

Four Seasons Health Care (England) Limited Melton House Care 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Melton House is a residential care home providing personal and nursing care to 32 people aged 65 and over, some people were living with dementia, in one adapted building with bedrooms and communal facilities across two floors. At the time of the inspection there were 23 people living at the service, some staying for respite care.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received their medicines as prescribed, and were supported by staff to maintain their safety, levels of independence and well-being. Arrangements were in place to prevent social isolation, and maintaining people's contact with their relatives during the pandemic period, including through the use of technology. People were supported to maintain good standards of personal presentation, and were living in a clean and well-maintained environment. People had a choice of meals and snacks to maintain their overall health.

There were sufficient numbers of trained staff, familiar with people's individual needs and wishes to provide 24-hour care and support. People were supported to access medical input when required to keep them healthy. People and their relatives were encouraged to speak with staff and the registered manager if they had any concerns or wished to give feedback, which encouraged an open, and collaborative working culture within the service.

Rating at last inspection

The service was last inspected 20 May 2019, and was rated requires improvement, with recommendations made regarding areas of the service needing to be improved (published 11 September 2019). At this inspection we found sufficient improvements had been made in response to our recommendations.

Why we inspected

This was a planned inspection based on the previous rating, and in response to concerns identified at other locations under the same provider particularly in relation to infection prevention and control practices. We did not find evidence at this inspection to suggest any concerns in relation to infection control. Please see the safe, effective and well-led sections of this report for further details.

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 coronavirus 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 requires improvement to good. 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 Melton House Care Home 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Melton House Care Home

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.

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

Consisted of three inspectors.

Service and service type

Melton House 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.

Notice of inspection

This inspection was unannounced. We contacted the registered manager from outside the service to finalise arrangements for us to enter the premises, to maintain the safety of people living at the service, staff and the inspection team during the pandemic period.

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. 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 two people who used the service and observed care and support provided in communal areas. We spoke with seven staff, including the registered manager, members of the provider team, care and ancillary staff. We looked at four people's care and support records and six people's medicine records and observed part of the morning medicines round. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

After the inspection

We spoke with three relatives by telephone after the site visit. We provided final inspection feedback by conference call on 25 November 2020, with the registered manager and three members of the provider's management team present.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we recommended that the provider considers current best practice guidance on assessing, monitoring and mitigating risks. The provider agreed to take action to ensure all risks were appropriately addressed.

Enough improvement had been made, and the recommendation had been met.

- Staff knew people's needs and risks well, and responded in a timely way to any changes in people's presentation, ensuring corresponding documentation was updated accordingly.
- From reviewing people's care records, we could see that individualised plans were in place to manage and monitor risks. For example, staff monitored people's food and fluid intake, the condition of their skin, and the ongoing suitability of equipment used with people to keep them safe. This was reinforced by feedback received, one relative said, "If anything happens, we are kept well informed, for example if [Relative] has a fall we are updated immediately."
- The care environment was well maintained, with regular checks being completed by the registered manager and designated staff to ensure any risks were identified and addressed promptly.
- Throughout the service on noticeboards and in people's bedrooms, we saw posters reminding visitors of the need to ensure teeth cleaning tablets were handed into staff to prevent risk of injury. The posters clearly set out the rationale for needing these to be stored securely. We saw this as an example of good practice, and not something we had seen visually in other services.

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 could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated that they understood the processes to follow to escalate and report safeguarding concerns and allegations of abuse to maintain people's safety.
- We reviewed safeguarding incidents at the service, and could see that the registered manager and staff team had reported concerns correctly to the local authority.
- Some people were unable to tell us whether they felt safe living at the service, but we observed staff providing reassurance and comfort to people if they showed signs of being unsettled or anxious. Relatives consistently told us they felt the staff cared for people and kept them safe.
- One person did tell us they had experienced times where they had felt unsafe at night. We shared this information with the registered manager, and proactive steps were taken to mitigate the risk of reoccurrence in full consultation with the person.

Staffing and recruitment

- The service maintained a core team of staff working during the day and overnight who were familiar with people's needs. Where there were staffing shortfalls, the same agency staff were used, who were familiar with people's individual needs and wishes.
- Procedures were in place to ensure checks were completed of any newly appointed staff to ensure they were suitable to work with people in a care setting. Staff completed a comprehensive induction process, to ensure they had the required training, competency checks and were familiar with people's needs.
- We found staff to be very confident and proud of their roles, and wishing to push themselves forward to share information with the inspection team. The staff demonstrated clear commitment to their roles, and the people they cared for. We identified examples of staff drawing on their own skills, for example the activity co-ordinator was observed to play the violin to give people access to live music, including on their birthdays and on Remembrance Day.

Using medicines safely

- Records showed that people were being given their medicines as prescribed. Medicines administration rounds were conducted at regular times each day. Staff were knowledgeable about the individual needs of the people under their care and were kind and caring in their manner whilst giving medicines.
- As required (PRN) medicine protocols were in place. These looked at alternative approaches to be tried before use of PRN medicines, such as de-escalation, distraction with alternative activities.
- Staff had their competencies checked regularly, and medicine management training to ensure they had the required skills to give people their medicines safely.

Learning lessons when things go wrong

- From reviewing incidents and accidents, and looking at possible trends, we identified that the service was actively exploring options to reduce risks and mitigate reoccurrence. Documentation showed that incidents were dealt with by staff, and records confirmed what action was taken post incident, for example seeking medical intervention or making changes to care practices to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At our last inspection, we recommended that the provider considered current guidance on supporting people, particularly those living with dementia and take action to update their environment, training and practice accordingly.

Enough improvement had been made, and the recommendation had been met.

- Adaptations had been made to the environment to assist people, particularly those living with dementia to become familiar with the environment and maintain their independence.
- Consideration was given to the layout of furniture in people's bedrooms to assist with use of equipment, or to reduce the risk of falls.
- There was appropriate signage in place throughout the service.
- Staff were observed to regularly explain to people the reason for staff needing to wear facial coverings, to allay any anxiety these may cause.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes. They contained detailed personal profiles that had been formulated with the involvement of people and their relatives.
- The service completed preadmission assessments to gain information regarding people's past medical history and risk profiles as well as hobbies and interests. Additional safety checks were in place to manage the current risks associated with the pandemic.
- We observed staff offer people choice and control in their daily lives, for example, taking plated up meals to people to aid decision making processes and choice, for those people living with dementia.

Staff support: induction, training, skills and experience

- The service held a training matrix listing completion of courses and dates for when refresher training was due. We received consistently positive feedback from relatives we spoke with about the standards of care provided by staff.
- The service had an induction process, with staff shadowing shifts with an experienced member of staff to ensure they were familiar with people's care and support needs before working on their own.
- Staff received supervision at regular intervals across the year, and the registered manager was planning for the completion of annual performance-based appraisals. Good levels of support and an open-door policy

by the registered manager was in place to ensure staff were able to seek informal support and supervision when needed. This was particularly important for ensuring staff felt cared while working during the pandemic period.

Supporting people to eat and drink enough to maintain a balanced diet

- We received positive feedback on the quality and choice of food provided. One relative told us, "The kitchen staff make a real effort to ensure [Relative] eats food they enjoy and make things especially for them. The kitchen makes protein drinks, we call them cocktails, to ensure [Relative] has enough nutrition each day."
- Where risks were identified, staff completed food and fluid records to monitor people's intake across a 24-hour period, alongside monitoring risks relating to weight loss. From our observations, staff recognised the sensory aspects of the dining experience.
- People were encouraged to eat, and complete tasks to maintain independence. We observed some lovely interactions between people and staff during the mealtime. People were encouraged to eat food how they enjoyed it, with access to condiments. Staff supported people at their own pace to eat their meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with the GP practice, and members of the practice visited the service regularly to provide on-site appointments for people when needed.
- People were able to access medical appointments such as dentist, foot care and optician appointments as needed. Additional checks were in place by staff to monitor the condition of people's oral and foot health, as there had been some changes to appointment access during the pandemic period.
- People had oral hygiene care plans in place, in line with nationally recognised best practice.
- Care records showed, and from speaking with staff, that changes in people's health status and condition were escalated to external healthcare professionals in a timely way.
- People were supported to maintain healthy lifestyles, through access to specialist diets, activities and exercise within the service. This was found to aid people's overall wellbeing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where applicable, people's care records contained capacity assessments which were regularly reviewed.
- Where appropriate, care records contained details of family and friends with legal powers to make decisions on a person's behalf, with copies of their paperwork held on file.

- We observed staff to encourage people to be involved in daily decision making, offering choice and working in line with least restrictive practices.
- Staff and the registered manager demonstrated knowledge and understanding of whether a person had a DoLS in place, and whether this had been authorised by the local authority.
- Staff were up to date with mandatory training on the MCA and DoLS, and demonstrated implementation of training into their practice.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, the registered manager has acted on the recommendations made in the last report. We found improvements had been made which had a positive impact on the standards of care provided.
- The service was benefitting from having consistent leadership and stability to drive improvement. We found the registered manager to have a positive energy, and a desire for improvement. This was confirmed by the staff and relatives who recognised the registered manager worked alongside the staff team to care for people and support improvement.
- Staff were encouraged to give feedback and hold lead roles in relation to areas of interest; this offered development opportunities and improved accountability and ownership of their roles.
- We saw examples of where the registered manager had taken action to address shortfalls in staff performance, and used meetings effectively to remind and reinforce good practice with staff.
- Staff and relatives gave positive feedback about the support provided by the registered manager. One relative told us, "The registered manager is 100% committed to their job, and to trying to please people. They support the staff team to provide personalised, unrushed care to [Relative], I would feel able to raise a concern if required. Give the staff team a gold star from me."
- The registered manager had devised their own records to ensure staff kept up to date with mandatory training. One relative told us about the techniques staff had used to support their relative to get used to being hoisted, the relative felt the whole experience had been "Well managed by the staff," and demonstrated implementation of their training into practice to make their relative feel safe.

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

- The registered manager and provider team completed a range of quality audits. From their corresponding action plans, we could see that where shortfalls were identified, proactive and timely steps were taken to address them and mitigate risks of reoccurrence.
- Designated staff completed daily walk arounds of the service. The registered manager regularly reviewed these findings, adjusted the paperwork or processes being followed to ensure these were up to date with best practice, for example in relation to infection, prevention and control.
- Overall, we did not identify concerns regarding cleanliness and infection control. Staff and relatives were kept well informed of procedures being followed to keep people and staff safe during the pandemic period. One relative told us, "Staff have kept us up to date with a secure social media page, window visits and good

two-way communication." Another relative said, "They have done brilliantly to keep Covid out."

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

- Complaints and incidents were appropriately managed. The registered manager and staff understood their responsibilities under the duty of candour. The provider team had additional oversight of accidents and incidents to monitor for patterns and trends to ensure their policies and procedures were being followed.
- The registered manager and staff demonstrated a commitment to providing high standards of person-centred and, dementia specialist care. People were placed at the centre of care planning and delivery. Staff told us they enjoyed working at the service. The registered manager told us they were, "Incredibly proud of their staff, and the work they had put in to make changes and improve the service since the last inspection." This was reinforced by feedback received from relatives. One relative said, "The staff are buoyed by the current manager, if I raise anything with the manager they always respond in a timely and open way." Another relative said, "The manager always makes themselves available."
- The registered manager demonstrated that they considered the feedback we gave seriously and provided follow up information on any actions taken after the inspection visit when we met with them again the following week. For example, the registered manager had met with the person who had told us they sometimes felt unsafe at night, had met with night staff and collaboratively agreed a plan of approach with the person to ensure they feel safe. The registered manager demonstrated a real commitment to getting things right, they told us, "I love my role, I want the home to improve, I will not stand for poor practice, but I am fair and give staff opportunities to improve."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, relatives and staff were encouraged to contribute their views on the running of the service. Overall, we found the staff team to be growing in confidence and wanting to share information and areas of improvement with inspectors during the visit. One relative told us, "The staff are always so friendly towards us, it feels homely and welcoming. Support is given to us as a family as well as to [Relative] being cared for. I feel comfortable to raise concerns and I always receive a response from the registered manager, very reassuring to feel listened to."
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting and in supervision sessions. Staff confirmed that if they were unable to attend meetings, the minutes were shared to ensure everyone had access to the information discussed.
- Staff contributed to people's care review meetings and worked closely with the local GP practice and health and social care professionals. There were shift handover meetings to ensure staff and members of the management team were up to date with any incidents or changes in people's needs over the previous 24-hours.