

The Melbourne Hall Home Trust

Melbourne Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Melbourne Home provides personal care and accommodation for up to 17 people accommodated over three floors. They specialise in providing care for people living who lived with dementia. On the day of the inspection 17 people were living at the home.

This inspection took place on 31 December 2015 and 4 January 2016. The inspection was unannounced and was carried out by one inspector.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Since our previous inspection in April 2014 where we found the provider had not properly assessed people's capacity to make decisions, we followed up this issue at this inspection. We found proper systems in place, which evidenced that the provider had addressed this issue.

People using the service and the relatives we spoke with said they thought the home was safe. Staff were trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely.

Staff used an appropriate moving and handling techniques to safely transfer people.

People using the service and a relative told us they thought medicines were given safely and on time and systems in place provided evidence of this.

The premises appeared safe with no tripping hazards observed.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Staff needed some additional training to ensure they had the skills and knowledge to be able to fully meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives, and the service had obtained legal approval for limiting people's choices when necessary for their best interests.

People had plenty to eat and drink, everyone told us they liked the food served and people were assisted to

eat when they needed help.

People's health care needs had been protected by timely referral to health care professionals when necessary.

People and relatives we spoke with told us they liked the staff and got on well with them, and we saw many examples of staff working with people in a friendly and caring way.

People were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs.

People were satisfied with the activities provided which met their needs.

People and relatives told us they would tell staff if they had any concerns and were confident they would be followed up to meet people's needs.

People, relatives, staff and professionals were satisfied with how the home was run by the registered manager and her management team.

Management carried out audits and checks to ensure the home was running properly to meet people's needs, though these needed extended to provide comprehensive checks to ensure that people's needs were comprehensively met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said that they felt safe living in the service. Staff knew how to contact safeguarding agencies if abuse occurred. Staff recruitment checks were in place to protect people from unsuitable staff.

Medication had generally been supplied to people as prescribed..

Moving and handling practices protected people safety. People's needs in relation to protecting their skin and nutrition were in place.

Is the service effective?

Good ●

The service was effective

Staff were trained and supported to enable them to care for people to an appropriate standard, though more training was needed to increase awareness of people's health conditions.

People's consent to care and treatment was sought in line with legislation and guidance.

People had plenty to eat and drink and told us they liked the food served and people's nutritional needs were met.

Staff had contacted medical services when people needed support .

Is the service caring?

Good ●

The service was caring.

People , their relatives, and outside professionals told us that staff were friendly and caring. We observed this to be the case.

People and their relatives had been involved in planning care and decision-making.

Is the service responsive?

Good ●

The service was responsive.

Care had been provided to respond to people's needs when needed. Care plans had contained information for staff on how to respond to people's needs.

People and their relatives told us that management listened and acted on their comments and concerns.

A range of activities were provided to people using the service which they enjoyed.

Is the service well-led?

Good ●

The service was well led.

Staff told us the registered manager provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

Systems had been audited in order to provide a quality service though this needed to be extended to other systems.

People and their relatives told us that management listened and acted on their comments and concerns.

Melbourne Home

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 31 December 2015 and 4 January 2016 and was unannounced. The inspection team consisted of an inspector.

Before the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with seven people using the service. Due to communication difficulties the other people using the service were unable to share their views verbally with us, so we spent time with them and observed them being supported in communal areas and at lunch time. We also spoke with the registered manager, two relatives, two health professionals, three care workers and the cook.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Is the service safe?

Our findings

People living in the service, and their relatives, said that they were safe living in the home. One person said, "Yes, there is no question about that." Another person said, "You could not be in a safer place than this."

We looked at how the home protected people from abuse. All the staff we spoke with understood how to safeguard people and knew what to do if they had concerns about the welfare of any of the people using the service. Staff were trained to keep people safe and understood the signs of abuse.

The provider's safeguarding (protecting people from abuse) policy needed amending to clarify the roles of the local authority in safeguarding investigations. We brought this to the attention of the registered manager who promptly updated the policy by the time of the second day of the inspection.

Records showed that when an incident affecting a person safety occurred the registered manager took appropriate and swift action. Information about this reported to the registered manager on the day of the inspection by a staff member and this was immediately referred to the appropriate authority. Referrals were made to the local authority and other relevant agencies and CQC was notified of these. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

We looked at how risk was managed in the home. We looked at four people's risk assessments. These gave staff clear instructions on how to care for people safely. For example, one person was at risk of developing a pressure sore. The risk assessment instructed staff to apply cream person after supplying personal care. We saw that the community nurse had been involved to monitor this issue. This promoted to the person safety and well-being as preventative measures were in place.

During the inspection we saw that people were encouraged to move about the home if they wanted to. Where people needed assistance staff supported them and helped them to move safely. For example, we observed staff using the hoist safely and helped people to lift their feet onto the footplates of wheelchairs to make sure they did not drag on the floor.

During the visit we saw no environmental hazards to put people's safety at risk from tripping and falling. Health and safety audit checks showed that water temperatures had been checked, and fire records showed that fire alarms and drills had taken place to keep people safe from fire hazards. The registered manager had commissioned a fire report from a consultant and provided information to us as to how the recommendations of the report were being followed up to ensure comprehensive fire safety.

People told us they were satisfied with staffing levels in the home. One person said, "When I ring the bell, staff always come to me quickly." We tested a call bell and staff responded quickly within a minute. A staff member said, "We always have enough staff so that we can meet people's needs."

During our inspection there were sufficient staff on duty to care for people safely. While some care workers

supported people on an individual basis there was always at least one staff member around the main lounge area to ensure people there were safe. If people needed two staff these were present to provide assistance.

Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with the people using the service. We checked for staff recruitment files and they all had checks in place, though references were sometimes character references and not always from previous relevant care settings where the staff member had worked. The registered manager said this issue would be addressed for future staff appointments.

A system was in place to ensure medicines were safely managed in the home. There was secure storage. Records showed that all the people using the service had plans in place for their medicines. People told us they had received their medicines at the time they were supposed to get them. One relative told us that her mother's medication for pain had been properly supplied.

Medicines were kept securely and only administered by people trained and assessed as being able to do this safely. Staff competence was checked by the registered manager and action taken if there were errors to protect people's safety.

We looked at the medication administration records for eight people using the service. These showed that medicines had been given on time and staff had signed to confirm this. We observed some people being given their medicines. We observed that a medication error occurred. The staff member quickly realised her mistake and reported this to the registered manager. The matter was swiftly referred to the GP to enable safe monitoring of this person's health.

Is the service effective?

Our findings

At the last inspection, the provider did not have a comprehensive system in place to assess people's capacity to ensure that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

At this inspection we found evidence of comprehensive mental capacity assessments for individuals or best interest assessments. Where people were unable to make decisions themselves, the correct procedure had been followed to protect their rights under the Act.

We saw that there was a form in place for assessing people's mental capacity. Deprivation of liberty (DoLS), applications had been made with proper authorisations granted to enable staff to take decisions in people's welfare interests.

We observed that staff talked with people when they supported them and put them at ease and asked for their consent before providing personal care. We found that staff were aware of their responsibilities under the Mental Capacity Act 2005 when we asked them. They had received training to ensure they were aware of how to assess people's capacity to make day-to-day decisions about aspects of their care and treatment.

All the people we spoke with said they received the care the support they needed. One person said, "I have all my needs met. Staff help me with anything that I ask them." Relatives we spoke with also confirmed that care and support was of a high standard.

One staff member said, "I have had a lot of training here." Another staff member told us that she had carried out training in relevant topics such as protecting people from abuse, moving and handling techniques, protecting people from hazardous substances, the mental capacity act, dementia, health and safety, infection control and fire procedures.

The staff training matrix showed that staff had training in essential issues such as moving and handling, infection control, health and safety, food hygiene, first aid, protecting people from abuse and challenging behaviour. New staff are expected to complete the care certificate induction training, which covers all essential issues and is recognised as providing comprehensive training. A number of staff had also carried out nationally recognised training in care issues. The registered manager had displayed information training prompts outside the office door so that staff could quickly reference important issues such as moving and handling techniques and the mental capacity act, which was a useful reminder to staff. This meant that staff had the information to ensure people were moved comfortably and their rights to decide how they lived their lives was protected.

Staff had not undertaken training in relevant issues such as some health conditions such as Parkinson's

disease, stroke care and hearing impairments. This meant there was a risk that effective care would not be provided to people. For these issues, the registered manager later sent us information stating that staff training would be provided in these topics to expand staff knowledge and awareness training for staff. This would mean that staff would be fully supported to be aware of and able to respond effectively to people's needs.

All the people we spoke with said they liked the food. One person said, "The food could not be better". Another person said "Yes, the food is very nice. I have never had any complaints about it". We found a comment in residents meeting minutes which stated, "The cooks are wizards."

We looked at food menus which offered a choice of food for main meal times. One meal was offered but there was evidence that people could ask and receive an alternative if they did not want this.

Everyone said that drinks were available at any time. We saw that drinks were served frequently and staff encourage people to drink. One person said, "I can get a drink when I need it". This prevented dehydration.

We observed the breakfast and lunchtime meals. We saw people being given encouragement to eat and there was specialised crockery in place to help people to eat. People were provided with sufficient quantities of food and drink to meet their needs.

People's care plans gave information about the person's support needs in relation to eating and drinking. We found that the cook was aware of who needed to have specialist diets such as a soft diet to protect against choking and provide effective nutrition.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

There were no people from different cultural backgrounds living in the home. However the registered manager explained that if people from other cultural backgrounds came to the home, service, if required, would be able to accommodate their food preferences. This showed us that effective provision for all cultural communities would be respected.

Everyone said they were able to see a GP when they needed. Records showed that people had access to a range of health care professionals including GPs, community nurses, dentists and opticians. We observed an instance where a person was not feeling well. Staff immediately responded and contacted the ambulance service to treat the person.

We spoke with two community health professionals who told us that they and their colleagues said that staff appropriately referred issues to them, monitored people's health closely and followed their advice. This showed people were provided with an effective service which met their health needs.

We looked at care records. These showed that other medical agencies had been appropriately referred to when needed. The health professionals we spoke with confirmed that staff had contacted them appropriately to refer people for treatment. We saw records of accidents. We found staff had referred people to medical services when they had an accident. This told us that people had received care responsive to their needs.

We saw that there were signs displayed such as photographs of the food being served and the time and date and whether for the day to provide a clearer environment for people living with dementia. The registered

manager stated that she would consider extending this provision to other relevant features about issues such as the colour coding of bathroom and toilet doors, having themed corridors to provide stimulation for people and having clearer signage on their bedroom doors to produce a more user-friendly environment to provide more effective care for people.

Is the service caring?

Our findings

All the people using the service that we spoke with were very positive about the staff. One person told us, "The staff are all very friendly and kind." Another person commented, "I wondered what kind of place I had come to but I should not have worried because the staff are so friendly and patient with everyone and always have a good word for you." Relatives and professionals that we spoke with also said that they had observed staff being friendly and caring at all times.

We looked at survey questionnaires for people, relatives and professionals. We found many comments about the high standard of care provided by staff. One relative stated, "The staff are at all times courteous, kind and very caring. "

This was a home where, as part of their normal duties, staff continually spoke with the people using the service. Nothing was done without a friendly word or a smile. They complimented people on their appearance and encouraged them in the activities provided. Staff were consistently caring in their approach to the people they supported. They evidently knew and understood the people they supported well. We saw staff providing a blanket to a person to protect their dignity when the hoist was used to transfer them from their wheelchair to an easy chair.

As well as meeting people's needs we observed staff talking with people and asking them for their opinions and what they would like to do. One staff member told us, "We are here for people, to support them and to make sure they are happy."

A person told us that staff respected her independence and choice whilst giving support when she needed this. For example, she was able to carry out her own personal care that she was grateful for staff giving her medication when she needed it.

Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their bedroom. One staff member told us, "We all know how to treat people with dignity and give them choices such as for food, clothes or when they want to get up or go to bed."

Staff described how they would preserve people's dignity during personal care by covering them with towels. Staff involved people in their own care and informed them when they were about to do something so the person could, if possible, play an active part. We heard staff give people clear explanations about what they were about to do and involve them as much as possible, for example when using the hoist to transfer a person from their wheelchair to an easy chair.

A relative told us they had been involved in discussions about the care of their family member. They told us, "Staff have always kept me up to date with mum's care and with planning for her needs."

All these issues showed that staff provided consistent caring and friendly manner people at all times and respected their rights.

Is the service responsive?

Our findings

People told us that staff looked after their care and health needs. One person said, "If I'm not feeling well, the staff will ring the doctor for me." Another person said, "I get all the care I need. I don't need anything else"

A relative told us that staff had looked after her mother's health needs in a caring and compassionate way and had involved her in planning the care that her mother needed.

We saw staff kneeling down to people's eye levels to help the person communicate with them and understand what staff were saying to them. Staff responded to peoples' requests such as getting drinks and getting their handbag for them. They helped people to walk and to go in the direction people wanted to go. They stopped assisting a person to use a hoist when the person said she was not well, giving her time to settle and recover.

We looked at care plans for people using the service. These included personalised information to help staff know people's needs and preferences and understand how they wanted their care provided.

Religious needs were included and everyone we spoke with confirmed this and said that they could attend services in the home which were held twice a week. A person told us that she was offered the choice to go to nearby place of worship when she was first admitted to the home. On both days of the inspection, a church leader visited the home and talked with people. This showed us that people's religious needs were being met.

Care plans set out what support people needed and their needs. This included how people wanted to spend their time, so their lifestyles were responded to and respected. Care plans were regularly reviewed to ensure staff responded to their changing needs. For example, one stated that a person regularly complained that her food was cold when in reality it was hot but rather than dispute this and cause a confrontation, staff were instructed to offer to warm the food up.

We saw the activities were a big part of life in the home and both the people using the service and staff were enthusiastic about them. One person told us, "We have activities most days and we can choose whether to join in or not. People like the activities here." We saw people participating in games such as guessing objects on the tray and playing skittles. Music was played which people enjoyed, and a person with advanced dementia was seen to become animated and moving to a piece of music she obviously enjoyed.

People told us about the range of activities they took part in. One person said, "I like to do flower arranging and we have it here though I would like more sessions." The registered manager said that she would look into arranging more sessions of this activity. Other people told us they enjoyed activities such as painting, making Christmas decorations and going out on regular trips.

Activities were provided five days a week on weekdays. A member of staff was responsible for providing

these. We saw an activity board displayed in the dining area so that people could see what activities were planned for that week. These included pampering sessions, hand massages doing people's nails and music.

People told us they did not have any complaints but if there was anything bothering them they would tell the registered manager, deputy manager or other members of staff and they felt confident that something would be done about it. We looked at the complaints book which was blank. The registered manager stated that no one had made a complaint. In speaking with people and relatives we found that no one spoke about the service in a negative way. This made it clear that they were satisfied that the service responded to people's needs.

The registered manager told us she had an 'open door' policy and people and relatives could come and see her at any time if they had a concern. We saw the complaints procedure displayed in the entrance hallway. Records also showed that the registered manager had also given information on how to make a complaint in residents meetings. All these aspects encourage people to voice their concerns.

We looked at the provider's complaints procedure. This did not clarify the role of the local authority in investigating complaints. When we brought this to the attention of the registered manager. The procedure was swiftly amended and provided to us by the second day of this inspection.

Is the service well-led?

Our findings

People and relatives we spoke with told us that the registered manager was approachable. One person said, "I know I can go and speak to management about anything." Another person said, "Management are keen to listen to anything I say, which is reassuring." There were comments in a relative's survey that we saw, "well, led by (registered manager's name) and her senior staff to ensure that all staff carry out their duties in a well ordered calm manner." Another relative stated, "a wonderful care home." In the survey for professionals provided by the service, a GP stated, "One of the best residential homes I visit, patients and staff are always happy."

Staff told us they could approach the registered manager about any concerns they had. One staff said, "Yes, the office door is always open if I need any help. I feel I can speak to management and they will try to sort things out."

Staff members we spoke with told us that the registered manager led by example and always expected people to be treated with dignity and respect. They all said they would recommend the home to a relative of theirs because they thought the home was well run and the interests of people living in it were always put first.

They told us that the registered manager was frequently with people around the home and was able to identify areas of good working practice and areas which required development. This made the registered manager accessible to staff at all times. We saw that the registered manager speaking to staff, people using the service and visiting professionals throughout the day. Both the registered manager and the deputy manager had a visible presence in the service and we saw people approaching them comfortably.

We saw that residents meetings had taken place. These included relevant issues such as gaining people's views of the service about important issues such as activities, staff, food and making people aware of important procedures to make their views known, such as the complaints procedure.

Staff said that essential information about people's needs had always been communicated to them so that they could provide appropriate care that met people's needs. These are examples of a well led service.

Staff were supported through individual supervision and staff meetings. Records showed that issues about staff practice were discussed in staff meetings and remedial action identified with staff. Staff supervision records evidenced that supervisions covered relevant issues such as care issues, whether there were any issues regarding providing proper care to people and the staff member's training needs identified. Staff were supported to discuss their competence and identify their learning needs, although we saw there was a gap of over seven months between supervision sessions for some staff. The registered manager stated the registered manager stated that care staff are supervised on a daily basis and observed though she would follow up this issue to ensure that one to one sessions were more frequent to provide more support to staff.

We saw that people had been asked their opinions of the service in the past year by way of completing

satisfaction surveys. We noted that everyone was satisfied with the running of the service. Relatives and staff had also been asked for their views in 2015 by way of completing satisfaction surveys. Again, everyone expressed satisfaction with the running of the service.

This showed that people living in the service and other relevant people were consulted about the running of the service to make sure that people's needs had been met.

The registered manager had implemented a system to ensure quality was monitored and assessed within the service. For example, routine checks such as fire checks, maintenance checks, and portable appliance testing. We saw that the registered manager had carried out a monthly audit of medicines to aim to ensure that they were safely provided to people and there was continual review of people's care plans.

The registered manager stated that auditing systems were to be extended to evaluate systems such as such as staff practice, staffing levels, staff recruitment checks and the provision of activities for people. This will then provide a comprehensive quality assurance system to ensure quality services in every aspect to meet the needs of people living in the service.