Methodist Homes
Elmside
Inspection report

Elmside Walk
Hitchin
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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

Overall summary

We carried out an unannounced inspection on 11 August 2015.

The service provides accommodation and personal care for up to 66 adults, some of whom may be living with dementia. At the time of the inspection, 63 people were being supported by the service.

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

There were systems in place to safeguard people from harm and staff understood when and how to report any concerns they had.There were risk assessments in place that gave guidance to staff on how risks to people could be minimised.

Summary of findings

The provider had effective recruitment processes in place and there were sufficient, skilled staff to provide safe care to people.

Staff received supervision and support, and had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided.

People were supported to have enough to eat and drink and to maintain a diet that was suited to their needs. They were also supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices. There was a wide range of events and activities provided which was based on people's interests and hobbies and people were supported to maintain links with the local community.

The provider had a formal process for handling complaints and concerns.

The provider encouraged feedback from people and acted on the comments received to improve the quality of the service.There were effective systems in place to monitor the quality of the service.

Summary of findings

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.

People felt safe and there were systems in place to safeguard them from harm.

There were robust recruitment systems in place and there was sufficient, skilled staff to support people safely.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People's consent was sought before any care or treatment was provided.

People were supported by staff that had been trained to meet their individual needs.

People had enough to eat and drink

People were supported to access other health and social care services when required.

Good

Is the service caring?
The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to pursue their hobbies and interests. There was a wide range of activities provided and people were offered the support they needed to participate in activities that were of interest to them.

The provider had an effective system to handle complaints.

Good

Is the service well-led?
The service was well-led.

The registered manager promoted a person centred culture within the home and staff understood their roles and responsibilities when supporting people in meeting their needs.

People who used the service and their relatives were enabled to routinely share their experiences of the service.

Good

Summary of findings

Quality monitoring audits were carried out regularly and the findings were used effectively to drive improvements.

Elmside

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 unannounced inspection took place on 11 August 2015, and it was conducted by two inspectors 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, the provider 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with 15 people who used the service, four relatives, the registered manager, the deputy manager, activities staff, a member of the hospitality staff, and seven care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care records for eight people who used the service, the recruitment and supervision records for five staff and the training records for all the staff employed by the service. We also reviewed information on how the provider handled complaints and how they assessed and monitored the quality of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. One person said, "I feel safe here, including at night." Another person said, "I am safe here. I have never heard any carers shout or raise their voice to residents, not ever." One relative commented that their family member was feeling better since coming to the home and the person said, "I'll be alright. I am safe here and getting better."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Information about safeguarding was on display throughout the home and it included contact details for the relevant agencies for staff to refer to when needed. Staff had also received training in safeguarding people. Staff demonstrated a good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm. Most staff were able to tell us about other organisations they could report concerns to although some were not clear about this. However, all staff we spoke with were confident that they would report any concerns they had to the management team and that they would take appropriate action.

There were personalised risk assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk. The risk assessments included areas associated with people being supported with their mobility, risks of developing pressure area skin damage, falling, not eating or drinking enough. This maintained a balance between minimising risks to people and promoting their independence and choice. The risk assessments had been reviewed and updated regularly or when people's needs had changed so that people received the care they required.

A record of accidents and incidents was kept, with evidence that appropriate actions had been taken to reduce the risk of recurrence. There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical appliances, gas appliances, and fire fighting equipment.

People's care records contained personal emergency evacuation plans (PEEPS) which gave staff guidance about how people could be evacuated safely in the event of an emergency.

People had mixed views about whether or not there were always enough staff on duty to meet their needs in a safe and timely manner. One Person said, "Sometimes the staffing is a bit sparse but normally there are enough to go round." However, another person said, "There are not enough staff. They do stop and talk but they are often in a rush. They do come at night if you press the buzzer but sometimes you wait longer than you would like." On the day of the inspection the home was fully staffed, with care staff supported by additional staff allocated to facilitate activities and we found there were enough staff to meet people's needs. We looked at the staff duty rotas which confirmed that staffing on the day of our inspection was consistent with the normal levels allocated. We did note that, particularly in the morning, a high number of call bells were sounding, sometimes for several minutes. The manager told us there was an expectation that call bells would be answered in a timely manner and the system triggered an alarm if a call bell rang for more than a set number of minutes. This ensured that people would not be left to wait an excessive length of time to receive assistance.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, confirmation of the right to work in this country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed and administered safely. People were assessed to establish if they were able to manage their own medicines and where this was not possible or where they did not wish to, then the staff administered them. The system used was robust and enabled a full audit of the administration of medicines to be undertaken. Storage of medication, including controlled drugs was in line with current good practice. Staff's training was kept up to date to ensure they understood and were

Good

Is the service safe?

competent to administer medicines safely to the people who required them. Staff sought consent from people before medicines were administered and ensured that they took their medicines as prescribed.

Good

Is the service effective?

Our findings

People and their relatives were very positive about the skills of staff and gave many examples of how well they did their jobs. One person said, "Oh yes, they do know what they are doing when they come to help me. Another person said, "The staff work very hard and they are well trained." A relative told us their family member's skin was very fragile and that staff were very skilled at making sure they were moved appropriately from their wheelchair to a chair where a pressure cushion was in place. They said, "They really keep an eye on [family member]'s skin and if there is any redness they are very quick to make sure [family member] has a lie down in the afternoon to relieve the pressure."

The provider had a training programme and an induction process for all new staff which included a period of shadowing more experienced staff before taking up full duties on shift. The manager kept a record of all staff training so that they could monitor when updates were due. Staff we spoke with said that the training they had received was sufficient to enable them to carry out their roles. One member of staff said, "The training is helpful and good. I have learned a lot to make sure people are safe and well cared for." Another member of staff told us about their experience of becoming trained to deliver training and described it as a positive development opportunity whilst also being, "A steep learning curve."

Staff told us they received regular supervision every six to eight weeks and an appraisal once a year and there was evidence of this in the staff records we looked at. They said that supervision was useful in supporting them to do their job well. They discussed their training and development needs, any concerns they or their supervisor had, as well as any care issues they needed advice about.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and made applications where it was felt to be appropriate.

People were supported to give consent before any care or treatment was provided. Staff understood their roles and responsibilities to ensure that people consented to their care and treatment. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been carried out and decisions made to provide care in the person's best interest. This was done in conjunction with people's relatives or other representatives, such as social workers.

People were supported to have enough to eat and drink. Most people we spoke with enjoyed the food provided. One person said, " I'm very happy with the food here. It's always hot and there is a lot of choice. I can have what I want." At lunch time one person asked for a fruity salad with their chicken and when it arrived it had a plentiful variety of fruit and looked very appetising. The person said, "[Name of Kitchen staff] is really good. We always know when she is in the kitchen." Another person told us that they liked to eat particular fruit and vegetables when they came into season and the kitchen staff had made sure they were available for them. They said, "I told them I would like an avocado, and hey presto, I got an avocado! " We observed a lunchtime meal and noted that the food appeared well cooked and was presented in an appetising way. Staff gave support to people who required assistance to eat their meals in the dining rooms and also to those who had their lunch in their bedrooms. In addition to the main meals, people were regularly offered snacks and hot or cold drinks. The coffee shop in the main dining area also provided a very pleasant facility for people to access drinks and snacks if they wished. There was evidence that people who were at risk of not eating and drinking enough were monitored and appropriate action had been taken to ensure that they maintained their health and wellbeing.

People told us that they were supported to access additional health and social care services, such as GPs, dietitians, chiropodist and dentists so that their health

Good

Is the service effective?

needs were appropriately met. Records also indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. One person said, "It's almost like a holiday going to the hospital. A carer goes with you and they really look after you!." A relative told us, "It works really well." They went on to explain that a GP was called in straight away if staff felt there was a problem or if a person asked.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind, caring and treated them with respect. One person said, "I like living here very much. The staff are particularly nice." A relative said, "Staff are wonderful with [family member], very kind." We observed positive interactions between staff and people who used the service. Staff were kind and caring towards people and there was a warm atmosphere throughout the home. While supporting people, staff gave them the time they required to communicate their wishes and it was clear they understood people's needs well. This was particularly the case in the unit which supported people living with dementia. Staff on this unit engaged skillfully with people, showing warmth, patience and respect. We saw staff take time to reassure a person when they became anxious and other staff taking time with a person to look through photographs that were clearly very significant to them. We heard staff addressed people using their preferred name and gave them time to understand what was said as well as to express themselves. At lunchtime, we saw that staff took time to check where people wanted to sit and located other people they were friendly with to ensure that their mealtime was a pleasant and social experience. It was evident that respect for people's choices and preferences was embedded in the culture of the service and staff demonstrated a commitment to working in a manner which valued people as individuals.

People told us that staff provided care in a way that respected their dignity, privacy and choice.

One person said, "They always knock on my door if they want to come in." One relative said, "They are very careful about shutting doors and being very polite when they are washing or helping with the toilet." Staff demonstrated that they understood the importance of respecting people's dignity and gave examples of how they would do so while providing personal care. They were also able to tell us how they maintained confidentiality by not discussing people who used the service outside of work or with agencies who were not directly involved in people's care. People's relatives or friends could visit them whenever they wanted. We spoke with relatives who visited the home regularly and they were happy that there were no visiting restrictions. One person said, "I can have visitors whenever I want. There are no restrictions on my life here." We found this enabled people to maintain their social networks and relationships with loved ones.

Information about the service was given to people when they came to live at the home to enable them to make informed choices and decisions. Some people's relatives acted as their advocates to ensure that they understood the information given to them and we saw that information was also available about an independent advocacy service that people could access if required.

Good

Is the service responsive?

Our findings

People who used the service had a wide range of support needs. These had been assessed and appropriate care plans were in place so that they were supported effectively. People's preferences, wishes and choices had been taken into account in the planning of their care and had been recorded in their care plans. There was evidence that care plans were reviewed regularly or when people's needs changed and some people and their relatives told us they were involved in this process. One relative said, "Yes we go to reviews; there isn't much to discuss as he does so much for himself, but we are invited and we do go."

Staff told us they got to know people's needs very well and each person was treated as an individual so that they received the care they expected and wanted. This was supported in our conversations with staff who were able to tell us about the needs of individual people they supported. When speaking of one person who sometimes required support to manage behaviour that had an impact on others, staff were able to explain the strategies they had in place to support them, and added, "[Person] loves music, blues and jazz and one to one chats, so we make sure we make time for this." When talking to one person who was anxious that they would not be able to remember where or when the church service was being held in the home that morning, we heard a staff member saying," It's okay [name], I can take you and show you where it is. Don't worry I can remind you." We saw that staff knew people well enough to anticipate issues that might affect them. For example, we observed staff checking if a person would like to be assisted to go to a different communal area for a while because some noisy maintenance work was about to take place. Knowing that the person was distressed by noise, they took action to avoid them becoming upset.

People were encouraged and supported to pursue their hobbies, interests and socialise with others within the home. One relative told us, "There are plenty of activities, lots to do and a great variety. There are quizzes,word games, reflexology and sometimes they go to the church service as well." One person said, "There are quite a few events going on. I go to some of them." A member of staff told us, "There is a quarterly survey to get feedback and ideas (about activites and events). You soon find out what people don't like!" On the day of the inspection there was a church service, a reflexology session, a flute recital and a chair exercises session taking place. One person who attended the flute recital said, "Yes, I really enjoyed it." Some people felt that activities were not as consistently provided as they had been in the past. One person said, "There used to be more on, now it has stopped or it is sometimes cancelled. They could do with a bit more going on in the evenings." We spoke with the manager about this, who told us that some activities had to be cancelled recently due to the activity coordinator post being vacant. She also explained that she had divided the activity hours more evenly between the residential unit and the unit for people living with dementia. Previously the residential unit had significantly more activity hours allocated than the other unit. She stressed that people were welcome to join activities wherever they were based throughout the service and said she would make this clearer to people so that they did not miss out on anything they wanted to do.People were supported to maintain links with the local community including local school, churches, shops, cafes and businesses.

The provider had an up to date complaints policy and people and their relatives were aware of how to complain should the need arise. The manager kept a log of complaints made. We looked at one recent complaint and found that it had been responded to appropriately and resolved in line with the timeframes set out in the provider's policy.

Good

Is the service well-led?

Our findings

The service had a registered manager. Most people we spoke with knew who the manager was and felt that she was approachable. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people's needs safely and effectively. We saw that the manager made her expectations clear to staff and was confident to hold challenging conversations where it became necessary in order to promote good practice and uphold the vision and values of the service.

Most people and their relatives said that they could speak to the manager at any time, although she had also arranged Friday morning surgeries to make it easier for people to be certain about when she was available. There were regular residents and relatives meetings to enable people to share their views and a satisfaction survey was carried out annually to gain feedback about the service provided.

Some people, however, told us they did not have confidence yet that the new manager would respond to issues they raised as they had with the previous manager, and some people expressed concern that the standards at the home were slipping. One person said, "Things have gone downhill." They gave an example of a dresser in a communal area that they felt was cluttered and said this would never have happened previously. However, a member of staff commented that, " It is more relaxed with the new manager. There is more focus on being with people and less on paperwork. It's got better in the last year." We found the home was clean and well maintained and the standard of care to people was good. The manager promoted a person centred approach to care and led by example, spending time on each unit offering assistance to people. The manager was open with us about her management style and was aware that some people, relatives and staff had found the change difficult. She demonstrated a commitment to developing her relationship with people and their families, and was looking at ways in which to involve them effectively to ensure their views were listened to and acted on to make improvements to the quality of service.

The provider had effective systems in place to assess and monitor the quality of the care provided. A number of quality audits had been carried out on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, health and safety and other environmental checks, staffing, and others. Where issues had been identified from these audits, the manager took prompt action to rectify these. Quarterly audits had also been completed by a senior manager for the provider organisation. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.