

Broomhouse Care Limited

Melbury House

Inspection report

Mount Stewart Street
Dawdon
Seaham
County Durham
SR7 7NG

Tel: 01915818609

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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

Melbury House is registered to provide care and accommodation to a maximum number of 34 older people and older people who are living with a dementia. At the time of the inspection there were 33 people who used the service.

At the last inspection in July 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. The manager and staff had assessed and monitored one person who stayed on their own when they visited church; however, there wasn't a formal risk assessment for this. The manager told us they would take immediate action to address this. In addition the leads on the call system to summon the help of staff were long and as such posed a risk of strangulation. The manager told us they would immediately undertake a risk assessment on all people who used the service to determine safety.

Medicines were managed safely with an effective system in place. We did note that the room temperature in which medicines were stored was monitored daily and on a number of occasions the room temperature was too hot. The provider took immediate action to address this and had a thermostatically controlled fan installed and they were to monitor this temperature to ensure it didn't exceed the maximum limit. At the time of the inspection the service did not have separate guidance for the administration of 'as required' medicines, creams or other topical applications. After the inspection the pharmacist the service used contacted us and told us they were to supply both documents to the service.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People and relatives told us there was enough staff on duty to meet the needs of people. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and all staff had completed up to date training.

Staff had an understanding of the Mental Capacity Act 2005 and acted in the best interest of people they

supported. Staff clearly understood their role in supporting people with communication to help them make as many of their own decisions as possible. Staff told us about people's care preferences, which were also recorded in their care plans. However, at the time of the inspection, processes had not been followed to formally record this. Information was supplied to us after the inspection to confirm that this process had commenced.

People were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were kind, caring and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making. People who used the service had access to a range of activities and leisure opportunities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the manager and provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

the service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

the service remains well led.

Melbury 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 checked whether the provider was 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 comprehensive inspection took place on 2 August 2017 and was unannounced, which meant that the staff and provider did not know we would be visiting.

The inspection was carried out by one adult social care 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the commissioners of the service and other professionals to gain their views of the service provided.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included three people's care records including care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with staff, which included the manager, directors, two senior care assistants, the cook, three care assistants and a care apprentice. We spoke with nine people who used the service and five relatives. We spent time observing staff interactions with people throughout the inspection.

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "I feel very safe here, the staff make you feel safe." Another person said, "I feel safe because the staff are around if I need them." A relative commented, "Definitely [safe] yes, there are always plenty of staff about to see to [person] when I've been visiting." Another relative told us, "I'm happy [person] is in a safe environment and the staff are very good."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the manager would respond to any concerns raised. Since the last inspection of the service there had been safeguarding concerns in relation to care and welfare of people who used the service and an incident involving inappropriate use of a person's finances. The provider and manager had taken appropriate action in respect of these and worked with the relevant authorities to ensure people's safety.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had covered areas such as falls, moving and handling, nutrition and personal safety. This enabled staff to have the guidance they needed to help people to keep safe. Staff supported people to take responsible risks. For example, staff took one person to church, this person stayed on their own and when this had finished staff picked them up again. The manager told us they continued to assess and monitor this person's safety, however there wasn't a risk assessment in place for this. The manager told us they would take immediate action to address this. In bedrooms of people who used the service, we noted that the call system to attract the attention of staff had long cords. Some people who used the service were living with a dementia and this could pose as a potential strangulation risk. We pointed this out to the manager who told us they would immediately carry out individual risk assessments of all people who used the service to look at safety.

We spoke with people who used the service, relatives and staff and asked them if there were sufficient staff on duty to ensure people's needs were met. One person said, "I think so yes, I have had no problems with staff, sometimes they are really busy but usually very good." Another person told us, "I'm not an expert but I think they could do with a few more." Another person commented, "I don't really take much notice but there seems sufficient to keep thing running." When seeking the views of relatives four out of five relatives were satisfied, however one relative didn't think there were enough staff at a weekend. One relative said, "Yes, there always seems plenty about and they make me a cup of tea." Another commented, "I don't think so at weekends, there seems to be only care assistants and one trained member of staff in the office." Another told us "Yes, there certainly seems to be, we've never had any trouble tracking staff down if you need them." The manager told us staffing levels were under constant review to ensure there were sufficient staff on duty

to meet people's needs.

During the inspection we looked at duty rotas which confirmed there were four care staff on duty during the day and three on night shift. In addition the manager was supernumerary and worked full time. There were also staff employed to work in the kitchen, laundry and domestic staff. We asked staff if they thought there was enough staff on duty. One staff member said, "Yes I think so we always seem to manage." Another told us, "Yes there is enough staff we work very well as a team."

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on hoists, fire extinguishers, the passenger lift and the fire alarm. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. The room temperature in which medicines were stored was monitored daily and on a number of occasions we noted the room temperature was too hot. We pointed this out to the manager and provider at the time of the inspection who told us they would take immediate action to address this. After the inspection we received confirmation that a thermostatically controlled fan had been installed and they were to monitor this temperature to ensure it didn't exceed the maximum limit.

We asked what information was available to support staff handling medicines to be given 'as required' and creams or other topical applications. Although these medicines were documented on the medication administration record there wasn't a separate protocol that provided staff with the additional guidance needed to support the administration/application of these medicines. After the inspection the pharmacist the service used contacted us and told us they were to supply both documents to the service.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I couldn't be any better looked after." Another person said, "I like living here. All the staff are so caring and kind to me." A relative said, "They [staff] definitely seem to know what they are doing from what I can see, they seem to know their job, I've had no problems so far."

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "[Manager] is very supportive and very approachable." Another staff member commented, "I feel well supported. [Manager] is always there to talk to and we get regular supervision sessions."

Records showed care staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, dementia, health and safety, food hygiene, first aid, infection control, moving and handling, medication and fire training. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "I've learnt loads from my training and then applying it to practice. Our dementia training was great. I didn't realise there were lots of different types of dementia. All of our training is very good we do both distance learning and face to face training in a group."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions, however, we noted there wasn't always a written record kept of this. After the inspection the provider sent us some MCA assessments and best interest decisions and told us they would be completed for all people who needed them. The manager kept a tracker of all DoLS authorisation so these could be renewed in a timely manner.

We looked at the menu plan. The menus provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "I go to the dining room and I don't need any help. The staff help others who need help. The food is fantastic." Another person commented, "The food is really nice, it's very filling and satisfying." Another person told us, "The cook is outstanding. [Cook] will do anything for you. The quiche today was absolutely beautiful."

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist and their doctor. The manager said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records which detailed outcomes of these visits. One person said, "I use the chiropodist and the hairdresser but I've not seen a doctor for a while." Another person said, "The doctor comes into the home if you need one and the staff

arrange this. I see the chiropodist every two months or so."

Is the service caring?

Our findings

People told us they were very happy and that the staff were very caring. One person said, "I could not fault them [staff], they are fantastic." Another person told us "They [staff] are always very caring towards me." Another person commented, "Aye, they got to know my likes and dislikes very quickly and they even know I don't like being called [shortened version of name], it's always [full name] and I like that." A relative said, "I see the way they treat my [relative], they seem very caring."

During the inspection we spent time observing interactions between staff and people. There was a calm and relaxed atmosphere. We saw staff interacting with people in a very caring and friendly way, promoting independence, dignity and choice at all times. We heard staff speaking to people about topics that interested them or they had experienced in their lives. One staff member spoke to a person about their family. The person smiled and clearly enjoyed this conversation. We saw how staff provided reassuring touches and were affectionate with people. One person reached out for a hug and the staff member respectfully responded to this. When another person was distressed a staff member sat next to them and stoked their hand. When speaking with people, staff got down to their level to ensure eye contact. These examples showed that staff were knowledgeable about each individual and were able to use this knowledge to have meaningful interactions with people in a very caring way.

The manager and staff at all levels were committed to working in a person-centred way. The service had many dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. A dignity champion believes that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. The service had its own dignity tree located on the wall of the dining room. People, friends and family members along with staff and health care professionals had been asked to write on a heart what dignity meant to them. The hearts were fixed to the tree for all to read.

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. One person said, "If my door is shut they always knock before entering." Another person commented, "They always knock on my door before they come into my room and if I am showering they do their best to respect me." This showed us that that people were treated with dignity and respect and this promoted their well-being.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an on-going basis. Peoples lifestyle, religious and personal choices were respected by the service, people were supported to continue their preferred way of living.

The service had received many compliments. We saw one which read, 'It's not very often that something exceeds expectations on such a scale and the care that [relative] received did just that. The staff have been fantastic showing such care, compassion, patience, respect and enthusiasm towards residents and we always felt comfortable that [relative] was in safe hands during [relatives] three and a half years at Melbury.' Another relative wrote, 'All the staff at Melbury House have been wonderful. Thank you so much for all your help and support. We [family] were so worried about our [relative]. It was a huge decision to put [relative] in your care and you haven't let us down. Thank you for your patience not only with [relative] but with us. We feel welcome and we feel we have chosen the very best place which has made our decision easier. Thank you so much.'

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis.

At the time of the inspection one person used the service of an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. One person said, "I've had no problems about my care in here." Another person told us, "I get my care when I need it; the staff are very good towards me." Another person commented, "They [staff] are great. If I'm unwell they get the doctor, if I'm upset they talk and reassure me. The meals are beautiful. I'm very happy living here."

During discussion staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of three people. We saw people's needs had been individually assessed by both professionals such as a social worker and by staff at the service. Following assessment care plans had been drawn up. The care plans included people's personal preferences, likes and dislikes. For example the care plan of one person informed that on cooler days they liked to wear trousers and on the warmer days wear skirts. On the day of the inspection the weather was cool and staff had supported to dress the person in their preferred choice of trousers. Care plans described the individual care and support the person needed. We saw that care plans were reviewed monthly along with the necessary risk assessments.

People and relatives told us there was a plentiful supply of activities and entertainment. One person said, "I like to play bingo, skittles and I sometimes play cards." Another person told us "If I feel like it I play cards and dominoes sometimes." A relative said, "My [relative] plays bingo and skittles, [relative] joins in most things really, the singing and puppet shows." Another relative said, "My [relative] joins in everything, [relative] is the life and soul of the party. [Relative] loves everything."

We looked at records, which informed us of activities that people had taken part in. This included bingo, arts and crafts, cards, dominoes and reminiscing. Staff had also researched meaningful activities for people living with a dementia. This included 'Twiddlemuffs', which were knitted woollen muffs with items such as ribbons, large buttons or textured fabrics attached that people living with a dementia can twiddle in their hands. People living with a dementia often have restless hands and like something to keep them occupied.

There were other meaningful activities for those people living with a dementia. The provider had created themed memory boxes to stimulate conversation and memories. The themed memory boxes included clothes and work place, past technology, tools, lifestyle and belongings. Every two weeks a company specialising in chair exercises visited the service to encourage people to take part in gentle exercise. One person told us, "I do like the exercise class, its good fun."

Newsletters for people and relatives were used as a way of keeping people up to date with activities, events and outings. We looked at the summer newsletter, which was very informative. It provided information on staying safe in the hot weather and reminding people of the manager's open door policy. However, if people preferred a more formal arrangement the manager held forums every two months. The dates and times of the forum were available in the newsletter.

The service had a complaints policy and procedure, details of which were provided to people when they first

moved in. There have not been any complaints since the last inspection. We spoke with people and relatives who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. One person said, "I would complain to the senior person at the home but I've had no reason to complain yet." Another person said, "I haven't got any complaints but I would complain to [manager] if need be." Another person commented, "I would take it to the manager." A relative said, "We've had no complaints, but I would know who to tell, the management."

Is the service well-led?

Our findings

The manager had worked at the service for over 25 years. They had registered as manager with the Care quality Commission in 2009 when the current provider purchased the service.

People and relatives spoke highly of the manager. We asked if they felt listened to. One person told us, "Very much so, [manager] is always around." Another person said, "[Manager] been very approachable so far." Another person commented "I know [manager] very well actually; [manager] is always out and about." A relative said, "Yes, the management seem to listen to anything you have to say about my [relative]." Another relative said, "[Manager's] very friendly and always pops in to see us and listens to you."

We asked people and relatives if they thought the service was well managed. One person said, "Everything seems organised but they [manager] seem easy going." Another person said, "Yes, I do really think so, I've had no problems." A relative said, "Yes, it seems well managed and looked after."

Staff told us the service was well-led and the manager was extremely approachable and supportive. One staff member said, "[Manager] is very approachable and easy to talk to." Another staff member said, "This is the best home around here. We have lovely staff, the manager is lovely, approachable and very accommodating."

The manager and other senior staff carried out a number of quality assurance checks, in areas including medication, care planning and health and safety to monitor and improve the standards of the service.

The manager told us they had three formal meetings with staff a year, however as the service was only small they spoke with staff regularly to provide any updates and to listen to their views. We looked at minutes of the last meeting which had taken place in February 2017 and saw discussion had taken place about safeguarding, confidentiality, hours of work and health and safety. Management used these meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits.

The manager told us meetings for people and relatives were not very well attended and for the last survey they had only received two responses. They told us they were to look at other ways to formally engage people and relatives. The manager told us the service received lots of visits from family and friends and they spoke to visitors regularly.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.