Oakridge Care Homes Limited

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

Summary of findings

Overall summary

This inspection took place on 28 June and 2 July 2018. The inspection was unannounced.

Melbourne house is a care home registered to provide personal care and accommodation for up to 33 older people. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation for people is spread over three floors with the main lounge and dining room that people used on the ground floor. There were 26 people living at the home at the time of the inspection.

We last inspected Melbourne House in February 2017 when we rated the service as 'Requires Improvement' in the key question of safe and responsive. We had found risk management was not always effective to keep people safe and people didn't always have access to social activities to maintain their wellbeing.

At this inspection visit, we found these areas continued to need improvement. At the time of our visit the provider was in the process of changing over to a computerised care planning system, but neither set of records was completed in full. This meant records were not sufficiently clear for the registered manager to be assured risks were managed and people's needs were safely met. People had access to limited social activities and these were not always centred on individual needs and preferences to support person centred care. At times, people's privacy and dignity was compromised.

The service had a registered manager. This is a requirement of the provider's registration. 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.

There were sufficient care staff to meet people's basic needs and staff spoke positively of working at the home and the management support they received. Staff received ongoing training to ensure they met people's needs safely. They understood their roles and responsibilities to protect people from avoidable harm, and people said they felt safe with staff. Staff followed the provider's policies and procedures to ensure people were protected from the risks of infection.

People's ability to make decisions was assessed in line with the Mental Capacity Act 2005. Staff offered people choices and respected the decisions they made. Where restrictions on people's liberty had been identified as necessary in their care plans, Deprivation of Liberty Safeguards authorisations had been applied for, or were in place, to lawfully deprive people of their liberty for their own safety.

People were able to access a GP when needed and were referred to external healthcare professionals where appropriate to maintain their health. We identified some improvements were needed regarding medicine

management as procedures for safe medicine management were not always followed.

Staff were caring and supportive in their approach to people and offered encouragement and reassurance to people when they needed it. People were encouraged and supported to eat and drink enough and were positive about the quality and variety of their meals.

People, relatives and staff said communication was good at Melbourne House and they felt at ease to approach the registered manager with any concerns if they needed to. Where accidents and incidents had occurred, learning was taken from these to help improve the service. However, we found some incidents had not been reported to the local authority or us as required in line with the safeguarding procedures in place. We could not be assured all actions to safeguard people at the time had been taken as systems in place to safeguard people had not been followed. This was a breach of the Regulations.

The home was spacious with different areas people could use if they wished to sit in a quiet area as opposed to the main lounge which was used by most people at the home. Where people had difficulty walking, there was a lift to the upper floors to enable them to access all areas of the home. Most areas of the home were clean and tidy but some of the furniture was worn and in need of repair. We were told this was to be addressed as part of the refurbishment program that was in progress at the time of our visit, following a recent water leak.

The provider and registered manager completed regular quality monitoring and safety checks. However, these had not consistently identified areas needing improvement. Quality checks included obtaining feedback from people, staff and relatives, to identify where improvements in the service were required so these could be acted upon. Health and safety checks had been undertaken to ensure environmental risks within the home were managed.

The registered manager accepted there were areas for improvement at the home and we saw they encouraged staff to work together to address the improvements needed. The registered manager demonstrated their commitment to ensure improvements were addressed promptly so that the home was run effectively and consistently.

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 consistently safe.

There were enough staff to meet people's needs and staff knew to report any concerns related to people's wellbeing to their manager. Some practices associated with medicine management needed to be improved. Records related to people's care, including risk management records, were not always clear enough to demonstrate people's care needs were effectively and safely managed. Some incidents in the home had not been managed in accordance with safeguarding procedures. Recruitment processes ensured staff were safe to work with people.

Is the service effective?

Good

The service was effective.

Staff completed training on an ongoing basis to ensure they had the right skills and knowledge to support people effectively. Staff worked within the principles of the Mental Capacity Act 2005. They offered people choices and sought their consent. People were supported to maintain good health, had access to healthcare services and received healthcare support when required. People enjoyed the choice of meals provided.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People spoke positively of the staff and we saw staff were caring in their approach to people. People's individuality and diversity were respected and staff offered reassurance when supporting people and did not rush them. Staff supported people to be independent where possible. People felt staff respected their privacy and dignity, but we found at times this was compromised.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were given opportunities to participate in some social activities within the home. Care plans were in the process of being updated on a computerised system and contained limited information to support staff in providing person centred care that met people's needs and preferences. People knew how to raise concerns if they needed to and those received had been considered and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People had opportunities to share their views of the home and overall these were positive. The provider monitored the quality of the care and services through meetings, satisfaction surveys and regular audits of the service. There remained areas for improvement which needed to be acted upon and processes and systems needed further development to be fully effective. Some statutory notifications regarding safeguarding incidents in the home had not been reported to us as required.

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.

The comprehensive inspection took place on 28 June and 2 July 2018 and was unannounced. The inspection was undertaken 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 service.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

We spoke with six people and one relative about their experiences of the home. We spoke with the deputy manager, registered manager, team leader, chef and four care staff, about what it was like to work at the home. We spoke with the registered manager about their management of the service. We observed care and support being delivered in communal areas and how people were supported at lunchtime.

We reviewed information in three people's care plans to see how their care and treatment was planned and delivered and reviewed people's medicine records. We checked whether staff were trained to deliver care and support appropriate to each person's needs. We looked at the provider's quality monitoring systems and the actions taken and planned to improve the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection visit we found improvements were needed in records related to the management of risks and medicine management. At this inspection, we found improvements were still required in these areas and the rating therefore continues to be 'requires improvement'.

Accidents and incidents were recorded and monitored by the registered manager who told us they worked with the Local Authority where necessary to ensure they completed any actions to help prevent them from happening again. However, there were two notifiable incidents that had not been managed in accordance with safeguarding procedures to ensure risks were effectively and safely managed. These were linked to behaviours people displayed.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safeguarding service users from abuse and improper treatment.

The registered manager assured us that action had been taken at the time to manage the two incidents to maintain people's safety. This had included informing health professionals, and in both cases, had resulted in a review of the person's medicines.

All the people we spoke with confirmed they felt safe living at Melbourne House and with the staff that supported them. One person told us, "Yes I feel safe here. The staff are good and they are always available. You only have to press the red button day or night and they will be there." Another told us, "I feel safe. When I go to my room I lock my door. This is because I don't want anyone to come in without me saying that it's okay to come in."

Most staff had received training in safeguarding people from abuse and the deputy manager told us where there were gaps in training, this had been planned. Staff were aware of the signs to look for that may be a cause for concern and knew their responsibilities to report these to their manager. One staff member told us, "I would go straight to my manager if I saw that (signs of abuse)."

Overall, people said there were enough staff to meet people's individual needs and maintain their safety. One person said, "There's enough staff for me." People said if they used their call bells, staff responded to them promptly to address their needs. One person told us, "The staff come promptly - like a bullet out of a gun." Another said, "When I press my buzzer they come fast enough for me," demonstrating staff were available when people needed them.

Staff told us there were enough of them to provide safe and effective care for people and we saw there were sufficient numbers of staff to provide the support people needed to keep them safe.

The provider had a recruitment and selection process that required a number of checks to be made of staff before they started to work at the home. When we checked the files of three people, we found information relating to checks was either not available or not clear. During our visit the registered manager obtained the

missing information and was able to confirm all the necessary checks had been completed prior to staff being employed. This included a Disclosure and Barring Service (DBS) check and two written references. The DBS checks to see if people have any criminal convictions and helps employers make safer recruitment decisions to prevent unsuitable people from working with people who use care services. Staff we spoke with confirmed they were not able to start work until all the required checks and documentation had been received.

The registered manager told us they were in the process of changing over their written care plans to computerised records and information was being transferred across. This meant when we looked at risks associated with people's care, we could not be assured they were always managed effectively and consistently because both written and computer records were not fully up-to-date or completed in sufficient detail. For example, we saw records for two people with behaviours that challenged were not sufficiently clear. Care plans did not state what type of behaviours these people displayed or the potential triggers, to ensure it was clear to staff what signs they should look for to minimise the risk of these behaviours escalating and happening again. Both of these people had been involved in a safeguarding incident linked to their behaviours. When we looked at the records for one of these people to check the frequency of their behaviours, these records had not been completed since December 2017. Keeping records of people's behaviours, including information about what the person was doing both prior to and following the behaviour, can help staff plan how to support the person and reduce their anxiety. Staff told us they knew to sit one of these people in a quiet area with a drink if they displayed certain behaviours to help prevent these from escalating further. The registered manager stated they would continue to work on ensuring records were clear and accurate.

Despite some records not being clear, we saw some risks were managed well. For example, some people were at risk of falls and required walking aids and wheelchairs to be supported around the home. We saw staff ensured these were available to people and staff assisted people when needed to help reduce these risks. We also saw staff used a hoist safely to move people from their wheelchairs into a comfortable chair. Staff explained to the people what they were about to do to during the transfer process to help reduce people's anxiety.

Equipment used in the home, such as specialist beds, had been serviced and checked in accordance with manufacturers' guidance to ensure they were safe to use and any risks were minimised.

People received their medicines from care staff who had completed training so that they could administer them safely. Medicine Administration Records (MAR's) contained names and pictures of people and most medicines were in pre-sealed tablet packs to assist staff in administering these safely and to the right person. When we checked these medicines, they had been administered correctly and as prescribed. However, when we checked medicines stored in individual named boxes, we found errors in relation to the amount received, given and remaining. We could not be assured these had been administered correctly as prescribed. We discussed this with the registered manager who told us extra checks would be made.

We saw staff did not rush people to take their medicine and were patient and took their time with those people who needed this support. For example, one person had swallowing problems and coughed when taking their medicines. We saw the staff member gave the person regular sips of water between each medicine and checked the person had swallowed their medicine before giving them more. This demonstrated a good knowledge and understanding of how to do this safely and following best practice.

Where people took medicines 'as required' such as pain relief, there was guidance for staff about their use to ensure they were given consistently. However, when we looked at medicine records for one person who

displayed behaviours that challenged, we saw the person had been prescribed medicine to relieve their anxiety 'as directed'. A side effect of this medicine was that it could make the person drowsy. This had been given to the person on a regular basis with no clear rationale for this. There was no information confirming what frequency the doctor had advised to ensure the person was not given this unnecessarily. This same person had been prescribed another medicine to be given three times a day, which was stated in the person's care plan. When we checked the MAR, this medicine had not been administered as often as it should. There was a risk this had resulted in a negative impact on the person, that had not been considered by staff. This error had not been identified during audit checks. The registered manager told us they would look into this.

The registered manager had implemented a record sheet to monitor the temperature of areas where medicines were stored, but the temperatures were not monitored at times of the day when it was warmest. The registered manager said they would review this to ensure medicines were stored at safe temperatures that did not impact on their effectiveness.

The provider had policies and procedures regarding infection control to guide staff in protecting people from the risks of infection. We saw these were followed by staff in that toilets and bathrooms were stocked with hand soap and paper towels and staff wore gloves and aprons when needed in accordance with good hygiene practice. To maintain a clean environment, there were two domestic staff employed at the home. They shared cleaning duties to ensure the home was cleaned seven days a week. However, we saw some of the soft furnishings in the home were in a state of disrepair and would not have been easy to clean. For example, the material on chairs in the lounge was worn and threadbare and some of the waterproof coating on pressure cushions that people sat on, had worn away. This meant they could be effectively cleaned to promote good hygiene. A programme of refurbishment was in place.

The provider had procedures to manage risks in the event of an emergency and ensure the emergency services understood what support people would need to evacuate the building. People had emergency evacuation plans which stated their abilities and any equipment people may need to exit the building. Staff had completed fire safety training and the registered manager told us she regularly checked staff competence following training to ensure they understood what was required of them. However, we noted during our walk around the home that several doors had been wedged open which meant they would not release in the event of a fire to maintain a level of protection for people in their rooms.

The registered manager told us there had been lessons learnt from a recent emergency at the home where there had been a water leak. They advised it had helped them to focus on what had not gone well and what measures needed to be taken to ensure any concerns of this nature could be managed more effectively if they were to happen in the future. There had been water damage to some of the carpets, walls and furnishings and people had been moved to alternative rooms at the home on a temporary basis while repair works were carried out. The registered manager told us, and we saw, there was an ongoing refurbishment programme for the home which included items of furniture and furnishings being replaced and areas of the home redecorated to maintain a clean and welcoming environment for people.

Good

Is the service effective?

Our findings

At our last inspection visit we found people received effective care and we rated this key question as Good. At this inspection visit people continued to receive effective support and the rating therefore continues to be 'Good'.

People told us that overall staff had the skills needed to support their needs. Comments included, "I can't really fault the staff. I think that they have all of the skills needed to do this job" and "Yes, the staff are well trained. Some of the staff know what they are doing and some don't. As with everything some people are better that others."

We found there were new staff who had been recruited at the home who were still learning about people's needs and working through the required training to ensure they worked to the provider's expected standards.

New staff received an induction which was linked to the Care Certificate. The Care Certificate sets out national outcomes, competencies and standards of care that care workers are expected to achieve. New staff also worked alongside experienced staff (shadowing) to understand people's specific care needs and how they preferred to be supported.

The training staff received enabled them to update their knowledge and develop new skills to support people effectively. Staff told us the registered manager reminded them about training they needed to complete. One staff member told us, "[Registered manager] books the courses, I do a lot here, they post them on the notice board and we write our names on to say we are going on the course." Another staff member told us, "Everybody here has the same training and capability to work and we have to work together as a team. We try every day to communicate and work together to respect the policies of Melbourne House and respect resident's wishes."

We saw a training matrix that showed several staff were not up-to-date with their refresher training. The deputy manager told us training had been booked and staff were working through the training required to update their skills and knowledge. The registered manager told us that if they identified any concerns with staff they spoke to them on a one to one basis and supported them to ensure they understood what was required of them. Staff told us the registered manager sometimes worked alongside them to support them as required.

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. The registered manager had ensured people's ability to make decisions was assessed in line with the MCA.

Staff had some understanding of the Mental Capacity Act 2005 and we observed staff seeking consent from people using simple questions and giving them time to respond. One staff member told us they had completed training in supporting people with dementia. They said this had helped them to understand effective ways of communicating with people and gaining people's consent. For example, they told us if they asked one person to bend their knee when transferring them into a wheelchair they would not do it, but if they gently touched their knee to show them what was needed, the person understood.

Most people were able to make day to day decisions about their care. Staff respected people's right to decline support, but at the same time, considered any risks these decisions may have on their health. They told us they spoke with their manager about any concerns. They gave an example that if a doctor wanted to carry out a check of a person they would take the person to a private room and explain why the doctor had called to check them and ask them for consent. They stated if the person declined, they would consult their manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

People told us they did not feel restrictions were placed on their care. For example, one person told us, "There are no restrictions with bed times and getting up times. Breakfast is served between certain hours. I can go into the garden if I want to…. When I have visitors, I go and sit in the garden with them." This person went on to tell us they sometimes went out of the home independently to the shops. This demonstrated staff supported the person to take managed risks to support their independence and wishes.

People were encouraged and supported to eat and drink enough. People had a choice of meals and could eat in the dining area, small lounge or their own bedroom if they wished to. People generally had a choice of two meal options and if neither of these were liked, the chef said they were able to provide an alternative option. At lunchtime we saw the mealtime was not rushed and people received the support they required with their food and drink. Most people ate in the large dining room seated around a large table. Those that preferred to sit by themselves were able to sit at smaller quieter tables. People told us they liked the food, one person said, "I can't complain about the food here. For my breakfast I have cornflakes and a banana. I enjoy my lunch and for tea we have sandwiches. I have drinks when I want one. I have drinks in my room too." Another said, "The food's alright. We have the choice of two main courses at lunch time. There is a choice of two puddings too. For breakfast I have Weetabix, toast, marmalade and tea. You can have bacon and eggs if you want to, but you have to order them the night before."

Mid-morning and afternoon snacks were offered to people with a choice of drink. Staff knew which people were identified as being at risk of malnutrition and required high calorie snacks. We saw where appropriate their food and fluid intake was monitored and any concerns reported to the GP. One person had been prescribed nutritional supplements and records showed these had been provided to the person as prescribed. People's weight was monitored to identify any ongoing concerns.

People's needs were assessed before they moved to the home to make sure their needs could be met. Staff had handover meetings each day and told us any changes in people's care needs were communicated to staff during this time. Discussions also took place about any referrals needed to health professionals such as the GP or speech and language therapy team, so that any concerns were swiftly acted upon. During our

inspection we identified a person was coughing and seemed unwell at times. A staff member told us they would request a doctor to visit and we saw at the handover meeting this was communicated to other staff. The registered manager also carried out regular reviews of people's care, involving family members as appropriate, to ensure people's needs were met effectively.

People told us they could access healthcare professionals when needed. One person said, "If I'm ill they look after me in my room. They bring me my food and everything that I need. They will also bring the doctor if I'm ill." Another told us, "I have had the optician visit me. The chiropodist comes once a month. My son takes me to the dentist although one does come here as well. They will call a doctor if I'm ill I'm sure." The registered manager told us some people had regular visits from health professionals to support their individual needs. For example, one person had visits from a social worker to check they remained happy at the home and their needs were being met sufficiently.

The design and decoration of the premises supported people's needs in that it was spacious and had various areas where they could sit if they did not want to stay in their room or sit in the main lounge. This included a conservatory and small seating area off the dining room. People were able to move easily around the corridors with any walking aids and there was a passenger lift to the upper floors if people needed to use this. The ground floor had an enclosed garden with seating and shaded areas that was easily accessible to people and their visitors. We saw people sitting out in the garden enjoying the sunshine. One person told us, I can go out into the garden whenever I want to."

Requires Improvement

Is the service caring?

Our findings

At our last inspection visit we rated caring as 'Good'. At this inspection we found staff remained caring in their approach, but there were some issues linked to people's privacy and dignity that have resulted in a requires improvement rating for this key question.

People were positive in their comments about the staff. One person said, "The staff here are excellent." Another said, "The staff are very caring in my opinion. I think they are professional here." Throughout the day we observed positive interactions with people and staff. People seemed at ease to approach staff and make requests of them.

People were supported to maintain relationships that were important to them and we saw visitors were made to feel welcome at the home. One person told us, "My friends and family can visit me anytime that they want to." A visitor told us, "I think that the staff are very good."

We saw how one person made repeated requests of staff, and in response, staff were patient and understanding of the person's needs. For example, the person told staff they had "sprained their ankle" and wanted a bandage on it. Staff explained to us that the person had not sprained their ankle but they would state information like this from time to time. Staff put on a bandage on the person's ankle as well as some cream to reduce the risk of the person becoming anxious. We saw this satisfied the person and they were happier when this had been done.

People appeared relaxed and comfortable around the staff and staff told us they liked spending time with people. People were given choices in regard to their care and, where possible, staff supported people to be as independent as they could be. For example, they recognised that on some days certain people could eat independently, but on others they needed support to eat.

Staff were motivated and spoke positively about the home and in particular the atmosphere and support they received from one another. One staff member told us what made them a caring person. They said, "Talking to them (people), looking after them, making sure they are eating and drinking properly, making sure I respect their rights and that they are dressed properly and are safe."

Managers and staff valued the people they cared for and celebrated birthdays, special events and occasions at the home. This helped to bring people together to share the celebrations. The chef told us, "We have birthday parties, barbeques and Valentine's meals. We have sandwiches, homemade cake, crisps, sausages and some wine." People spoken with confirmed this happened and spoke of enjoying these occasions. A staff member told us they had recently had a party with people to celebrate the royal wedding.

The provider supported people's individuality and diversity by ensuring staff completed training on 'equality and diversity' so that they knew how to support people's differing needs. The chef told us they were able to provide varied diets based on people's cultural needs and told us how they had involved a family member for one person to make sure the meals provided were suitable for them. We saw there were both male and

female staff that worked at the home to help support any gender choices people made. □

People told us they were supported to follow their religious beliefs and the registered manager told us, if required, they would make arrangements for ministers of other religions to visit people when desired. For example, one person told us, "I don't go to church, but we do have two little services here each month. There's a man who comes. It's not so much a church service, it's more like a chat. I really enjoy him." Another person told us, "They do a church service here."

Staff knew about practices they should follow to maintain people's privacy and dignity. For example, one staff member told us (when supporting people with personal care), "I always cover them with a towel and make sure the door is shut. There is a bolt to the shower downstairs because [Name] opens the door when showering." However, when we checked this room we found the bolt no longer worked. One person told us, "I won't use the downstairs bathroom because you can't lock them, so when I need the toilet I have to go all the way up to my room. I have found a bathroom downstairs with a toilet in it, the only thing is there has been a soiled pad on the floor twice recently, it's really off putting. Also, they store so much stuff in there I can't get to the sink to wash my hands." When we checked this room, we saw it was used for storage and access to the wash basin was blocked. There was also no seat on the toilet. The registered manager told us the toilet usually had a removable raised toilet seat on it and said they would check where this was and remove equipment stored here.

We saw during the inspection that a staff member walked around with a bowl of water and shaving equipment and shaved gentlemen in the lounge which did not promote their privacy and dignity. We advised the registered manager of this. A person told how a person was left sitting with their clothes protector on after they had finished their meals. They told us, [Name's] sitting there wearing their apron still. They should take it off because they will just sweat with it on; especially in this weather." This also did not promote the person's dignity. We spoke with a staff member about this and it was removed.

During our observations of the lounge one person had been attempting to attract a staff member's attention as they were "desperate" to use the toilet. We intervened by advising a staff member of this. They left the lounge to locate a second staff member to assist, but did not return promptly resulting in the person communicating to us their discomfort. We saw staff were available in the dining area but no urgency appeared to have been placed on the request for assistance to help maintain the person's dignity. The person was eventually supported.

People were able to make some choices about how to furnish their bedrooms. People had personalised their rooms with photos and pictures of family and friends around them. Some people brought in items from their family home. One person told us about their "babies" and had a selection of dolls which they chose to dress and 'care' for. Staff told us how they supported the person to buy clothes for the 'babies' and even took these to hospital with the person when they needed a health check to help calm the person and reduce their anxiety.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection visit we found people did not always receive care and support that was responsive to their physical care and social needs. At this inspection we found continued improvement was needed in responding to people's needs. The rating therefore remains 'Requires Improvement'.

Each person had a care plan which identified their assessed needs and provided staff with information about how those needs were to be met. However, written care plan records were in the process of being transferred to computerised records. As a result, both written and computerised records we checked were not up-to-date to ensure people's needs were met effectively. Staff were working with hand held devices linked to the computerised system which they used to record care and support they provided. However, we saw poor internet signals caused staff problems in accessing information. The registered manager told us they would speak with provider about this problem. During our inspection the registered manager updated the written records to ensure staff had the key information they needed to meet people's basic needs.

People spoke positively of the support they received from staff and felt most of the time staff were responsive to their needs. For example, one person needed to be assisted by staff when they wished to smoke a cigarette. We saw on two occasions when the person asked staff for a cigarette, a staff member supported them into the garden to smoke. However, there were a number of instances where we found improvements could be made in regards to providing individualised care that responded to people's needs.

One person told us, "I do think that they should help the people who really need the help a bit more quickly. [Person] there is just left to sit in their wheelchair. Also after their meal they have just left them." When we spoke with the person they confirmed they wanted to be moved. They said, "I feel like I'm dumped in my wheelchair. I get up in the morning and they dump me in the lounge. They leave me there and then I come in here (dining room)…. I want to get out of this wheelchair and sit on a chair in the lounge." We discussed this with the registered manager with a view to this lack of responsiveness by staff being addressed. Another person told us they had been involved in the assessment process before they came to the home but requests they had made at that time were not followed. They said, "Someone came to my house and asked me lots of questions. They did ask me if I preferred a bath or a shower. I told them that I preferred a bath and so I expected to have a bath sometimes. I love a bath sometimes. But I always have a shower." We found a second person also wanted to have a bath but had not been provided with one. They told us, "I have asked to have a bath sometimes and I haven't had one. I've stopped asking now." We advised the registered manager of peoples wishes to have a bath so this could be addressed.

Where people were known to at times be anxious or agitated, there was a lack of detail in care records about the types of behaviour people displayed and the possible triggers for this behaviour to assist staff in how to recognise the signs to be aware of. More detailed information could assist staff in distracting the person to prevent the behaviour from occurring and guide staff's response if it did occur. Despite this, we saw staff had followed instructions in a care plan when a person had become agitated. They had assisted the person to sit in a quieter area and had offered them a drink. A staff member told us that when this same person had become "dizzy" they had called upon the assistance of another staff member and had sat the person down

with a drink and some biscuits which had helped to relieve their symptoms. This demonstrated staff had responded effectively at the time to the person's needs.

People and their families had some involvement in planning people's care but records lacked detailed information about people's backgrounds, interests and hobbies to support staff in providing person centred care. There were some activities provided at the home that people enjoyed, such as completing jigsaw puzzles and playing board games. However, we found the range and frequency of activities to help maintain people's wellbeing were limited and a staff member confirmed our findings.

When we asked people if they went out of the home, most said this was usually with family members. One person told us, "My daughter comes to see me and takes me out sometimes. I like to watch TV. I also knit." Another told us they went to a day centre once a week where they did an exercise class which they enjoyed. They also stated they liked reading and watching the television at the home. We did not see that consideration had been given to organising activities that fully supported the needs of people living with dementia. For example, we saw a number of people sat in the lounge for most of the day with minimal social interaction and activities. Some sat with their eyes closed. One person walked around the home constantly and only chose to stop when a staff member suggested they had a drink or something to eat. A staff member told us this person enjoyed talking but we did not see staff spend time sitting and talking with this person. The registered manager told us they would look at how they could improve person centred care for people.

Staff told us communication was good in the home which helped them to respond to people's changing needs. Staff said they were updated about people's needs at handover meetings at the start of each shift. The handover provided staff with information about any changes in people's needs since they were last on duty. Information shared was also recorded in writing so staff could remind themselves of any changes or support they would need to provide throughout the day.

Although there was provision in care plans to ask people or their family about plans for when people reached the end of their life, this information had not been completed. There was a risk people's personal choices might not be supported. The registered manager told us this had been a difficult subject to discuss with people, but acknowledged this was something they should address to ensure people's wishes could be respected.

We saw thank you cards from relatives about the care their family received in their final days demonstrating staff had been sensitive the needs of people at this time. One relative had written, "The staff made her welcome from the start and at all times made her feel 'special", and spoke of the care provided being 'exceptional'.

People and their relatives knew how to complain. The provider's complaints policy and procedure was available within the home. People who told us about concerns they had raised with staff said their concerns had been acted upon. For example, one person told us "I have complained about one of the men who gets aggressive and swears when I change the TV channel. The staff have helped me to deal with this." Another person said they didn't lock their bedroom door at night despite there being a person who had come into their room which they did not like. They told us they had raised this with staff and it had been "dealt with" demonstrating staff had listened and acted on the person's concern.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found the service was well-led by an experienced management team who were enthusiastic about the service and committed to providing good standards of care. However, at this inspection we found areas needing improvement which impacted on the home being well-led. We therefore rated this key question as 'Requires Improvement'.

The registered manager understood their responsibilities in regards to their registration but had not ensured they had notified us of two serious incidents as required at the time they had happened. They had also not referred these to the local authority in line with the local authority safeguarding reporting procedures. The failure to report these incidents meant we had not been able to check at the time all potential risks had been managed.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 – Notification of other incidents

The registered manager told us they had taken learning from this and would ensure that in the future we were notified as required.

The provider's systems and processes had not identified that records were not always accurate or sufficiently detailed to support staff. Whilst we acknowledged the provider's actions to improve record keeping within the home by transferring written records over to a computerised system, this was still in progress. This had therefore resulted in staff working with records that were not fully informative. Neither the computerised or written records we reviewed contained all the information staff needed to ensure risks associated with people's care were managed safely. We found issues with medicine management that required improvements to ensure people received their medicines as prescribed. People told us they didn't always receive personal care in accordance with their choice, such as baths as opposed to showers, when they wanted one. We had observed privacy and dignity was sometimes compromised.

Although some staff had completed training in how to support people living with dementia, we found limited information was available to staff regarding people's backgrounds, history and hobbies. This meant staff did not have all the information they needed to deliver person centred care. The range and frequency of social activities provided was also limited.

Whilst we had found some areas needed improvement, overall, people spoken with were satisfied with how the service was managed and felt the registered manager and staff were approachable. One person told us, "I know the manager. I speak with them from time to time. They are always very good." Another said, "I do feel as if I'm listened to. The staff here do speak to me and I can tell them what's on my mind. They're very good."

The management team was stable as the registered manager had worked at the home for around 19 years and was supported by a deputy manager. There was also a 'team leader' staff could approach for support if

needed. Care staff said they were able to access support and information from managers when they needed, because there was a 24 hour 'on-call' arrangement where they could contact a member of the management team at all times.

The registered manager told us they held a "manager's surgery" where they spoke with people on a one to one basis twice a year. During these surgeries they asked people for their views about their care and about living at the home. They checked people were happy and whether any actions were needed to improve their experience of the home. We saw records that showed people were positive in their comments and were satisfied with their care. One person had stated "I am very happy with my care at Melbourne House." Another had stated "Carers are good here, I don't have any issues with my care, medicines or menus."

Staff understood their roles and responsibilities and we saw staff were reminded of these during staff meetings. Staff told us they had confidence in the management team who sometimes worked alongside them. One staff member said, "[Registered manager] is lovely they like everyone. They love and care about everyone and always make sure that everything is under control." Another said, [Registered manager is a very strong [person], very patient, they support us in every way, which I am very pleased with."

Staff told us that meetings, supervisions and appraisals were held with them to discuss issues related to the running of the home. This included areas for improvement and training needs. Notes of a meeting in April 2018 confirmed this. Records showed staff had been reminded of the policies and procedures of the home when carrying out their duties. This included ensuring cleanliness of people's rooms was maintained at all times. The registered manager was very clear with staff about the provider's vision and values and what they expected of staff when carrying out their duties. They said it was important to discuss care values with staff and their understanding of these. They stated staff meetings were used to check staff's knowledge and if necessary, additional training was organised if they felt this was needed. Staff spoke of supporting one another and working well together as a team, to ensure people's needs were met. They told us they found the training they completed was effective.

The provider and registered manager valued people's views about the service. The registered manager told us that in addition to manager surgeries, they also held family events twice a year. These were usually a Christmas dinner in December and a barbeque party in August where entertainment was usually provided. They said these opportunities were used to talk with families about the home. The registered manager said they had an 'open door' policy where families could talk with them at any time about any concerns. The registered manager said they also sent out surveys to obtain feedback from people twice a year and feedback was used to make any necessary improvements. For example, two people out of 29 had stated they were not satisfied with the decoration and furnishing of the home. These views had been taken into account when looking at refurbishment plans for the home. At the time of our visit, the provider had a refurbishment plan in progress and actions had commenced to improve the decor. This included 14 rooms that had already been painted and new sofas and dining chairs being purchased.

The registered manager worked with external organisations and agencies to support care provision such as with health professionals and local authority commissioners to help ensure people received the care, treatment and support they required to meet their needs.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifiable incidents had not been reported to CQC or the local safeguarding authority as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Procedures in place to safeguard people from the risk of abuse were not followed consistently to keep people safe.