us, "The staff make sure I change how I am sitting or if I'm in my bed, which way I'm facing. It's sometimes a nuisance but I know I need to do it so I don't get sore." Mattress reviews were carried out to ensure the equipment was being used correctly and the bed and mattress remained in good condition. People had

personal evacuation plans in place and these reflected the levels of support people needed in case of an emergency. Staff knew how to support people in emergency situations.

Suitable steps had been taken to help people avoid preventable accidents. Radiators in communal areas were fitted with guards to reduce the risk of people being burned, any maintenance issues were identified and action had been taken to reduce the risk of harm. This meant risks had been identified and people would be kept safe from unnecessary accidents.

People received their medicines as prescribed. We saw people being given their medicines and staff would attend to each person individually and wait to ensure they had taken them. People were told what they were taking and offered a drink. Some people could be reluctant to take their medicines. We saw that when this happened there was a protocol in place to give staff guidance for how this should be managed and this had been agreed by the doctor. Staff recorded when people had received their medicines and the records were completed and up to date. A daily record and checks were made to ensure that people had received their medicines. Medicines were stored securely to ensure that only authorised people could have access to them. When medicines needed to be stored in a refrigerator, this was done and staff monitored the temperature to ensure the medicines were kept according to the manufacturer's instructions.

There was hand washing gel and washing facilities available in the home and we saw these were being used. Staff had access to personal protective equipment such as gloves and aprons when they were delivery personal care or serving meals. An infection control audit was completed to identify where improvements could be made to ensure standards could be maintained.

People were invited to help interview new staff and asked them questions during the interview. One person told us, "I love doing the interviews. I get to ask all the questions about what staff would do to help and assist us. I want honest answers and as the staff are going to be helping me. I want to make sure they are right for the job." They also told us, "It's not happened but if I didn't like what they had to say I'd certainly let the manager know and I'm sure they would listen and they wouldn't be offered a job." The registered manager told us, "It's great having [Person who used the service] on the interview panel. They will pick up on different things that we may not notice like whether the staff give eye contact. It works really well doing the interviews together." People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. Information to demonstrate how these checks were completed were sent to us following the inspection as these records were not available in the home. Assurances were given that systems and processes would be reviewed to ensure this information was accessible to us during our inspection.

Requires Improvement

Is the service effective?

Our findings

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People were consulted about how they wanted to be supported throughout the day and we saw consent was gained before care was provided. However, some records did not show how people had been involved in making advanced decisions about their health care including whether to receive life-saving treatment. These forms were not completed fully to evidence how these decisions were valid. It was not always clear how capacity had been assessed as information to determine capacity had not been recorded. The staff had identified where people may be subject to restriction relating to their care and applications had been made to deprive some people of their liberty to ensure this was lawful.

We recommend that the provider seeks advice, training and guidance from a reputable source, about supporting people to make decisions.

At lunch time, people were able to choose the meals they wanted to eat. Staff asked people what they would like beforehand to give an indication of what to prepare. People also had a choice of food which met their cultural and dietary preferences. At meal times, people were asked again and additional food had been prepared so people could have a choice. The menu was displayed in pictorial format on each table to assist people to make choices. Lunch was over two sittings as a number of people needed individual support to help them eat their meal. One member of staff told us, "This seems to work better, as it means everybody is less rushed and we can give more time to people, which is better." People told us they were happy with the quality and choice of food. However, we saw that the meal time experience took nearly two hours for some people. The registered manager had identified that improvements could be made, and at a recent residents meeting, they had decided to try and change the meal time arrangements so people ate their main meal in the evening. One member of staff told us, "People can chose when they get up and have breakfast so it can mean they are offered a large meal about an hour after eating breakfast so it didn't feel right. Most people used to have their meal at night time so it feels right. We are going to try it and ask people which they prefer." Where people were at risk of choking their food was specially prepared so that it was easier to swallow. The food was pureed separately so people were able to taste the different food.

People had access to health professionals and services and felt that their health needs were met. People continued to receive routine appointments with an optician, dentists and chiropodists. Nursing staff monitored people's health and well-being and sought advice from healthcare professionals as required. For

example, where there were concerns that people needed support to have drink and food safely, advice had been sought from the speech and language therapist and the support plan included the advice on how to support them.

People felt the staff knew how to support them and were confident they had skills to provide their care. New staff received an induction into the service to enable them to gain the skills they needed to support people. They shadowed experienced staff to get to know people and were supervised supporting them. The staff were also given the opportunity to complete the nationally recognised Care Certificate, which supports staff to gain the skills needed to work in a caring environment. Staff had received training to support people who were living with dementia. One member of staff told us, "I am a dementia friend. This is about understanding people and recognising people may see things differently and understanding why they may be doing things in a different way." They added, "This could involve looking at what they used to do and thinking about how we can support them now. For one person this means they need to do something which occupies their hands and we have different things all around the home that they can pick up and touch. This is what makes them happy and we have to think about what we can do to help each person." The dementia outreach support team had provided guidance for staff to follow where people living with dementia became agitated. The support plan recorded how staff should provide care and if the person became distressed, to withdraw for a short time. We saw staff followed this support plan and one member of staff told us, "It works well. We know that if we bother them they will become more distressed and this upsets the other people. We let them know we are just walking away and go back a short time later so we don't upset them more."

All shared facilities were on the ground floor and there were four lounge areas where people were able to choose to spend their time. A small library area had been created for people to have a quieter area to sit. There was also a music room, where people listened to their favourite music and had access to percussion instruments. People could move about their home safely as there was sufficient communal space to enable people to pass or have room to use their wheelchair or walking aids. There were large pictorial signs on the doors to help people to recognise different areas of the home and their purpose.

Requires Improvement

Is the service caring?

Our findings

Staff did not always communicate in a way that was positive and meaningful to people. For example, we saw staff move people in their wheelchair without speaking with them and they asked questions but did not always wait for a response. People felt the staff supported them with their dignity. However, we saw times when people's dignity was not always promoted. For example, where people's clothes were dirty, staff did not support people to change. We saw one person had spilt food on their clothes and although they kept approaching staff holding their clothes, the staff did not offer to help them. Some people felt that their care may be compromised as staff did not always have the time to provide the support they needed. One person told us, "People do know them, but they're pushed for time. They're good at what they do in that time."

People's right to privacy was recognised and staff spoke discreetly with people when enquiring about their personal needs. We saw that doors were closed when personal care was provided and staff checked that people's clothing was rearranged when it did not cover them adequately. People opened their own post and were able to read these privately. Where people needed support, they told us the staff helped them to read their mail. One person told us, "If anything arrives for me, they just pass it to me. Sometimes I give it to my family to help sort out but it's never opened by staff unless I ask them."

People were happy living at the home and we saw they were comforted when they became upset. One person told us, "The staff can be very caring and if they see someone is upset they will go over to them and try and help." There was a 'dignitree' displayed in the music room. This was a decorative tree decorated with leaves which recorded what people felt dignity meant to them. We saw comments included; 'People using their manners', 'Being treated with respect', and 'Having someone to talk and listen to them.' One person told us, "It's important for us and I like the staff here. I personally think they are very kind."

Staff recognised the importance people placed on their personal belongings. People's mobility aids were kept close to them so they could move around the home independently if they chose to do so. We saw that staff visited people who spent most of their time in their bedrooms to ensure that they were comfortable, to offer drinks or snacks or carry out personal care activities.

People stayed in touch with family and friends and they were able to visit whenever they wanted. We saw staff greeted visitors, knew who they were and talked to them about recent events and enquired about family members. One relative told us, "It doesn't matter when I turn up, I'm always made to feel welcome." Staff knew people well and had a good knowledge about the things that were important to them. People were relaxed in the company of staff and we observed friendly conversations.

Good

Is the service responsive?

Our findings

People spoke positively about the opportunities they had to meet others and be involved with activities that interested them. Posters displayed information about activities people had been involved with and information about planned activities. People told us they were offered opportunities to socialise together or, if they preferred, spend time doing what they enjoyed. During the morning we saw some people listening to music; other people sat in the library area; and others in the main lounge where they participated in arm chair games and exercises. We saw people laughing and they told us they had enjoyed the games. During this activity we saw staff took time to sit with people and join in the game. We saw that staff kept records and photographs of the activities and pastimes they had completed with people and these were displayed in the home.

People enjoyed the entertainers who visited the home. One person told us, "There's a singer who visits each week and they are marvellous. We all love him and he sings what we want him to and everyone joins in. I really look forward to the visits." The staff also organised social events, including coffee mornings, where family members were invited to share time in the home. Where people wanted to celebrate special occasions, they told us family members could be invited and also to share a meal. One person told us, "It's nice when people come and visit and can feel at home and comfortable with us."

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or the registered manager if they did. One person told us they had raised some minor concerns with the staff and these had been addressed right away; they said, "I was very happy with how they sorted everything out. Just how it should be done." There was a procedure for staff to follow should a concern be raised. Staff knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the registered manager to ensure they could be addressed. Where an immediate response was needed to address any concern, a 'flash meeting' was organised so this could be discussed. One member of staff told us, "Some things can't wait and we need to work out what has gone wrong and what we all need to do to put things right straight away."

People were able to develop their support plan which recorded information about their preferences. We saw where people were unable to provide information about their likes and dislikes for themselves their relatives had been consulted. People's life histories and information about their important relationships were also recorded and staff knew about what was important to people. One member of staff told us, "If we find out anything about people we make sure we write it down so everyone knows about it and can talk to people about what's important to them." We saw that people's care was reviewed regularly to ensure it met their needs. The registered manager had identified that the care records could be improved to ensure that information was recorded in a person centred style and these were being reviewed.

People had an opportunity to discuss how they wished to be supported during the end of their life and whether they had specific wishes regarding their funeral. Where people had expressed their views, this was recorded. At the time of this inspection the provider was not supporting people with end of life care, so

therefore we have not reported on this.

The staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. Where people had chosen to practice their faith, they were visited by a representative of their church. The staff explained that none of the people using the service practiced different faiths other than Christianity, although they knew local services that people could access if they had different faiths or beliefs. One member of staff told us, "We have a gospel choir visit and this is really enjoyed by people and another person goes to their church. We understand that people want to practice their faith in different ways and we support this."

People had varying levels of ability to verbally communicate and to understand written documents. Posters displayed events with pictures and photographs to help people to know what was happening. A pictorial menu was displayed on the table to help people decide what to choose at meal times and the manager was reviewing information to ensure that people had access to information that enabled them to understand their care needs. We saw some people may have had difficulty reading small print; all documents could be produced in larger print upon request. This would help some people make a choice and have information about the service ins a format they understood.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems were in place to review how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. For example, we saw that checks had been completed on equipment to support people to move and how infection control standards were managed. Where any concerns were identified, action was taken to ensure people were safe. However, we saw that these were not always effective as these checks had identified that people did not always receive their care promptly but the provider had not taken action to make improvements in this area. The evidence meant there was a breach of Regulation within our question, 'Is this service safe?'

The overall rating for this service is Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. This is the first time the service has been rated as 'Requires Improvement'.

People knew who the new registered manager was and they told us that they were approachable. Staff members were clear about the expectations of their roles and told us they were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. One member of staff told us, "We can speak with the manager about anything and they will act on it. Things are improving here with the new manager." Staff competency checks were completed that ensured staff were providing care and support effectively and safely. The registered manager and senior staff worked alongside staff to promote good practice and so that any areas of concern could be quickly resolved. The staff felt that they were appreciated and valued.

The new registered manager had considered how the service could learn and innovate which included liaising with other managers within the organisation. The registered manager had worked with a GP to devise a new recording method for when people needed their drinks and food to be monitored. The new forms recorded information about what people should have to promote good health and this was reviewed daily by staff to ensure any concerns were identified. The registered manager now completed a clinical analysis on any record that was completed to identify why this was needed, for example, whether people needed their weight monitored. They told us this meant people received more individualised care and staff were clear about why they were completing any specific records.

The registered manager had recognised where improvements were needed and were working towards making these to ensure people received positive outcomes in the service. As part of the improvement plan, people were encouraged to contribute to the development of the service and meetings were held for them to discuss any issues. They had introduced a new Quality Circle Group. This meeting was held every six weeks and was led by people who used the service. Members of the group could put forward views regarding the home and would be able to speak on behalf of other residents. Everyone was welcome to attend and be part of these discussions. A newsletter had also been developed which informed people about any changes within the home and the last newsletter gave details of the complaints procedure to remind people how to raise any concerns so improvements could be made. A new notice board now displayed any comments and suggestions. This was displayed as 'You said' and 'We did' so it was clear how

comments had been acted upon.

The provider and registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed it.

The service was registered to provide diagnostic and screening services for people. We spoke with the registered manager to determine whether this was required and if these services were being provided. They confirmed that services under this regulated activity were not provided within the home and they would review this and remove the regulated activity if necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient suitable staff were not deployed in order to provide timely support to people who used the service.