

The Melbourne Hall Home Trust

Melbourne Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 4 and 5 September 2018 and was unannounced. At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Melbourne Home is a residential care home for up to 17 older people. The home is owned by a charitable trust and has links to the church. The home has 17 bedrooms, with en-suite facilities, over three floors with stairs and lifts. At the time of this inspection there were 17 people using the service.

The service had a registered manager. This 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.

The home had a welcoming atmosphere. Staff were visible and continually speaking with people they supported. People told us they felt safe at the home and there were enough staff to meet their needs. Staff knew how to minimise risks to people and ensure they had their medicines when they needed them.

Staff were trained, skilled and knowledgeable about how to provide effective care and support.

People were involved in choosing their own meals and records showed people's nutritional needs were identified and met. Meals were varied.

People's healthcare needs were well-managed at the home.

The premises were homely and comfortable apart from paint damage to a small number of bedrooms.

People said the staff cared about them and encouraged them to be independent. Staff communicated with people in the way people wanted including speaking with people and using pictures to make communication easier for some people.

People were supported to have choice and control of their lives and staff supported them in the least

restrictive way possible. The policies and systems at the home supported this practice.

Activities were seen as important to people's quality of life at the home and staff ensured people had the opportunity to take part in one-to-one activities. These included social and leisure activities based on people's preferences.

The home was well-led by the registered manager. Staff said there was a culture of openness at the service and the registered manager and senior staff were seen as very supportive to them. People and relatives were involved in how the home was run and their views listened to and respected. The results of the home's quality assurance survey showed a high level of satisfaction with the service provided.

Further information is in the detailed findings below.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remains well led.

Good ●

Melbourne Home

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 was unannounced and took place on 4 and 5 September 2018. The inspection team consisted of two inspectors.

We looked at the 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 looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes the service's aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No information of concern was held about the current provision of personal care to people using the service.

During the inspection we spoke with six people and three relatives. We also spoke with the registered manager, two care staff members, the activities organiser, two domestic workers and a kitchen assistant.

We looked in detail at the care and support provided to three people who lived in the service, including their care records, audits on the running of the service, staff training, three staff recruitment records and policies of the service.

Is the service safe?

Our findings

People who used the service and relatives we spoke with told us they felt safe. One person told us, "I always feel safe and comfortable here." Another person told us, "We're well and truly cared for. I feel very fortunate." People who used the service and relatives told us they would feel happy reporting anything that seemed unsafe but didn't think they'd ever need to do this.

Staff were trained in safeguarding and understood the provider's safeguarding policies and procedures. They said if they had concerns about a person's well-being they would raise it with the registered manager or person in charge.

Each person had risk assessments for the activities they might need support with. This meant staff had the information they needed to keep people safe while at the same time respecting their freedom.

Records showed people or their representatives were involved when risk assessments were written. Risk assessments included those for preventing pressure sores, managing behaviour that challenged the service and swallowing difficulties. This meant staff had clear information about how to protect people from risks to their health and welfare.

The premises were risk assessed to identify hazards and action taken to minimise risks to people. This included ensuring safe hot water temperatures and having window restrictors to prevent falls from windows. Fire precautions were in place such as regular fire drills and checks to fire systems. People had individual personal evacuation plans in the event of fire.

People who lived in the service and relatives told us staff showed a good awareness of procedures for coping with safety risks. Staff were aware of how to keep people safe, such as checking visitors ID before letting anyone into the service. People were provided with equipment that ensured their safety. For example, people with a risk of skin damage had specialist cushions put on their chairs when they sat on them. There were tables provided so people had somewhere to put hot drinks without the risk of spilling.

There were enough staff employed to meet people's needs and keep them safe. Relatives and people told us they felt there were enough staff to meet their needs and keep people clean, safe and comfortable. A relative said, "There always seems to be enough staff around to help people." There was staff present in the lounge and dining area where most people sat, to ensure their safety.

Records showed staff had been safely recruited, to ensure they were safe to work with people using the service.

People received their medicines safely and when they required them. Allergies were recorded to prevent people receiving medicines that were a threat to their health. Senior staff who administered medication were knowledgeable and had been trained. Medication audits were carried out weekly to identify possible errors or problems. Staff competence had been regularly assessed and the pharmacist carried out regular

medication audits. Controlled drugs were kept and dispensed in line with best practice.

The premises were clean, odour free and tidy. Staff were trained in infection control and food hygiene. They followed the provider's policies and procedures which covered relevant areas such as hand hygiene, laundry management, cleaning and handling spillages. This reduced the risk of infection being passed on.

Lessons were learnt if things went wrong. For example, action was taken when there had been an error in moving people. This included ensuring that staff were reminded to check equipment before they used it. Staff had received refresher training and been assessed as competent to support people to transfer from one place to another.

Is the service effective?

Our findings

People told us they felt the service was effective. They said staff were knowledgeable and well-trained to meet their needs. In a survey completed by a health professional this stated, "Staff helpful and well-informed."

The home's assessment process was effective and identified people's needs and choices.

The PIR told us that the human rights principles of fairness, respect, autonomy, dignity and equality, were woven into all the training provided at the service. People and relatives told us that these principles had been followed.

Staff were well-trained, skilled and knowledgeable about how to provide effective care and support. Records showed they completed an induction and other additional courses including how to safeguard people, training on people's health conditions such as dementia, and managing behaviour that challenged the service. The registered manager said that some people had a specific health condition and staff would receive training in this condition so that they were aware of how it affected people.

Staff had one-to-one supervisions and attended meetings where people's care needs and training were discussed. They had been appraised on their skills to provide personal care and had regular supervision to ensure they received support from management. Staff said that they were satisfied with their training and could ask for, and receive, extra training if they felt they needed it. For example, to understand how epilepsy affected people. The registered manager was seen as very supportive of staff development.

People received appropriate support with their eating and drinking and were provided with a diet that helped maintain their well-being. One person told us, "The food's good. I always have a choice." Another person told us, "I can always ask if I don't fancy what's on the menu and they'll always try to provide me with it." We saw one person who had a history of weight fluctuation and problems with eating had been assessed and a management plan put in place.

Menus had been discussed at resident's meetings which gave people opportunity to choose what they wanted to eat. There was a choice of food for each mealtime. If people did not want the choice of foods on offer, they would be provided with an alternative. People on special diets were catered for and food looked attractive even when pureed. This helped people's appetites so they were encouraged to eat. Drinks and snacks were frequently offered and available for people.

People and relatives told us people's health needs were planned and met. They told us they had seen health care professionals and specialists when needed, such as GPs and district nurses. People said that if they were feeling unwell then a GP appointment would be made for them by staff. A relative told us their family member's healthcare needs were well-managed at the service and a GP was called by staff if there were any health concerns. Records showed people's healthcare needs were assessed and met. Emergency grab sheets, describing people's health needs, were in place if people needed to be admitted to hospital.

Where people had accidents or developed health conditions, staff had referred them for healthcare support. Staff worked with health care professionals, including GPs, community nurses, dentists, and opticians and followed their advice.

The premises were homely and comfortable, clean and odour free. Facilities were accessible to people. Paintwork was damaged in two bedrooms. The registered manager said that repainting was planned. Staff told us that when maintenance issues were identified and reported, they were swiftly repaired.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people at the home received lawful care.

Staff were aware of that some people had DoLS authorisations and said that they always asked for people's consent when providing personal care to them. People confirmed that staff asked for their consent before providing care to them.

Is the service caring?

Our findings

People told us they were cared for by staff who were kind and genuinely interested in their well-being and happiness. They told us their preferences were regularly discussed and met by the staff whenever possible. One person said, "There's friendship here with the staff – I haven't a bad word to say for any of them, even the most junior." Another person told us, "The people who look after me are very kind." A health professional, in a survey, stated that staff, "genuinely cares for individuals."

Staff told us that they had the time to build one-to-one relationships with people. They told us about people and were knowledgeable about them. They knew about people's likes and dislikes and the lifestyle they wanted to follow.

We saw gentle, thoughtful interactions between staff and people. Staff greeted people in the morning and asked them if they wanted to have magazines or papers. They responded promptly, calmly and positively to alarm bells.

People were actively involved in making decisions about their care and support. People got up at different times of their choosing and were able to have breakfast when they wanted. People and relatives said that they had seen and agreed care in support plans and they signed to agree the care plan. People and relatives had the opportunity to be involved in a regular review of care needs.

The home's literature emphasised people's rights to be treated with respect and dignity and to be involved in how they wanted the home to run.

People's religious beliefs were respected by staff. They were provided with religious gatherings, and prayers said before meals, which, on the day of inspection, was spoken by a person living in the home.

People told us staff encouraged them to make choices about their lives and they felt free to live their lives as they wished, given the restrictions of their health. One person told us, "I'm always free to go out if I want to."

People told us their right to privacy was always respected and they could spend time alone as and when they wanted to. Relatives and people who used the service told us they felt people's privacy and dignity were maintained. We saw staff would always knock on people's doors and wait for a response before entering. Staff were encouraged to become dignity champions to promote people's dignity in all respects.

People said their independence was respected. The person was asked whether they wanted to wipe their mouth or whether they wanted staff to assist them to do this.

Is the service responsive?

Our findings

People told us their care was planned and reviewed with their full involvement. People's relatives or friends were always fully involved in this process where it was appropriate. An outside professional, in a survey commented, "[The service] responds to the requirements of individuals."

Staff provided personalised care that was responsive to people's needs. They communicated with people to ensure the care and support provided was what the person wanted. One relative told us, "if anything has gone on with [family member] staff will quickly tell me this by phone." Another relative said, "Staff always inform us if there are any problems like illness."

People had a page profile that told staff about them, their likes and dislikes, hopes and fears and preferences. This included people's religious wishes. Staff were aware of individual information in care plans. Not all staff had read care plans and risk assessments, though they said they were aware of people's needs and changing needs by having a handover of information between shifts. The registered manager had reminded staff in staff meetings to check care plans. After the inspection visit, the registered manager said a sheet has been put in place for staff to sign to state they had read and understood care plans.

People told us they were very satisfied with the regular activities they had. A person told us, "They try to keep life interesting for everybody." People told us about a range of regular activities they attended, including bingo, keep fit, fruit and cheese tasting, painting, films, flower-arranging, writing and singing.

Staff were aware of people's preferred activities. There were a number of activities held during the inspection visit. A picture quiz was tailored to people's backgrounds of where they were born and what jobs they did in the past. This provided interest to people, especially people living with dementia.

People and relatives told us they were comfortable to report any problems or ideas. One told us, "If I had a problem, I'd go to the manager. She's very approachable." Another person told us, "I'd always be happy to report any problem and I know they'd respond quickly."

Relatives told us they were happy to tell staff of any concerns and these would always be quickly followed up. Records showed that no formal complaints had been made since the previous inspection. People and relatives told us that knew how to make a complaint. Relatives told us that concerns raised were sympathetically listen to and action was quickly taken.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information in the home was presented, as far as possible, so people could understand it. People's communication needs had been assessed and acted on. For example, a person was given the option of having written information due to difficulties understanding what staff said to them. Other people had been provided with pictures of things so that they could choose they wanted.

At the time of our inspection the home was not providing end of life care. People were encouraged to express their end-of-life wishes in discussions about their care plans and these were included in plans.

Is the service well-led?

Our findings

There was a relaxed atmosphere in the service. Staff assisted people and people took part in various activities such as having a quiz and singing. People and relatives told us the registered manager was friendly and efficient. Communication between people and staff and people living in the service was very good. People, relatives, staff all said they would recommend the service. They all thought it was well led and well-managed. An outside professional stated in a survey, "Very well led from the manager and this reflects in the attitude of the staff."

A relative told us, "This is an excellent home. I would recommend it to anyone. The staff are always friendly and we have no concerns at all." Relatives said that communication between staff and family members was good and staff were knowledgeable about people's needs.

The provider's literature emphasised people being provided with personalised care that reflected their needs and rights. This did not specifically include issues such as people's culture and sexual orientation. The registered manager said this literature would be amended to reflect this.

The registered manager was involved in people's support and had a good relationship with them and staff. We saw her and other management staff assisting care staff with people's one-to-one support in a positive, friendly and helpful way. Staff were praised in supervision and staff meetings for their friendly approach and high standards of providing care to people.

Staff said there was a culture of openness at the service and the registered manager was supportive. One staff told us, "We know we can get support at any time. Management are really good." CQC had been notified of incidents and accidents, as legally required.

People told us they have the opportunity to attend residents meetings where they could raise anything they wanted. They felt confident about speaking to the management of the service if they have any concerns.

There was an annual survey of people's views. This showed a high level of satisfaction with the service. Residents meetings were held to check that people were happy with the service on issues such as food and activities. Other surveys for relatives, staff and professionals also showed the service was performing very well.

Regular supervision sessions and meetings also helped to ensure that staff were aware of how to provide good quality care. Staff told us that any issues or problems were dealt with swiftly by the registered manager.

Relevant issues such as care plans, risk assessments and health and safety had been audited to ensure people were provided with a quality service.

The provider is required to display their latest CQC inspection rating so that people, visitors and those

seeking information about the service can be informed of our judgments. We found the provider had prominently displayed their rating in the home and on their web site. The provider was also aware of the responsibility to submit notifications and other required information to CQC and had provided the appropriate information when required.