

HC-One Beamish Limited

Melbury Court

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 ●

Summary of findings

Overall summary

About the service

Melbury Court is a care home providing both nursing and personal care to people. The service accommodates up to 87 people with a range of needs including some living with a dementia. At the time of inspection 83 people were living at the service.

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

The service was homely, well-decorated and clean. People lived in a safe environment. Health and safety checks were regularly conducted. Individual and environmental risks had been identified and mitigated. Staff had received fire awareness training and people had personal emergency evacuation plans to support staff in the event of an emergency.

The provider had an extensive range of quality assurance systems to monitor the quality and safety of the service. The provider also had systems which assisted them to learn from a range of information, including accidents and incidents, falls and safeguarding incidents. They analysed the information for trends to enable them to reduce future occurrences. Clinical data was also reviewed enabling the service to proactively support people to have positive outcomes.

People were supported by suitably trained and skilled staff. The service supported staff with regular supervisions and appraisals.

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

The premises had been adapted to meet people's needs. Signage was available to support people living with a dementia to navigate the building independently.

People and relatives told us they were happy with the standard of care provided. They told us staff were kind and caring. Staff knew people well and were knowledgeable about their backgrounds and care and support needs.

People were offered a range of activities. The provider had an effective complaints process. People and relatives were confident concerns raised would be dealt with appropriately.

The service had established partnerships with healthcare professionals to ensure people received joined up care. Healthcare professionals told us the service was responsive to people's care needs.

The manager had a strong oversight of the whole service. The service had a robust management team, all were driven to ensure people received good care. The manager had a positive influence on the service, staff

told us they now felt listened to.

People, relatives and staff were regularly asked to provide feedback about the service.

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

Rating at last inspection and update

The last rating for this service was good (published 6 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Melbury Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, a specialist professional advisor (nurse) 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.

Service and service type

Melbury Court 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.

The service did not have a manager registered with the Care Quality Commission. A manager was in the process of completing their application to become a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted professionals in local authority commissioning teams and safeguarding teams. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who lived at the service and five relatives. We spoke with 12 staff, including the manager, deputy manager, regional manager, two nurses, two seniors, wellbeing co-ordinator, chef and three staff members.

We reviewed four people's care records as well as other records relating to the running of the service, such as medicine records, complaints and training records. We spoke with four visiting healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Enough staff were deployed to meet people's needs.
- Recruitment checks had been completed to ensure new staff employed were suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to reduce the risk of harm and abuse. Safeguarding concerns had been recognised, fully investigated and referred to the local authority.
- Staff had completed safeguarding training. The provider's whistle blowing procedure was displayed about the service.

Using medicines safely

- Medicines were managed safely. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had completed medication training and received regular competency reviews.
- The service was proactive in identifying side effects with people's medicines. A healthcare professional told us how staff were quick to react to a negative impact on a person due to their medicines and seek a review.

Assessing risk, safety monitoring and management

- Individual and environmental risks had been identified and managed.
- People lived in a safe environment. Health and safety checks were regularly completed.
- A plan was in place to ensure people had continuity of care in the event of an emergency. Fire drills were regularly conducted.

Preventing and controlling infection

- People were protected from the risk of infection. The service was clean and tidy.
- Infection control measures were promoted. Hand hygiene posters were displayed to support staff and visitors. Staff had access to protective personal equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- The manager used information from a range of sources to learn and improve the service. Information from accidents and incidents, complaints and safeguarding issues were regularly analysed to identify any trends and lessons learnt. The provider cascaded learning points to all its services.
- The provider used clinical data including information about people's falls, weight monitoring and incidents to improve people's care delivery.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's nutritional and hydration needs were met by the service. Equipment was available for people to remain independent at mealtimes.
- The service completed regular mealtime experience monitoring checks and consulted with people about their menu choices. Following recent feedback, the service was evaluating a change of time for the main meal.
- Kitchen staff were knowledgeable about people's specialist diet and took a keen interest in people's welfare.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- The service was working within the principles of the MCA. MCA assessments, best interest decisions and consent forms were completed by the appropriate people.
- The registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements.

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

- People's care and support needs were assessed prior to people moving to the service. Pre-assessments contained questions to support all the protected characteristics of the Equality Act.

- People and their relatives were fully involved in discussions about their care and the information gathered was used to develop care plans.

Staff support: induction, training, skills and experience

- People were supported by well trained and experienced staff. Training was delivered face to face and via E learning.
- Staff received regular support through supervisions and appraisal. The manager was currently working to ensure these were completed in line with the provider's policy.
- New staff completed an induction training followed by a period of shadowing an experienced staff member. One new starter told us, "I feel very supported, everyone has looked after me."

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

- People were supported to have access to a range of healthcare professionals, including opticians and dentists. Healthcare professionals told us the service was quick to identify changes in people's needs and seek additional support when required.
- Care plans had been created to support people to maintain their general health and wellbeing. These included oral health.

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

- The building was purpose built, with large communal areas, large windows which offered a lot of natural light and wide corridors to enable people in wheelchairs to move freely about the service unrestricted.
- The provider recognised the importance of environment and the impact on wellbeing. A sunshine scale had been designed to assess how well a person's room was enhancing their wellbeing.
- The service had adapted parts of the building to support people living with a dementia. Signage was available to support people living with a dementia to navigate the service independently. The same signage was also present in people's rooms. Corridors had areas with objects to provide stimulation for people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were complimentary about staff. Comments included "They are kind. The carers are friendly & helpful," and "The staff here work very hard it is not just a job to them they really care about us all."
- Staff were polite and courteous when interacting with people. We observed one person become anxious, a staff member was compassionate and reassured the person all was well, gently redirecting the person to an activity taking place.
- People were supported and promoted to be individuals. The provider had an equality and diversity policy in place to protect people and staff against discrimination.
- The provider promoted meaningful interaction between all staff and people. As part of their wellbeing programme 'Stop the Clock' had been introduced. During this time, staff from all departments stop what they are doing at 3pm and spend time with people.

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

- People and relatives were fully involved in the decision making about their care and support. Reviews were regularly conducted.
- Staff supported people to express their views. Staff regularly consulted with people, enquiring if they were happy or needed anything.
- The manager supported people to access the services of an advocate when required. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff knocked on the doors and sought permission before entering.
- Staff encouraged and promoted people to be as independent as they were able and wished to be. They understood and recognised when people needed assistance.
- People's confidential information was held securely. Computers which held people's information were password protected and only accessible by staff who needed the information to perform their role.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and developed around the person's needs. These clearly outlined how people wished to be supported.
- People and relatives told us staff were responsive to people's changing needs. The service had effective systems to ensure changes in people's needs were quickly reflected within care plans.
- Two families told us how their family members had been discharged from hospital on end of life care. They told us following the superb care given by staff and the support by healthcare professionals, their loved ones were no longer receiving end of life care. The service was proactive in seeking reviews in regard to people's medication and dietary needs allowing people to live full lives again.
- People were in full control of their care choices. One person was admitted to the service with poor mobility and losing weight. After input from external healthcare professionals and care from staff. The person achieved their wish of returning home.

Meeting people's communication needs

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

- The service gathered information about people's communication needs during the pre-assessment discussion and were proactive in seeking support when necessary
- The provider offered information in various formats, such as easy read and pictorial.

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

- The provider had a wellbeing programme which included activities and meaningful interactions which were designed to stimulate people's mind, body and soul.
- People were supported to participate in a range of activities. Both individual and group activities were available, including painting, baking, visiting entertainers, therapy dogs and ponies. The service celebrated many events including Burns Night and Pancake Day, creating specific activities based around the day.
- Staff supported people to maintain important relationships and develop new friendships. One person told us, "I love living here as I have the freedom to spend time with my friend who is on the other unit and I have my lunch with her every day."
- The service supported people to maintain their religious beliefs. A representative visited the service on the first day of our visit to anoint ashes on people for Ash Wednesday.

Improving care quality in response to complaints or concerns

- Information about how to raise a complaint was readily available to people. People and relatives told us knew how to raise a complaint and would be confident any issues would be addressed.
- The provider had systems to record and investigate complaints. The information was also analysed to identify any learning points.

End of life care and support

- Care plans outlined people's wishes and preferences regarding end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive atmosphere and staff morale was high. Staff told us they were happy working at the service and were fully informed.
- People and relatives told us the manager was approachable. One person said, "Oh yes, she is approachable. If I had concerns, I'd just go straight to her."
- The manager was supportive of staff. A healthcare professional told us, "The current manager is very supportive and nurturing with the staff and this has really improved morale which has resulted in positive changes."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their duty of candour. The service had an open and transparent culture.
- The manager was open with people and relatives when things went wrong .

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their roles and responsibilities. A common theme which staff told us about was working together, from the cook to the maintenance team all had the same goal to provide good care.
- The provider had a structured governance system which effectively monitored the service and supported improvement. The manager and management team had a range of governance tools to support them. The service had a holistic approach to analysing clinical data which allowed them to respond quickly to changes in people's needs.
- The manager constantly reflected on the service provided. The information gathered from all the provider's services was used to drive improvement.

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

- People were fully involved in the service. People took part in recruitment of staff and were regularly consulted regarding the running of the service.
- The service sought regular feedback from people, relatives and staff.
- The manager was committed to protecting people's rights with regard to equality and diversity.

Working in partnership with others

- The service worked with healthcare professionals to ensure positive outcomes for people.
- The manager had developed links to ensure the service was part of the community.