Oakridge Care Homes Limited

Melbourne House

Inspection report

23-35 Earlsdon Avenue South
Earlsdon
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Date of inspection visit: 20 October 2014
Date of publication: 08/01/2015

Ratings

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

Overall summary

This was an unannounced inspection carried out on 20 October 2014.

Melbourne House provides accommodation and personal care for up to 33 older people. There were 29 single bedrooms and four double bedrooms. The building was divided into three floors. There was a lift for people who were unable to use the stairs.

The home has 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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe living at the home and with the staff who supported them. Care staff understood their responsibilities around keeping people safe and had an awareness of what constituted abuse or poor practice.

Care staff were knowledgeable about people's care and support needs and understood the risks associated with

Summary of findings

their care and welfare. The staff were not always given up to date information about how to manage identified risks as assessments were not always updated when people's needs changed.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) but was not aware of the revised Supreme Court judgement for DoLs arrangements. This could result in people being restricted in how they lived their lives without a best interest decision being made. Care staff we spoke with had little understanding of the Mental Capacity Act (MCA). Staff said they had completed training in the MCA but could not remember what this had been about.

We saw people had positive relationships with the care staff. People told us there were enough staff to meet their needs. We saw care staff promptly responded to requests from people for assistance. The staff said they had completed the required training to work with people safely. We found some staff training needed updating.

Everyone we spoke with considered staff to be kind and helpful. Staff we spoke with understood how to treat people with dignity and respect. People told us their relatives and friends could visit at any time.

People told us they would like more things to do during the day. We saw people spent their time in front of the television in the lounge and the dining area. This meant people who were not able to occupy themselves received limited social stimulation.

Care plans did not always provide staff with the information they required to provide safe and effective care to people. Those we looked at had not always been updated when people's needs had changed. Plans did not contain individualised information about how people liked to receive their care for example there was little information about people's preferences and choices.

People told us they were happy with their care and had no complaints about the service they received. Care staff told us they enjoyed working in the home and felt well supported by the managers. People described the management of the home as open and approachable. Throughout the day we saw that people were comfortable and relaxed with the manager.

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 not consistently safe.

People told us they felt safe living at the home. Staff understood their responsibilities around keeping people safe and had a good awareness of what constituted abuse or poor practice.

Some practices need improvement to make sure people remain safe and well. Risks associated with people's care were not always updated as people's needs change.

Requires Improvement

Is the service effective?
The service was not consistently effective.

The registered manager's knowledge of Deprivation of Liberty Safeguards (DoLs) and staff knowledge of the Mental Capacity Act 2005 (MCA) needs improvement to make sure there are no unauthorised restrictions on people living in the home and their rights to make decisions is protected.

People were supported by care staff who had received appropriate training to support people effectively although some training was out of date and required updating.

People were offered a choice of meals and were provided with enough to drink during the day

Requires Improvement

Is the service caring?
The service was caring.

We observed staff were kind to people and people were comfortable in their home.

People said staff respected their privacy and treated them with respect

Good

Is the service responsive?
The service was responsive.

People told us they were happy with their care and had no complaints about the service they received.

Care staff did not always have up to date information about people's care as care plans had not always been reviewed and updated.

People told us they would like more things to do during the day.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was a registered manager in place. The management of the home was open and approachable. Care staff told us they felt well supported by the manager and deputy manager.

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 was 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 was an unannounced inspection carried out by two inspectors and an expert by experience on 20 October 2014. An expert by experience is a person who has experience of using or caring for someone who used this type of care service. The expert by experience had experience of caring for a relative who used this type of service.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information the local authority commissioners shared with us and the provider's information return (The 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.

During our inspection we spoke with the registered manager, deputy manager and four care staff on duty. We spoke with nine people who lived at the home and two relatives. We observed how people received care and support in the two lounge areas and the dining room. We looked at a range of records about people's care and how the home was managed.

We looked at care records for three people to see how they were cared for and supported. We reviewed three staff files to check staff had been recruited, trained and supported appropriately. We reviewed quality checks the provider or manager had made to assure themselves people received a quality service.

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

Following our visit we spoke with a health professional and the local authority contracts monitoring officer.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and with the staff who supported them. Comments included: "I feel very safe" and, "Yes, I do feel safe here."

We observed people living in the home; on the day of our visit we saw people had no hesitation approaching care staff and asking for assistance. A relative told us, "When I leave the home, I leave feeling [relative] is safe, they are vigilant."

Staff we spoke with understood their responsibilities for keeping people safe and had an awareness of what constituted abuse or poor practice. Care staff told us they had completed training in safeguarding and knew what they should do if they had any concerns about people's safety or if they suspected abuse. Staff understood the importance of reporting safeguarding to a senior member of staff. One staff member said, "I would report safeguarding to the senior. I would expect them to talk to the manager and the manager would make the decision about what to do next." Care staff were confident that any allegations made would be fully investigated to ensure people were protected. The registered manager told us they had a safeguarding procedure and policy in place and that they used the local authority safeguarding procedure and guidance to inform staff of how to deal with safeguarding issues. This meant staff understood how to safeguard people from abuse.

Staff understood risk associated with people's care. This included the support people needed to move around, to have sufficient to eat and drink and to take their medication. One member of staff told us about people who had behaviours which challenged others. They knew how to deal with the risks. They told us, "You need to leave them, walk away and let them calm down. You also need to consider the way you talk to people." Staff said there was good information given at the staff meeting before the shift started (handover) which informed them of any new risks to people. This meant staff understood how to manage risks associated with people's care.

We looked at the risk assessments in three people's care files. We found risk assessments were not always up to date. For example the manager had informed us of changes required to a person's bed to support staff and the person in ensuring the person's skin remained intact. This had not been updated in the care records.

We watched a person being assisted to move from a wheelchair into an arm chair using a handling belt. We saw the person was unable to stand by themselves and staff had difficulty helping the person to transfer into the chair. The staff members had not properly assessed this person's ability to co-operate which could have placed both the person and staff members at risk of injury. We looked at the risk assessment for assisting this person to transfer. The risk assessment informed that, two staff should use a hoist for all transfers. We were told this had changed and this now depended on the ability of the person at the time of the transfer. The risk assessment had not been updated, which meant staff did not have correct information about how this person should be moved.

People and care staff told us there were enough staff to meet people's needs. Staff told us, "Most days there are enough, depends how busy it is, Monday is the worst day, but normally it's pretty good." Another staff member told us, "Every shift there is enough." During our visit one staff member did not carry out safe procedures for infection control. We discussed this with the registered manager who advised standards would be reset with the staff member to make sure they worked in a safe way. On the day of our visit we found there were sufficient numbers of suitable staff on duty to meet people's needs.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. Two recently recruited staff told us they had to wait until their police check and reference checks were completed before they could start work. We looked at the recruitment records of three staff members. Records showed the required recruitment checks had been completed .We found care staff had been recruited appropriately to make sure they could safely work with people who lived at the home.

During our visit we looked at how people were supported to take their medicine. People we spoke with told us care staff supported them to take their prescribed medicines. We found there was a safe procedure for storing and handling medicine. We looked at how medicines had been dispensed by the pharmacy and saw they had provided a medicines administration record (MAR) for each person. We

Requires Improvement

Is the service safe?

saw there was a photograph of the person kept with their MAR. The member of staff told us this reduced the possibility of giving medication to the wrong person. We looked at a sample of MAR sheets and saw that each medicine had been administered and signed for at the appropriate time. The senior care worker on duty was administering medicines on the day of our visit. She told us she had completed medication training to administer medicines in a safe way. We observed this staff member safely administer medicines to people. We found people were assisted to take their medication as prescribed.

We looked at how controlled drugs were managed. We found the record for one controlled drug was incorrect. The medication had been given to the person the previous day and was signed for on the medication record but had not been entered into the control drug register. There is a recommended procedure for recording controlled drugs to make sure they are stored and administered safely, this had not been followed. The staff member told us this would have been picked up the next time the controlled drug had been administered. The registered manager spoke to the member of staff responsible during our visit to make sure they understood their responsibility for accurately recording controlled medicines.

Requires Improvement

Is the service effective?

Our findings

People told us the staff "knew what they were doing". People said they were happy with the care provided, "They are all very helpful and you only have to ask", and "Staff know how to do their job."

Care staff told us about the training they attended. One member of staff said "We have regular training. I have completed training in moving and handling, food hygiene, infection control and safeguarding". One member of care staff told us they had completed an induction programme when they stared to work in the home that included training and shadowing experienced staff. Two new care staff had previous experience and had received training considered essential to support people's health and safety. All the staff we spoke with told us they had received training to enable them to deliver the care and support people required.

Records seen confirmed staff completed training to work with people in a safe way but updated training in safeguarding people, infection control, food hygiene and Mental Capacity Act was overdue. The registered manager had identified the shortfall in staff skills and told us updates in these areas to refresh skills were being arranged.

Staff told us they had supervision meetings with the manager which included discussions about their personal development including observations of their practice. Staff told us they felt supported in their role and were confident they could speak to the registered manager or the provider if they felt they needed any specific training.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The DoLS make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. We were told there was no one living at the home with a DoLS safeguard at the time of our inspection. We were told all the people living at the home had capacity to make decisions about their daily routines. Some people needed support from family members to make more formal decisions, for example to manage their finances. The manager told us "Clients have good mental capacity; all can make daily lifestyle decisions. They call the shots." However staff told us the front door code had recently been changed. This was because of a person, who had now left the home, used to try and get out. Another care worker informed us of two people who were at high risk if they left the building. The registered manager was not aware of the revised Supreme Court judgement for DoLs arrangements and said she would make sure her knowledge was updated. This could result in people being restricted in how they lived their lives without a best interest decision being made.

Care staff we spoke with had little understanding of the Mental Capacity Act (MCA). Staff said they had completed training in the MCA but could not remember what this had been about. Staff understood about gaining people's consent and were able to explain how they would gain consent from people with limited verbal communication, for example by gestures, body language or co-operation. During our visit we saw that staff asked for people's consent before they assisted them to the dining room or to the bathroom. The registered manager explained how one person who had limited verbal communication was able to make decisions if assisted with answer boards. Staff we spoke with did not mention this when we asked about how this person was assisted to make decisions. This meant we could not be certain people who required assistance to make decisions always received the support they required.

Staff we spoke with told us they had a handover meeting at the start of their shift which updated them with people's care needs and any incidents since they were last on shift. Staff told us this supported them to provide appropriate care for people. We were told the information provided during the staff handover was important because this was where care staff were informed that people's care needs had changed. We observed the handover of shift at 3pm. We saw that staff were given an update about each person and a record of what had been discussed was recorded. The handover informed staff about changes in people's care.

People told us they had a choice of meals and enough to drink during the day. Comments included, "They're nice dinners, they are pretty good here. Everyone enjoys their dinners. You always get plenty, always get a choice. I can have a cooked breakfast or porridge or stuff like that."

During our visit we saw people were given a choice at breakfast, dinner and tea. People had a choice of drinks and we saw drinks were available throughout the day. We observed the lunchtime meal. We saw people reading the

Requires Improvement

Is the service effective?

menus on the table. People who were unable to read the menus were asked what they would like at the time of serving. One person at the home would not eat beef because of their religion. Staff were aware of this and made sure they did not have this. Staff offered some people assistance to cut up their food and accepted people's decisions if they wanted to do this themselves. People were not rushed to eat their meals and staff that supported people to eat did so at the pace of the individual.

Care plans contained risk assessments for people's nutrition. Where risks had been identified, a care plan was in place to minimise the risk. For example people who had difficulty swallowing received pureed food and thickeners in their drinks. We saw where people had difficulty eating or drinking the Speech and Language Therapist (SALT) had been involved.

People told us they were supported to manage their healthcare and had access to health professionals when needed. We saw staff recorded when other health professionals, such as opticians, dentists and their General Practitioner (GPs) had visited the person to review their care. We spoke with a district nurse who had visited the home. We were told care staff referred people to them promptly and followed their advice. This meant people received appropriate healthcare support, according to their needs.

Good

Is the service caring?

Our findings

Everyone we spoke with considered staff to be kind, helpful and "did a good job." Comments from people included, "Staff talk to you like a friend and are very helpful."

We asked people if staff maintained their privacy and treated them with respect. People said they did, one person told us "I have no concerns about the care staff they are patient and kind." Another person told us "I have a key to my room, I asked for one, as there used to be a resident that walked in and would remove some of my stuff".

Staff we spoke with understood how to treat people with dignity and respect. They told us they would shut doors and curtains when providing personal care and would use towels to cover parts of the body not being washed to maintain people's dignity. We saw staff knocked and waited for a response before going into people's bedrooms and heard staff address people by their preferred names.

We saw that staff asked people about their choices. For example, what they would like to drink and a choice of meal at lunchtime.

We observed staff were kind to people and people appeared comfortable in their home. We saw staff were aware of people's communication needs but there were occasions when staff did not communicate as well with people as they could. For example, staff did not use communication boards for people without verbal communication to support them to make choices.

During our visit we saw people's care records and staff personal records were stored securely. This meant people could be reassured that their personal information remained confidential.

The manager told us all the people living at the home had relatives or an advocate to help them with major decisions for example, with their finances.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in their care planning. People said they could not remember, although two people did say they had attended a review meeting to talk about any changes in their care. People told us there was a key worker system in place where staff had responsibility for identified people to ensure they received the care and support they needed. One person said they liked the key worker system as their key worker made sure they "had everything they needed" for example sufficient toiletries.

People told us the home responded to their preferences. One person did not like being supported by male carers. "I find the female staff are better, more understanding than the male staff." She said staff were aware of this and ensured it was only female staff that supported her. One person told us about the laundry service, they said, "It's brilliant, if I need an item of clothing washed quickly it will be washed and returned the same day. They are so good." We saw care staff promptly responded to requests from people for assistance.

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. A visitor told us, they visited when they wanted and were always made very welcome.

There were processes in place for people to express their views and opinions about the home. People told us they had 'residents and relatives' meeting. People spoken with could not remember what had been discussed and decided. A relative said they had attended a meeting where the change in the food system in the home had been discussed. We saw records of meetings confirmed these meetings had taken place. We saw the questionnaires that had been returned from a recent survey sent to people and their relatives to find out their views of the service.

People told us they would like more things to do during the day. People said, "I get fed up sometimes" and "I just sit here, there is nothing to do. A visitor expressed concerns about the amount of time her relative spent just sitting in a chair and what limited mental capacity he did have, was not being stimulated. One person told us "We used to have a brilliant activity person but she has left." The registered manager told us the home was in the process of recruiting another activity organiser and that there was still a timetable of things that people could be involved with. We were told that until the activity organiser was in place the staffing levels in the home had been increased during the mornings and one member of staff was responsible for running the programme with people. We saw there was a programme of activities displayed in the dining room. Things people could be involved in included music and movement; a poetry session; baking and jazz. On the day of our visit this programme was not followed, even though there was sufficient staff to follow the programme. People in both lounge areas and the dining room spent their time in front of the TV. Most of the people were sitting with their eyes shut.

Care plans we looked at contained sufficient information to enable staff to meet people's needs. We saw there were life histories in two of the three care files we looked at. Information about people's past lives can assist staff with getting to know the person. However plans did not contain individualised information about how people liked to receive their care. There was very little information in people's care plans about their individual likes, dislikes, hobbies and interests. The manager told us that care plans were being reviewed and updated with information about people's choices. This would assist staff in providing care and support in a way people preferred.

People told us they were happy with their care and had no complaints about the service they received. People said if they were unhappy about anything they would let the staff know or talk to the manager. People said the manager asked them every day if they were okay and they also had resident's meetings where they could raise concerns. We looked at how complaints were managed by the service. The manager told us they had not received any formal complaints in the past 12 months.

Good

Is the service well-led?

Our findings

People told us the home was well managed and the manager was always available. "Staff are excellent, [the manager and deputy manager] are very supportive and caring."

People described the management of the home as open and approachable. Throughout the day we saw that people were comfortable and relaxed with the manager.

The registered manager told us she spent time every morning speaking with each person who lived at the home to find out how they were and if they had any concerns. People confirmed this was happening. The registered manager told us she did not record these conversations and would start to record people's comments to evidence this was taking place and any action taken.

The registered manager told us they had been reviewing and updating care records due to the lack of senior staff. We were told this was usually completed by the deputy manager who had been off work for several months. The deputy had recently returned to work. During this time the registered manager had increased the senior staffing in the home so that care records could be updated regularly. The manager said they had started to update the care records but it would take several weeks to complete. The manager told us senior staff had been given identified time on the rota specifically to review and update care plans. This showed the manager had taken action to ensure the home operated more effectively.

Care staff told us they felt well supported by the registered manager and deputy manager. They said the manager was knowledgeable and always approachable. Staff told us the manager observed how they worked and would give constructive criticism if they noticed areas that needed improvement. All the staff we spoke with demonstrated a good understanding of their role and responsibilities.

Staff told us they had confidence to question the practice of other care staff and would have no hesitation reporting poor practice to the registered manager. They said the registered manager would investigate any concerns thoroughly.

We saw a copy of the 'Resident's Handbook' that was given to people when they were deciding whether they would move into the home. The handbook explained how the home was managed, what people could expect, the provider's policies and practices and how complaints were handled. This information provided people with sufficient information to know what to expect from the service if they chose to move there. The handbook was available in large print if needed.

Records we looked at showed that staff recorded when an accident or incident occurred. Incident records were reviewed to identify patterns or trends, for example any falls people had or where falls had occurred. We saw that appropriate action had been taken following an accident to minimise further risk and to learn from incidents to avoid re occurrence.

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff meetings and a programme of audits. We saw records of checks for maintenance and safety of the building, for example fire alarm tests and water temperature checks.

We saw the registered manager worked in partnership with other professionals to ensure people received appropriate care and support. This included the local authority contracts team and the district nurse team.

The registered manager submitted the Provider Information Return as requested prior to our visit. The information in the return informed us about how the service operated and how they provide the required standard of care. The home had a registered manager. The registered manager understood their responsibility for meeting the Regulations, for example, submitting notifications to let us know when certain things have happened.