

Eastgate Care Ltd

Melbourne House

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

About the service:

We conducted an unannounced inspection at Melbourne House on 9 May 2019. Melbourne House is registered to accommodate up to 48 people who require nursing or personal care in one building over two floors, accessed by a passenger lift. On the day of our inspection, 31 people were present at the service. People had either nursing or residential care needs and some people were living with dementia.

People's experience of using this service:

People received safe care and treatment. People were protected as far as possible from the risk of avoidable harm or abuse. Staff had received safeguarding training and action had been taken to report safeguarding concerns. Risks associated with people's needs had been assessed and were monitored and reviewed to ensure staff had up to date information for people's care.

Staffing levels and deployment of staff were sufficient and effective in providing safe and responsive care and treatment. People received their prescribed medicines safely and medicines were managed following best practice guidance. The prevention and control of infections were minimised due to infection control best practice being followed. Health and safety checks were completed regularly on the premises, environment and care equipment. Incidents were reviewed for themes and patterns and action was taken to reduce further risks.

People received effective care and treatment from staff who were trained, supported and knew them well. People received a choice of meals and drinks and their nutritional needs had been assessed and were regularly reviewed. Where people required support from staff with eating and drinking, this was provided in a caring, patient and sensitive way. This supported people to have a positive mealtime experience.

Staff worked effectively with external health professionals in assessing, monitoring and managing people's health conditions and needs. Where people were unable to make specific decisions regarding their care, the Mental Capacity Act 2005 principles were applied. People were consistently supported to have maximum choice and control of their lives and had been supported in the least restrictive way possible.

People received care and treatment from staff who had a kind, caring and person-centred approach. Staff treated people with dignity and respect and they had time to spend with people. People's communication needs were known and understood by staff. People were invited to participate in a variety of social activities and opportunities for their social inclusion had been developed. People had access to the provider's complaint policy and procedure. The service had received positive feedback from relatives about end of life care and treatment. However, the end of life care plans reviewed lacked specific personalised detail. The registered manager agreed to review this.

Staff were positive about their role and shared the registered manager's values in providing person centred, open and transparent care. Staff were clear about their role and responsibilities; accountability and

oversight structures and good governance systems were in place that continually monitored the quality and safety of the service. People, relatives and staff received opportunities to give feedback and this was used to develop the service. The provider and registered manager had met their registration regulatory requirements.

Rating of last inspection:

Requires Improvement (published 20 April 2018)

Why we inspected:

This was a scheduled planned inspection based on the previous rating. The service has changed to a rating of 'Good'.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector, a specialist advisor who was a nurse 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:

The home was for older people, including people living with dementia.

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 was an unannounced inspection.

What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also reviewed other information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential safeguarding concerns. We sought feedback from the local authority, Healthwatch and professionals who work with the service.

During the inspection we spoke with seven people who used the service and two visiting relatives. We spoke with the registered manager, operations manager, deputy, the cook, two housekeepers, maintenance person, an agency nurse, two senior care staff and one care staff. We reviewed a range of records. This included six people's care records and medicines records. We looked at a sample of staff files around their recruitment. We also reviewed various records in relation to training and supervision of staff, records relating to the management of the home and a variety of operational policies and procedures developed and implemented by the provider.

After the inspection the registered manager sent us further information in relation to, the provider's quality checks and audit process and training records. We have reviewed these as part of the inspection process.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Melbourne House. A person said, "I feel perfectly safe here. Nobody gets in that isn't supposed to and the ones I don't know have badges like yours, others are family of other residents." Relatives confirmed they had no concerns about their relations safety. A relative said, "I certainly don't worry when I leave, even though I know their [relation] behaviour can be challenging at times. The staff know how to handle this."
- Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and access to the provider's policies and procedures. The registered manager had used multi-agency safeguarding procedures to report any safeguarding concerns and had taken action to reduce risks to people where required. Information about how to report any safeguarding concerns was on display for people, visitors and staff.

Assessing risk, safety monitoring and management

- Risks associated with people's health needs were managed well. Staff were provided with guidance of how to support people safely to reduce known risks. For example, risks to people's health and safety were assessed and regularly reviewed to ensure staff were aware of people's current care needs.
- Actions required to manage risks were effective. For example, one person had additional staff support at times they had been identified as being at greater risk. Equipment assessed as required to assist in the management of risks was being used. For example, sensor systems were utilised to alert staff for people assessed to be at risk of falls. Pressure relieving mattresses and cushions were used to reduce the risk of people developing pressure ulcers.
- Staff had a positive approach to managing risks and were knowledgeable about the types of risks people were exposed to. This included supporting people effectively at times of heightened anxiety. A staff member said, "We try different approaches and give them time, returning a few minutes later when necessary, or ask another carer to approach them."
- Care plans provided staff with guidance of any known triggers to a person's anxiety and the strategies required to support the person based on what they responded well to.
- We saw staff provided safe care. For example, when supporting people with their mobility needs best practice guidance was used. Calls for staff assistance were responded to quickly by staff to ensure people's safety.
- Management checks were regularly completed on risks associated with the premises and environment. This included checks to ensure the maintenance and safety of equipment and effective fire safety arrangements. People's personal evacuation plans were available for staff. These provided guidance on how to safely evacuate people from the building if required. Water testing was also completed to assess and control the risk of exposure to legionella bacteria, that can cause serious illness.

Staffing and recruitment

At the last inspection, we identified staffing levels were not sufficient. At this inspection improvements had been made to staffing levels and deployment of staff.

- People were cared for by sufficient numbers of staff who knew them well. People and relatives raised no concerns about the availability of staff on duty. A person said, "Staff don't take very long to come if I call them and they are always very kind." Another person said, "There are plenty of staff here to look after you and they are always asking you if you are ok. They are really nice."

Our observations of staff responses to people's calls for assistance also confirmed this.

- The provider used an assessment tool to determine people's level of care dependency, which helped to determine the staffing levels required. This was regularly reviewed to ensure staffing levels remained sufficient to meet people's needs. Agency staff were used to cover staff shortfalls where required.

- Staff told us they felt staffing levels were sufficient. A staff member said, "We all work well as a team and there is good communication."

- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Checks were completed to ensure nursing staff were registered with the Nursing and Midwifery Council to provide safe practice.

Using medicines safely

- Medicines systems were safely organised, and people were receiving their medicines when they should. The staff were following safe protocols for the receipt, storage, administration and disposal of medicines.

- People were positive about how their medicines were managed. A person said, "I know what all my medication is for, so I would soon know if they forget sometimes, but they don't." We saw people received their medicines safely.

- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicines management and administration. They also had competency assessments completed to check they followed national best practice guidance.

Preventing and controlling infection

- Staff were aware of the precautions and infection prevention to take when people had an infection to reduce the risk of spread of infection to others. Domestic staff followed best practice guidance in how the service was cleaned. We found the service to be visibly clean and free of malodour.

- The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the safe management of food.

Learning lessons when things go wrong

- The registered manager had systems in place to review, monitor and analyse all incidents. This enabled them to identify any themes and patterns and action was taken to reduce further risks. This included additional observations of people and making referrals to external health care professionals for guidance and support. Also, reviewing the use of equipment and updating guidance in people's risk assessments.

- Staff told us they had reflective sessions to discuss incidents such as falls and how they could be prevented. A staff member said, "We think about whether we could do something differently in the future to prevent an incident occurring again."

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. Recognised assessment tools were used for the care and management of people's needs; such as with skin, falls, nutrition and oral care.
- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. The registered manager told us they recognised and respected people's diverse needs were important to understand and these were discussed at the pre- assessment stage. Staff had completed training in equality and diversity.

Staff support: induction, training, skills and experience

- People were supported effectively by staff who had received a structured care induction and ongoing training and support. People told us they felt confident staff were competent and understood their needs. A person said, "I think the staff know me well here. They would know if I was poorly."
- Staff were positive about the induction, training and support they received. A staff member told us, any additional training staff were interested in was encouraged and supported. The staff training plan confirmed training staff had completed and further training booked. This showed staff received a full and varied training programme to support them to provide safe and effective care and treatment.
- Staff also told us they received regular opportunities to discuss their work, training and development needs and how they felt very supported by the registered manager.
- The registered manager used observations of staff care practice, staff supervision and team meetings to assess staff's understanding and competency in different areas of care.

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

- People's nutritional needs and preferences, including any religious or cultural needs in relation to their diet, had been assessed and planned for. Staff were knowledgeable about people's individual support needs. For example, we observed a person whose care plan stated they had lost some weight, so it was important to encourage them to eat sufficient amounts. Staff were seen to be very attentive in their encouragement and support and this resulted in the person eating well.
- People were complimentary of the meal choices and quality. A person said, "The food is good, and you get plenty to eat and it's always hot." Another person said, "The food here is good. Home cooked and not at all boring. I can even have a cooked breakfast if I want. I have never felt hungry."
- We saw how people received a choice of meals and drinks for breakfast, lunch and during the day. Where people required support with eating and drinking this was provided in a caring and dignified manner. Staff were unhurried and patient, resulting in people experiencing a positive mealtime experience. People's

independence was promoted; for example, people who experienced difficulty with their hand dexterity were enabled to eat independently by using plate guards.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager gave examples of multi-agency working in meeting people's needs. Positive links had been made with community health professionals such as GPs, community nurses and with specialist nursing teams that supported staff in caring for people living with dementia.
- The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's needs and has effectively proven to improve people's care experience and reduce the length of hospital stays.

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

- The environment met people's needs. People had personalised their bedrooms to suit their preferences. There was good use of signage to support people to orientate around the service. The environment was bright, spacious and stimulating with the use of memorabilia, which encouraged a relaxed and welcoming environment. People had a choice of communal spaces to use, including opportunities to meet with relatives and friends privately and a pleasant outdoor garden they could access and enjoy.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs had been assessed and were monitored effectively. The staff worked with external health care professionals when needed for people's care. A GP conducted weekly visits to the service to review people's health needs where required. People's care plans contained contact details for any professionals involved in the person's care, such as the dementia outreach team, tissue viability nurse and continence nurse advisor.
- Care plans provided staff with guidance and important information that enabled them to provide people with individualised care. For example, when people had long term health conditions such as diabetes, care plans provided the information required to ensure staff provided the care and treatment required. This included information about how specialist support should be sought.
- Care plans were also regularly reviewed to ensure staff had up to date information. When people needed support to move their position to prevent the development of pressure ulcers, staff documented they had re-positioned the person in accordance with the frequency required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were aware of the principles of the MCA and DoLS. The registered manager told us how they assessed people's capacity if they identified a person was unable to consent to a specific decision about their care. They told us they were currently reviewing MCA assessment and best interest documentation to ensure they were sufficiently detailed. Where people had any conditions specified within their DoLS authorisation, these were being met.

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

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 were consistently positive about the caring approach of staff; we received many positive comments. A person said, "Even though you don't want to get old and ever have to come into a home, I really can't complain about this place. It's more like a hotel. They (staff) do everything for you." Another person said, "The staff know I really enjoy the singalong on a Sunday and always remind me it's on. They even have a bit of a jig with me sometimes."
- People felt they mattered, and that staff understood what was important to them. For example, A person said, "I really like living here. There are people to talk to, the garden is nice, flowers on the (dining) tables and there are dogs allowed. I used to live on a farm, so I like to see animals." Another person said, "My relation is allowed to bring their dog into visit. That was lovely. I really miss my dog."
- Staff were positive about their role and showed great interest in the care and well-being of people living at the service.
- We saw staff interacted individually with people in a caring and supportive manner. Staff had a showed concern and empathy for people. They chatted with people about things relevant to the individual and provided reassurance when necessary. We observed a member of staff complimenting a person on their appearance and how the colour they were wearing that day suited them. The person clearly appreciated this.

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

- People who used the service and their relatives were involved in discussions and decisions about their care and treatment.
- The registered manager told us they involved people in the development and review of their care plans wherever possible. This included formal and informal meetings to review the care and treatment provided. The registered manager had an open door policy and was available to people and relatives to discuss any issues or concerns as they arose.
- Staff encouraged people to make day to day choices in the way they received their care and people's choices were respected. We saw how staff supported people with choices such as their meals and drinks, where they spent their time and the activities they participated in.
- We saw staff used good communication and listening skills when communicating with people. This included using several different methods to communicate with people based on their individual needs. Staff consistently showed great respect, they were patient, caring and made sure they understood people's responses.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated respectfully, and their independence was encouraged. A person said, "They (staff) let me do what I can for myself, but they are there to help if I need them."
- During the inspection we observed consistent positive interactions between staff and people. This demonstrated staff knew them as individuals and their dignity and independence was respected.
- The provider recognised people's diversity and they had policies which highlighted the importance of treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- There were no restrictions on when people received visitors.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were positive about the care and treatment they received and were confident staff understood their needs, preferences, routines and what was important to them. One person said, "I love my room. It's clean and has everything I want. The staff pop in all the time to check I am okay, and they tell me if something (activity) is on that they know I like." Another person said, "There is a male staff, but I don't mind whether it's him or the girls (staff). They all do a great job and make you feel comfortable."
- Relatives told us how staff were responsive to their relations needs. A relative said, "They (staff) have [relation] on a regular schedule of turning in bed as they can't do anything for themselves any more. Staff are always kind and courteous and chat away to them, It's nice to see." Another relative said, "I see staff who take time to communicate with people and it isn't always straight forward. They persevere and there are never any raised voices."
- People's social history, interests, hobbies, pastimes and religious and spiritual preferences were also recorded to support staff in understanding people's needs and preferences.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. People's communication needs were identified, recorded and highlighted in care plans. We saw evidence that the identified information and communication needs were met for individuals. Communication care plans provided information for staff on strategies to improve people's understanding when they were living with dementia and how they may respond to indicate their wishes.
- People were positive about the opportunities they received to participate in activities. A person said, "The staff know my friend and I like to sit together and listen to music. They are always asking if we are okay." Another person said, "They (staff) know I like to join in some of the activities. We have a sensory session today and I like the smell of the oils and they massage your hands. Lovely." Relatives were confident that social activities and stimulation was offered. A relative said, "I have seen visiting dogs and other activities going on. They [people who used the service] love the singalong on a Sunday. The room is full."
- We were shown a book of photographs that showed people participating in a variety of activities, and from people's smiles we concluded people had enjoyed these. No concerns were raised about activities available. In addition to internal social activities that included a tuck shop, crafts and social mornings; external entertainers and visitors provided activities that included gospel singers and pet therapy. People also received opportunities to access the local community, this included visiting a local dementia café. The registered manager told us how they had developed links with another local care home and of the joint activities that had been provided and the plans to develop these.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure. People and relatives told us they felt confident to raise any issues or concerns. A relative said, "I know that I could talk to the manager or any of the staff for that matter if I had a concern, but I really don't."
- The provider's complaint log confirmed complaints received had been responded to in line with the provider's complaint policy and procedure.

End of life care and support

- Staff had attended end of life care training and liaised with external health care professionals in meeting people's end of life care needs. Staff told us how they ensured people were made as comfortable as possible, were given pain relief and how they spent time with people.
- People had end of life care plans and whilst some personal preferences were recorded of what was important to people, information could have been more detailed in places. This may have impacted on them receiving personalised care. We discussed this with the registered manager who agreed to improve end of life care plans.
- Staff had received compliment cards from relatives thanking staff for their kindness, care and compassion in the way they had provided care to their loved one at the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives were positive about the leadership of the service and told us how the service had made improvements. A relative said, "My Sister has an excellent relationship with the manager and staff here. They've made recommendations to help improve the service further which I am told have all been listened to and acted on. I would certainly recommend the home to others, without hesitation." Another relative said, "Since the improvements have been made, I would recommend others to give it a go here."
- The registered manager had a clear vision and set of values for the service that was based on people receiving care that was person centred, responsive and transparent. The registered manager strived to continually drive forward improvements at the service and was proactive and innovative. Examples of this was how they continually looked at ways of developing staff awareness and knowledge and their enthusiasm and commitment in developing opportunities for people's social inclusion.
- Staff were happy in their role and were seen to apply the provider's set of care values; they had a calm and caring approach towards people in their care. Staff worked well together, they were organised and understood their role and responsibilities. Staff confirmed there was good communication systems in place and felt positive they worked well as a team. Our observations confirmed this.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

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

- The provider had up to date operational care policies and safety procedures that reflected current legislation, best practice guidance and set out what was expected of staff when supporting people. Staff confirmed they had access to this information.
- A whistleblowing policy was in place and staff confirmed they would not hesitate to use this if required. Whistle blowers are employees who are protected by law to raise concerns about illegal, unethical activity; wrong doing or misconduct within a service or organisation, either private or public.
- There was a system of audits and processes in place that continually checked on the quality and safety of people's care. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and incidents, and care plans; to ensure the service complied with legislative requirements and promoted best practice. The registered manager completed a

daily walk around of the service and recorded checks in a variety of areas. Night unannounced spot checks were also completed. The provider's operations manager completed additional management audits. This meant there was clear accountability and oversight of the service.

- The provider had a service improvement plan, which included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place to continually drive forward service improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As part of the provider's internal quality assurance checks, annual care and satisfaction surveys were sent to people who used the service, relatives, external professionals and staff. In addition, resident meetings were arranged to support people to share their experience and influence the service. Records confirmed people were involved in a variety of discussions including activity suggestions.
- A regular newsletter was used to share information with people about key events and news at the service.
- The registered manager met with staff on a regular basis, this included head of department meetings, daily staff handover meetings and 'flash' meetings to share important information about people's care needs.
- The registered manager told us of their plans to involve people in the staff recruitment process as they felt this was positive and important opportunity for people.

Continuous learning and improving care

- The registered manager attended forums with the local authority and internal meetings within the organisation to share good practice and learning.

Working in partnership with others

- It was clear from talking with people, staff and viewing care records that the service regularly worked in partnership with external professionals and relevant care agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs.
- The register manager had a commitment to support people to be a part of their local community. The local school were invited to visit the service, an example of this was how school children had visited people at Easter for an Easter bonnet parade.