Methodist Homes

Waterside House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 22 February 2016. At the last inspection in December 2014 we found the provider was meeting all of the requirements of the regulations we reviewed, however improvements were needed in areas such as medicines and record keeping. At this most recent inspection we found improvements had been made in these areas, however there were other areas where improvements needed to be made.

Waterside House is registered to provide accommodation for up to 60 people who require personal care and support. The home is divided in to four units, each accommodating up to 15 people. On the day of the inspection there were 56 people living at the home. The service had been without a registered manager since October 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A new manager had been appointed in January 2016 and was present on the day of the inspection. They told us they planned to submit an application for registration once they had completed their period of probation.

There were not always sufficient staff to respond to people's needs and support people safely. Relatives and staff expressed concerns about staffing in one of the four units at the service. Staff knew how to recognise and report potential abuse. People's medicines were stored and managed safely and people received their medicines as prescribed by their GP.

People expressed their confidence in the staff team who they felt had the skills and knowledge required to meet their needs. Assessments of people's capacity had been carried out but were not always recorded in a way that gave adequate guidance to staff to support decision making. People were happy with the variety and quality of food and drink provided and people were supported to access healthcare professionals when they required them.

People felt they were supported by staff who were friendly and caring. People diverse needs were understood and met by staff and other visiting professionals. Staff supported people in a way that maintained their privacy and dignity and were aware of people's fears and anxieties.

Staff had a good understanding of people's life histories and personal needs and preferences. People and their relatives were happy with the way they were involved in their care and support planning. People and their relatives knew how to complain and the provider had a system in place to manage complaints.

Staff expressed concern about the lack of consistent management over recent years. People had been asked to share their views, however, relatives expressed mixed views on whether they were given opportunity to contribute to the service. The provider had carried out audits to assess the quality of care, however these had not always been effective in improving the standard of care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.
On one of the four units there were insufficient numbers of staff to meet people's needs. People were protected from the risk of harm by staff who understood their responsibilities in relation to keeping people safe. Medicines were stored and managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.
People were asked for their consent before care and support was provided. People were supported to maintain a healthy diet according to their needs. People had access to healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.
People were supported by staff who were friendly and kind. People's diverse needs were met and staff supported people in a way that respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.
People received care that was relevant to their needs. People were supported by staff who understood their interests and relevant activities were provided. People knew how to raise concerns and there was a system in place to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.
Staff expressed concern about the lack of consistent management. Some people and relatives had been invited to share their views and experiences. Audits were carried out, but did not consistently identify patterns and trends and were therefore not always effective in driving improvement.

Waterside House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 22 February 2016 and was unannounced.

The inspection team consisted of three inspectors. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and the clinical commissioning group (CCG) for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with 13 people who lived at the home, three relatives, eleven staff members, the deputy manager, the manager and the area manager. We looked at eight records about people's care and support, medicine records and systems used for monitoring the quality of care provided.

Requires Improvement

Is the service safe?

Our findings

We observed the levels of staffing on each of the four units and found that on three of the units the staffing levels were sufficient to meet people's care and support needs. However on the fourth unit, Primrose, we found there were not enough staff to respond to people's needs or requirements. On Primrose unit we saw that due to people's mobility needs, or because people were cared for in bed, a higher number of staff were needed to ensure people's needs were met in a timely manner. One staff member told us, "There are not enough staff, sometimes we struggle." We saw that there were some people who required constant supervision from staff in order to keep them safe. Staff were finding it difficult to provide this level of support and told us they felt they were neglecting other people who needed assistance. Relatives also expressed their concerns about the staffing levels on Primrose unit. One relative told us, "I feel worried when I leave my loved one, in case they aren't being looked after properly". We saw that at times the communal lounge area on Primrose unit was left unstaffed while staff supported people in their bedrooms. One person told us how they 'tended' to other people in the staff's absence. We found no evidence to demonstrate that staffing levels had been reviewed in light of the changing needs of people living on the unit.

We reviewed the accident and incident records and found a number of falls had taken place in the lounge areas of Primrose unit. We looked at incident reports relating to falls, one of which stated that the person had been 'left alone due to assisting other residents'. We discussed our concerns about Primrose unit with the manager and provider and they advised that a review would be undertaken with immediate effect.

Everyone we spoke with told us they felt safe. One person said, "I feel safe. They [staff] look after us." Another person told us, "Yes I am safe, staff are always here". All but one of the relatives we spoke with also told us they thought their family members were safe. One relative said, "I think people are safe. There are alarms and staff are present and [person's name] has all the equipment they need". Another relative said, "Yes [person's name] is safe here. I visit regularly and would know of any concerns."

People were supported by staff who had received training in how to keep people safe and knew how they would record and report any concerns. Staff were also confident to escalate any issues through the provider's management team if they felt that a concern had not been appropriately dealt with. Staff told us the service had a whistle blowing procedure and advised they would feel comfortable to use the procedure in the event of improper or unsafe practice at the service.

Risks to people had been identified and assessed and risk management plans were in place for staff to follow. Following our concerns regarding Primrose unit the provider advised that the risks presented by some of the people living there would be reviewed. Staff were able to tell us how they monitored risks and shared concerns with the staff team. One staff member gave us an example of action the provider had taken to manage risk, for example, moving people to other areas of the home if they became at risk from others. We saw there were systems in place for staff to share information about possible risks with the rest of the staff team, which included handovers and staff meetings. This meant staff could act in a way that kept people safe.

Staff told us they had been required to provide identification and undertake checks, including reference checks and Disclosure and Barring Service (DBS) checks before they were able to start work at the service. By undertaking these checks the provider minimised the risk of employing unsuitable staff.

People told us they were happy with the way they received their medicines and told us staff supported them with their medicines and they received pain relieving medicines when they needed them. One person told us, "If I am in pain I just ask and the staff will give them to me." One person we spoke with was suffering with a cold, and we observed staff supporting them to take medicine to help them feel better. We looked at the medicines records for four people and found people had received their medicines as prescribed by their GP. We looked at the systems in place to manage medicines and found people's medicines were stored securely and at the correct temperatures. There were systems in place to ensure administration of medicines was recorded accurately and we found the amounts recorded reflected what had been administered. Staff demonstrated a good knowledge of people's medicines and the systems used to manage them. We found that staff who supported people with their medicines had received training to ensure they were competent to do so.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff who supported them and felt staff had the skills required to care for them. One person told us, "It's excellent here, I can't fault it." Another person said, "The staff are good, very good." Staff told us that they had an effective induction into their role when they started working at the service and that on-going personal and professional development was good. They said they also received regular support and supervision from the senior staff and had an annual appraisal. We saw the provider monitored the training staff received and prompted staff when they were due to refresh their knowledge in a particular subject. Staff had received specialist training in dementia which helped their understanding of people's support needs. We saw that, where relevant, staff had been supported to undertake nationally recognised qualifications.

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. Not all staff we spoke with understood the requirements of the MCA although they did understand the importance of acting in people's best interests. Staff shared with us examples of how they involved people in making choices, for example asking people what time they wanted to get up and go to bed, as well as asking people about their personal care preferences. We saw that although the provider had carried out assessments of people's capacity this was not always recorded clearly, meaning staff may not receive accurate guidance about people's capacity to make certain decisions.

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). MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that applications had been authorised by the supervisory body and that the provider was complying with the conditions applied to the authorisation. We spoke with one person who told us they liked to spend time outdoors and could not understand why the door was locked. We observed that staff supported the person to go out during our visit and the person confirmed that this happened each day. We looked at this person's care records and found their capacity had been assessed and an application made under DoLS because the person's rights were being restricted.

People told us they enjoyed the food and were happy with the quantity, quality and choice of meals. One person said, "I can choose my breakfast lunch and tea." Another person told us, "the food is very good, there's a good choice." Relatives gave similar feedback. We saw there was a range of choices for breakfast, lunch and dinner and drinks were available in the communal areas of the service and for those in bedrooms, throughout the day. We saw food and fluid charts for three people which all included a daily target for fluid intake. Those we saw all met or exceeded the target intake. Where people had been prescribed food supplements we saw there were clear instructions for staff to follow, and guidance given if the person did not received the recommended amount. Where people required a specialist diet we saw staff were aware of

this and encouraged people to eat and drink to maintain their health. We saw that culturally appropriate meals were provided for people where required and found the chef had considered the feedback from people about meals and made changes and improvements where suggested.

People told us they were supported to access healthcare when required. One person told us staff had recently supported them to access a nurse following an injury. We saw staff monitored people's wellbeing and were able to identify any changes that may indicate a decline in people's health. People told us staff took appropriate action when they needed additional support from healthcare professionals and we found that people had access to a range of services including chiropodists, dentists, GPs and speech and language therapists. One relative told us how the staff always contacted them if there was a change in their family member's health and we saw specialist equipment was in place where required to support people with their healthcare needs.

Good

Is the service caring?

Our findings

People told us they felt staff who supported them cared about them. One person said, "The staff are very good. They are lovely and friendly." Another person told us, "It's nice having people to talk to, they [staff] are friendly, very nice people." We saw people were treated in a kind way with sensitivity and compassion by staff. Staff told us they understood people needs and responded where appropriate. One staff member said, "We have good interpretive skills, we can identify triggers and avoid difficult situations." Staff told us how they tried to encourage people to do as much for themselves as was practical and one person told us how they visited the local town centre alone on the bus.

Where people became anxious and needed support, staff responded and spent time reassuring and talking to people. For example one person became anxious and tearful when eating their breakfast saying how they missed their family. Staff approached the person and talked about their family and how they visited them regularly and cared about them. The person was reassured and became less anxious. Staff told us this often happened at the beginning of the day for this person and they were able to reduce their anxiety. We later spoke with this person who said, "I like living here, the staff are really good to me, they will do anything for me. I could not have better care anywhere."

People's diverse needs were understood and met. One person had limited knowledge of English but there were three staff members of the same culture as the person who were able to speak and support them. Cultural diets were available for several people who had specific cultural needs. The visiting Chaplin told us about meetings that took place that catered for people of all denominations of faith, as well as the non-religious psychological support that people may need. Pastoral care was provided individually as people requested or needed it. People's individual needs were understood by staff and met in a caring way. A relative told us how pleased they were with the standard of care provided to their family member. They said, "My relative did not settle well at first but then they were given their doll (therapy). That made a dramatic difference, they settled and became calmer.

One relative told us staff had spent time with them explaining dementia and talking through some practical communication methods to help support communications between families. They also told us that they had been encouraged by staff to create a memory book giving them some ideas of what could be contained within it. During the inspection we saw relatives visiting the home throughout the day. The relatives we spoke with told us they were able to visit their family members whenever they wanted to.

People were supported by staff who knew how to maintain their privacy and dignity. Staff shared examples with us of how they protected people's privacy by closing curtains and bedroom doors when supporting people with personal care and covering people with blankets while hoisting them. People were encouraged to do things for themselves whenever possible.

Good

Is the service responsive?

Our findings

People told us they were involved in decisions about how they received their care and support. One person told us, "I understand what they [staff] are doing and why." We saw that people's care plans had been regularly updated taking account of changing needs and preferences. Staff told us they tried to involve people in their own care planning as much as possible and attempted to explain to people about the care that was being provided. However staff told us that this was sometimes difficult due to the nature of the diagnosis of the majority of people living at the service. One relative told us they were happy to have been involved in the development of their family member's care plan. Other relatives told us that staff always kept them up to date with any changes to the service or the care their loved one was receiving. Relatives we spoke with also told us they were informed of any incidents that occurred involving their family member.

We saw there was a range of activities taking place on a daily basis for people to take part in. The service had a chaplain, two activities coordinators and a trained holistic therapist on the site. There were regular faith based activities taking place at the service, a PAT dog that visited monthly and music therapy taking place regularly. Staff told us that the activities coordinators arranged for day trips out for people and one person told us they went to watch football matches with their family members. During the inspection we saw a 'sing along'. People were actively engaged in the session and appeared to be happy and having a good time. We saw the service had been offering people holistic therapies to include reflexology, aromatherapy and hand massage; however due to staffing levels this had not been delivered since October 2015. Staff told us how they encouraged people to get involved in activities that interested them and during our visit we saw examples of staff supporting people to engage with other people, activities and meal times.

People told us that they would tell a member of staff if they had a concern or problem. One person told us, "I would raise any issues with a senior member of staff." This person shared with us some informal concerns they had raised in past with staff, and explained they were happy with the outcome and felt their concerns had been "resolved quickly". Relatives told us that they had not seen a complaints procedure but told us that they would report concerns to a senior member of staff if required. One relative told us that they had made a complaint and that the issue was resolved quickly and efficiently. Staff told us about how they would record and report complaints. We saw that the complaints procedure was available to visitors at the front entrance. We spoke with the newly appointed manager who was knowledgeable about recently concerns and told us they planned to hold a regular meeting with people and their relatives to improve communication at the service.

Requires Improvement

Is the service well-led?

Our findings

Due to a recent management change not many people or relatives knew who the manager of the service was. The registered manager had left the service in October 2015 and a new manager had been appointed shortly before the inspection. They told us they would apply to become the registered manager once they had completed their probationary period of employment.

Staff acknowledged they had not had time to get to know the new manager; however they expressed concerns about the changes in management. One staff member said, "There have been so many changes of manager, there is almost a change every year. Managers don't always listen to staff. We put our ideas forward, but they don't seem to listen. They make changes but don't ask us." The manager told us they had recently held a staff meeting to discuss staff concerns and give staff an opportunity to express their views. Staff we spoke with had attended staff meetings, however not all staff felt able to contribute with their views and opinions. We found the provider had recently introduced some changes to staff working hours and some staff were not happy about this and felt they had not been appropriately consulted. We discussed this with the area manager who advised that this change had been introduced by the provider across a number of services. They acknowledged that the change had not been well received by some members of the staff team. Staff told us that they received good support and supervision from senior staff and were positive about the deputy manager, with one staff member telling us, "The deputy is very fair. They listen and have no favourites."

Relatives told us that the service held residents and relatives meetings, however they felt that these were not frequent enough. Some relatives told us that they felt as though they were able to have a voice in how the service developed, however others that we spoke to did not feel that they were involved in shaping and developing the service. We spoke with the manager about this who shared their plans for improving communication with people and their relatives, by introducing regular monthly meetings.

We saw the provider carried out audits to monitor the quality of care provided, but found that in the last 12 months these had not always been effective in driving improvement and raising standards. The area manager told us the provider had a 'quality team' who visited to carry out an assessment of the standards within the service. While we saw there was an action plan following these visits, there were still a number of actions outstanding which included improvements that needed to be made to record keeping and the storage of care planning documents as well as the introduction of a regular relatives meeting. We saw that accidents and incidents were recorded, however there was no evidence of these been analysed or 'lessons learned' meetings being held at the service.
Following the inspection the provider sent us a copy of their residents' survey results from 2015, this showed that of the 16 people who contributed, the majority of people were happy with the care they had received.

Staff told us that the manager at the service was very new to the role and were not able to comment on the effectiveness of management at this stage. They did however tell us that the manager was approachable and felt they would be able to raise concerns or issues at any time. Staff told us that they felt they had received sufficient training and on-going support and supervision to carry out their role effectively and to

meet he needs of the people living at the home.

We spoke with the manager who had a good understanding of their responsibilities. We found that in the absence of a registered manager, senior staff had maintained the requirements of the provider's registration by notifying us of any serious incidents or events relating to the service.