Methodist Homes

The Beeches

Inspection report

Carr Road
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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 unannounced inspection took place on 14 and 15 February 2017. The home was previously inspected in October 2014 when the service was rated 'Good'. This means the service met all relevant fundamental standards.

The Beeches is a purpose built care home on the outskirts of Wath-upon- Dearne. It provides accommodation for up to 44 people on two floors. Care is provided for people who have needs associated with those of older people, including dementia. There is a small car park at the side of the home, with further roadside parking at the front. At the time of this inspection there were 41 people living at the home.

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

People we spoke with said they were very happy with the way staff delivered care, the social activities available and the general facilities at the home. Throughout our inspection we saw positive interactions between staff and people using the service, as well as with visitors.

All the people we spoke with, including staff, told us the home was a safe place to live and work. Staff were knowledgeable about how to recognise signs of potential abuse and the reporting procedures. Assessments identified potential risks to people, and management plans to reduce the risks were in place.

Recruitment processes were thorough, so helped the employer make safer recruitment decisions when employing new staff. At the time of the inspection there was sufficient staff employed to meet people's needs.

People received their medications safely from staff who had completed medication training.

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

Staff had access to a varied training programme which helped them meet the needs of people using the service and develop their skill and knowledge. Support sessions had been provided to staff, but these were not consistent with the provider's policy. However, staff said they felt well supported and the registered manager was taking action to address any shortfalls.

People received a well-balanced diet that offered variety and choice. The people we spoke with said they were very happy with the meals provided.

People were treated with dignity, respect, kindness and understanding. Staff demonstrated a good knowledge of the people they cared for, their preferences and abilities.

Each person had a care file which reflected their needs and preferences. Care plans had been evaluated regularly and updated to reflect people's changing needs.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us the management team were approachable, and always ready to listen and act promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. Where necessary action plans had been put in place to address any areas that needed improving.

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 Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Beeches

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 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 comprehensive inspection took place on 14 and 15 February 2017 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector, who was accompanied by 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.

Prior to the inspection visit we gathered information from a number of sources. For instance, 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 notifications sent to the Care Quality Commission. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 41 people using the service. We spoke with four people living at the service and six visitors. We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, two senior staff, seven care workers, a cook, the activities co-ordinator and the music therapist.

We looked at the care records for four people using the service, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff recruitment files and staff training records, as well as quality and monitoring checks carried out by senior staff and the home's management team.

Good

Is the service safe?

Our findings

People we spoke with told us they felt the home was a safe place to live. One person said they felt safe here because they "Aren't lonely. If I want to stay on my own I can, no one bothers you, but they look in to check you are okay." A relative told us, "Excellent place for my [family member] because they don't know me now and can get aggressive, I just couldn't cope. Staff are so good with them and they never shout. I take my hat off to them." Another relative was emphatic in their response to the query of their family member being safe with a definite "Yes."

We found care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk, and explained to staff what action they needed to take to protect them. Assessments undertaken covered topics such as risk of falls, poor nutrition and moving and handling people safely.

We found equipment such as bed safety rails and pressure relieving equipment was used if assessments determined these were needed. A relative told us their family member was prone to falls and described the various action staff had taken to involve the falls team to try to keep their family member as safe as possible. They said staff contacted them whenever a fall occurred, to advise them of the severity and give them the opportunity to go to the home to be with their family member. Another visitor said they had been to "A couple of places before coming here [The Beeches] and this is the best by far." They discussed how staff tried to keep their family member mobile while considering the dangers various aids may cause to them and other people.

Staff understood people's individual needs and knew how to keep people safe. We saw they encouraged people to stay as mobile as possible while monitoring their safety. Staff had received training in how to move people safely, as well as in other health and safety subjects. We saw two staff using a hoist to move someone from the lounge; this was carried out in a safe way. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having their own evacuation plan.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There were robust safeguarding procedures in place, which included staff undertaking regular refresher training in this subject.

Robust recruitment processes ensured only suitable staff were employed to work at the home. For instance, application forms had been completed, two written references obtained, a criminal activity check undertaken and formal interviews had taken place. All new staff completed a full induction programme.

We found the registered manager had considered people's needs and the layout of the building to determine the number of staff required on each shift. We noted call bells we answered promptly and people received care in a timely manner. The relatives we spoke with said there were enough staff on duty to meet people's needs and that they were deployed effectively. One relative, who said they visited the home every day, told us there was always enough staff on duty when they visited. Another relative said, "Whilst I cannot

say there is enough staff at night, because I'm not here, there is always plenty around during the day when I visit and my [family member] is happy and content."

The majority of staff confirmed that most of the time there were sufficient staff on duty to meet people's needs. However, one member of staff told us, "There can be shortages at times, especially at weekends when no one wants to cover extra shifts, but the planned changes to the rota will hopefully eliminate that."

We looked at the arrangements in place for the management and administration of medication coming into and out of the home, and found these to be robust. Medicines were only handled by members of staff who had received appropriate training. We saw they were also subject to periodic observational competency assessments to ensure they were following company polices. We saw medication audits had been undertaken to ensure staff were following company policies and staff described to us how any issues identified were followed up. We saw areas for improvement identified by the pharmacist in June 2016 had been addressed. One person living at the home told us staff involved them in their care, as well as their medication, so they felt they had knowledge about their own condition.

Good

Is the service effective?

Our findings

People told us staff always consulted with them about their care, were respectful of their wishes and efficient at their job. One person living at the home said staff were, "Lovely and pleasant. They come and torment me [in a pleasant, friendly way] I'm looked after so well, there's nothing I need."

People who the 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 [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence that five DoLS applications had been authorised by the local supervisory body and the registered manager told us they were waiting for the outcomes of other applications submitted. Senior staff ensured any conditions included in the authorised DoLS were met.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files in varying detail. Relatives told us they had been involved in planning their family members care and decisions made in their best interest. However, care files did not always clearly record best interest decisions. However, we saw that this had been identified and a new form had been introduced to provide better detail on this subject.

Staff had the right skills, knowledge and experience to meet people's needs. New staff had completed a structured induction into the home. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role. We saw they had also completed the company's mandatory training, which included topics such as food hygiene, moving people safely, infection control and fire awareness. Staff were also given pocket sized laminated flashcards which provided information on topics such as The Mental Capacity Act, different food textures guidance, duty of candour and safeguarding people.

The registered manager used a computerised training matrix to monitor which training staff had completed and when it required updating. Staff requiring refresher training had been identified on the matrix and emails sent to them to remind them to update essential e-learning topics. The registered manager told us further optional training was also available to help staff develop their knowledge in subjects they were interested in. This was confirmed by the staff we spoke with.

Staff told us they felt they had received the training they needed to do their job well. They said as well as the company's mandatory training they were also supported to undertake nationally recognised qualifications to enhance their knowledge and skills. One care worker told us the new training system the company had recently introduced was "Brilliant." They added, "I love it [the e-learning system]. It is easy to access and to the point. You watch a video and then it asks you questions, it's good." Another care worker said they had not yet had time to look at the new system, but had heard it was good.

Staff had received support sessions, but these were not consistently in line with the provider's policy. The registered manager acknowledged support sessions had not taken place in line with the policy, but told us they were taking action to address any shortfalls. Staff we spoke with felt well supported, but confirmed sessions were not always as regular as they had been in the past. Although annual appraisal of staffs work performance had taken place in the past we found some were overdue. A plan was in place to ensure outstanding staff appraisals were undertaken as soon as possible.

We observed lunch being served on both floors and spoke to people about their satisfaction with the meal. People told us they enjoyed their meal and relatives confirmed they were satisfied with the meals provided. One person said there was nothing they could think of that they would like to add to the menus. They added, "The meal was nice, it always is." A relative told us, "I feel my [family member] gets good food, although I'm not here at mealtimes you only have to look at [family member] to see they are healthy." Another visitor said, "The food they receive is very good, I had Christmas lunch here and it was as good as I could buy in a restaurant." Someone living at the home commented, "The food is alright, but boring." However, they said they had a choice from a menu and if they didn't like anything on the menu, they would ask for something else, and would probably get a "jacket potato."

The dining rooms had a relaxed atmosphere and staff provided the support people needed to eat their meal in an unhurried way. We saw each table had a restaurant type menu outlining what meals were available for the week. However, they did not have the day of the week on each menu and were not really suitable for people living with dementia, as there were no pictures to help them decide which option they preferred. We saw staff took time to explain the two options and used their knowledge of people preferences to help them choose which meal to have.

Meals were served promptly, the food looked and smelled appetising, and there were mainly empty plates at the end of the meal. If required, people were provided with protection for their clothing and aids, such as plate guards, to assist them to eat their meal unaided. However, we noted that in the ground floor dining room people were not given serviettes or offered condiments, as people eating in the upstairs dining were. This was discussed with the registered manager who said this was not usual practice and they would address it immediately. We saw staff in both dining rooms interacted with people in a friendly, positive, helpful way. Having observed that one person was struggling to eat their meal a care worker sat with them and asked if they wanted help, we saw there was good eye contact and conversation.

The cook we spoke with had a satisfactory knowledge of catering for people's individual dietary needs, as well as their preferences. They told us there was a three week rolling menu that was reviewed periodically to see if anything needed to be added or changed. We also saw a 24 hour snack menu was also available if people wanted something to eat outside the planned mealtimes.

When concerns had been identified on the nutritional screening tool used to monitor the level of risk people were at with regards of poor nutrition or dehydration, care plans were in place to guide staff regarding supporting people to eat and drink enough. Where needed, monitoring charts had been used to record and assess people's food and fluid intake and specialist advice had been sought from dieticians and other healthcare professionals.

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, district nurses, chiropodists and opticians.

Good

Is the service caring?

Our findings

Throughout the inspection the atmosphere at the home was warm and friendly. On the first day of the inspection the entrance foyer had been set up in preparation for a Valentine's Day coffee morning, which proved to be a central meeting point for relatives and people living at the home. We saw staff knew people very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to chat with the people they were caring for.

All the people we spoke with consistently told us that staff were friendly, kind and respectful. A visitor told us people living at the home were all well cared for and that dignity was maintained even when people were not aware of their surroundings. They added, "My [person using the service] always looks clean and well turned out." They also described how staff strived to help them to retain the bond they have developed over the years by keeping them informed of changes.

The majority of staff had worked at the home for a number of years. This helped staff to provide care which was focused on people's individual needs, wishes and preferences. Care plans provided staff with guidance and information about each person and how they expressed their choices. This enabled staff, in particular new staff, to become familiar with how to support people in a way they wanted.

The registered manager told us there were dignity champions at the home. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. Information about promoting dignity was also displayed around the home. We saw people were treated with respect and their dignity was maintained. For instance, in the way they approached people, and while carrying out personal care. Staff we spoke with demonstrated a good awareness of how they respected people's dignity and privacy. One staff member told us, "You use your common sense. I close or lock doors as necessary and cover ladies legs up with a blanket when hoisting them, if they have a skirt on." Another care worker said, "You talk to the residents appropriately, not like a child."

The registered manager told us a member of staff had been designated as the dementia facilitator. They had received additional training to enable them to deliver training to staff regarding caring for people living with dementia.

People were given choice about where and how they spent their time. We saw people had been encouraged to personalise their rooms with photographs, trinkets and small items of furniture.

We found staff respected people's spiritual and cultural needs. They were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care files. The registered manager told us the home was visited by two chaplains who provided spiritual support to people. He told us the home also aimed to support people from different religions to continue to follow their faith. Communion services were held on Wednesdays and Christian celebration days, such as Easter and Christmas.

People's care files contained information about end of life care, this included their final wishes. This was a

voluntary form which was used to record people's thoughts and wishes regarding their end of life arrangements. We saw that some people had shared this information, while other people had decided not to at that stage.

There were no time restrictions on visitors and the relatives we spoke with confirmed they could visit at any time. A family room was available if it was necessary for a relative to stay at the home for a period of time.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care provided was good. One person using the service, and their relative, said they felt that staff always gave people time to make decisions, because they sat and explained the situation and waited for a response, or came back later for an answer, depending on timescales. The relative added that they were always kept informed if there were changes in their family member's condition. Another person living at the home told us, "I can go and talk to staff about anything and if they don't know the answer or haven't got what I want they will go and find out. I couldn't find a better place [than The Beeches]."

We looked at four people's care records, which included their care plans. We found the care plans gave a clear picture of each person's individual needs. Files also included information such as their preferences, likes and dislikes, and what leisure activities they enjoyed, or used to enjoy in the past. This meant that staff could provide care that was aimed at meeting people's individual needs and preferences. The people we spoke with told us they had been involved in providing information and planning care.

People's planned care had been evaluated by staff on a monthly basis to ensure it was up to date. Daily handovers ensured new information was passed on at the start of each shift. This meant staff knew how people were each day and if there was anything they needed to follow up or monitor. A relative told us they felt that their family member received personalised care because the home had, "Staff who knows them well because they have been here a long time, so they know what my [family member] needs." Another relative said they felt "Very involved" in care because, "Every time I visit staff speak to me about my [family member] and involve me."

Where appropriate we saw relatives had been invited to be involved in reviews of their family members care. However, these six monthly reviews had not always been carried out in the timescale identified by the provider. The registered manager confirmed action had already been taken to address this issue and staff told us as a result of this some overdue reviews had now taken place.

On the first day of our inspection we saw a coffee morning was being held in the reception area to celebrate Valentine's Day. An excellent selection of cakes and savouries had been prepared by kitchen staff for people to purchase in aid of the 'residents funds' and a member of staff was supervising this and selling raffle tickets. We saw staff greeted visitors warmly and embraced some of those they knew well. A relative told us they liked to come to the home because, "Staff make me feel welcome too so I tend to visit every day." They also mentioned that they attended the home's in house church service on a Wednesdays with their family member and they sometimes got involved in some of the activities. Another relative said, "The activities here are excellent. Always a good selection of interesting things to do, [family member] enjoys the crafts. A list is circulated [with what is taking place] and there's plenty of information around the home."

We spoke with the activities co-ordinator and the music therapist, who both worked with individuals and groups, depending upon people's individual need. We saw the music therapist spent time working with

people on the unit for people living with dementia. The outcome of each session was recorded and analysed to weigh up the benefits of the session. Staff told us if it was found to be beneficial a referral would be made for designated one to one time for the music therapy to take place.

We found people had access to a variety of activities and stimulation, which they said they enjoyed. One person living at the home told us, "I enjoy the activities. I don't do them all, but staff come to tell me what is happening and if it's something I like I will go and join in." Activities available included, armchair exercises, dancing, sing-a-longs and memory games. Outside entertainers also visited the home on a regular basis and celebration events such as for the Queens 90th birthday had been held. The activities co-ordinator also told us people had been involved in choosing colour schemes and putting up decorative transfers on the walls around the home.

On the unit for people living with dementia we saw textured art work, such as button pictures made by people living at the home were displayed to provide a more stimulating environment. We also saw 'rummage bags' were available to occupy people. The activities co-ordinator also described how knitted 'twiddlemuffs' were used to stimulate and occupy people. These are a knitted band with items attached to them so people living with dementia can twiddle them in their hands.

There is a hairdressing salon on the first floor which people were using during our visit. A relative pointed out how well their [family members] hair had been done, and speaking to other people they all said they enjoyed a visit to the salon.

People were provided with information about the home and what they could expect from the services. This was called a 'Service User Guide'. A copy was also available in the reception area, along with feedback forms, information about local advocacy groups and other information of interest to people using and visiting the service.

The home had a complaints policy and procedure, which was included in the Service User Guide and easily accessible to people using and visiting the home. People told us they would feel confident discussing any concerns they might have with the management team. They felt they would be listened to and their concerns taken seriously. No-one we spoke with raised any complaints. A relative told us, "My [family member] likes it here because it's easy to get to know people and they have a laugh with us all." They added, "I feel confident to raise concerns with [the registered manager] he's approachable and accessible, but to be honest we've nothing to complain about."

Good

Is the service well-led?

Our findings

The service continued to be well led by the 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection, we noted positive examples of leadership from the registered manager and senior care staff. For instance, we saw them speaking with relatives in person or on the telephone, updating them on any changes in their family member condition. At all times they were knowledgeable, understanding and interested in the person's opinion.

People we spoke with told us the registered manager was always visible and they felt supported by him and the management team. One person living at the home told us he was "Very approachable," they described how they had raised a concern with him and the situation had been fully resolved. When asked how many points out of 10 the person would award the home, they said 9.5 because "No one gets a 10." They said the best thing about living at the home was because they "Feel secure and safe and any problems I have are dealt with." Asked about any negative points about living at the home, they said "There are none." Another person using the service said, "I don't know the manager's name, but he's lovely. I see him on odd days and he always asks how you are." They also said there was nothing they could think of that needed improving adding, "No wrongs with this place at all. I hope it keeps like this. I never have to wait [when using call bell]."

The registered manager told us they attended quarterly provider forums hosted by the local authority, meetings with the care home liaison team, and internal company management meetings to stay abreast of changes and discuss best practice.

Staff told us they enjoyed working at the home and spoke highly of the management team. A care worker told us, "There's a friendly atmosphere [at the home], good staff and the residents are absolutely lovely, plus Methodist Homes are the best company [to work for], like the new equipment and the measures they have taken to make it a better home." A third member of staff said, "I can go to [the registered manager] for support, or other staff too."

All staff completed training in the company's visions and values, as well as their mission statement. Periodic staff meetings enabled staff to meet and discuss topics such as planned changes, training and health and safety issues, as well as to make sure any relevant information was shared with the staff team. Staff support meetings had taken place, but these were not always at the timescales outlined in the provider's policy. Action was being taken to address this. However, the staff we spoke with felt they could approach the management team at any time with any ideas or concerns about practices at the home.

The provider had an effective quality assurance system in place to seek the views of people who used the service, and their relatives. Outcomes of surveys were shared with people and displayed in the reception area. Any areas for improvement were discussed and where necessary improvements considered and

actioned. The registered manager told us the company had not yet shared the outcome of the survey completed 2016. However, we saw the summary of the one undertaken in 2015 and an independent survey instigated by Rotherham council. The summaries shows people's responses had been positive and the majority of people were happy with all aspects of the service provided.

We saw various audits had been used to make sure policies and procedures were being followed and to monitor any areas where people living at the home may be at risk, such as weight loss. These had been carried out periodically by the registered manager and staff working at the home, as well as company representatives. These included general health and safety topics, equipment checks, care files and medication practices. This enabled the management team to monitor how the home was operating and staffs' performance. Where shortfalls were found action plans had been devised to address them.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example, we looked at accidents and incidents which were analysed by the registered manager and shared with senior management. The registered manager had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

We saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. This is the highest rating achievable.