

Eastgate Care Ltd

# Melbourne House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 20 January 2015 and was unannounced.

Accommodation for up to 48 people is provided in the home over two floors. The service is designed to meet the needs of older people.

There is not a registered manager in place. The previous manager had left in October 2014. The new manager had been promoted from deputy manager and she was

available throughout the inspection. The new manager would be applying to become registered manager; however, an application had not been received at the time of the inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People had mixed views of how their medicines were managed and we found that safe medicines management procedures were not always followed.

People told us they were safe. People told us their belongings and the premises were safe. We found that the premises and equipment were safely maintained. Systems were in place for staff to identify and manage risks, however, staff had not followed guidance to minimise risks for one person.

People had mixed views on whether there were enough staff on duty. However, we found that there were sufficient staff on duty to keep people safe and meet their needs and staff were recruited through safe recruitment practices.

People told us that staff knew what they were doing and we found that staff received appropriate induction and training, though supervision and appraisal was not regularly taking place for all staff.

People told us that their choices were respected and we saw that staff obtained people's consent before providing care. However, people's rights were not always fully protected where they lacked capacity.

People had mixed views on the quality of the food but told us they had sufficient to eat and drink. We found that people were supported to eat and drink enough. People told us and we found that they saw external health and social care professionals when they needed to.

People told us and we saw that staff were kind. People had mixed views on whether they had been involved in their care and records supported that not all people and their relatives were involved in their care as appropriate. People told us and we saw that they were treated with dignity and respect; however, we saw that information contained in a care record did not respect a person's dignity.

People told us that staff responded to most of their needs well, however, some people told us and we found that activities were not taking place at the time of the inspection. People who used the service told us they knew who to complain to if they needed to and we saw that complaints had been handled appropriately by the home.

There were systems in place to monitor and improve the quality of the service provided; however, the provider had not identified some of the issues that we found at this inspection. People were positive about the atmosphere of the home and we found the home had a positive culture. People told us that the manager was approachable and responded well to issues.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Safe medicines management procedures were not consistently followed. Assessments were undertaken of risks to people who used the service and staff and written plans were in place to manage these risks, however, they had not been followed for one person.

There were processes for recording accidents and incidents but documentation did not note whether any actions had been taken in response to incidents in order to maintain the safety of people who used the service.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures. There were appropriate staffing levels to meet the needs of people who used the service and staff were recruited by safe recruitment procedures.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

People's rights under the Mental Capacity Act (MCA) 2005 had not been fully protected and staff were not fully aware of the requirements of the Act.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities, however not all staff had received regular supervision and appraisal.

People were supported to eat and drink according to their plan of care.

Staff involved other healthcare professionals as required if they had concerns about a person's health.

**Requires Improvement**



### Is the service caring?

The service was not consistently caring.

People and their relatives were not always involved in making decisions about their care and the support they received.

We observed that people's privacy and dignity were respected; however, information contained in a care record did not protect a person's dignity.

Staff were compassionate and kind.

**Requires Improvement**



### Is the service responsive?

The service was responsive.

**Requires Improvement**



# Summary of findings

People were not always supported to receive personalised care that met their needs. Care plans were in place outlining people's care and support needs, however they were not always updated in relation to changes in people's conditions and sufficient information was not always in place to support staff to provide a personalised service.

Staff were knowledgeable about people's support needs and their interests and preferences. People were listened to if they had complaints and appropriate responses were given.

## Is the service well-led?

The service was not consistently well-led.

The service was not consistently well-led as although the provider and the manager carried out a range of audits which had led to some improvements more work was required as these audits had not identified all the shortcomings found during this inspection.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

**Requires Improvement**



# Melbourne House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 January 2015 and was unannounced.

The inspection team consisted of two inspectors and a specialist nursing advisor.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and health and social care professionals in regular contact with the home to obtain their views about the care provided in the home.

During the inspection we spoke with eight people who used the service, three relatives, two healthcare professionals, seven care staff, the manager and the deputy manager. We looked at the relevant parts of the care records of six people, the recruitment files of three care staff and other records relating to the management of the home.

# Is the service safe?

## Our findings

People had mixed views of how their medicines were managed. One person told us that they had been given medicine when they weren't fully sitting up and told us that staff left medicines with them to take and they couldn't always see the medicines to take them. With the permission of the person we told the manager who told us they would investigate. However, other people told us that they received their medicines safely and when they needed them. A healthcare professional said, "Medicines procedures seem pretty good."

We observed that people did not always receive their medicines safely. Medicine administration records (MAR) were not always fully completed and medicines were not always stored securely. A MAR is a record of the medicines prescribed and given to a person. We saw that nutritional supplements were put on the dining tables before meals. This meant that there was a risk that people would not receive their medicine or someone else would take it. We also saw that for two days the previous month one person had not received one of their medicines as stocks had run out. These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives, a healthcare professional and staff told us that people were safe in the home. Staff had a good understanding of the safeguarding process and the steps they would take to ensure people were kept safe. A safeguarding policy was in place and staff had attended safeguarding adults training. We saw safeguarding information displayed in the main reception area so people and their relatives knew who to contact if they had concerns.

People told us their belongings were safe. Relatives and staff felt that the premises were safe. We saw that the premises and equipment were maintained to ensure people were safe. Maintenance certificates were in place for the premises and equipment. Staff told us that they had the equipment they needed to carry out their role and ensure people's safety.

Risk assessments were in place, reviewed regularly and guidance was available to enable staff to manage risks. We

observed that people were supported safely by staff when equipment, such as a hoist, was being used. A hoist is a piece of equipment that staff use to move people safely. We saw that equipment was also used to reduce identified risks such as pressure-relieving mattresses and cushions. However, we saw that staff were not consistently following guidance for one person who was at risk of falls and had also been identified as needing to sit on a pressure cushion due to the risk of damage to their skin. This meant that identified risks for this person had not been safely managed.

We saw there were plans in place for emergency situations such as an outbreak of fire. A fire risk assessment was in place and a contingency plan was in place in the event of emergency. We saw that a personal evacuation plan was in place for people using the service. This plan enables staff to assist people to leave the premises safely in the event of an emergency.

We saw that accidents had been appropriately investigated by care staff; however, the manager had not documented the actions that they had taken in response to accidents. This meant that it was not clear what actions, if any, had been taken to minimise the re-occurrence of accidents and reduce the risk of harm to people in the future.

People had mixed views on whether there were enough staff on duty. One person said, "You ring your buzzer and someone's there." Another person said, "There are enough staff usually but they could do with more at times. They do respond very well to call bells though." Another person told us that there were plenty of staff during the day but they sometimes waited a long time at night to go to the toilet. With the permission of the person we told the manager who told us they would investigate this. Other people told us there were sufficient staff on duty at night.

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were easily accessible throughout the day to ensure people's safety.

Staff told us that there were enough staff on duty to keep people safe and meet their needs. The deputy manager told us that a tool was used to assess people's dependency levels and they asked staff and people who used the service their views on staffing levels to ensure that sufficient staff were on duty to meet people's needs.

## Is the service safe?

People were recruited using safe recruitment practices. We looked at recruitment files for staff recently employed by the service. The files contained all relevant information and appropriate checks had been carried out before a staff member started work.

# Is the service effective?

## Our findings

Most people told us that staff were skilled and experienced enough to support them. One person said, “The carers are all very good.” However, another person said, “Most of the staff are skilled but I don’t think some of them understand my condition.” With the permission of the person we told the manager who told us that they had identified training for staff regarding this person’s condition. A relative told us that staff knew what they were doing. A healthcare professional told us that effective training was available for staff.

We observed that staff were confident and effectively supported people. Staff told us they were well supported and that they had had an induction and received training and supervision. Staff told us and we saw that their competence to give medicines was assessed. We looked at the home’s overview of training and saw training was well attended and plans were in place to provide training for staff that were not fully up to date. Staff told us that no appraisals had taken place. Records showed that there had been three months where no documented supervision took place for any staff but the new manager had started carrying out supervisions.

People told us that their choices were respected by staff and they were asked for their consent before staff provided them with care. We saw staff asked people’s consent before providing care. Records showing people signed consent forms for the use of bedrails.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The deputy manager told us there was no one currently living in the home who was being deprived of their liberty. We did not see any people being restricted.

The service was not fully following the MCA and making sure that the people who may lack mental capacity in some areas were protected. A capacity assessment was not

contained in one care plan record where required. This was for a decision to use equipment to alert staff when a person got out of bed. Not all staff told us they had received MCA training and some staff showed a limited understanding of the MCA. However, staff were able to explain how they supported people if they displayed behaviours that may challenge others. A healthcare professional told us that they thought staff had a good understanding of the MCA.

We saw that a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form had not been fully completed and had been discussed with a relative, not the person concerned. There was no reason noted for why it had not been discussed with them. The deputy manager contacted us after the inspection and told us that the GP had not spoken with the person as it would cause them distress and the DNACPR form had been updated to show this.

People had mixed views on the quality of the food. One person said, “The food’s nice.” Another person told us they got the food they wanted. However, one person said, “It could be better.” They also told us that the roast dinners were not always easy to eat. They said, “You could be chewing until tea time.” Another person said, “Yes they are quite nourishing. They are of quite a good standard.” Another person said, “The food is good.” A relative told us that the menu was not varied enough. Another relative said, “The food is repetitive.”

Fresh fruit and drinks were available in the lounge. A relative said, “Drinks are always available.” We observed the lunchtime meal and saw that people were being effectively supported. Staff were patient, encouraging, offered people drinks and were sitting at the same level as the people they were assisting to eat. Food looked appetising and appeared hot.

People’s nutritional risks were regularly reviewed and care plans were in place to address any identified risks. We saw that people’s weights were regularly monitored in order to identify when people were losing or gaining weight. Where it had been identified that there were concerns about a person’s fluid intake, a chart had been put into place to record their fluid intake and output.

People told us they saw other health and social care professionals when they needed to. A relative told us that their family member saw the doctor when necessary. Health and social care professionals told us that staff at the



## Is the service effective?

home were very proactive in contacting them for advice and followed their guidance. Care records showed that other health and social care professionals were involved in people's care as appropriate.

# Is the service caring?

## Our findings

People told us that staff were very kind. One person told us that a carer had attended the funeral of one of the people who used to live at the home. They said, “That was a nice touch.” A relative told us that staff were kind. A healthcare professional told us that staff were caring.

We saw staff provided people with support and reassurance and knew the people they cared for well. A person said, “They know me inside and out.” Staff responded to people’s needs promptly and in a friendly and unhurried manner. We saw staff respond quickly to a person who became distressed. A staff member told us that they had sat with and reassured a person who had received end of life care that morning. They said, “This is an important part of my job.” Staff told us that they felt people were well cared for.

People had mixed views on whether they had been involved in their care. One person told us that they had seen their care plans and had sat down with the manager to discuss. Another person told us they had been involved in discussions about their care plans. However, some people told us they had not been involved. A relative told us they were directly asked by staff about their family member’s care. Another relative told us they were kept well informed by staff. We also saw that some people had signed their care plans to show involvement in their care records which included end of life care decisions. However, some care records did not show involvement of people or their relatives.

We saw people were offered choices throughout the day for drinks and at mealtimes. Staff used a pictorial menu to support people when making their mealtime choice. However we did not see an alternative dessert choice offered when people did not want the one offered.

We saw that information regarding advocacy services was displayed in the home in case people felt they required additional support to make their views known. We also saw that detailed information was available to support staff to effectively communicate with someone with communication needs and we observed staff following this guidance.

People told us they were treated with dignity and respect. One person told us they had no preference on the gender of their carer as they said, “Male carers don’t make you feel embarrassed when they’re helping you, it feels like they’re just helping another human being.” A relative and a health care professional told us that staff treated people with dignity and respect.

Staff interacted positively with people and treated them with dignity and respect. Staff knocked and waited before entering people’s bedrooms. Staff were able to explain how they maintained people’s privacy and dignity at all times and took particular care when providing personal care.

We saw that the deputy manager had been identified as dignity champion for the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. However, a care record contained language that did not respect a person’s dignity. One person was described as being, ‘Childlike.’ They were also described as, ‘[Playing] on [their] disability to play up to staff to buy [them] chocolate and colouring books.’ The manager agreed to review these care records immediately.

One person told us that staff supported them to be independent. A healthcare professional told us that staff encouraged people to be independent where possible. We saw that staff supported people to be independent and equipment was available at mealtimes to support people to eat and drink without assistance from staff. The home had a number of lounges and rooms where people could have privacy if they wanted it. A healthcare professional told us that staff encouraged people to be independent where possible.

People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends. A person told us that they left the home and visited a day centre each week. Another person told us their family could visit whenever they wanted to. Another person told us that they went out with their family on trips each week.

# Is the service responsive?

## Our findings

People had mixed views on whether they received personalised care that responded to their needs. People told us that staff responded to most of their needs well, however, some people told us that activities were not taking place at the moment. A relative told us that activities were non-existent. Another relative said, “No activities are being done.” We did not see staff supporting people to follow hobbies or interests that were important to them. However, records supported that people had been previously involved in activities individually and in groups. Staff told us that the provision of activities and a meaningful day for people was a work in progress. A staff member said, “We could do more [activities].” An activities coordinator had been employed by the home but worked only three days a week and was not present on the day of our inspection.

People told us that staff knew them well. A healthcare professional told us that all the information that they required was recorded by staff in care records. Another healthcare professional told us that the care records were as individualised as they could be. People’s care records did not include their personal history but did note individual preferences and interests. Care plans were reviewed regularly but significant events did not always lead to changes in a care plan. One person’s care plan for their epilepsy had not been updated to reflect that they had had a number of seizures since the last review. Some care plans incorporated people’s preferences but a number of care plans were generic and not personalised to people’s needs. This meant that care records did not fully support staff to provide personalised care to people that was responsive to their needs.

We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people’s likes and dislikes but not all staff had a good

knowledge of people’s life histories. A staff member said, “Our handover covers everything. Falls, outings, appointments and if anyone is ill.” The deputy manager contacted us after the inspection to tell us that they had found some life history documentation and that all people’s life histories would be completed by the end of February 2015. This meant that care records did not fully support staff to provide personalised care to people that was responsive to their needs.

People’s diverse needs were being identified and responded to. A staff member told us about a person with religious beliefs who had asked to be visited by a minister as they were nearing the end of their life. The home had arranged for this take place. People’s dietary preferences had been considered and food was available for people following a vegetarian diet and people with cultural preferences such as Caribbean food choices.

People told us they knew how to make a complaint. A person told us they had made a complaint and it was resolved to their satisfaction. Another person told us they had received a very good response to their complaint. A relative told us that the manager had responded well to their concerns. A healthcare professional told us they had been contacted in relation to a complaint and felt that complaints were handled correctly by staff.

The complaints procedure was displayed in the main reception and was detailed in the guide provided to people who used the service. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been responded to appropriately. We saw actions had been implemented by the home in response to complaints. Staff were able to describe the action they would take to resolve and report complaints if someone raised concerns with them. This meant that the service listened to and learned from people’s complaints and concerns.

# Is the service well-led?

## Our findings

A person said that the atmosphere in the home was, “Very good.” They also told us that they felt involved in the home. A person said, “It’s a comfortable place to live.” Another person said, “It’s a great home.” We saw notices throughout the home advertising the next meeting for people who used the service and their relatives. Staff told us that no relatives or people who used the service had attended the last meeting so they met with people and their families individually to discuss any issues. Records confirmed these meetings were taking place. A relative told us that they had been to a relatives’ meeting, raised an issue and told us that things had improved for a while but had then gone back to how they were before.

A person told us they had completed a questionnaire and had received a satisfactory response. We saw completed questionnaires from people who used the service and a notice was in the main reception which described what had been done in response to people’s feedback. We saw that a suggestion box was in the main reception so that people could provide feedback to the service at any time.

A staff member told us that the culture of the home was open and staff would feel able to report any incidents. They told us that staff morale was good. Another staff member said, “It’s a nice place to work. Everyone is friendly and we work as a team.” A staff meeting had been held where the manager had set out their expectations of staff. A Whistleblowing policy was in place and contained appropriate details. Staff were aware of its content and told us they would be comfortable raising concerns.

People told us that the manager was very approachable. A relative told us that they had spoken to the manager about issues and they were very receptive. The manager and deputy manager were visible in the home throughout the inspection. Staff told us that they felt well supported by the manager. A staff member said, “Very good is our [manager].”

The registered manager had left the home in October 2014. A manager was in post and had previously been the deputy

manager and had worked at the home for a number of years. The manager would be applying to become the registered manager; however, an application had not been submitted at the time of the inspection. We saw that notifications had been sent to us as required.

The manager clearly explained her responsibilities and how the deputy manager and other team leaders supported her to deliver good care in the home. The manager told us they were supported by the provider and that resources and support were available to them to improve and develop the service. They told us that they would be obtaining further qualifications to support them to manage the service and assess their care staff.

A healthcare professional told us that in the last few months, ‘Things have improved immensely. Things [seem] a lot calmer.’ Another healthcare professional said, “The home is working well at the moment. It’s pretty well organised and stable at the moment.” Another healthcare professional said, “[The deputy manager] has made a massive difference.” They also said, “Relationships have really improved. It’s an open door now.”

The home had systems in place to monitor the safety and quality of the service. A healthcare professional said, “It’s better than it was.” They told us that the management had responded well to concerns that they had raised. We saw that the manager and deputy manager were carrying out audits and implemented actions to address any issues identified. The manager told us that the provider regularly visited the home and spoke with people who used the service and staff. We saw the reports produced following these visits and action had been taken to address any identified improvements that needed to be made. We saw that the supplying pharmacy carried out an audit of medicines management at the home and we saw that the home carried out a monthly medication audit but this had not taken place since August 2014. While audits were taking place more work was required in this area as these audits had not identified the shortcomings found during this inspection.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person must ensure the proper and safe management of medicines.</p>