Edgbaston Healthcare Limited

Melville House

Inspection report

68-70 Portland Road
Edgbaston
Birmingham
West Midlands
B16 9QU

Tel: 01214557003

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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**

Summary of findings

Overall summary

We inspected this home on 19 April 2016. This was an unannounced Inspection. The home was registered to provide nursing care and accommodation for up to 29 people who are older and may be living with dementia. At the time of our inspection 26 people were living at the home.

A registered manager was in post. 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 using this service told us they felt safe and staff said they understood their roles and responsibilities to protect people. In some areas the service did not keep people safe from harm. People's support and health needs were at risk of not being met because care plans were not always accurate or up to date. Some care plans did not reflect peoples changing needs. People did not always get their medicines safely and equipment within the home was sometimes not used correctly.

Staff did not consistently seek people's consent before providing any care and support. Staff had a limited understanding of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We could not be sure that people were involved in decisions about their care or that their rights were being protected.

Recruitment checks were in place to ensure staff that were employed were safe to work with people. We found that staff were trained to support people effectively. Staff told us that they received regular supervision and that senior staff were always available for them to seek advice and guidance.

People spoke to us about how genuinely caring and kind staff were towards them. During our inspection however we saw that not all interactions with staff were caring and that some were very task focussed. People had access to enough food and drink, although the range of food provided was not varied. People were supported when necessary to access a range of health care professionals.

Staff and relatives knew how to raise complaints. Where complaints had been raised the registered manager had taken prompt and appropriate action. Staff spoke highly of the management and leadership they received.
The providers systems to monitor the quality and safety of the home were not robust and failed to ensure that issues were consistently identified and acted on to drive improvements.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People did not always receive their medicines safely.

Staff knew how to recognise and respond to abuse correctly.

Staff were recruited appropriately and there were sufficient staff on duty to care for people.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff did not understand their responsibilities in relation to the Mental Capacity Act and protecting people's rights.

Staff had been provided with training and support to enable them to meet people's needs.

People were supported to access health care when needed

Is the service caring?

Requires Improvement

The service was not always caring.

People did not always receive support that was always caring.

People were not involved in making decisions about their care.

People's privacy and dignity was not always respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual wishes and cultural choices were not always met.

People were not supported to take part in a range of activities

that enabled them to maintain interests and hobbies.

People and relatives were able to raise any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

Requires Improvement

The service was not always well led.

People could not be assured that the audit systems in place would identify improvements that were needed to keep them safe and meet their needs.

The registered manager was well liked and considered to be approachable by everyone.

Staff were motivated and they received on-going support.

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 April 2016 and was unannounced. The home was last inspected in November 2014, and rated as Requires Improvement in overall at that time. The inspection team comprised of one inspector, a specialist advisor 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.

As part of the inspection we looked at the information we had about this provider. We also contacted service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views. We also checked if the provider had sent us any notifications. These contain details 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.

During our inspection we spoke with eleven people who were receiving care at Melville House. We observed how staff supported people throughout the day. We spoke with the registered manager, four care staff and two relatives. We looked in detail at the care records of two people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service. We used a Short Observational Framework for Inspection (SOFI). A SOFI is a way of observing care to help us understand the experience of people who could not talk with us. After the inspection we spoke on the telephone with two professionals and an advocate. The registered manager sent us further information which was used to support our judgment.

Requires Improvement

Is the service safe?

Our findings

We looked to see if people were getting the medicines they had been prescribed at the correct time and in the correct dose. We noted that the home had very recently moved to an electronic system of recording the administration of medicines. We found that the system was not effective and the registered manager could not be sure that people were safely receiving their medicines.

Staff we spoke with knew people well and when to give them this medication, but we could not be sure that all staff had the same level of understanding. This could result in inconsistency or medicines being used differently to the way the prescriber had intended. We looked at non regular medication records, such as prescribed antibiotics, and saw they were not specific or clear. We also found that the records did not indicate the strength, form or dose of the medication that had been given. We looked at care plans that told staff what regular medication each person should have. We found that they were not up to date. Some people needed medicines on an, 'as and when' basis, [PRN], but there were no guidelines in place to direct staff about how and when to use these medicines correctly .we observed a medication round and saw that people received their medicines at a pace and in a way that was suitable for them.

There were several areas of practice where medication management was exposing people to significant risk of harm. For example, some people needed skin creams to keep them safe and well. We saw that the instructions for the application of these creams were unclear and not recorded after application. We also found that where people shared a room, some creams did not have prescription labels on them indicating who they were to be used for. One member of staff told us that two people shared one pot of skin cream. This practice exposed people to a risk from poor infection control. The home could evidence assessment of annual medication competency for the three nurses who administered medication, however there was no assessment of competency for care staff who were administering prescribed creams. National guidance advises care homes should have a medicines policy. We found that the medicines policy within the home was twelve years old and had not been reviewed.

These issues meant that people could not be sure they would receive their correct medication in a safe way. We found that there was a failure to properly and safely manage medicines. This is a breach of Regulation 12 (2 g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with could recognise the signs of abuse and could explain the process they would take. Information we received prior to our inspection showed that the registered manager took action when people were thought to be at risk of harm although evidence we saw while carrying out the inspection indicated that this did not happen consistently.

Risks to people were only managed well in some areas. We saw that accidents or incidents were recorded and the information was reviewed and the registered manager told us how they checked for trends, especially around falls. A relative said, "She used to fall over a lot…however, they seem to have put the right procedures in place and now she is less susceptible to falls." The registered manager was confident that accidents and incidents were managed well. We saw that appropriate action was taken as soon as possible

after these occurred. There was no system of ensuring that concerns had been dealt with properly or trends analysed. We found that some areas of risk were managed better than others.

In the care files we saw that risk assessments had been completed for various aspects of each person's life, such as using bed rails, hoists, mobilising and nutrition. The registered manager told us, and we saw, that these were not all up to date or in line with each person's current care needs. People's care records had not always been updated with new guidance for staff as people's conditions changed.

We found that the use of pressure relieving mattresses and bed rails was not consistently safe. The staff had not sought guidance to ensure that bed rails were at the correct height to keep people safe, and the correct setting of pressure relieving mattresses had not been consistently set for the person using it.
Relatives and people told us they felt the home was a safe place. People we met during our inspection all looked comfortable and relaxed with the staff who were supporting them. Comments from people included, "Certainly feel safe here - always have others around." and "Of course! There is nothing to worry about." and "I always feel safe with the care staff."

The registered manager organised a range of maintenance checks within the building. We saw evidence of these checks during our visit, and saw the person responsible for maintenance dealing with a concern in the building very quickly. We saw that equipment such as hoists and firefighting equipment within the home had been checked and serviced regularly.

We found that there were enough staff employed by the provider to keep people safe. One person told us, "It's alright, there's enough staff." Another person said, "If there is no bell I shout but they come." We saw staff rotas which showed that there were always sufficient staff on duty. We were told by the manager that more staff were being recruited to make sure the home had enough cover for any absences. During our inspection we saw that people did not wait for long periods of time before receiving the attention they needed.

We noted that the staff had been recruited according to the legal requirements. All staff had been checked for criminal records, and on the records we sampled staff had at least two references. Staff had not been allowed to work until these requirements had been met and a satisfactory interview had taken place. This helped the registered manager make sure that staff could work safely with people.

Requires Improvement

Is the service effective?

Our findings

During our last inspection in November 2014, we found that the home was in breach of regulations relating to the application of the Mental Capacity Act. During this inspection we recognised that some improvements had been made by the provider in this area, however there were aspects of the regulation that had not been addressed.

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. The registered manager told us that they had made applications for all of the people who lived at the home, but that no DoLS authorisations had been granted yet. When we spoke with staff they did not have an awareness of why a DoLS might be required for anyone and were not therefore monitoring if an application for authorisation was still needed or if an urgent application should be made. Later the registered manager confirmed that applications had been made for three people but no assessments had taken place.

Records showed that where people lacked capacity, generalised capacity assessments had been carried out. We did not see any assessments that were decision specific which focussed on certain areas of a person's care or support. During the inspection we found that the registered manager had not assessed if the restrictions in place were in the persons best interests or looked at the least restrictive way of giving people the support they required. We found that three people had been subject to possible restrictions that had not been authorised and were potentially not in their best interests. For example two people were restricted to staying in their bedrooms, and one person had been helped back to bed as a way of managing their behaviour. We observed a person being supported in a way that was not in their best interests because staff were not clear on how the person should be supported and nothing was written in their care file.

Staff we spoke with told us they gained consent from people before supporting them. We saw that this did not always happen. Staff did not always explain to people what they planned to do, in a way that gave the person an opportunity to meaningfully give staff their consent to continue.

These issues are a breach of regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people received care from staff who had sufficient knowledge and skills to do their job. People told us, "Yes they know what's going on with my care; I think they are well trained." Staff we spoke

with told us that prior to starting work, they were given an induction to the home which helped them get to know the processes and the people who lived there. The registered manager knew about the national care certificate and planned to use it with new members of staff. This ensured that the staff had knowledge to support people well before they began their job. Staff told us and records confirmed that staff received training to support them in their role. A staff member said, "We get loads of training." The registered manager told us that a new training provider had recently been used to improve staff training. All the staff spoken with confirmed they received regular supervision with their manager. One staff member told us, "Supervision is every month and I get clinical supervision. I feel supported at work." These measures indicated that staff were supported and knowledgeable to undertake their role well.

Staff told us and we saw that the home had a rolling menu that offered two choices of meal at lunch time. We saw that the menus were displayed on a notice board in the dining room, but they were not easily accessible to people to help them choose their own meal. Staff told us people had not been involved in choosing the menu. We observed that people were not given a choice of meals at the meal time itself. Staff told us that people were asked for their preference the night before. One relative who often supported their family member to eat their meals confirmed this. The relative told us, "They could do with more choice of food."

We found that people's weight, fluid and food intakes were being well monitored. Some people were prescribed food supplements but on two records we looked at the use of these supplements was not specified. We saw that people did not always get the supplements that had been prescribed for them. We saw four people being given their lunch without being asked what they would like to eat. We saw that the meals were just placed in front of them and then removed later without people who had not eaten their food, being asked if they wanted something else. Most people ate their meals in their own rooms. We saw that people did not have a pleasant social event during their mealtime.

We spoke with kitchen staff who knew people's dietary requirements and ensured the meals they were provided with met this. We saw that people's dietary requirements were recorded in the kitchen. However their knowledge of people's likes and dislikes about food was limited and we saw that people were not given choice that reflected their personal or cultural preferences. We found that people had adequate amounts of food and drink, but there was no evidence that the service had taken measures to ensure that people received an individualised or enjoyable diet , such as foods from people's cultural backgrounds.

People had access to a range of health and social care professionals both within the community and those that visited the home. One person told us, "The office arranges hospital appointments." Relatives we spoke with told us that their family members were supported to access healthcare services to maintain their health. We found that staff knew what actions to take if they felt a person was becoming unwell. One member of staff told us, "People see health professionals, the chiropodist and the GP. An optician came in last week and people had new glasses." Records we looked at confirmed that people had access to visits from various health professionals as required.

Requires Improvement

Is the service caring?

Our findings

All of the people and relatives we spoke with confirmed that staff were kind and caring in their approach. One person said, "I think we were spoilt by some carers - little things but they mean a lot." Other comments from people included, "Staff are interested in me as a person." And "They care a lot, it's very caring this place is full of smiles and is welcoming." Relatives told us, "Most carers are good and caring; the best improvement here has been with the care. The care is good." and "Staff are caring, they do care, they don't just do it as a job."

During our inspection we observed when staff were providing care to people. This was mostly done in a positive and respectful way. For example, staff we spoke with were able to share a lot of information about people's individual needs and preferences with us and we saw when staff were providing care this was done in a compassionate manner. However we observed the lunch time experience of four people. We saw that people were not treated with care during their meal. Four people were seated at three separate tables and had their lunch put in front of them with no interaction from staff. Staff could not tell us why some people were sat to have their meal on their own. The cook told us, "That's just how they sit. "Staff then left the room. People were left alone for over ten minutes and appeared bored and unhappy. One person began to talk to a member of staff who responded quickly and left. There was no meaningful interaction with people and staff did not show a caring attitude towards people at their mealtime experience. We found that care was not being given consistently to people.

The service did not have robust processes to involve people to express their views. One staff member said, "We have six monthly reviews with the people and their families." In day to day matters staff told us that they listened to the wishes and choices of the person if they expressed them. The home did not use communication aids such as pictures to assist people to make their wishes known. We did not see examples of how information was given to people in a way that could readily be understood. The registered manager told us that residents meetings had been arranged but that no one attended. People were not appropriately supported to be actively involved in decisions about their care or their home.

People told us they felt they were treated with respect, people said, "As far as respect privacy and dignity are concerned, they make sure they use towels around me - they don't expose us." and "Staff do respect belongings nothing has ever gone missing they treat me with respect." During our inspection however we saw examples of people not being respected fully. Staff often took a task orientated approach to supporting people, where people were not always at the centre of the care they received, such as assisting people to move without talking to them first. We found that there were very few locks on bathroom and bedroom doors. This meant that people who wished to use the bathroom in private did not have the opportunity to do so. The home also had seven bedrooms that were each shared by two people. The registered manager told us that when people moved in they were asked if they wanted to share a room. .However there was no evidence that this situation was reviewed or that people were given the opportunity of moving to a single room if they wished. People had their privacy maintained by the use of curtains within the rooms We found that equipment had been left in people's rooms. The registered manager was aware that a large copper tank had been left in a person's bedroom for some days. Another person's bathroom contained the soiled linen

trolley. We found that staff and management had a limited understanding of how to respect people's rights and promote their dignity.

Requires Improvement

Is the service responsive?

Our findings

People told us, "Yes staff take time to treat me as individual. They know me well." We saw care plans included people's individual preferences and interests, but did not include details of people's life histories. Staff we spoke with knew about the needs of people because they said they had worked with them for a long time. A relative told us, "My relative has her preferences and they respect them." One member of staff said, "Changes are talked about when staff come on duty, we have enough information." Staff told us that they had sufficient knowledge to support people's needs.

We looked at care records and saw that they were not maintained in accordance with people's changing health or support needs. For example, one person had significant health concerns and we saw that they had been attended to but this was not referred to in their care records. They did not contain specific guidance and information for staff to enable them to provide individualised support to people. We saw that for one person health professionals involved in agreeing the care and support needs had recommended that the person be supervised at all times when moving around the home. We saw that the person was being cared for in bed, and staff were not able to demonstrate a clear approach of supporting the person appropriately and were not clear about how the decision to help the person rest had been taken.

The service was home to people from different cultural backgrounds. Some people spoke very limited English and other people expressed a wish for foods they enjoyed that were not traditional British meals. We found that these were not provided. During our inspection we did not find evidence that peoples cultural and language preferences had been taken into account by the registered provider enough to make arrangements to have these aspects of peoples individuality accommodated. No on-going arrangements had been made to ensure that views and opinions of people about their care and support needs who could not express their views in English had been made.

People we spoke with told us how they had chosen to spend their days. People said, "I see my hairdresser once every week." and, "Yes we have some activities, in summer we get to go out." Another person told us, "They take me to the market." We observed that people spent long periods of time sitting in the lounge areas or in their bedrooms without any activities or stimulation other than the television. We spoke to staff about activities that were provided and they showed us a list of planned activities. However during our inspection we did not see any staff engagement with people other than to complete caring tasks. The registered manager told us of some planned outings, but we found that people did not always have the opportunity to take part in activities that interested and motivated them.

People we spoke with told us they would speak to staff if they had any concerns. However, they said they had no issues to raise. Comments from people included "I have never complained, I can speak to the manager if there is a problem. Another person told us, "I have no concerns - If I have any issues, I just speak to the manager." and "Any problems I would speak to the nurse she is lovely."

All the staff we spoke with told us that they knew about the homes complaints process. The registered manager told us that relatives had also had a complaints leaflet posted to them, and complaints

information was visible in the reception area. We looked at the complaints received and saw that these had been investigated and responded to appropriately. We also saw that there had been four compliments received within the last twelve months. The registered provider had missed opportunities to further develop the service as complaints were not analysed to identify any themes or trends.

Requires Improvement

Is the service well-led?

Our findings

We looked at the range of audits and checks that the registered manger and provider undertook to make sure the service delivered high quality care. We found that the systems and processes in place were not robust and failed to identify and address some of the concerns we found during our inspection. Processes in place to monitor the quality of the service provided to people living at the home needed to be improved. We found that medicine management systems and storage systems were not being audited effectively, mattress pressures and bed rails were not being used consistently in line with guidance, and there was no analysis of incidents in order for the service to learn from previous concerns. Staff understanding of the MCA code of practice had not been identified as in need of development and People's care records had not always been updated with new guidance for staff as people's conditions changed. No routine food hygiene audit had been undertaken for a number of years, failing to provide some assurance that infection control procedures in the homes kitchen were adequate.

We found that the registered manager was not aware of some current guidance. For example there was limited awareness of their responsibilities to send CQC notifications of events as required by law. We could not be sure that all the required notifications had been sent to us.

In the care files we saw that risk assessments had been completed for various aspects of each person's life, such as using bed rails, hoists, mobilising and nutrition. The registered manager told us, and we saw, that these were not all up to date or in line with each person's current care needs. People's care records had not always been updated with new guidance for staff as people's conditions changed. We observed a person being supported in a way that was not in their best interests because staff were not clear on how the person should be supported and nothing was written in their care file. This would indicate that staff did not have accurate information about how to care for people safely.

These issues about failing to effectively assess and monitor risks and make improvements are a breach of Regulation 17 (1, 2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.Good Governance.

The provider had a clear, stable management structure in place which all staff understood. We saw the registered manager had a visible presence in the home and people who lived there knew them and were comfortable with them. People spoke positively about the registered manager and the staff. One person said, "[The manager] is approachable so are the staff. She has an open door policy." Another person said, "Yes I know the manager. They are warm and lovely." All the staff we spoke with told us that they found the registered manager to be approachable. A member of staff said, "They are strict but supportive."

Staff we spoke with were aware of their roles and responsibilities and demonstrated an awareness of the whistleblowing policy and safeguarding processes should they need to raise concerns. Staff said they had regular one to one meetings with their manager and attended staff meetings. They told us they felt confident to discuss any issues at either of these meetings. Staff told us that they felt supported by the management to do their job well. Staff received good support and supervision and told us that they enjoyed

working at the home.

We found that meetings or other involvement for people about how their home was run had not taken place within the home for many months. However relatives told us that they did feel involved. A relative we spoke with said, "Anything to do with Mum, we are consulted, when the doctor was called we were invited to a meeting. We contribute all the time." This indicated that the registered manager had good processes in place to support staff and communicate well with relatives. However we also found that people who were using the service were not communicated with in an accessible way or their views actively sought.

Throughout the home it was evident that good efforts had been made to display sensory tactile themed items of interest and engagement on the walls for people to enjoy. For example beach themed items in the entrance hall and artificial flowers on the walls along the corridors. We did not see other evidence of items that people could enjoy in the lounge areas however, such as tactile cushions, empathy dolls, books or newspapers. The registered manager told us of plans to improve the outside space for people to use safely, and of the on-going plans to redevelop the building. We found that some positive changes within the home had been made to improve the experience of people living with dementia.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The home did not operate in accordance with the requirements of the Mental Capacity Act (2005) and associated code of practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to properly and safely manage medicines in line with prescribed instructions and current legislation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess and manage risks were not effective and failed to ensure that people received safe care and support. The incorrect use of some equipment placed people at risk of receiving unsafe support. We found that there was ineffective auditing of the service to keep people safe and well.