

# The Melbourne Hall Home Trust

# Melbourne Home

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Melbourne Home is a care home providing personal care for up to 17 people aged 65 and over. At the time of the inspection there were 15 people in residence.

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

People were at risk of not receiving their medication as prescribed. Systems to monitor the safe use of medicines were not in place. Staff's knowledge and competence for the management of medicines could not be evidenced. The interim manager had enrolled staff on a training course.

Potential risks were assessed; however, improvements were needed to the review process in determining the level of risk so that any changes to people's needs could be identified and implemented. The provider's policy for the recruitment of staff, and the use of volunteers were not followed, which meant people were supported by people who had not had their suitability to work with them consistently checked, putting people at potential risk.

An interim manager appointed in July 2021 managed the day to day running of the service. The nominated individual regularly visited, speaking with people and staff which included the interim manager. However, they told us they were not involved in the monitoring of the service to ensure good outcomes for people.

Systems and processes for the governance of the service were ineffective. Information as to the quality of the service, its performance, and areas for improvement were not shared with the Board of Trustees. This had restricted the service's ability to continually learn and improve.

Some of the provider's policies and procedures had not been implemented, which meant unsafe practices had developed, placing people at potential risk. Systems and processes to provide accessible information and records were not in place.

Systems were in place for regular cleaning of the service to prevent and control infection. Visitors to the service were required to evidence a negative COVID-19 test and were required to wear personal protective equipment (PPE). Staff were seen to be wearing PPE appropriately. People and staff were routinely tested for COVID-19, consistent with government guidance.

People were supported to receive person centred care with regards to their beliefs and preferences. People spoke of their enjoyment of religious services held at Melbourne Home, and opportunities to pray. People were able to engage in activities and events which they enjoyed, which include trips out and activities within the service. People were positive about the caring and supportive approach of staff, and we saw people, staff and volunteers took comfort and enjoyment through laughter and conversation.

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

## Rating at last inspection

The last rating for this service was Good (published 11 October 2018).

## Why we inspected

We received concerns in relation to staffing, the safe care of people and the day to day management of the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

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

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

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to leadership and governance, medication management and staff recruitment.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Melbourne Home

## Detailed findings

### Background to this 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

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

#### Service and service type

Melbourne Home 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 did not have a manager registered with the Care Quality Commission (CQC). This meant the provider is 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. We returned announced on the second day to complete the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with and spent time with nine people who use the service. We spoke with three volunteers, two care staff, the interim manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and three medication records. We looked at two staff files in relation to recruitment. 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 to validate evidence found. We looked at training data and an audit completed by the interim manager.

# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider's policy and procedure for the recruitment of staff and volunteers had not been implemented in full, or consistently. For example, a staff member had commenced work without a DBS check, and another without a reference from their recent employer. The interim manager told us recently recruited staff were supervised, and had begun work due to staff shortages, as a result of recent multiple resignations.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us there had been staff shortages in the service and referred to this being a result of staff resignations and the holiday season. A person told us, "They are short staffed because it's holiday time. They get the good people from the church to cover."
- Volunteers supported the service in duties which did not involve personal care, for example catering and cleaning. Volunteers had not always been screened for their suitability to work with people as a DBS check had not been carried out.
- To ensure people's needs were met, staff had worked additional hours, or where necessary agency staff had been used.

### Using medicines safely

- The provider's medicine policy and procedure had not been followed. Staff records showed staff responsible for the administration and management of medication had not had their competency assessed, and not all had undertaken training in the safe handling of medication. This placed people at risk of harm. The interim manager had enrolled staff on a safe medicine management course.
- Systems to ensure the proper and safe use of medicines were not robust or effective. For example, when we looked at a person's medication administration record we found they had not been administered their teatime medication on one occasion. This omission had not been noted by staff at the service. The interim manager following our visit introduced a system of daily checks of medication administration records.
- Medication which could be given 'as and when required' (PRN) was not always safely managed. Some people did not have a PRN protocol in place for pain management and where PRN protocols were in place, these were not detailed enough to guide staff as to when to administer these medicines. This placed people at risk of harm.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

- A person spoke to us about their physical health and were aware of the medication they were prescribed.

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

- Improvements were needed to systems and processes to review potential risk in relation to people's care. Documents used to determine the level of risk in key areas had not been updated as part of the review process. For example, assessment tools known as a 'waterlow tool' to determine the level of risk of a person developing pressure sores. This placed people at risk of harm.
- Systems were in place to ensure staff were kept informed about people's health and welfare. People's care needs were discussed daily, and any specific tasks were allocated to staff as part of their 'handover' meetings.
- The interim manager had developed an overview of people's needs as an easy reference guide for staff who did not know people well. For example, new and agency staff.
- Equipment was used to promote safety. For example, a call bell system which people used to request staff assistance, and equipment to support staff in moving people safely, such as a hoist. Records showed equipment was maintained.

Systems and processes to safeguard people from the risk of abuse

- People told us they were relaxed and comfortable at the service. A person spoke of the service being nice, and their feeling free. People were relaxed in the company of staff, laughing and talking with staff and volunteers.
- Staff spoken with were knowledgeable about how to raise a safeguarding concern, which included informing the management team and outside agencies, such as the police, the Care Quality Commission (CQC) and the local authority.
- Information about safeguarding, which included contact details for external agencies was displayed within the service.

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 using PPE effectively and safely.
- 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.

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

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

- The service did not have a registered manager. It is a condition of the provider's registration that a registered manager be appointed to oversee the management of the regulated activity 'Accommodation for persons who require nursing or personal care', for which the service is registered.
- The interim manager appointed in July 2021 was overseeing the service on a temporary basis. They told us they would not be applying to the Care Quality Commission to register as manager.
- The nominated individual had been appointed to their position in July 2021. They informed us they did not have the necessary skills or expertise to supervise the management of the service. The nominated individual and interim manager had an open dialogue and were working towards the continued support and care of people at the service.
- Governance systems had been ineffective. Audits had not been undertaken in some key areas. For example, auditing of medicine administration and systems. Audits which had been undertaken prior to the appointment of the interim manager, however there was no independent oversight or reporting mechanism in place to report the findings to The Board of Trustees. This limited the services ability to improve and develop the service.
- The provider's policies and procedures were not always implemented. For example, the medication policy, staff recruitment policy and staff supervision policy. This put people at risk of unsafe care and practices.
- The provider had failed to ensure records were kept. The interim manager told us staff files were not in place for some staff employed. Therefore, the service did not have information about all staff employment, training, supervision and appraisal. This meant they could not always be assured staff had received training and support relevant to their role.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager had undertaken an assessment of the service, focusing on key areas which included, people's involvement in the service, assessing risk and care planning, infection control and medicine management. Areas for development had been identified and action was being taken. However, there were no target dates set for improvement or review of progress.

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

- A positive culture promoted person centred care. Staff supported and recognised people's individual needs, supporting their preferences and lifestyle choices. For example, people expressed their faith through daily prayer. A person spoke of their enjoyment of services held at Melbourne Home on Sundays and Fridays.
- People spoke positively about the staff. A person told us, "Everybody is kind, cheerful and helpful. Nothing is too much trouble. It's a lovely atmosphere."
- The activity organiser, staff and volunteers supported people to take part in activities. This had included a recent canal barge trip and a picnic at a local park, as well as activities within the service, which included gardening, arts and crafts, puzzles and games.
- The interim manager had held meetings with both people, their relatives and staff following the recent departure of the registered manager. The interim manager told us they had answered questions, provided reassurance and informed them about the managerial arrangements for the service.

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

- Meetings for people using the service and their relatives had taken place prior to the appointment of the current interim manager. When asked about meetings a person told us, "Everyone can say what they want." Minutes recorded information had been shared and people's views sought. For example, information as to the services and staff response to COVID-19, and ideas for activities both internal and external to the service.
- Staff meetings had been held prior to the appointment of the current interim manager. Staff's hard work had been acknowledged, and key aspects of the day to day running of the service, which included changes in people's care plans, training, and health and safety had been discussed.

Working in partnership with others

- The interim manager had sought information from key stakeholders, having identified as part of their assessment of the service, gaps in information and documentation. This included requesting information as to the training undertaken by staff provided by external companies.
- The interim manager liaised with health care professionals when people's needs changed, to ensure they received the care and support they needed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff's competence to administer medication had not been assessed.</p> <p>Staff administering medication had not always received training in the safe handling of medicines.</p> <p>Protocols for medication to be given as and when required were not in place or lacked clear instruction and guidance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff recruitment was not robust and not in line with the provider's policy and procedure. Staff had commenced work prior to pre-employment checks having been carried out, and the potential risk assessed.</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective systems and processes to ensure compliance with the regulations were implemented.</p> <p>The provider did not have systems or processes in place to review or confirm the findings and results of audits.</p> <p>Audits were not undertaken in key areas to promote safety, which included the safe management of medicines and the recruitment, training and supervision of staff.</p> <p>The provider's policies and procedures were not always adhered too.</p>

### The enforcement action we took:

Warning Notice