Edgbaston Health Care 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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 19 and 26 November 2014. The visit was unannounced.

We last visited this service on 01 May 2014 when we found the home had breached six of the Regulations of the Health and Social Care Act 2008. In May 2014 we raised concern about the homes ability to provide people with the care and support they needed, to provide adequate food and drinks, to keep people safe, to provide suitable premises, to provide adequate numbers of staff and to operate systems that were effective at assessing and monitoring the quality of the service. At this inspection in November 2014 we found that significant improvements had been made in all areas. There were however still some shortfalls which meant people were receiving a service that would not consistently meet their needs and which continued to require improvement.

Melville House is a nursing home and can provide nursing care and accommodation for up to 29 older people. The home accommodates some people who are living with dementia.

The home had been without a registered manager for several years and this had put the home in breach of their

Summary of findings

conditions of registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. This situation had also meant that people had not benefitted from consistent or effective home management. The registered provider recently appointed a home manager and we were informed they had started to make application to the CQC for registration.

People living at Melville House told us they felt safe and we observed staff providing kind and reassuring care that comforted people when they were confused or distressed. We found that the number of staff on duty had improved and staff were clearer about the support people needed and when they needed it. This meant people did not have to wait so long for their meals or for care. We did not find that there were always enough staff to ensure people got the support or supervision they needed to stay safe.

We found that improvements had been made to the premises. Some bedrooms, bathrooms, lounges and the dining room had been redecorated. Improvements were still needed but the building was cleaner and more homely.

The management of medicines was not good enough to ensure people would always get all their prescribed medicines. We found medicines that had been administered from a blister pack were usually given accurately. Our audit and the providers own records showed that medicines which were inhaled, applied directly to the skin or were administered directly from the box had not always been given as prescribed. The audit of medicines had not been effective at picking up issues and ensuring improvements were made.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. During our inspection we identified some potential deprivations of people's liberty. These had not been identified by the registered provider. We were informed training had been booked for all staff in the near future to increase their knowledge about this topic. At the time of the inspection the provider was not ready to meet the requirements of the Mental Capacity Act 2005.

We observed the support people received over four meal times. We found people were offered food that they liked, and which met their preferences, religious and cultural needs. People had been supported to see health professionals who advised on maintaining a healthy body weight as well as how to eat and drink safely.

People had been supported to stay healthy by both staff working at the home and by being supported to see community health professionals when they required this. Although people's healthcare needs had been met we found that people had not always been helped to stay clean, or to maintain their personal hygiene to a good standard.

Throughout our inspection we saw people being supported by staff who demonstrated care and affection towards them. Feedback about staff was entirely positive and we saw staff offering reassurance and giving people comfort when they were upset or distressed. We observed both good and poor practice from staff regarding maintaining people's dignity and privacy.

Work had been undertaken to find out what activities people would like to do each day, and this was an area under further development. People told us about some of the community based activities they had recently enjoyed, and about the in house activities that were regularly available. We found that more specialist activities needed to be provided for people living with dementia.

The home had an effective system to deal with complaints. Feedback from both a relative and a person living at the home showed their concerns had been listened to and acted upon.

The registered provider had failed to provide adequate management for the home in recent years. A home manager had been recruited and had started the application process for registration with the CQC. Feedback about the manager was constructive. We saw

Summary of findings

that the manager was having a positive impact on the home as although the home still required improvement there was evidence of progress within the home in all of the areas we inspected.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines administered from blister packs were well managed but people could not be certain they would get their boxed or inhaled medicines at the required time in the required doses.

People usually received prompt help from staff but people could not be certain there would always be enough staff to supervise them, and on occasions they may be left alone. There were good systems in place to ensure staff were only recruited after robust checks had been made.

Staff had been trained in adult abuse. Staff were aware of how to identify and report incidents of concern.

The premises continued to require improvement but they were safer, cleaner and more homely.

Is the service effective?

Requires Improvement

The service was not always effective

The home was not following the Mental Capacity Act 2005 code of practice. This meant the rights of people who may lack mental capacity to take certain decisions may not be fully protected.

People were getting the support they required to eat and drink adequate amounts of food and drink which met their needs and which they enjoyed.

People were being supported to access healthcare relevant to their needs, but people were not always helped to stay clean and maintain good personal hygiene.

Is the service caring?

Requires Improvement

The service was not always caring.

People could be confident that staff would treat them with compassion and kindness, and respond quickly to their needs.

People could not be certain their rights to dignity and privacy would always be maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people had started to benefit from a wider range of interesting things to do, but the opportunities for people living with dementia were limited.

People could be confident that concerns they raise will be listened to and action taken.

Summary of findings

Is the service well-led?

The service was not always well led.

The home had been without a registered manager for several years. This was a breach of the provider's condition of registration. People had not benefitted from consistent, effective home management.

The systems in place to monitor the safety and quality of the service had not been fully effective in identifying issues and ensuring the necessary action was planned and taken.

Requires Improvement

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 19 and 26 November 2014 and was unannounced.

The inspection was undertaken by two inspectors and a specialist advisor. The specialist advisor had in depth knowledge about the needs of people living with dementia.

Before the inspection we reviewed the information we already had about this service. The provider had submitted 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. We contacted the commissioners of this service. (People who purchase the care from local authorities) We also looked at the notifications the provider had sent to us. (The registered provider is required by law to "notify" us of certain events that take place in the home.)

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experiences of people who cannot talk with us because of their healthcare conditions.

During our inspection we spoke with seven people who were using the service, three of their relatives, seven members of staff and three health care professionals. We supported our findings by looking at records about four people's care, three staff recruitment records, and records about medicines management, health and safety and quality monitoring.

Requires Improvement

Is the service safe?

Our findings

We last inspected this service in May 2014. At that time we found the home had breached the Health and Social Care 2008, Regulation 11, Regulation 22 and Regulation 15. At that time people were not being adequately safeguarded against the risk of abuse, people were not being supported by adequate numbers of qualified, skilled and experienced staff and people were not being protected from the risks associated with unsafe or unsuitable premises. During this inspection in November 2014 we found that significant improvements had been made to improve the environment and people were now safeguarded from the risk of abuse. We found the number of staff had increased and that staff were clearer about their individual roles and responsibilities.

We observed and two relatives told us that people were often left for periods of up to 15 minutes without staff to support them. While no harm happened to people during these observations we noted that sometimes people had no means of calling for help, and some of the people we observed had been assessed as needing staff support or observation as they may fall if they moved unaided.

Overall we observed an improvement in the number of staff on duty and the delegation of staff. Staff and relatives told us that people now had support at the times they needed it. We observed people get help with their personal care and with eating and drinking when they needed it. We observed more experienced staff supporting less experienced staff members to ensure they were aware of the priorities throughout the day. The home was using assistive technology, (such as pressure pads by people's beds) to alert staff that people may require help. A visitor we spoke with told us about the use of the pressure mat with their relative, and described the peace of mind the use of this within the home gave them. During the day we heard call bells being used. These were responded to quickly. We asked staff if there were enough staff. Their feedback was positive and we were told, "Yes. Definitely" and another member of staff told us they were now able to work more flexibly to meet people's needs. The staff member told us, "We know them [the people living at the home], we know how they work, you can't be regimented. No two people and no two days are the same. Now we can accommodate this."

People needed staff to store, administer and manage their medicines for them. We found that medicines had been securely stored. Most medicines were given from a blister pack. The provider's records and our audits showed these had been largely given as prescribed. There was no evidence that all boxed or inhaled medicines had been given as prescribed, and this finding was supported by a recent audit undertaken by the local Clinical Commissioning Group. We found that staff had not always signed the medicine administration record, or that information about how to administer medicines "as required" were always available. Staff had undertaken audits of the medicines and their records showed the audit had identified errors. Staff we spoke with were unsure of how to interpret the findings of the audit and because of this no action had been taken to address the shortfalls.

We asked the people we met at Melville House if they felt safe. People told us they did. Relatives and health professionals we spoke with gave us positive feedback when we asked them if people were safe. A relative said, "Yes they are very safe.". We saw that people enjoyed receiving affection from staff in the form of hugs and hand holding. This suggested people felt safe and confident with the staff that were supporting them and we saw that this provided people with comfort and re-assurance.

We spoke with seven members of staff. We discussed with them a scenario of a person being abused. Staff were all consistent in their response and demonstrated a good knowledge of the provider's own expectations and reporting procedures. Staff were able to describe different types of abuse and were aware of their responsibility in identifying and reporting incidents of concern. We observed that information about how to report safeguarding concerns was on display throughout the home. This knowledge and access to relevant information suggested that staff would help to keep people safe and be able to identify and report potential abuse.

Some people living at Melville House had habits and behaviours which could place themselves or other people living at the home at risk of harm. We looked at how the provider had used the information they had about these needs and the knowledge they had gathered about the person over time to support people in the way they needed. We found that known triggers and events had not always been identified and used to help plan people's care. We did not find evidence that people had experienced any

Requires Improvement

Is the service safe?

physical harm but people told us and we witnessed people becoming annoyed or distressed. Staff had not consistently looked for themes or patterns to ensure people were protected from avoidable distress whenever possible.

The premises of Melville House had undergone significant repair and re-decoration since our last inspection. Hazards that we had previously identified had been removed or repaired and this had resulted in a safer and more pleasant environment being provided for people. We found that the necessary checks had been undertaken of the fire alarms, hot water, hoists, gas and electrical services to ensure equipment and services in the home were safe for people to use and would protect them in the event of an emergency. The registered provider has intentions to further develop the building to better meet the needs of older people and people living with dementia. The provider needs to continue to work to improve the standards of cleanliness within the home.

We looked at the recruitment records for three members of staff. The records showed that safe recruitment procedures were being used and staff confirmed that the appropriate checks had been made before they started work in the home.

Requires Improvement

Is the service effective?

Our findings

We last inspected this service in May 2014. At that time we found the home had breached the Health and Social Care 2008, Regulation 9 and Regulation 14. People were not being protected against the risk of receiving care that was inappropriate or unsafe and people were not being protected from the risk of inadequate nutrition and hydration. During this inspection in November 2014 we found that significant improvements had been made to improve the care and treatment people were offered and the support to people to ensure they had adequate food and drink.

Staff told us that they had some basic knowledge about the Mental Capacity Act 2005 (MCA) and we were informed further training to increase the knowledge of staff had been planned. We observed some situations where we identified that people may have been unlawfully deprived of their liberty. At the time of our inspection the provider had not undertaken adequate assessments of people's mental capacity, assessed if the restrictions in place were in the person's best interest, or looked for alternative less restrictive ways to support people. Applications for Deprivation of Liberty Safeguards (DoLs) had not been made. We brought this to the manager's attention at the time of our inspection and asked the manager to review the situation and to make an urgent application to the supervisory body. At the time of inspection the home was not following the code of practice, which makes sure that people who may lack capacity to take particular decisions are protected. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) regulation 18, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff interacting with and supporting people in the home throughout the time of our inspection. We saw staff demonstrate that they knew how to move people safely and we saw staff using their experiences and knowledge to support people when they became confused or distressed. Staff demonstrated skill when helping people to eat, and staff we spoke with were aware of people's individual health needs and had basic information about the support they needed to provide to help the person stay healthy.

We asked people if they were happy with the care provided and if their personal and healthcare needs were being met. People told us they were. We asked relatives about this. They told us they were happy with the standard of care and one person's comments were, "[my relative] is clean and tidy. They don't smell and they are not dirty." We spent time observing the support people received and on the first day of our inspection we saw that most people had been helped to undertake their personal hygiene to a good standard. People looked and smelt clean and fresh. On the second day of our inspection people had not been provided with such good support. We observed people who did not look clean, whose clothes were not clean, and we noticed the majority of the men had not been supported to shave. Records showed for some men they had not been offered opportunity to shave for up to six days. Staff we spoke with were unable to account for the different opportunities we found had been offered to people.

We asked people if they were being supported to stay healthy. People told us they were. During the inspection we confirmed that people had the glasses, hearing aids and walking aids they had been assessed as needing. People told us and we saw records to confirm that health professionals would visit people at the home to ensure these health care needs were kept under review and met.

People we met had a wide range of health related needs. We were informed by staff, relatives and people themselves that in some instances people's diagnosed conditions had improved or stabilised since moving to Melville House. The care plans we viewed did not all contain care plans that fully or accurately reflected people's current needs. We found that the staff knowledge about people's individual needs compensated for this, and that people were getting the care they needed although records did not always show this.

We observed the breakfast and lunchtime meals on both days of our inspection. We saw people being offered choices about what they would like to eat. Some people were observed asking for alternative food dishes such as eggs and soup, these were given. One person told us they had a small appetite, and liked specific things to eat such as porridge, soup and yoghurt; these were observed being provided during the day as alternatives to the menu.

We saw that most people sat in lounge chairs when having their lunch. People who were able to eat independently had access to lap tables, but we did not see people being offered opportunity to move to a dining table. When staff

Is the service effective?

helped people to eat they sat in front of them and used spoons to offer the person the food. We saw that large quantities of food were often on each spoonful. This meant that people could struggle to keep the food in their mouths and it might increase the risk of choking. We saw staff respond when people pulled their heads back when being offered more food or physically pushing the spoonful of food away. Staff waited a while before offering more food on the spoon. Staff talked to people whilst they were helping them to eat, for example one member of staff asked the person, "Are you ready for some more?" Another staff member said, "Yum, lunch." They offered the person the spoon as they asked if the person if they would like to hold the spoon. They then said, "Nice" as the food was offered to the person. Some people may find these comments to be patronising and not age appropriate resulting in the loss of the person's dignity.

Prior to lunch arriving there was little to orientate people to the time of day, there were no time and date boards, and tables were not set for meals. There was little opportunity for socialising during mealtimes due to the volume of televisions and there was no opportunity for people to retain any skills in regard to eating and drinking independently with the assistance of plate guards and adapted cutlery.

We spoke to the nurse, care staff and kitchen staff about people's special dietary needs. All staff demonstrated knowledge of the special requirements of individuals and how these were to be met. Speech and language therapists had been involved when people were thought to have swallowing difficulties. We observed one person being given a thickened drink with a small spoon. This was in line with recommendations made by the speech and language therapists. We saw that people's care records had copies of recommendations that had been made by the speech and language therapists and dieticians. This meant staff had information to meet people's dietary and fluid needs.

We recommend that the registered provider seeks specialist advice on mealtime support for people who are living with dementia.

Requires Improvement

Is the service caring?

Our findings

We observed many caring and affectionate interactions between the staff and people living at the home. We saw people enjoy this contact and it often provided reassurance or comfort to people when they were confused or distressed. We asked visitors if they felt their relatives were supported by caring staff. We were told, "Staff are nice." People living at the home told us, "The staff are good"; "They [the staff] are all very pleasant. We enjoy a laugh and a joke together" and "It's a really good home and I am happy in every way."

Throughout our inspection we observed and heard people being offered opportunities to make decisions. People were offered choices about where to sit, food, drinks and snacks they would like to have or if they would like to join in an activity for example. We heard the nurse asking people if they required any medicines for pain or specific conditions. We saw that in people's care notes the person or their relatives had been asked to share information about preferences, interests, likes and dislikes. Staff we spoke with were able to describe how they offered people choice, and all staff we spoke with described the amount of choice people had as one of the positive aspects of the home.

Some people required the assistance of staff or the use of a hoist to move. We saw staff approach people gently and explain what they needed the person to do. We saw the staff cover the person's legs when using the hoist to help maintain their dignity and privacy. During the day we noticed that staff knocked at bedroom doors prior to entering and that consent was routinely sought from people living at the home prior to care being given. We noted staff asking questions such as: "Can I wipe your mouth for you please?", "Do you mind if I put this apron on for you?" and "You're showing all your legs, would you like me to cover them a little for you?" Staff appeared to know the routines, backgrounds and preferences of people. People's background information was detailed in their care files and the recording of specific needs in daily files was factual and respectful.

We observed some interactions where staff were not mindful of people's dignity. One person came out of their room with their top tucked up. The person's breast was visible as the top was not fully covering them. Two staff brought this person out of her room and did not notice this until we brought it to their attention.

Requires Improvement

Is the service responsive?

Our findings

We asked people if they had been involved in planning their own care. People told us they had been, and care plans we looked at reflected people's life histories, preferences and choices. We saw evidence that relatives had been invited to provide information about each person to update relevant sections of care plans. One relative told us they were invited to six monthly care reviews with the nurse. They told us "This helps me to know what's going on with my relative and to make a contribution."

People living at the home reflected the ethnic diversity of the local area. To accommodate people's cultural, religious and gender needs staff rotas ensured that there was a mixture of male and female staff on duty, as well as staff from minority ethnic backgrounds, some with additional language skills. Staff told us people had been enabled to see representatives of their faith and to attend places of worship if they wished. The cook explained that meals from different cultures were available on the menu and by request. These actions all contributed to people feeling that their faith, culture and gender needs had been recognised and respected.

Recent feedback about the home and people's quality of life had identified that people would like more opportunities to do interesting things each day. In response to this the provider had issued a questionnaire specifically about activities and was taking action based on the findings. We found the provision of activities was a developing area and staff that we spoke with were keen to take it further. People told us they had recently had opportunity to undertake activities including visiting a local pub, and going swimming. People told us and records showed that in-house activities including art, visiting entertainers, watching TV and listening to music were also offered. We saw opportunities for some people to be independent for example one person made a hot drink at a kitchenette provided for this purpose when they wished to. Some people were satisfied with the level of activity. Other people told us they needed more to do. One person said, "One day runs into another, I have got no mental stimulation." Another person told us, "I like to lie in bed quietly but they say I have to have the TV on." We observed the majority of people asleep throughout the day. One person enjoyed petting a toy animal but most people were not offered any opportunities to socialise or for stimulation.

Visitors told us they were always made welcome at the home and were able to visit at any time. We saw evidence that staff worked constructively with families to enable people to maintain links to their home or local community where ever possible. This would help people not to feel isolated and maintain links with people and places that were important to them.

We looked at the system in place to address any complaints or feedback about the service. We found a system was in place and relatives we spoke with confirmed they had been made aware of how to raise a concern. One relative told us, "There is a form but for any day to day issues I speak to the manager." They confirmed that matters they had raised had been responded to, to their satisfaction. Only one person we spoke with told us they had raised a concern. They went on to tell us about the issue and how it had been resolved, and how this made day to day life much better for them. This feedback showed the provider had responded positively to people's feedback.

We recommend that the registered provider seeks specialist advice on activities and opportunities for people living with dementia.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this service in May 2014. At that time we found the home had breached the Health and Social Care 2008, Regulation 10. People could not be certain they would be protected against the risks of unsafe or inappropriate care and treatment. During this inspection in November 2014 we found that improvements had been made to improve the safety and quality monitoring of the service.

The home had been without a registered manager for a number of years. The registered provider had recruited a number of home managers over this time but had been unable to retain anyone with the required skills and experiences. The registered provider had recently recruited a home manager and at the time of our inspection they were applying for registration with the Care Quality Commission. The absence of a registered manager for so long constituted a breach of the provider's conditions of registration.

A wide range of audits and checks had been developed and had started to be used within the home. These had resulted in some improvements being made. We found the audits and checks in place regarding safety and quality had been somewhat effective to enable the provider to drive up standards within the home, and that these continued to require improvement and development to ensure people could always be confident of receiving a good quality, safe service.

We observed that the atmosphere at the home was welcoming and we saw friendly interactions between people and staff. The home appeared to be inclusive and we saw staff working in a way that demonstrated motivation and that they had been well directed. Staff told us they were happy and one member of staff told us "I love my job. The home is really cosy and homely." We spoke to healthcare professionals who told us they also found staff working at the home welcoming, co-operative and open to share their concerns or ideas. A relative told us, "It is a well-run home now to be fair." Feedback from people living at Melville House, staff and relatives about the registered manager was entirely positive and comments included, "I feel very supported", "I hope she will stick, she is lovely and very approachable, she's friendly, gets stuck in and gets to know people" and "From what I can see it is well run now and people are respected."

We saw minutes and were informed that regular home meetings had been held. These had given people, staff and relatives opportunity to actively contribute to the development of the service. We saw that various issues were discussed which demonstrated that the management had addressed issues of concern with staff and given people opportunity to make suggestions.

The registered provider had undertaken significant work and liaised with a range of stakeholders and commissioners. In addition to this they had purchased the service of a management consultant to gain advice and support to improve the service. We saw evidence that this had started to be effective and found that the overall service offered to people had improved. A member of staff told us, "It's not as it was-we are on our way up, it's slowly but steadily climbing." The registered provider had offered people chance to complete and return questionnaires about the running of the service. We were informed these had not yet all been returned and would be analysed and used to prioritise and direct the further improvement of the service.

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 did not take formal enforcement action at this stage. 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 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment At the time of inspection the home was not following the (MCA) code of practice, which makes sure that people who may lack capacity to take particular decisions are protected.