

# Oakridge Care Homes Limited

# Melbourne House

## Inspection report

23-35 Earlsdon Avenue South  
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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

### About the service

Melbourne House is a care home registered to provide personal care and accommodation for up to 33 older people aged 65 and over in one adapted building. At the time of our inspection there were 25 people living at the home.

### Peoples experience of using the service

Risks associated with people's care were not always fully assessed and care plans lacked detail to support staff in keeping people safe. This included management of nutritional risks that could impact on people's health. Where there were health and safety risks associated with the environment, equipment and infection control, quality monitoring systems had not been effective in identifying these.

There were enough staff to meet people's basic needs, but people spoke of delays in receiving support sometimes suggesting staff deployment was not effective. Processes followed to recruit new staff were not always managed safely. Staff files lacked information to demonstrate risks associated with staff recruitment had been identified, discussed and assessed.

People said they received their medicines when required but discrepancies in medicines counts demonstrated they were not effectively audited to confirm medicines had been managed safely.

People were not always supported to have maximum choice and control of their lives. Staff lacked understanding of the Mental Capacity Act. Some Deprivation of Liberty Safeguard authorisations to authorise restrictions placed on people's care had expired. Although people spoke positively of living at Melbourne House and of the staff that supported them, we saw people were not always treated with dignity and respect. Sometimes staff instructed people on what to do instead of asking people to ensure they consented to the care and support they were about to provide.

Whilst staff gave assurances that people received the care they needed, records did not demonstrate this consistently. This also applied to information about access to healthcare professionals. Information did not always show they were accessed in a timely manner to help maintain people's health.

People had been involved in planning and discussions about their care when they started to use the service. Some people's wishes about how their end of life care was to be managed had been obtained.

Electronic care plans were in use but sometimes signals around the home prevented staff from accessing and recording information when needed which presented a risk in managing people's care safely and effectively.

Staff had not completed all of the training considered essential to update their skills and knowledge.

There were systems to check the quality of the service. However, these systems were not effective as they had not identified the concerns we identified such as those in relation to risk management. Some of the concerns we found had also been identified at our previous inspection.

Accidents and incidents were recorded, investigated and action taken to reduce risk.

Staff understood their responsibility to report concerns or potential abuse to the registered manager. The registered manager had ensured these were reported to us and the local authority where appropriate. This was an improvement following the last inspection.

People told us that felt at ease to raise concerns with the registered manager. A complaints policy was in place, but this did not contain all of the information people would need to escalate their concerns if they were not happy with how their complaint had been managed.

Staff spoke positively about working at the home and felt well supported by the management team which consisted of the registered manager and deputy manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Requires Improvement (published on 10 July 2019) and there were two breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of the regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified four breaches in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations. Insufficient action had been taken to mitigate risks to keep people safe, to manage people's nutritional risks, to ensure there were effective quality monitoring systems in place and to notify us of Deprivation of Liberty Safeguards for people. We have found evidence that the provider needs to make improvements across all key questions.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Melbourne House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

# Melbourne House

## 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

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type

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

The 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people and three relatives/visitors about their experience of the care provided. We spoke with six members of staff including care staff, the chef, the deputy manager and registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff recruitment files and a variety of records relating to the management of the service. This included, complaints records, accidents and incidents, training records, quality monitoring records and health and safety checks completed.

# 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 this key question has remained Requires 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments and care plans did not always have all the information staff needed to keep people safe.
- Walking frames had not been sufficiently checked to make sure they were safe to use. One frame needed the ferrules (rubber feet) replacing as they were worn to the metal. These were renewed during our inspection.
- Risks associated with nutrition were not sufficiently managed. One person had lost weight almost every month since their admission to the home, despite eating their meals. The registered manager was not able to demonstrate health professional advice had been sought in a timely way to address the potential reasons for the significant weight loss.
- Another person had no access to drinks because there was a mattress on the floor preventing their overbed table from reaching them. Staff said the person would be able to drink independently if they could reach their drinks. This person's fluid records showed poor fluid intake.
- People with a urinary catheter were not sufficiently monitored to check urine output to make sure their catheter was draining sufficiently into the urine catheter bag to prevent the risk of infection.
- Training records showed the majority of staff were overdue their infection control training or had not completed it. We saw risks related to the control of infection were not effectively managed. A staff member left a bag containing used incontinence pads on the floor in a corridor. Whilst the bag was later removed, this demonstrated a lack of understanding of infection control and hygiene. Pressure cushions on chairs contained an unpleasant odour and were in need of cleaning.
- Fire safety risks were not consistently managed. There were electrical portable heaters in the home which we could not see had been tested to confirm they were safe to use. Risk assessments did not sufficiently assess the risks of people touching the heaters when they were hot. At the time of our visit, the risks were mitigated because the heaters were not in use. The registered manager told us they would further review the risk assessments.

This failure to manage risks associated with people's health and welfare was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe at the home. One person told us, "I'm very safe thank you. The staff are all lovely."
- Each person had a Personal Emergency Evacuation Plan (PEEP) that detailed the level of assistance and the type of equipment they would need to reach a place of safety in the event of an emergency.
- There was a fire risk assessment in place with actions to minimise the risk of fire. Fire drills regularly took

place and staff knew to meet at the front of the building if the fire alarm sounded.

## Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to ensure safeguarding incidents were managed in accordance with safeguarding procedures to keep people safe. This was a breach of Regulation 13 of the HSCA 2008 (Regulated Activities) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- At our last inspection, not all staff had completed safeguarding training, so they understood how to identify potential abuse and knew how to keep people safe. At this inspection improvements continued to be needed in staff training. Records showed safeguarding was overdue for most staff. However, staff told us they knew to report any concerns they identified to their manager.
- At our last inspection the registered manager had not ensured safeguarding concerns had been reported to us as required. This had improved at this inspection. Safeguarding referrals had been made to the local authority and us (CQC) where appropriate.

## Staffing and recruitment

- Overall, there were enough staff available to support people, but at busy times of the day, the deployment of staff meant staff were challenged to provide timely care and support. One person told us, "When you need anything you always have to wait. It can be 20 minutes before they come. I have accidents all the time." However, this person went on to say, "Sometimes they respond quite fast when I ring, overall I'm satisfied."
- Relatives gave mixed views regarding there being sufficient staff. One said they had seen people waiting to use the toilet due to "lack of staff". Another said, "There is always someone about, if residents are left alone, its 10 minutes at most. If I want them, they come quickly."
- Staff told us there were enough of them to support people when needed and duty rotas confirmed there were consistent numbers of care staff that worked each day.
- Recruitment records were not sufficiently clear to demonstrate staff had been recruited safely and discussions with the management team could not fully confirm this. Application forms did not contain prompts for staff to confirm if they had any criminal convictions. Dates of when Disclosure and Barring (DBS) checks for criminal convictions were not always recorded to confirm checks had been completed before staff started. It was not evident risks associated with people's employment history had been discussed with staff and assessed accordingly.

## Using medicines safely

- At our last inspection we could not be assured medicines stored in individual named boxes were managed safely. At this inspection there continued to be improvements needed on how these medicines were managed.
- Boxed medicines remaining from the previous cycle had not been counted and recorded on the current medicine administration records (MARs). This meant audit checks could not be effectively carried out to make sure people had received their medicines as prescribed.
- Records did not clearly show how pain relief medicine patches were managed to make sure the location of the patch was changed each time and the old one removed in accordance with prescribing instructions. The registered manager implemented new records during our inspection, but these remained unclear in regards to exactly where on the body the patch was to be administered such as on the front or back of the body.



- The labels on topical prescribed creams kept in people's bedrooms had worn away. This meant we could not be certain they were being used by the right person and within the stated timescales.

#### Learning lessons when things go wrong

- Accident and incident records had been completed and actions had been taken in response to them.
- An analysis of accidents and incidents showed actions needed to minimise the risk of them happening again had been taken. Forms showed for example, when the lift did not arrive on a level flooring, this had resulted in a person falling. Maintenance people had been contacted to address this risk.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- It was not clear people were supported consistently with their nutritional needs. There was an inconsistent system for monitoring food and fluids for those at risk of malnutrition. Both electronic and paper records were in use making it difficult to check people had enough to eat and drink.
- One person at risk of ill health had an instruction in their care plan that they must be provided with milkshakes between meals to increase their calorie intake. Records did not confirm this always happened. Although staff said they were provided, we could not be sure this was within the frequency stated. Records did not always show which people had received the fortified milkshakes to show they received the increased calories they needed.
- A person cared for in bed was reliant on staff to provide their food and fluids. Their fluid intake records did not demonstrate they received sufficient fluids to remain hydrated and staff could not assure us the person was being given enough to drink. There were no clear guidelines for staff on the amount of fluids they should aim to provide to this person.
- The same person had been prescribed a nutritional supplement to reduce the risk of ill health. Staff told us they had been providing this supplement to the person, but the medicine administration records could not be located to confirm the supplement had been given as prescribed. Staff were no longer weighing the person to determine if they had lost weight and there was no other system in use to check this. The registered manager acknowledged improvements were needed, including clearer records.
- People did not all have positive experiences over lunch. One person provided with a "hot" desert stated it was cold. They repeated this a few times, but staff did not appear to hear or notice. We intervened by informing staff, and the person ate their warm dessert when it was brought to them.

The failure to demonstrate nutritional needs were being met was a breach of Regulation 14 – Meeting nutritional and hydration needs.

- People told us they had a choice of meals each day. One person told us, "We can ask for snacks, some people do, I don't myself. You get two choices for lunch and dessert. It's on the board, they ask when you sit down. I think it's very good. It's a set tea, no choice. We always get drinks, it's set times or if we want one."
- A relative spoke positively about the food provided. They told us, "I was invited to a food tasting menu change, it tasted nice. I've seen them offer a meal choice at the table. They encourage people to eat and they sit with them."

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.

- Staff did not fully understand the MCA and about decisions being made in people's best interests. Not all staff had completed training in MCA to help their understanding.
- Staff knew they should ask people before providing care, and to respect people's decisions if they refused care. However, staff were seen to be inconsistent in asking people before giving support. For example, people were not always asked before staff put a clothes protector on them.
- One person who wanted to get up from their chair at the dining table was told "No" and "Sit down" whilst the staff member put their hand on the person's wrist. This person was not given the choice to move away from the table until the person then stated they wanted to go to the toilet.
- A second person told us, "I'm told I can't do anything on my own. I have to stay in the lounge. I've been told I can't be left alone in my room. I've been told off for going to the toilet at night on my own." Whilst staff considered these decisions to be in the person's best interest, they placed restrictions on the person's independence.
- There had been DoLS applications made to the local authority for authorisation, but those authorised had expired. During our inspection the registered manager made arrangements for all DoLS applications to be reviewed and new applications made. We had not been informed, as required, of those applications that had been initially authorised. Copies of these were sent to us following the first day of our visit.

Staff support: induction, training, skills and experience

- Staff confirmed they had completed induction training when they had started working at the home which they found effective. They had worked alongside other staff to learn about people's needs and the expectations of their role.
- Staff had not updated their training within the expected timescales to ensure their knowledge and skills continued to support people safely and effectively. The training matrix showed gaps and expired dates for training considered essential such as health and safety, food hygiene, fire safety and infection control. We saw poor practice in regards to these areas during our inspection.
- People felt that staff knew what they were doing and supported their needs. One person told us, "I'm happy with the staff, they seem to know what they are doing, especially the longer serving ones". Another told us, "They look after me very well indeed. They know what they are doing, I leave it to them."

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

- People's needs were assessed before they started to use the service to determine their level of need in regards to staff support. Assessments identified both physical and mental health needs, but social care needs were not always considered. Care plans lacked detailed information to support staff in providing effective care.

- It was not evident from our discussions how the service might identify those people needing support with their sexuality. For example, a person who may be lesbian, gay, bi-sexual or transgender, so any specific support needs they had, could be considered and met effectively by staff. The registered manager told us they would address this with the provider.

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

- People told us they accessed health professionals when needed. One person said, "The doctor comes every Tuesday. If needed, you go on the list. A chiropodist comes every two months. They come every year to do eye tests.... I go to my own dentist."
- Care records did not always demonstrate the frequencies of health professional input to show this had been completed in a timely way.
- Records showed there had been recent contact with a dietician for advice regarding two people where nutritional concerns had been identified.
- When people's needs changed, this was discussed at staff handover and written in a staff communication book.

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

- The design and layout of the service met most people's needs. People knew where their rooms were and where to find communal areas such as the lounge, toilets and bathrooms as there were signs on the doors.
- The home was spacious with easily assessable communal areas and a lift to access upper floors.
- Some areas of the home were in need of redecoration. A refurbishment plan was in place to address these.

# 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. People's privacy and dignity was compromised. At this inspection this key question has remained the same rating of Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We observed most people were treated with kindness and respect by staff and people told us staff were respectful towards them. Comments included, "They (staff) are excellent I think. Always respectful" and "Yes, quite respectful, no issues there. They do their best." However, this was not the case for every person that lived at the service. One person told us staff could be impatient on occasions. We raised this with the management team following our visit so this could be addressed.
- We saw staff sometimes directed instructions to people as opposed to asking them. For example, "Stand over there" and, "Sit down."
- On the first day of our visit we saw one person became agitated when they were hurried to sit down. We heard the person complaining staff were "rushing them". Staff responses did not result in calming the person although they did eventually sit in a chair. However, on the second day of our visit, staff approach had improved. We saw how staff took their time in encouraging a person to stand from their wheelchair to sit into a comfortable chair. Staff were patient and it took two attempts with words of encouragement from staff.
- Staff told us they enjoyed looking after people and how they aimed to form relationships with people. One told us, "I am friendly and love taking care of them. I am kind, I don't like to see somebody suffering." Another said, "I try to be friendly, it is their house so make them comfortable and safe. Respect them as we come from different cultures and generations."
- Consideration was not always given to noise levels that could impact on people. One person told us, "I've had to get up and tell staff there is a very noisy person shouting loudly." There were noises linked to the environment, for example, squeaky bedroom doors that could be unsettling to people at night. A bedroom door guard was bleeping continuously during our visit because the battery needed changing. Staff told us it had been bleeping for around two days. The batteries were changed during our visit.
- There was a lack of soft cushions in the lounge to support people to sit comfortably. We saw a soft toy was used at one stage to support a person to sit up while eating.
- A bedroom had a strong unpleasant odour, and whilst the deputy manager told about actions taken to address this, the odour remained. We were told they would look at this again.

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

- Staff did not consistently involve people in making decisions although people were asked about some of the daily care decisions such as where they sat and what food and drinks they wanted.
- Care plans showed people's involvement in decisions linked to their care when they were first assessed.

- Care plans contained instructions for staff to ask people about their care preferences such as whether they wished to wear their glasses or not to help ensure people were involved in these decisions.

#### Respecting and promoting people's privacy, dignity and independence

- Staff aimed to protect people's privacy and dignity, but staff practice did not demonstrate this always happened. Handover meetings took place at the start of each shift in the communal dining room where people were seated. This meant personal information may not be kept private.
- During our last inspection the bolt on the downstairs bathroom did not work and one person told us they would not use the bathroom because of this. The bolt was still broken at this inspection.
- Staff told us they closed curtains and doors when they supported people with their personal care and used towels to protect people's dignity when supporting people to wash and dress.
- Staff ensured when people were assisted to transfer to a comfortable chair using a hoist, they were suitably covered to protect their dignity.

# 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. People did not receive person centred care and their care records lacked information to support staff in providing this. At this inspection this key question remained the same rating of Requires Improvement. This meant people's needs were not always met.

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

- People had differing experiences of care and support depending on their level of need. Care plans lacked detailed personalised information to support staff in delivering care in accordance with people's choices and preferences.
- People did not feel they were involved in ongoing decisions about their care. One person told us, "[Registered manager] came to my house with a carer to assess me. There's been no involvement since."
- People said staff had minimal time to sit and chat with them to help them from feeling socially isolated. Comments included, "They just say, 'Are you alright, no time to chat'" and "I just sit here, time goes by quite quickly. Staff come and chat sometimes."
- People cared for in bed received limited social stimulation. One person's 'emotional needs' care plan stated they liked to listen to music, but we did not hear music played. Staff did not know about the person's interests despite having opportunities to check this with the person's family.
- A part time activity organiser was employed at the home five days per week who aimed to provide activities people enjoyed. During our visit, some people participated in a cake making session in the dining area which they enjoyed.
- Care staff told us they sometimes provided social activities in addition to the activities co-ordinator and acknowledged some people needed one to one support with these. One staff member told us, "The carers try to do some activities, with activities it can be hard as people have dementia. Sometimes you have to sit with people one to one. The activity coordinator will go to rooms, but they refuse."
- Relatives felt more activities could be provided. Comments included, "I would prefer to see more activities" and "There's no capacity for hobbies" referring to staff time to provide them.
- Relatives said staff were responsive and provided the support people needed when people became unwell. One told us, "When [Name] is poorly, they are very attentive to [Name]." Another told us, "[Name's] had some ups and downs since they have been here, they have been very good. When [Name] wasn't well, they were on the case and got them to hospital. They have reacted a couple of times to get them to hospital. They look after [Name] very well."
- One person was supported positively with doll therapy and referred to their dolls as their "babies". Staff understood how important they were to the person and held discussions with the person about their 'baby'. Staff told us how the registered manager had brought bibs for the 'baby' and we saw the positive impact doll therapy had on the person.
- Family and friends of people were welcomed to the home to maintain positive relationships with people.

- People were able to access religious services at the home to support their needs. Some support had been given for a person to visit their place of worship.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had 'communication' care plans that detailed any support they may need to communicate.
- The registered manager told us they would look at the AIS to ensure information available to people was in an accessible format.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. However, this did not clearly set out all the names and contact information people may need to raise a concern such as details of the local authority and other agencies that could support people with their concerns.
- People and relatives told us they would feel at ease to raise any concerns with the registered manager. One told us, "I would go and see [registered manager]. I don't recall complaints information." Another said, "They are all lovely, no complaints."
- One relative told us they had raised issues with the registered manager but did not receive responses in writing. The issues remained unresolved which they found "frustrating".

#### End of life care and support

- End of life care plans had been developed but they did not contain clear information about people's end of life wishes to ensure these were respected when this time came.
- One person receiving palliative care (they were facing health problems linked to a life-threatening illness) had received a medication review to ensure they were provided with sufficient pain relief to maintain their comfort.
- Some people had consented to 'do not attempt resuscitation' (DNACPR) with their GP or consultants.



# 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 the rating has remained as Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At this inspection we found some improvement had been made regarding the submission of notifications, but the provider had failed to ensure notifiable incidents related to depriving people of their liberty were reported to us as required. Enough improvement had not been made and this meant there was a continued breach of Regulation 18.

- The registered manager understood their regulatory responsibilities to inform us about significant events that happened in the service such as serious accidents and incidents. This had improved from the previous inspection and these had been reported. However, monitoring systems had not identified we had not been told about approved DoLS notifications as required. Action was taken during the inspection to forward the required notifications.

This was a continued breach of Regulation 18 – Care Quality Commission (Registration) Regulations 2009 (Part 4) Notification of Other Incidents

- There was both a registered manager and deputy manager to support staff in their roles and staff told us they understood what was expected of them. However, we identified areas of improvement needed regarding quality performance.
- Quality monitoring systems were in place to review care plans, incidents and accidents, medicines, safeguarding, maintenance and health and safety but these were not effective in identifying areas needing improvement to ensure risks were managed.
- Systems to check the quality of the service had not identified the concerns we found, some of which were identified at our previous inspections. This included concerns related to risk management, safe recruitment practice, consent to care, and dignity and respect. This was the third time the provider has been rated 'requires improvement'.
- Complete and sufficiently detailed records for each person were not maintained to help ensure people's needs were safely and effectively met.
- The provider had implemented an electronic care planning system, but staff hand held devices sometimes did not work effectively due to weak internet connections. This meant staff could not always easily access

and record information to demonstrate care needs were met safely. One staff member told us, "When I can't load a page, I come closer to the lounge log off and log on again." Another told us they had needed to ask a senior member of staff to record information for them as they had not been able to access information on their hand held device.

The failure to effectively monitor and improve the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- 'Resident and relative' meetings had taken place periodically. Notes of the last meeting in January 2019 showed their views of the service had been discussed and the registered manager welcomed suggestions on how to improve.
- Staff meetings took place and notes of these meetings showed staff were reminded about their responsibilities to work safely and support people appropriately
- When things had gone wrong, the registered manager shared this information with staff at staff meetings and discussed actions needed to ensure they were addressed.
- People had opportunities to participate in quality satisfaction surveys and the outcomes of these had been compiled which showed positive responses. However, some people said they had not been asked to complete a survey. A relative told us they had not received any feedback from the survey they had completed.
- The service had received thank you cards and compliments to demonstrate people's satisfaction of the service.

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

- People spoke positively about living at Melbourne House and of the staff that supported them. Comments included, "It's a nice atmosphere" and "It's friendly here. [Registered manager] is brilliant, she always explains things."
- Staff spoke positively of the management of the home and felt well supported. Comments included, "She is helpful, and she is so caring to everyone" and "When you do something not good, they always tell you."

Working in partnership with others

- The registered manager worked in partnership with other health professionals to help ensure people's needs were met. A GP regularly visited the home to provide medical support to people. District nurses also regularly visited to support people's needs.
- Some community links had been established such as with places of worship and social activity providers to support people's needs.
- The local authority told us of initiatives the provider had signed up to and agreed to implement in order to improve and provide effective care. This included management of nutritional risks.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  Notifiable incidents had not been reported to CQC as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with people's health and safety were not sufficiently managed to keep people safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  People's nutrition and hydration needs were not met consistently.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to monitor the health, safety and welfare of people were not effective in ensuring ongoing improvement of the service.

### **The enforcement action we took:**

Warning Notice