Edgbaston Healthcare Limited

Melville House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 24 April 2017 and was unannounced. The service was previously inspected in October 2016. During that inspection breaches of legal requirements were found. The issues identified that the provider had not ensured that they acted in accordance with the Mental Capacity Act and that there were ineffective systems in place to monitor the quality of the service and drive through improvements.

After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches. The provider took action and at this inspection we found improvements had been made.

Melville House is registered to provide nursing care and support for up to 29 older people who have needs relating to their age or dementia. On the day of our inspection there were 26 people living at the home.

Melville House has been without a Registered Manager for over six months. The current acting manager was present during our inspection and told us that they were applying to CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and relatives told us that they had no concerns about safety at the home. People were supported by staff who had received training on how to protect people from abuse. Risk assessments had been completed to minimise the risk to people. There were appropriate recruitment processes in place. Medicines were given to people as prescribed and were managed safely.

People were supported by staff who received training to enhance their skills and knowledge, and we noted that this was being further developed. We found that people may have benefitted from more staff being available to support them. People enjoyed their meals told us they were supported to express their opinions about the meal choices. Staff were knowledgeable about how to support people to maintain good health and accessed professional healthcare support for them when necessary.

People told us and we observed that staff were kind and compassionate in the way they supported and cared for people. People were given support to make their own decisions about their day to day care and support needs. We saw that that staff respected people's privacy and dignity.

Staff were knowledgeable about people's personal preferences and what was important to them. However very few activities were on offer for people to enjoy, and the environment of the home would benefit from being more dementia friendly. There was a complaints procedure in place.

The manager was well liked by people, their relatives and staff who all felt that he could be approached and

would respond well. The manager was using a variety of systems and audits to ensure continued improvements within the service and this process was being further developed as some people and their relatives were not as involved in their care as they could have been.

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.

People were not supported by sufficient numbers of staff to keep them safe and well.

People could be sure they their medicines would be administered as prescribed.

People were protected from abuse by staff who understood their responsibilities to safeguard people they were supporting.

Is the service effective?

Requires Improvement

The service was not always effective.

People's consent was sought before they were provided with care.

People told us that staff had the appropriate knowledge and skills to support them.

People were happy with the meals offered and were supported to make choices.

Is the service caring?

Good

The service was caring.

People told us they received care and support from staff that were kind and compassionate.

People's privacy and dignity was respected and people's independence was promoted.

People's information was kept confidential.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have opportunities to take part in many activities.

The environment of the home was not entirely suitable for people with dementia.

We saw and people told us that care was delivered in line with their expressed preferences and needs.

Complaints that had been identified were taken seriously and responded to well.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to monitor the quality of the service which needed to be further improved.

People and their relatives were not as involved in their care as they could have been.

People and their relatives expressed confidence in the manager and the staff team.

Staff told us they felt well supported by the manager who was approachable and listened to their views.

Melville House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 April 2017 and was unannounced. The inspection team consisted of 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. The inspection team also included a specialist advisor who had knowledge of nursing care and practices.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch if they had any information to share with us about the care provided by the service. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

People were not able to discuss their care with us due to the nature of their conditions. During the inspection we met and spoke with three of the people who lived at the home. We also 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 to us. We also spent time observing day to day life and the support people were offered. We spoke with five relatives of people and one visiting health professionals during the inspection. In addition we spoke with the acting manager, the clinical lead, the chef, and six members of staff. After the inspection we spoke with one person's advocate.

We sampled some records including two people's care plans, three staff records and the medicine

management processes and the providers systems for staffing, training and for the monitoring and improving the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2016 we found that medication systems needed to be improved to make sure people received their medication safely and as prescribed. At this inspection we found that these issues had improved and the provider was meeting their legal responsibilities.

People received their medicines safely. We observed nurses giving medicines to people during the day, and saw that this was done well and safely. Medicine was stored safely in locked trolleys in a locked medicines room. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly. Medicine that had a short expiry date once opened was always dated to ensure that staff knew how long the medicine could be used for.

Some people that take medicine only when required had clear protocols in place to provide staff with enough information to know when the medicine was to be given. Records showed people were given their oral medicines as prescribed, and any errors in recording were dealt with safely. People had their prescribed skin creams applied as directed. There was information available for staff on where and how often some of the creams should be applied. Staff that were handling and administering medicines had received training to do so.

We saw that the manager had a system that established how many staff were needed to meet people's care needs, and we saw from the rota that the identified number of staff were in the home. However we did not consistently see that were enough staff available to support people well. For example, one person was left alone in the dining area for over ten minutes despite calling for assistance. We saw the person become increasingly upset. A health and social care professional told us, "I think they could do with more staff, the staff there are running around like headless chickens." We heard that call bells rang for long periods and the manager told us these were not monitored to see if staff were sufficiently deployed to answer them within a reasonable period of time. Staff gave us mixed responses when we asked them if they felt there was enough staff, one staff member said, "There is not enough staff, some days we just can't do any activities." Other staff member told us that there were sufficient staff, but some were not very experienced. The manager told us that the home was about to employ more staff to enable more activities to take place. There were insufficient staff to ensure requests for support would be consistently be responded to quickly.

People and relatives we spoke with said the service was safe. A relative we spoke with told us, "My mom is prone to falls and they suggested better slippers and put the sensor mats for her, she falls less, I think mom is safe here." Staff told us that they had received training in how to keep people safe and said they had been provided with relevant guidance. One member of staff said, "Everyone is really safe here, there's no safety problems."

People could be confident they were safe and protected from abuse because they were supported by staff who understood their responsibilities to keep people safe. People appeared comfortable and relaxed with staff. Staff we spoke with described signs and symptoms of abuse and knew who to contact to report any

suspicions of abuse. One member of staff told us, "I have had my training in safeguarding, I know what to do." A relative said, "I come regularly and I have never seen anything bad." We noted that when any safeguarding incidents had occurred the manager had informed the appropriate authorities and took prompt action to protect the person from the risk of further harm.

Staff we spoke with were knowledgeable about the risks presented by people's specific conditions and described how they managed those risks. Care plans we reviewed contained guidelines and risk assessments to provide staff with information that would protect people from harm. Some care records we reviewed identified people who were at risk. We saw that the control measures were in place to reduce the level of risk to the person.

During our inspection we saw that some people living at the home required the support of staff and specialist equipment to help them move. A relative told us, "Moms safe, they always use two staff when they hoist her." Staff were able to describe how they used specialist equipment, and peoples' risk assessments contained clear guidance for staff to follow. We saw a number of these moves taking place and found that they were done safely and in a dignified manner.

The registered provider had emergency procedures in place to support people in the event of a fire. Staff described the actions they would take to ensure people were kept safe from potential harm. One member of staff said, "We know what to do in an emergency." We saw that each person had a plan describing how they would be supported in the event of an emergency and noted that checks of smoke detectors and fire extinguishers were up to date.

People were protected from repeated avoidable harm because the manager had a system of learning from previous accidents to reduce the likelihood of them happening again. We saw that accidents and incidents were recorded and up to date, and that learning from accidents had been cascaded at team meetings to help keep people safe.

People were kept safe because all new employees were checked through a robust and comprehensive recruitment process. Staff files we reviewed contained reference checks and checks with the Disclosure and Barring Service (DBS). Staff told us that these checks had been undertaken before they started to work at the home. A member of staff we spoke with told us, "All the checks are done before people start work here." This ensured staff would be recruited safely and helped to reduce risks to people.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in October 2016 we found that people did not always have their rights protected in relation to the Mental Capacity Act. At this inspection we found that these issues had improved and the provider was now meeting their legal requirements. However further improvements were needed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS).

We saw that the manager had sought and taken appropriate advice when there was a risk that practices may restrict a person's liberty. When the manager had received approval to restrict people's liberty these practices were regularly reviewed to identify if they were still required. There was a process to ensure that applications to renew existing approvals would be made promptly.

For some people who lacked mental capacity, we found that their best interests had not been considered when planning their care. We spoke to the manager about how peoples' rights were upheld when they moved from one room to another or into shared rooms. They told us that the home did not currently have appropriate processes in place that they used when moving people into shared rooms. We noted in the care records of a person who shared a room with another person that there had been no review to identify if this would be in their best interests. After the inspection we spoke with an advocate who had responsibility for ensuring the person had their rights upheld under the MCA. They told us they were unaware that the person shared a room and had not been involved in any decisions in relation to it. We found that the provider did not have a robust process to uphold peoples' rights in line with the principles of the MCA.

The manager was aware that relatives could only consent on behalf of people if they had the legal authority to do so. We found that in some cases people's relative were giving consent to aspects of care that they were not authorised to do. We discussed this with the manager who told us that they would rectify the situation as soon as possible. During the inspection we observed that people were asked for their consent when offering care. Staff told us that they gave people choices as often as possible with day to day things such as where to be in the home, what clothes to wear and what food and drink they might prefer. We saw this

happened throughout the day.

People told us that they were supported by staff who had skills and knowledge to support them well. A person we spoke with told us, "The staff are very pleasant." One relative told us, "[My relative] is quite happy with the care he receives."

Staff received training for their role. The manager told us that some areas of staff training needed to be developed to make sure staff had up to date knowledge. Staff told us that they were given training to support their development to enable them to provide appropriate care and support to people. We saw that staff supported people using appropriate skills. A member of staff said, "There are training opportunities, today we had in house training about catheter care." Training records showed that staff had completed varying levels of recognised qualifications in health and social care to meet people's current and changing needs. Staff told us that their training had not been refreshed for some time but was now being updated. We saw that the manager had a method of monitoring these updates. When we spoke with a health care professional they told us that they expected staff to have a greater knowledge of end of life care and had sign posted them to nationally recognised guidance. We found that while a training programme was underway some areas of staff knowledge and development needed to be updated and improved.

Staff we spoke with told us that they received an induction when they first started to work. Staff records we sampled had documentary evidence to demonstrate that the registered provider used the Care Certificate [a nationally recognised induction programme for new staff]. This indicated that staff were provided with the appropriate skills and knowledge to carry out their roles and responsibilities effectively. We found that people benefitted from staff who had been well supported in their role. All the staff we spoke with told us they received support and supervision.

People were supported to eat and drink meals that they enjoyed. People told us they had enough food. A relative we spoke with said, "The food is basic but good and drinks are provided well." Another relative told us that since their mom had moved into the home that she was eating more and becoming stronger as a result. We saw that where people need a certain diet to support them to eat safely that this was provided. The cook knew people's needs and preferences very well and documentation in the kitchen made sure that people got the right sort of food to keep them healthy and well. We also saw that when necessary people had been referred to health professionals when they needed support to receive suitable nutrition. We saw that people could access snacks independently throughout the day.

When necessary people were supported by staff with their meals and this help was accepted by a number of people. We noted that the support was given in a manner that was appropriate to the person and at a pace that was suitable for them. People were supported to eat their meals well.

People were supported to access a range of health care support which included, district nurses, Doctors, dentist and opticians. A staff member we spoke with said, "I feel the people here are thriving, the care side of things is faultless." During the inspection we noted that an optician came into the home to deliver some glasses to a small number of people who had needed new ones. We also spoke with another health professional who had been invited into the home to advise on end of life care, they said, "The staff here have worked very well with me." We saw that care plans contained dates and outcomes of health care visits, and made sure that people had regular health checks.

Good

Is the service caring?

Our findings

People who lived at the home told us that staff had a caring attitude. A person who lived at the home told us, "The staff are brilliant." This view was also shared by people's relatives. One relative said "They are excellent care staff who care deeply for the clients." Another relative commented, "All the carers are lovely here, really lovely." A health professional we spoke with said, "The staff are very caring."

We saw staff approached people in a friendly and respectful way and helped people to express themselves in their preferred methods of communication. For example we saw staff speaking with people by kneeling so they were at the same level and giving people choice about their daily activities. We observed staff checked with people before providing physical care and respected their choices. A relative told us, "Staff go over and beyond to support clients to have choice and opportunity." When necessary other professionals were involved in helping people to express themselves. One person's advocate said about the staff, "There's a lot of tenderness and kindness."

During our inspection we saw that people's privacy and dignity was respected. A relative told us that "Staff show respect and dignity in all dealings with clients." Staff gave examples of how they maintained people's privacy and dignity; for example shutting doors when they were delivering personal care and covering people's legs when they were being moved. The manager told us that a senior member of staff had taken on the role of promoting the importance of dignity to other staff.

People, who were able, were encouraged to maintain their independence. One person told us they made their own drinks and had been encouraged to cook a meal with support from staff. We saw that rooms had been personalised with people's photographs and ornaments which all assisted people to feel relaxed and at home.

We checked staff's understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. This practice meant people could be confident that their personal information would not be shared.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we found that although people were often involved in identifying how they wanted to be supported, involving people was not consistent. People and their relatives told us and records showed that the manager asked people how they liked to be cared for and supported when they first moved into the home. However we saw that when people's care plans were reviewed it was not always clear what had been discussed and who had contributed to the review. We found that the manager had missed opportunities to include people and their relatives in reviewing how they wanted their care provided. The manager told us they were working towards improving this. Failing to involve people in reviews meant that their care plans may not contain up to date guidance for staff about how people wanted to be supported.

The home environment did not readily support people living with dementia. Appropriate signage was not present throughout the home to help people find their way to lounges, toilets and their own bedrooms. There were no points of interest for people within the home, or items available for them to hold or manipulate such as therapy dolls. Although staff we spoke with had a good understanding of how to support people with dementia, many people commented that staff did not provide enough for people to do. For example, one person told us, "There's nothing to do here." and a relative said "I don't really know about any activities." Staff members said, "We need more activities." and "I would really like to improve the environment, there's not enough activities." A health professional said, "A lot of people are just left alone." During our inspection we saw people sitting in a lounge area with no occupation for long periods of time. We brought this to the attention of the manager who told us that more staff were in the process of being recruited to increase the number of hours available to support people with activities. The manager also said that improvements to the environment were being planned which would reflect the needs of people living with dementia. These improvements had not yet started.

People were supported to maintain the relationships that were important to them. We saw people having meals with their relatives. One relative said, "The staff all talk to me, there is always an open door." Another relative told us that when their relative first moved into the home they were very apprehensive about leaving them, but after a short time found that they were confident with their relatives care and made to feel welcome within the home when they visited. We saw that care records reflected the person's likes, dislikes and individual preferences. Staff we spoke with had a good appreciation of to meet people's preferences. One relative told us, "The carers know the residents well. All the staff know the residents."

People were aware that they could raise a concern about their care and support if they were unhappy. One person told us about a complaint they had made to the manager and said the issue had been resolved quickly. We saw information about the provider's complaints policy was displayed around the home and people and visitors were encouraged to report concerns. There was a system in place to monitor formal complaints and records showed that they were responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2016 we found that the provider did not have systems in place that were effectively operated to assess, monitor and mitigate the risks to health, safety and welfare of service users. At this inspection we found that these issues had made some improvements and the provider was now meeting their legal requirements. However we found that further improvements were needed.

The home had been without a Registered Manager for over six months and the current acting manager told us they were in the process of applying to become the Registered Manager.

We noted that the acting manager had begun a process of auditing the service but there was no oversight within this process from the provider to check to see if the monitoring by the acting manager was robust. The assessment and monitoring of the service had failed to identify issues referred to earlier in this report including insufficient staff deployed , ensuring a robust decision making process for people who lacked mental capacity and a lack of meaningful activities. One member of staff said, "I am concerned that organisation here is poor, things can be haphazard, a lot of cross referencing and paperwork is poorly organised."

The manager had recently begun to gather people's opinions about living at the home. Surveys or other formal methods of collecting information from people and their relatives had not yet begun. Relatives told us that meetings had involved them and staff said that the key worker system made sure people's opinions were taken into consideration. We found that the provider had started to involve people in their care, and was aware that this needed further development.

During this inspection however it was evident that the manager had improved the quality of the governance of the service. We saw a number of improvements in relation to the monitoring and quality assurance of the service. The manager monitored the quality of the care provided by completing regular audits. These included the health and safety of the environment, accidents and incidents, medicines audits, training and supervision. We saw evidence that the audits were evaluated and action plans created for improvement, when this was needed. We noted that actions had been taken in a timely manner and the manager told us of their plans to refine and improve the new system of auditing. This process helped to ensure that there was an effective drive towards improvements within the home.

We saw people living at the home had developed a positive relationship with the management and staff team. People and relatives were able to identify who the manager was and spoke positively about them. Relatives told us they felt that the home was well-managed. One relative said, "The manager is very proactive and has an excellent vision for this service, he tries to provide a homely living place to all clients." A member of staff told us, "The manager and deputy are supportive, I can talk to them." Staff were clear about the leadership structure within the service and spoke positively about the approachable nature of the manager.

Staff were confident in their roles and told us that they would not hesitate to raise concerns and use the

whistle-blowing procedure should they witness any poor practice. We saw staff meeting minutes and attended part of a senior staff meeting. We noted that the manager had a clear approach to improving the service.

Our inspection visit and discussions with the manager identified that they understood their responsibilities and showed that they were aware of changes to regulations and were clear about what these meant for the service. Where a service has been awarded a rating by the Care Quality Commission, the provider is required under the regulations to display the rating. We saw there was a rating poster clearly on display in the service. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.