

Eastgate Care Ltd

Melbourne House

Inspection report

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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	

Overall summary

This inspection took place on 1 and 2 December 2015 and was unannounced.

Accommodation for up to 48 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 46 people using the service at the time of our inspection.

At the previous inspection on 20 January 2015, we asked the provider to take action to make improvements to the area of management of medicines. We received an action

plan in which the provider told us the actions they had taken to meet the relevant legal requirement. At this inspection we found that improvements had been made in this area.

There is a registered manager and she was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action. There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

Summary of findings

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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines practices were followed.

Good



Is the service effective?

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Good



Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

Good



Is the service well-led?

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

Good



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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 took place on 1 and 2 December 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist nursing advisor with experience of dementia care 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottingham to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with three people who used the service, three relatives, a visiting healthcare professional, a domestic staff member, an activities coordinator, four care staff, two nurses, the head of care, the registered manager and the operations manager. We looked at the relevant parts of the care records of ten people, three staff files and other records relating to the management of the home.

Is the service safe?

Our findings

When we inspected the home in January 2015 we found that medicines were not always safely managed. Medicine administration records (MAR) were not always fully completed and medicines were not always stored securely. At this inspection we found that improvements had been made in this area.

A person told us they got their medicines, including pain relief, when they needed them. A relative told us their family member received their medicines on time. We observed the administration of medicines and saw staff stayed with people until they had taken their medicines.

MARs contained a picture of the person and there was information about allergies and the way the person liked to take their medicines. MAR charts confirmed people received the correct medicines at the correct times. We found that people's health was monitored prior to the administration of medicines when this was required.

PRN protocols were in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required. We found necessary checks had been carried out to ensure people were receiving the correct dose of drugs which affected blood clotting. We also saw that people receiving anti-psychotics received a regular review to check that these medicines remained appropriate.

Staff had attended medicines training and had their competency to administer medicines assessed. Medicines policy and procedures were in place to support staff to administer medicines safely.

People told us they felt safe. A person said, "Very much so." They told us they would speak with the registered manager if they had any concerns.

Staff we spoke to were able to describe the different types of abuse that people who used the service could be exposed to and understood their responsibilities with regard to protecting the people in their care. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept.

Risks were managed so that people were protected and their freedom supported. A person told us that they were not stopped from doing anything they wanted to do. We saw people moved freely around the home and staff did not restrict people but allowed them to walk where they wished in the home whilst supervising them to keep them safe.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls and bedrails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly. We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

We saw that the premises were mostly well maintained and safe. We raised a concern that access to one of the staircases was not secure and could place people at risk of falling. The management agreed to take immediate action to secure the area. We also raised an issue regarding water temperatures in some of the areas of the home. The registered manager took immediate action to address the issue. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was also in place to ensure that people would continue to receive care in the event of unforeseen events.

A person said, "There's always someone round to lend a helping hand." Another person said they had a very good response when they used the buzzer, "Staff arrive within seconds." However, a relative told us they felt they could do with more staff in the lounge.

Staff told us they felt there were usually enough staff on duty to provide the care and support people needed and to keep them safe. However, they said that additional staff would be useful when it got, "Hectic." We observed that

Is the service safe?

people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were visible in communal areas and spent time chatting and interacting with people who used the service.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. Management told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased. We were told that as soon as

sufficient staff were recruited then there would be an additional staff member added to the afternoon shift. We looked at records which confirmed that the provider's identified staffing levels were being met.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Is the service effective?

Our findings

A person told us staff knew what they were doing. A relative said, “The [staff] are excellent. Not a bad one amongst them.” We observed that staff competently supported people and interacted appropriately with them.

Staff felt supported. Staff told us they had received an induction. Staff felt they had had the training they needed to meet the needs of the people who used the service. Training records showed that staff attended a wide range of training which included equality and diversity training. A detailed training plan was in place to ensure that staff remained up to date with their training.

Staff told us that they had received supervision. Supervision records contained appropriate detail. The registered manager told us that they would be completing appraisals for staff in the future as they felt that they had not known staff long enough to carry out appraisals at the time of the inspection.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed.

A person told us they were offered choices and said, “Staff don’t force you to do anything.” They said, “Staff come back if it’s not convenient for you.” We saw that staff talked to people before providing support and where people expressed a preference staff respected them.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person’s best interests. DoLS applications had been made appropriately. One person had a DoLS authorisation in place and staff were following guidance appropriately.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been completed appropriately.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area. We saw recorded incidents where untoward incidents had occurred and it appeared that appropriate and safe techniques had been applied by staff to handle issues satisfactorily or to put steps in place to avoid repeat. We were told that external support of the Dementia Outreach Team could be accessed if required.

The home used ABC (Antecedents, Behaviour, Consequence) forms which should be used as a reflective document to identify triggers for behaviour displays and subsequent actions to take. However we saw that these were at times completed as a way of recording incidents rather than used to minimise the risk of re-occurrence of incidents.

A person said, “The food is very good.” Another person said, “We’re never short of food.” One person said, “I sometimes feel we get too much to eat – I can’t always finish mine but it’s always good.” However, a relative said, “I don’t think much of the food. It’s too repetitive.”

A person told us they got drinks when they need them. However, a relative felt that their family member didn’t always have enough to drink. We saw that drinks and snacks were offered and given to people throughout our inspection. A relative told us that there was fruit available in the lounge but they felt that staff could be more proactive and offer people pieces of fruit to prompt them to eat and also to make it easier for people to eat fruit that required peeling.

We observed the lunchtime meal. Some people ate in small social groups sitting at a table in a number of areas in the

Is the service effective?

home and some people ate in their room. People received their meals promptly and when people needed assistance staff sat with them and helped them without hurrying the person.

Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that these were completed consistently. People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. People were weighed monthly and appropriate action taken if people lost weight.

One person was receiving nutrition from a percutaneous endoscopic gastrostomy (PEG) tube. A PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff were involving an external professional and supporting the person appropriately with this need.

A person told us that they received food that met their diverse needs. Different food choices were available to meet people's diverse needs. We saw that Caribbean, Ukrainian and vegetarian menu choices were displayed in the dining room.

A person told us that they saw external professionals when they needed to. They said, "The GP is first class." A relative said that their family member saw the GP regularly. Relatives told us that their family member had access to external professionals when they needed them. A healthcare professional told us that that staff worked well with them and followed guidance given. Staff we spoke with told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to a GP and other health professionals such as a dietician, optician and the

dementia outreach team. Clear guidance was also available for staff on meeting people's physical health needs. We did raise an issue with the management team regarding a person who was of low mood and staff had not obtained advice from external professionals. The management team agreed to take immediate action on this issue.

Where people required pressure relieving equipment and assistance with changing their position, the equipment was in place and at the correct setting. However, records to indicate their position had been changed in line with their care plans were not fully complete. This meant that there was greater risk that people were not receiving care to minimise their risk of skin damage. However, a relative told us that they thought their family member was receiving regular support to change their position. There was documentation related to wound management which recorded that regular assessments of wound healing had been undertaken.

Adaptations had been made to the design of the home to support people living with dementia. The home was bright and colourful. Bathrooms and toilets were clearly identified, people's individual bedrooms were easily identifiable and there was directional signage to support people to move independently around the home. The home had a garden; however, it was not secure so people could not go into the garden independently. Management told us that work would be taking place to address this issue.

Pictures, prints and art works were arranged thoughtfully on corridor walls and were interesting to look at and touch as encouraging people to remember historical events of interest. Information was displayed to help people to orientate themselves to the date and time. However, bathrooms did not have locks or signage to show whether the room was vacant or engaged. One shower did not have a shower curtain in place. We raised these issues with management who told us that they would address them immediately.

Is the service caring?

Our findings

People told us that staff were kind. One person said, “They couldn’t be better.” A person said, “Yes I really like it here, I’m very happy and the staff are all nice.” One relative said, “My [family member] seems really happy here. She is always well cared for here. I haven’t got a bad thing to say about the place.” A healthcare professional told us that staff were very caring.

Staff were able to describe people’s care needs and their preferences. A person said, “[Staff] know me better than I know myself.”

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. Staff were kind and caring in their interactions with people who used the service. We saw staff responded appropriately to people when they showed distress or discomfort.

People and their relatives were actively involved in making decisions about their care. A person said, “I have a good feeling of involvement. They speak to me about my care plans so I can get involved.” A relative told us they were involved in their family member’s care and said, “Staff listen to you.”

Care records contained information which showed that people and their relatives had been involved in their care planning. We saw that people who used the service signed

to show their involvement where appropriate. Care plans were person-centered and contained information regarding people’s life history and their preferences. Advocacy information was also available for people if they required support or advice from an independent person.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences.

People told us that they were treated with dignity and respect and staff maintained their privacy. A person said, “Yes, very much so.” A relative told us that staff treated their family member with dignity and respect.

We saw staff take people to private areas to support them with their personal care and saw staff knocked on people’s doors before entering. The home had a number of areas where people could have privacy if they wanted it. Staff were able to explain how they maintained people’s dignity and privacy. We saw that staff treated information confidentiality and care records were stored securely.

Staff received dignity training. Staff had been identified as dignity champions. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

A person told us that staff supported them to be independent. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A person said that staff responded quickly when they requested support. However a relative told us that staff responses were not quick. We observed that staff responded quickly and appropriately to people when they requested support. We also observed staff communication well between shifts so that staff were aware of any changes in people's conditions and could respond to them.

A person said, "There's always something going on." Another person told us they could do everything they wanted to do. However, a relative told us that they felt activities could be improved.

We saw activities taking place throughout our inspection. Activity records showed a range of activities taking place. A programme of activities was displayed in the main reception area which included visits into the community. The management told us that two activity coordinators were now in place and as a result the range of activities would be further improved.

A person said, "Staff are very good to my family when they visit. They can come at any time." Relatives told us they could visit whenever they wanted to. We observed that there were visitors in the home throughout our inspection. The guide for people who used the service stated that people could visit between 10am and 9pm.

People's care records contained an initial assessment when the person first came to the home and this included information about their preferences. Care records contained information on the person's life history and interests. Care plans contained clear guidance for staff on how meet people's individual needs and had been reviewed. However, some care plans had not been reviewed as regularly as others which meant that there was a greater risk that they would not remain up to date. We saw that a summary of information was also discreetly displayed in people's bedrooms to remind staff of their needs.

Care records contained information regarding people's diverse needs and provided support for how staff on how they could meet those needs. We observed that one of the people who used the service received food that met their cultural needs and was supported to attend a cultural centre in line with their diverse needs.

People told us they knew how to complain and would be comfortable doing so. We asked relatives if they would be comfortable making a complaint about the service. Relatives told us they were happy to raise any concerns with staff. Staff were clear about how they would manage concerns or complaints.

Complaints had been handled appropriately. Guidance on how to make a complaint was displayed in the main reception of the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

A person told us that they had attended meetings for people who used the service and that the registered manager saw them regularly to ask their opinion on the home. Relatives felt involved in the home. We saw that a range of surveys were completed by people who used the service and their families. Responses were positive and actions were taken in response to any identified concerns. Meetings for people who used the service and their relatives also took place and actions had been taken to address any comments made. There were notices displayed in the home to inform people and their relatives what action had been taken in response to their comments.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values were in the guide provided for people who used the service and we saw that staff acted in line with them.

We observed that the home was busy but relaxed. There was a friendly atmosphere and people who used the service and staff joked with each other. Staff told us that they thought the home had a warm and happy atmosphere.

A person said, "[The registered manager] is fantastic." Another person said, "The [registered] manager seems ok, you can talk to her." A relative said, "The [registered] manager acts on things. I've very pleased with her, she's always available." Staff respected the registered manager and felt she was approachable. One staff member said, "I really like the manager, she is very efficient- she gets things done as soon as you ask for it. Things or problems are

actioned straight away. The [registered] manager is very supportive and I have never had any problems with other staff." Another staff member said, "The [registered] manager has put a better structure in place to support us to do our work. This was exactly what we needed."

A registered manager was in post and was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the operations manager and the provider. We saw that all conditions of registration with the CQC were being met and notifications had been sent to the CQC when required. We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by the regional manager. Audits were carried out in the areas of infection control, care records, medication, health and safety, dining experience, dementia service standards, housekeeping and kitchen. Action plans were in place where required to address any identified issues. The registered manager also carried out regular night time visits to check the standard of care provided at night.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to us as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.