

Four Seasons Health Care (England) Limited Melton House Care Home

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?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Melton house is a residential care home providing personal care and accommodation. Melton House is registered to accommodate up to 27 people in one adapted building. At the time of our inspection there were 23 people living at the service, the majority of whom were living with dementia. Accommodation is purpose built, spread over two floors, with a lift for people to move between floors.

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

People living in the home told us they felt safe and well cared for. Relatives were complimentary about the care and communication from the home. We found risks were usually but not always assessed and managed appropriately. Staff were aware of how to safeguard people from potential abuse. The provider had robust recruitment procedures and had sufficient staff. However, the provider needed to review how staff were deployed to ensure risks in communal areas were better monitored. The provider was thorough when reviewing incidents to ensure appropriate lessons were learnt. We have made recommendations regarding the management of risks.

The home was purpose-built over two floors with accessible communal spaces and garden. Improvements had been made to the environment, but further work was required to ensure the service was entirely hazard free and dementia friendly, and we have made a recommendation about this.

People's health and well-being were well supported and monitored. People received their medicines when they should and were enabled to access healthcare whenever required. People's nutritional intake was well supported.

All the people we spoke with were complimentary about the kindness of staff. We observed compassionate care which demonstrated an understanding of people's needs and preferences. People's privacy and independence were promoted. People were regularly asked for feedback on the care and support they received.

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

People had assessments and care plans in place, detailing their needs and preferences. The provider was in the process of improving personalisation of the care plans. There was a range of activities which promoted health and well-being. The provider was responsive to any concerns or complaints people may have had about the service. The service provided quality end of life care as per people's wishes.

The feedback from both staff and people using the service regarding the registered manager was unanimously positive. We found the registered manager open and responsive. There were good quality

assurance systems in place and people were regularly consulted on the quality of care provided. Staff were provided with appropriate training, support and supervision.

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

Rating at last inspection and update

The last rating for this service was 'Requires Improvement' (published 21 June 2018) and there were two breaches of regulation. This service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the provider continued to be rated as 'Requires improvements' with an improving picture.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Melton House Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Melton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the regional manager, registered manager, five care workers, and two domestic staff. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and quality assurance of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement. At this inspection, whilst we acknowledged some improvements, we have rated this domain as continuing to 'Require Improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. They had also failed to gather sufficient information during recruitment to ensure applicants were suitable for the roles applied for. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- We found risks had not always been recorded in a timely way. For example, a newly admitted person, living with dementia, presented a particular risk. This had been mitigated for appropriately by staff, however there was not an associated risk assessment record in place.
- There were no risk assessments in place regarding accessibility of some topical treatments and toiletries found in people bedrooms which may have presented a risk to people living with dementia. We found no detrimental impact had occurred and the registered manager agreed to rectify these omissions immediately.
- One person living with dementia was at significant risk of attempting to leave the building and becoming lost. The provider had appropriate measures in place to minimise the risk of the person leaving without their knowledge. However, they had not completed a multi-agency tool known as a 'Herbert' protocol. The Herbert Protocol is a nationally recognised information sharing scheme, used in the event a person with impaired cognitive ability going missing.
- Whilst there were observed to be sufficient staff to provide care, there were concerns that staff were not always appropriately deployed to effectively monitor risks. We observed people were often left unattended in communal areas and did not always have access to call bells which were located at set points in the communal rooms. The registered manager acknowledged she was aware of the issue but had not yet acted upon the concerns. They advised they would review practice to ensure communal areas had a regular staff presence and access to call bells.
- Risk assessments and guidance were usually in place which took a proportionate approach to risk taking. Appropriate measures were usually in place to reduce individual risk.
- All risk assessments were checked monthly and a full review of care plans and risk assessments were completed every six months or sooner if required.
- Essential safety audits such as checks for water quality and fire safety were completed.

Preventing and controlling infection

- Systems were in place to help ensure the service was clean and the risk of cross infection was reduced.

However, hoist slings, whilst individually assigned in records, were reportedly sometimes shared between people using the service in practice. This could present an increased risk of cross-infection which the registered manager agreed to address.

- The home had had three outbreaks of a contagious illness in the last year. They had taken the appropriate measures to prevent spread of infection, including isolation and deep cleans of the affected environments.
- Cleanliness was observed throughout the home with no significant malodours and an improved laundry facility. One person commented, "It always smells lovely here."
- Staff were observed to use appropriate personal protective equipment when completing tasks.

We recommended the provider considers current best practice guidance on assessing, monitoring and mitigating risks. The provider agreed to take action to ensure all risks were appropriately addressed.

Systems and processes to safeguard people from the risk of abuse

- People who used the service reported they felt safe. One person told us another resident had come into their bedroom at night frightening them. Staff came quickly when they used their call bell and resolved the situation. Following this, the provider put assistive technology in place to alert staff if the other resident got up in the night, thereby ensuring people's safety and well-being.
- Policies were in place in relation to safeguarding and whistleblowing and staff had all received safeguarding training. The staff we spoke with had good understanding of how to spot potential signs of abuse and how to report harm to help protect people from the risk of abuse. Safeguarding information was readily available to staff and people using the service.
- Safeguarding records showed appropriate actions had been taken when concerns came to light and demonstrated that lessons had been learnt where appropriate.

Staffing and recruitment

- The provider operated a robust and thorough recruitment process to ensure that staff were of appropriate good character to ensure that only staff suitable to work in care were employed. This included checks with the Disclosure and Barring Service (DBS), gathering full employment histories and the receipt of references.
- There were sufficient staff to ensure people's needs were met throughout the day. People told us that it was rare to wait more than a few minutes for assistance. However, as noted above, consideration was needed regarding the most effective deployment of staff on duty to support people and monitor risks.

Using medicines safely

- Medicines management systems were well organised, and people were receiving their medicines when they should.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- The provider audited the medicines administration recording and medicine stocks regularly to monitor and respond to any errors found. We noted some minor mistakes in stock checks but found these had not impacted on people receiving their medicines as prescribed.
- The provider had a policy for the administration of 'as required' (PRN) medicines, and there were separate protocols for each PRN medicine prescribed. PRN protocols are needed to ensure staff have clear guidance on when to support people with medicines that were prescribed to be administered as required.

Learning lessons when things go wrong

- Policies helped to determine actions to take if an accident, incident or near miss occurred. Staff understood the importance of record keeping and knew what should be reported.
- The registered manager thoroughly investigated and analysed incidents. We saw this successfully

identified themes and areas for improvement which were then tracked through the provider's action plan.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Requires improvement'. At this inspection, whilst we acknowledged some improvements, we have rated this domain as continuing to 'Require Improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The premises were not always dementia friendly; for example, pictorial orientation or personalised signs were not always in place, differential colours were not used to help identification such as for grab rails and toilet seats and items to stimulate or comfort were not readily accessible. The provider acknowledged improvement was needed and was considering designating additional resources to ensure the home was more dementia friendly.
- Whilst large pieces of furniture were attached to the wall, we found some radiator covers were loose and not attached properly. An exterior door to a small enclosed courtyard was found unlocked. The door threshold and courtyard contained significant trip hazards. The registered manager agreed to rectify these issues quickly.
- Storage facilities were poorly managed, overfull and equipment stacked insecurely. This presented a risk to staff but did not impact directly on the people using the service. In one over-full store access to an electrical cupboard was obstructed with bedding contrary to a warning sign.
- The home had a secure garden which had been recently improved and included a green-house to encourage meaningful activities. There were some minor tripping hazards in the garden and access to the garden was restricted. The provider agreed to address the tripping hazards and review whether the recently improved security of the garden meant easier access to the garden would be appropriate.
- The décor of the service had recently had some improvements and was mostly in good condition. There was an ongoing refurbishment programme.
- The building was suitable for people with mobility difficulties and equipment in place was appropriately maintained.

Staff support: induction, training, skills and experience

- People told us staff were suitably trained, "Staff are good, very good. They work hard and know the job, all of them, men and women, I don't mind. They are well trained, yes, very good."
- New staff had a comprehensive induction which included training based upon the care certificate, a nationally recognised induction for staff working in social care.
- New staff told us they valued shadowing experienced staff. They did not work unsupervised until they felt confident and demonstrated the necessary understanding of people's needs and their job role.
- Staff received the necessary support and training for their role. Training records showed high compliance and staff spoken with confirmed their training was up to date. We found that staff were mostly knowledgeable and well trained but two commented they would benefit from more understanding about

how to support and occupy people living with dementia.

We recommended that the provider considered current guidance on supporting people, particularly those living with dementia and take action to update their environment, training and practice accordingly.

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

- People received care and treatment in accordance with their assessed needs. People told us that their assessments and care plans were devised with their input and that they reflected their desired outcomes and preferences. One relative confirmed, "We were asked for information when [person] came here. The [registered] manager came to the hospital to assess."
- The service took into account assessments completed by other health and social care professionals when carrying out their own assessments.
- Care and support was provided in a lawful way, taking into account the principles of human rights, equality and diversity.

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

- People told us the food and drinks provided were of good quality and plentiful. We observed drinks and snacks were available and being offered frequently throughout the day. At mealtimes, people were offered choice, including using pictorial menus, and were discreetly assisted as required to ensure adequate intake.
- Food and fluid charts with desired outcomes were in place when regular assessments indicated increased risk of malnutrition or dehydration.
- We saw the provider had a clear awareness of good nutrition, people's individual dietary needs and preferences. The stores showed ample supplies, including fresh foods and home baking.

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

- We saw that people were supported effectively to meet their health needs and had been referred to appropriate allied health professionals when required. For example, falls risk assessments were completed, assistive technology and equipment used, and people referred to the falls' clinic when appropriate.
- There were no pressure ulcers at the time of this inspection despite significant risk factors, which indicated people were receiving care in a timely and effective manner.
- Regular healthcare services were provided including GP and community nurses weekly and others such as chiropodists at regular intervals. Other health professionals involved in people's care included mental health teams and specialist support for people living with dementia.
- We spoke to two visiting healthcare professionals who were both complimentary about the care and noted recent improvements in the service. One health professional told us, "Staff are lovely, they gave me all the information I needed. They knew [the person] well."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People whose mental capacity was impaired, had been suitably assessed in relation to specific decisions required. These included evidence of consulting appropriate professionals, any deputies appointed and others that knew the person well, to enable the staff to act in the best interests of the person when required.
- People were only deprived of their liberty when it was in their best interest and was done so lawfully. Where appropriate we saw that DoLS applications had been made to ensure safe and appropriate care for someone requiring continuous supervision.
- Peoples' consent was recorded in their care plans and staff gave people choices, communicated in a way which was appropriate to their needs.
- Staff received training and had policies to follow to help them understand the principles of the MCA. Staff we spoke with demonstrated a good understanding of this.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the people we spoke with were complimentary about the attitude of staff. One person told us, "[staff are] always kind and caring. Good, very good. I don't know what I'd do without them." A relative commented "Staff are lovely with [person]. [The person] had a fall a few weeks ago and the staff were brilliant. We were informed when they were found at seven, and a member of staff who was due to go off duty at eight, stayed with them until after the ambulance came."
- We observed staff were generally interacting well and being respectful with people whilst assisting with tasks. One person told us, "I'm not one for mixing with people. Staff come and talk, make sure you're alright and comfortable."
- We did not observe staff regularly taking time to chat to people apart from whilst supporting with tasks. Occasionally we observed staff were communicating between themselves without consideration for maintaining respectful or inclusive language. The registered manager was aware of this and planned to introduce a dedicated 'stop to talk' time daily for all staff from every department. This is designed to stimulate more meaningful conversations and promote stronger relationships between staff and people living in the service.
- Staff also told us they believed improved training for working with people living with dementia could support them to understand and communicate better.

Respecting and promoting people's privacy, dignity and independence

- We found a mixed picture with regard to promoting independence. The provider had referred one person for multi-disciplinary support, which enable them to get out of bed. A weekly communal exercise session was being introduced to promote physical activity. However, we twice observed staff utilise wheelchairs when the person had shown a desire and ability to walk with support. One person told us they would like more support to go out walking regularly.
- We saw staff were respectful of people's privacy and dignity, knocking on people's doors and ensuring privacy for personal care.

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

- The provider operated a 'resident of the day' system. This included seeking feedback from the person and/or their relative each month. One relative told us, "Communication is good... we are well informed."
- Detailed reviews of each person's care were completed with the person and their family as appropriate every six months or sooner if required.
- We observed staff sought consent prior to giving care and offered people choice such as where to sit, what

to eat or whether to join in the activities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people's needs were met through good organisation and delivery.

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

- We found that care plans whilst thorough were generally task focused and not always very person-centred. The provider was aware of this and had begun introducing a document entitled 'Living my choices'. This was designed to record each person's personal history, social network, interests, preferences and dislikes, thereby promoting greater personalisation of their care and support. This included a section entitled 'My journal' where staff recorded daily notes from the person's perspective of how their day had gone. These improvements needed embedding into their practice.
- We saw that staff were not always pro-active in engaging people individually. One person living with dementia was seen to be quite agitated at times, wishing to pack a suitcase and leave. Staff were observant for risks and intervened to calm the person intermittently but did not actively attempt to engage them in alternative meaningful activities.
- We saw staff were promoting choice and demonstrated knowledge of people's individual preferences. For example, one person sitting with some knitting, told us, "They did ask if I wanted to do knitting as I used to do a lot."

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

- The provider acknowledged that they had had difficulties recruiting an activities coordinator and providing activities. However, they now had a regular activity programme most days and we saw people were encouraged to participate in the two activities arranged on the day of the inspection. Activities sessions included music, quizzes, films, exercises, arts and crafts.
- Staff told us the provider was looking into additional training and resources in relation to how to more successfully engage people living with dementia in meaningful activities.
- The provider had recently improved the garden to include raised beds and a green house with a view to encouraging residents to participate.
- People told us there were occasional group outings and they were sometimes supported individually to go out for a walk, such as to the local shops or post box.
- Visitors reported they were made welcome and were offered to participate with meals or activities. The provider offered support with family events such as birthdays and anniversaries.
- A religious service was held monthly for those that wished to participate.

Improving care quality in response to complaints or concerns

- The provider had recently ensured that their revised statement of purpose and complaints procedure was

readily available to people using the service and their relatives.

- The provider held regular resident's meetings and maintained a 'You said...We did' notice board. They also sought feedback via surveys using an electronic tablet.
- People told us the provider was responsive to requests. For example, a relative explained that a person was unable to close their curtains, so the provider changed the curtains to enable the person to manage the task independently.

End of life care and support

- Staff received training in end of life care although the provider was not accredited with a nationally recognised 'end of life care' training programme.
- Where appropriate a palliative care plan was in place. This showed the provider had consulted with people about their wishes and had and sought medical advice when required. Where appropriate this included mental capacity assessments and best interest decisions for those not mentally capable of making informed decisions regarding their end of life care.
- Copies of medical orders, 'Do not to attempt resuscitation' were in place when appropriate and had been discussed with the person or their relatives.
- We observed staff were diligent and caring when supporting a person requiring end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement.' At this inspection this key question has now improved to 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to appropriately monitor the safety and practices of the service; governance processes were found to require improvements. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the provider was aware that the service had an increasing level of support required for people living with dementia. However, they had not yet implemented adequate resources to ensure the environment and training supported best practice. The provider assured us they would review this and allocate appropriate resources.
- People and their relatives told us that communication within and from the home was helpful and informative. Their views were sought regularly via resident's meetings, surveys and individual care reviews.

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

- The registered manager had been in post for a year at the time of this inspection. Feedback about the registered manager's style of management was complimentary. One person told us "Yes, it's well managed, very good." Another person said if they had a complaint they, "Would talk to the [registered] manager. They take pretty immediate action." Staff commented the registered manager had made improvements. One told us, "Everything is much smoother," and another described the registered manager as, "Fair and hard working."
- Staff worked well together to ensure they delivered effective care and support to people using the service. Staff told us, working as a team ensured people received care in a consistent way.
- We observed handover meetings took place between shifts which ensured effective communication regarding people's up to date needs were communicated between staff. Heads of departments met briefly daily to ensure good day to day management. Heads of departments and staff meetings were held alternate months which encouraged discussion and good practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- We found the registered manager was open and honest. We found this approach was echoed in our findings and the management systems seen in place monitoring the quality of the service.
- The registered manager had comprehensive quality assurance, auditing and governance schemes in place. Monthly audits of medicines administration and daily care records alongside regular checks of service user and staff records were completed.
- The registered manager and regional quality assurance manager mapped all incidents and audits to ensure themes were considered and action plans developed to address any concerns found.
- The registered manager showed good awareness of regulatory requirements and had submitted notifications of all significant events appropriately to CQC and the local authority as required. These enable us to monitor the quality of a service and promote good practice.
- Staff received regular supervision and appraisal to support them and promote best practice.

Continuous learning and improving care

- The registered manager was mindful of the areas of practice that had previously been assessed to require improvement and was in the process of implementing many improvements. This included changes to assessments to become more person-centred and consistent, ongoing improvements to the environment, measures designed to support staff with more meaningful interactions with people using the service, and improvements to the activities provided.
- The provider had a service development plan that incorporated lessons learnt and actions from quality assurance processes.

Working in partnership with others

- We found the manager and staff team sought to provide consistent joined up care for people by working collaboratively with other agencies. This included engagement with a range of health professionals such as the local health centre, community nurses, chiropodists, therapists and social care professionals. This meant staff sought support from other specialists to improve outcomes for people.
- The registered manager met regular with other managers from similar settings to share best practice.