

Malhotra Care Homes Limited

Melton House

Inspection report

Brandling Drive
Newcastle Upon Tyne
Tyne And Wear
NE3 5PJ

Tel: 01912366600
Website: www.prestwickcare.co.uk

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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

About the service

Melton House is a residential care home providing personal and nursing care for up to 67 older people some of whom may live with dementia. The care home accommodates people over three floors in a purpose built building. At the time of the inspection there were 26 people living at the service.

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

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

Safeguarding systems were in place. There were enough staff to meet people's needs. Safe recruitment processes were followed. Staff received training appropriate to their role, to develop their skills and knowledge. Staff said they received regular supervision and felt supported.

Care plans contained person-centred information about people's care needs. Staff had developed caring relationships with people and respected their privacy and dignity.

Arrangements were in place to ensure medicines were managed safely. People had access to appropriate healthcare professionals to support their wellbeing. People were supported to eat and drink sufficient amounts to maintain their health.

Contact between people and relatives had been maintained in a variety of ways during the pandemic and changes in government guidance on visiting had been responded to appropriately. Surveys had been given to relatives during planned visits, but they had not yet been analysed for findings.

A number of staff did not consistently follow government guidance regarding infection prevention and control, including hand washing and the safe doffing of PPE. IPC audits were effective in identifying concerns and action was taken.

Quality assurance and governance processes were in place and various audits were completed. We found some shortfalls in recording which the provider took immediate action to address.

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

Rating at last inspection

The last rating for this service was Good (published 09 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, infection prevention

and control and staffing. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Melton 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Service and service type

Melton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. This included information on incidents the provider must notify us about, complaints and concerns raised. We sought feedback from the local authority professionals who work alongside the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with thirteen members of staff including the provider, registered manager, the head of compliance, the director of care, care workers, housekeeping staff and the cook in charge.

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

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. We looked at IPC practices and guidance, training data, care plans and quality assurance records. We spoke with three people and seven family members. We also liaised with the local clinical commissioning group and local authority commissioners regarding issues raised during this inspection.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and management plans put in place.
- The environment and equipment were safe and well maintained.
- Lessons learned were recorded in a variety of ways, including supervision, safeguarding logs and reflective meetings.
- The provider acknowledged that debrief sessions following incidents were not always recorded. They had recently introduced a new procedure to ensure lessons learned were documented in a consistent manner.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding systems in place. We discussed roles and responsibilities around staff being aware of and having the confidence to report safeguarding incidents to the relevant authorities in the absence of the registered manager. This was to ensure incidents were reported in a timely manner. The registered manager agreed to follow this up.
- Staff felt they would be listened to and any concerns raised would be acted upon.
- Most people and relatives felt they or their family member received safe care.

Staffing and recruitment

- The provider followed safe recruitment practices.
- Pre-employment checks were completed to ensure staff were suitable to work in the home.
- There were enough staff to meet people's needs. We observed staff responding to people's needs in a timely manner. One person told us "Staff come more or less straight away if I press the call bell."

Using medicines safely

- Appropriate arrangements were in place for the safe management of medicines.
- Only staff who had received the necessary training and were deemed competent were permitted to administer medicines.
- People were supported to be able to manage their own medicines where possible. Risk assessments were in place to ensure safe practices were followed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider was using PPE effectively and safely. We observed some staff did not always follow government guidance regarding infection prevention and control, including hand washing and the safe doffing of PPE. The provider had identified this through their own checks and routinely addressed it.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- A process was in place to assess people's capacity to consent to care.
- Records relating to best interests' decisions did not always fully evidence how the principles of the MCA were followed. New processes were being introduced to address this.
- People who had an authorised DoLS in place were regularly reviewed by the registered manager to ensure the deprivations were still appropriate.
- Records showed that where people were able, they signed a 'collaborative care plan' to evidence they agreed with the information and consented to care.

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

- Information relating to people's care needs and wishes had been obtained during a pre-admission assessment.
- Pre-admission assessments included questions about people's likes and dislikes to support the development of their care plan and how they wished care to be provided.

Staff support: induction, training, skills and experience

- New staff undertook a comprehensive induction which included core training identified by the provider. One staff member commented, "I had a full induction which included reading policies, shadowing experienced staff and completing training courses."
- Staff said they received regular supervision. One staff member commented, "I feel very well supported. The managers are amazing and the carers. We work well as a team."

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

- People had access to sufficient food and drink throughout the day.
- The service considered people's individual dietary needs. We spoke with catering staff who told us, "Specialist cultural diets can be catered for. Nursing staff keep me up to date with people's dietary needs and all information is held in a folder."
- Care plans evidenced that appropriate referrals were made to seek guidance from healthcare professionals such as speech and language therapy, to meet people's dietary needs.

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

- The service supported people to access services to maintain their health and wellbeing.
- People and their relatives confirmed they had access to health care professionals. One relative commented, "If it was anything important like if [family member] had a fall or had seen the doctor, they have rung up and let me know about it."

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

- The service was purpose built to meet people's needs. The building had wide corridors to support those people who used wheelchairs to move around freely.
- Communal areas were bright and had plenty of lighting. Bathrooms were spacious to support the use of essential equipment, such as hoists.
- People had access to the garden areas surrounding the building. A staff member told us, "People can access the gardens if they wish to go for a walk."

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. Comments included, "The staff really care. It's the way they talk about [family member]. They were very affectionate towards him. They chat about things with him and have compassion."
- The registered manager recognised the importance of equality and diversity. She said, "It's about recognising people's previous life experiences and culture. It is important staff understand and respect these when getting to know a resident."
- Staff knew people's needs and showed concern for their wellbeing. One relative told us, "Staff are friendly, very obliging. They listen patiently to [family member] and me, and promptly act upon anything in a friendly manner."
- We observed staff interacting positively with people, sharing jokes and stories. People smiled at staff and looked comfortable in their company.

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

- Records showed that where people were able, they signed a 'collaborative care plan' to evidence they agreed with the information and consented to care.
- Some people and relatives told us that further involvement in decisions around people's care and support would be appreciated. We passed this feedback to the registered manager and provider for their information.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. We observed staff discreetly asking people if they required support with their personal care. One staff member said, "If you go into someone's room and they don't want to get up you respect that. You have to remember you are in someone's home. You cover people up when supporting with personal care and always communicate to people what you are doing and asking permission."
- One nurse explained how they completed informal observations of staff's working practices to ensure they were respecting people's privacy and dignity whilst providing care. They said this gave them the opportunity to provide feedback to staff on their practices.
- People were encouraged to maintain their independence. For example, people were supported to manage their own medicines where possible.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans reflected people's care and support needs. These were reviewed each month and changes recorded where required.
- Some relatives told us they would appreciate being more regularly involved with care planning.
- People were encouraged to make choices. Comments included "They encourage mum and try again later if she doesn't want to get dressed. They inspire her to make good choices of clothing and tell her she looks nice."

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.

- Information could be made available in different formats to support people's understanding. The registered manager said they had provided information in easy read formats to support people to understand and make an informed decision regarding having the COVID-19 vaccination.

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

- During the pandemic people had been supported to maintain contact with their loved ones. In the absence of face to face visits telephone and video calls had taken place. Relatives were now being supported to visit their loved ones.
- People and their relatives felt there could be more activities. Comments included "Quite often in the lounge there's just a bunch of people sitting around. The whole atmosphere is not very sociable. I've wondered for a long time if they could have a bit more activity going on."
- The registered manager told us group activities had not taken place during COVID-19, but they were now looking to reintroduce an activity programme. They had planned a new activity timetable with the coordinator, but this had yet to be implemented.
- We did observe some activities which included people playing board games or watching a film.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints about the service.
- There was a procedure in place to manage complaints. Some relatives said that whilst they had raised their concerns they were not always provided with "follow up" information on what actions had been taken

to address these concerns.

- Some people we spoke with had raised concerns and said they had been responded to in a satisfactory manner. One person said, "I wouldn't have any problems in raising any concerns with the manager and our communication is open."

End of life care and support

- The provider was responsive in ensuring people received appropriate end of life care.
- People's and their relatives' views on how they wished to receive end of life care was recorded in care plans.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was aware of the importance of equality, diversity and human rights. They said, "Staff knowing people really well is an important first step in delivering care." They added, "This builds trust and relationships."
- People and their relatives knew the registered manager and the majority of people we spoke with found them approachable and open. Comments included, "Overall I've been pretty happy with the place. I've never needed to complain but wouldn't hesitate if I needed to. I would speak to the manager. She seems great, friendly and very approachable."
- As resident and relative's meetings had not been able to take place due to COVID-19 restrictions the registered manager said they used their daily walkarounds as an opportunity to speak with people and gain their feedback. As restrictions were being lifted the registered manager said she had spoken with people about planning residents' meetings again.
- The registered manager explained that surveys had been handed to relatives during recent visits. To promote confidentiality and openness they had not been dated, however this meant comments could not be attributed to a specific timeframe or context. An analysis of the feedback had not yet been completed.
- Staff said they felt supported by management. Their comments included, "I don't feel scared to talk to the manager she always has her door open" and "My manager was very supportive towards during a difficult time, asking me how I was which was very nice."

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

- The provider had recently completed some work to strengthen their duty of candour processes and had implemented a new checklist which would be used for any incident that met the criteria. We were not able to assess the effectiveness of this system as it had only recently been introduced.
- The registered manager explained what they felt duty of candour entailed and how they would always write to a family should an incident require this.

Working in partnership with others

- The service worked in partnership with other health and social care professionals to meet people's needs.
- The registered manager said now restrictions were lifting, they would seek to safely engage with their local community to build links.

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

- As required by their registration, the registered manager had submitted the necessary notifications to CQC following significant events at the home.
- The registered manager explained that they had been working with staff to support them with understanding their roles responsibilities. Staff felt their role was to provide good care which they said they did. One staff member commented, "I think we meet people's needs well, we care for people well."
- A range of audits were completed which fed into an overarching action plan to drive improvements.
- The inspection identified some shortfalls in relation to record keeping. The provider took immediate action to address this.
- The registered manager had limited oversight of the management of two serious incidents, including no involvement in the subsequent reflective practice meetings.