

Oakridge Care Homes Limited

Melbourne House

Inspection report

23-35 Earlsdon Avenue South
Earlsdon
Coventry
West Midlands
CV5 6DU

Tel: 02476672732

Date of inspection visit:
07 October 2019

Date of publication:
08 November 2019

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 House is a care home registered to provide personal care and accommodation for up to 33 older people aged 65 and over in one adapted building. At the time of our inspection there were 25 people living at the home.

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

People's basic care needs were met, and staff knew about people's preferences for care. People were at ease around staff demonstrating they felt safe being supported by them.

Risks associated with people's care were known by staff, but records continued to require improvement to ensure there was a consistent and safe approach in meeting people's needs. This included improvement to records related to nutrition and hydration to demonstrate people received sufficient to eat and drink.

Risks related to the environment were being identified but actions were ongoing in ensuring these were met consistently.

Staff were aware of their responsibilities regarding the reporting of potential abuse. Systems were in place for safeguarding concerns to be referred to the local safeguarding authorities for follow up as appropriate.

Electronic care planning systems continued to present problems with internet signals, but the provider was working with staff and the management team to address this. This included using written records where appropriate.

People received their medicines from staff trained in medicine management. There had been improvements made to medicine management since the last inspection. Arrangements were also in place for further improvements to be made so that these were managed safely consistently.

There were sufficient numbers of staff to support people's needs; no new staff had been recruited since the last inspection.

New quality monitoring systems were in the process of being introduced to help improve the quality of care and services people experienced.

People were encouraged to share their experiences of living at the home at periodic meetings and within satisfaction surveys. People also felt at ease to discuss their needs with the management team.

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 3 September 2019) and there were multiple breaches of the regulations. The provider completed an action plan after the last inspection to

show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations. However, the service remains rated requires improvement.

Why we inspected

During our last inspection we issued a Warning Notice as the provider had not taken sufficient action to address breaches in the regulations. We carried out this focused inspection to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 12 and 16 July 2018 had been taken. The provider completed an action plan following the last inspection to show what they would do and by when to improve. This report only covers our findings in relation to the key questions of Safe and Well Led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Melbourne House on our website at www.cqc.org.uk.

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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

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. 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Melbourne House is a 'care home. People in care homes receive accommodation and nursing or personal care as 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

Before our inspection we reviewed information we held about the service and completed our planning tool. We looked at notifications we had received from the provider about incidents that affected the health, safety and welfare of people. We also looked at information received from members of the public. We contacted the local funding authority and asked them their views on the service provided. We used this information to help plan our inspection.

During the inspection-

We observed how people were supported to see how their care was provided. We spoke with two care staff, a visiting health professional, the deputy manager and registered manager. We reviewed a range of records.

This included three care plan records, multiple medication records and a variety of records relating to the management of the service.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- There had been some improvement since the last inspection in the management of risks associated with people's care. However, records, including risk assessments and care plans, continued to lack detail around risk management.
- One person had sore skin on their heels and specific equipment had been provided to the person to support their heels and prevent further skin damage. There were no records that showed how and when this equipment should be used. Staff spoken with provided conflicting information about when the person should use this equipment. We could not establish from records if the person's skin was getting better or if it had deteriorated to show if the care provided was effective. However, staff and the management team said the person's heels were improving demonstrating the equipment had been effective in improving the person's skin.
- We could not establish that a bowel problem in relation to one person had been followed up as required with the hospital. However, the person had regularly seen the GP in relation to this problem and medication had been prescribed to manage it.
- Risks related to nutrition had been reviewed. Whilst nutrition records continued to show some people did not have sufficient to eat and drink, weight records showed people had gained weight confirming they had received sufficient to eat. The management team identified sometimes staff had recorded drinks, such as fortified milkshakes, on people's food charts.
- Records in relation to urinary catheter management had been reviewed and improved so they were more detailed. This was to enable staff to more easily identify any concerns that may need a health professional to address.
- A fire risk assessment showed a number of areas needing action. Records and the management team told us some of the actions had been addressed and others were in progress. Following our inspection visit, the management team told us all actions had been addressed with the exception of obtaining a fire log book which was planned. Portable heaters had been removed at the time of our visit and staff had completed fire training.
- The damaged radiator cover we had found at the previous inspection had been repaired to reduce the

burn risk to people.

- Staff were unable to confirm what settings the specialist mattresses should be set at. The deputy manager advised they would check this with the mattress provider to ensure these were correct.

Using medicines safely

- Action had been taken to improve medicine management following the last inspection, this was ongoing.
- Most topical creams had prescribing labels on them, however, two were found without labels and some creams had "as directed" instructions on them so it was not clear how these should be used by staff. A member of the management team said this was being followed up with the pharmacy.
- Medicines were stored safely and there were regular checks of boxed medicines completed to make sure these had been used appropriately. Staff were undertaking medicine counts of boxed medicine after each administration to check the amount of medicines received, given and remaining were correct.
- Previously, records were unclear on how pain relief patches were used. At this visit there were no people prescribed pain relief patches. However, new records had been devised to ensure clear records were completed for any people prescribed pain relief patches in the future.
- Staff had received further medicines training and had received pharmacy advice with actions to be completed to help make sure they managed medicines safely.

Preventing and controlling infection

- Chairs that had been stained at the previous inspection had either been cleaned or removed but there were still areas in need of cleaning, these were addressed during our visit.
- Arrangements had been made for carpets to be deep cleaned on the days following our inspection. The provider had replaced flooring in the conservatory and had plans to replace flooring in other parts of the home.
- Plans were in place to increase domestic cleaning hours to ensure effective cleaning of the home was maintained.
- The management team completed daily walks around the home to identify any immediate areas needing cleaning. On the day of our visit this had included the cleaning of a pressure cushion which was completed. Another pressure cushion was removed and replaced.

Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and knew changes in people's behaviours could indicate a potential concern.
- Staff knew to report any concerns such as potential abuse to the management team.

Staffing and recruitment

- Sufficient numbers of staff were available to meet people's needs.
- The registered manager told us no new staff had been employed since our last inspection visit so we did not review any staff files during this visit.
- The registered manager was aware of the need to complete pre-employment checks prior to new staff starting to ensure they were suitable to work with people.

Learning lessons when things go wrong

- The management team identified that further action was needed to ensure staff maintained improvements made to the service. This included ensuring staff had a consistent approach to how they recorded information about people.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to ensure systems and processes were effective in ensuring the quality and safety of people who used the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice in relation to the lack of good governance of the service which required the provider to be compliant with Regulation 17 within a given timescale.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager and deputy manager. They had made improvements since the last inspection, but actions identified were still being implemented.
- Improvements related to risk management, including risks associated with the environment, equipment and staff practice were ongoing. The management team acknowledged increased monitoring was required to ensure improvements made were maintained.
- An audit of medicines had been completed by an outside agency during August 2019 to support the provider in identifying areas needing improvement. Action was ongoing to address all areas on this audit.
- Management audit checks showed there were inconsistencies in staff recording. For example, staff were inconsistent in how they recorded people's fluid intake to show they had received sufficient to drink. The management team told us they continued to work with staff to address this inconsistency.
- Staff training in areas considered essential was ongoing. A member of the management team told us this was because staff needed to complete one training module before starting another. Training still to be completed included 'food hygiene' and this was organised during our visit.
- The electronic system used by staff had limitations in how they could enter information into people's daily records to confirm how they had supported people's needs. For example, there were limitations in how they could demonstrate people's urinary catheter care needs were met. The management team told us they were in the process of reviewing care plans to make sure they were more person centred.
- The management team had introduced new staff 'handover' records since the last inspection so at the start of the working shift, staff were clear what duties they would be completing that day and what their responsibilities were. Staff were still getting used to this new system.

- At our last inspection we found improvements were needed in submitting statutory notifications to us as required by the provider. At this inspection, this had been addressed. This included the submission of Deprivation of Liberty referrals for authorisation as required. This meant the provider was no longer in breach of Regulation 18.

Continuous learning and improving care

- Written records were not completed consistently when the internet signal failed preventing staff from completing electronic records on their handheld devices. The management team had implemented a 'daily senior care record' when problems such as the internet connection not working occurred. However, this had not always been used so that it was clear how staff had managed people's care. The management team stated there was the need for constant monitoring to change staff practice and confirmed this had been a challenge.
- The registered manager told us following our visit they had signed up to a local initiative called "Say no to Infection" to help improve the cleanliness of the home, including equipment people used.
- People had opportunities to share their views of the home at periodic meetings and within satisfaction surveys. Records showed positive comments from people about their 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

- Staff felt supported by the management team and had opportunities to discuss any concerns when needed. One staff member told us, "Staff meetings are held regularly every month or when necessary. We have supervision as well from management regarding medicines and care".
- Staff knew about people's needs and people responded positively to staff interactions and support.

Working in partnership with others

- Since the last inspection the management and staff team had worked with outside agencies such as the local authority and pharmacists to help improve the care and service provided by the home.
- Community links had been established with places of worship and social activity providers to support people's needs.