

Methodist Homes Warde Aldam

Inspection report

Westfield Lane
South Elmsall
Pontefract
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Tel: 01977643697

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18 October 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Warde Aldam on 10 and 18 October 2017. Both visits were unannounced. Our last inspection took place on 15 October 2015 where the service was meeting all the regulations. At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. We also made a recommendation to the registered manager to ensure the management of medicines were robust in relation to staff recording of their individual codes by completing regular audit checks.

Warde Aldam is a care home with nursing care. It provides care for a maximum of 60 people and consists of three different units. It is located in South Elmsall, near Pontefract. There were 58 people living at Warde Aldam at the time of inspection.

There was a registered manager, who had been registered with the Care Quality Commission to manage the service since July 2015. 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.

We saw in some people's care plans information which was conflicting. In one care plan it stated the person should be weighed weekly but had been weighed monthly. We spoke to the registered manager who told us this was an oversight and should be completed monthly. We saw one person's Deprivation of Liberty Safeguards (DoLS) conditions had not been adhered to. We spoke to the registered manager who told us this would be rectified and completed straight away. The registered manager sent an action plan showing how they would address the issues we found.

We saw some effective audits in place in relation to accident and incidents, staff files and quality assurance in relation to surveys from family and people who live at Warde Aldam.

Most people we spoke with told us they enjoyed living at Warde Aldam and were complimentary about the staff who supported them. They told us they felt safe, enjoyed the food and received good support with their health needs.

We saw most staff interactions were friendly, respectful and caring. Most visiting relatives were happy with the standard of care.

We felt staffing levels were sufficient to ensure people were supported with all their care needs and activities. However we felt the deployment of staff needed to be looked at in relation to allocation on the three units. We spoke to the registered manager about this. The home had a variety of activities within the home which we observed on two units Of the home. However on one unit we saw no activities taking place.

Staff understood how to safeguard people and knew the people they were supporting very well. Medicines were managed consistently and safely through an online system. However we did make the registered manager aware of the importance of ensuring the correct staff name was logged in and out on the online system.

We have made a recommendation to the registered manager to ensure the management of medicines were robust in relation to staff recording of their individual codes by completing regular audit checks.

People lived in a safe environment. Rooms were decorated to individual taste and people could choose what items to keep there. There was an odour across one unit of the home. The registered manager had allocated regular deep cleans within the home. We spoke to the registered manager who felt this would need to be looked at in relation to arranging new flooring across the units to maintain its effectiveness.

Information for people was displayed in the home, this included leaflets about people's rights, standards people should expect and customer surveys results.

Staff we spoke with told us they were well supported by their colleagues and management. The staff received appropriate training, supervision, appraisal and observations around their practice which meant that staff had the right skills and knowledge for their role.

You can see the action we have told the provider to take at the end of this report.

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 always safe.

The deployment of staffing were not always appropriate to meet the needs of people on one of the units. People were left for a period of time with no interaction from staff.

Staff were confident people living at the home were safe. They knew what to do to make sure people were safeguarded from abuse.

Staff managed medicines consistently and safely in relation to administering medication. However the recording system for signatures needed some improvement

Is the service effective?

Requires Improvement ●

The service was not always effective.

The registered manager and staff demonstrated an understanding of how to apply the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. However conditions of these were not evidenced in one persons care file.

Staff had regular supervisions, and an annual appraisal.

People's nutritional needs were being met. Where it had been identified people had lost weight these concerns were referred to a healthcare professional.

Is the service caring?

Good ●

The service was caring.

People were mostly happy with the care they received and were very complimentary about the staff who supported them.

Staff knew the people they were supporting well and were confident people received good care.

We saw examples of staff promoting privacy and dignity.

Is the service responsive?

The service was not always responsive.

Care plans were in place and showed that families and people who used the service were involved in the care plan reviews. However these were not always effective due to missing information in some care plans.

There was good communication within the home between management, staff and people who used the service.

Activities were accessible for people in the home. We observed activities in two units of the home on the first day of inspection.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The provider had some systems in place to monitor the quality of service provision. However we did observe shortfalls in the care plan audits and medicines recordings.

People who used the service, visitors and staff spoke positively about the registered manager.

People could contribute to the running of the home by surveys and questionnaire's.

Requires Improvement ●

Warde Aldam

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 10 and 18 October 2017 and was unannounced on both those days.

The inspection was carried out on the first day by two adult social care inspectors, a specialist advisor and two experts-by-experience who had experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection one adult social care inspector attended.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During our visit we spoke with 11 people who used the service, seven relatives, 12 members of staff, the activity coordinators and the registered manager. Some people who used the service when we visited were unable to tell us about their experience; we therefore spent some time observing care and support given to people. We also spent some time looking at documents and records that related to people's care and the management of the service. We looked at seven people's care plans.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt they or their relative was safe. One person told us, "I have to say - I feel very safe and secure here." A second person said, "Knowing there are staff around to keep us safe means a lot." A third person said, "I cannot think of anywhere safer - it's the staff that make you feel so safe." A fourth person said, "I can certainly say that the staff do all in their power to keep me safe." A relative told us, "We can go away as a family knowing [Name of person] is safe here." Another relative said, "When it comes to the aspect of safety - it is excellent here."

We looked at the recruitment records for six staff; these showed that application forms were completed, two references for each applicant were received and each applicant had attended an interview. The provider checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people and obtained references.

Staff we spoke with told us people were safe living at Warde Aldam. They said they had received training around keeping people safe and protecting people from abuse. Staff understood they had a responsibility to report any concerns to management who they said would deal with things appropriately. Staff told us the provider had a whistleblowing procedure. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

We spoke to people and their relatives about the staffing in the home. One relative told us there were not always enough staff. They said, "It can get very challenging here at times. One person has a bad day and that impacts on others. It keeps the staff very busy." they did not tell us about any negative impact on people, just said it often "Kicked off." They told us they felt staff responded as well as they could.

We observed in one unit, staff were under regular pressure to answer call bells, respond to people's needs and manage behaviours that could challenge people or others. Although we did not see any people wait long for assistance or support, we noted staff were very task focused and did not always have time to spend talking with or engaging in activities with people. We looked at the rotas for the last four weeks which showed staff were allocated in relation to the dependency of people on the units. We spoke to the registered manager about this on the day of inspection who told us they would look at the allocation of staff on that unit. On the second day of inspection the registered manager had already had a meeting with the staff and unit manager to discuss these findings to ensure allocation of staff were present in the communal areas at all times.

Care plans contained a number of risk assessments, including those for falls, skin integrity, nutrition and hydration, mobility and environmental concerns. We saw these were kept up to date. We saw one example of a Malnutrition universal screening tool (MUST) chart which had been incorrectly calculated. This had meant the person's increased risk had not been identified or acted on. There was guidance on the MUST forms to show staff what steps to take, for example monitoring intake and weight more closely and referring to health professionals. We spoke to the registered manager about this and an action plan was completed on the same day to rectify this.

We noted some malodours areas in one area of the home. All other areas we looked at were clean, including toilets and bathrooms. We saw corridors were cleaned in the morning, and the dining room was cleaned after lunch. We saw evidence of regular deep clean throughout the home. We spoke to the registered manager who felt this would need to be looked at in relation to arranging new flooring across the units to maintain its effectiveness.

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

Eight random electronic medication administration records (eMAR) sheets were checked, and administration was found to be accurate in terms of stock held. Each eMAR had a photograph of the individual person for identification purposes and allergies were noted.

We looked at medication storage and saw that medication rooms were well-lit and spacious. Rooms had records of temperature which were checked and recorded daily. As and when required (PRN) drugs were in place at the home. We identified an issue on one of the units in relation to the eMAR, the nurse administering the medicines had an individual code number with their name identified at the bottom of the eMAR page, in this case '2', it was observed that the system was actually recording that the medicines were given by nurse '3'. This was highlighted to the on call manager and regional manager as an issue to be corrected as it could lead to confusion at a later stage if any checks were required. The registered manager told us they would look into this to ensure this could not happen again.

We recommend the registered manager ensure the management of medicines were robust in relation to staff recording of their individual codes by completing regular audit checks.

We looked at around the home and reviewed a range of records which showed people lived in a safe environment. For example, fire-fighting equipment was checked, and fire drills and training were carried out. Contracts were in place for the maintenance of waste management. Electrical equipment had been tested. Environmental risk assessments such as maintenance and repair, and electrical equipment were in place.

Is the service effective?

Our findings

All the people we spoke with said that the staff looked after them extremely well. One person said, "The staff come in to me at night to make sure I am alright." Another person said, ""The staff are so hospitable - they look after our family too." A relative told us, ""The staff are so well trained - they have a great understanding of what I am going through - they are so sensitive."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw in people's care plans where applications had been made and authorisations granted, however in one person's care plan the conditions had not been recorded. We spoke to the registered manager about this on the first day of inspection. The registered manager completed an action plan the same day to ensure this was to be recorded in the care plan audit. We concluded this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

One member of staff discussed the process for assessing people's capacity around decision making. They told us a 'face to face assessment' was carried out where they asked a series of questions and then went back later to discuss and check if the person could recall the earlier discussion. They also told us DoLS were usually applied for when people first moved into the service because the door was locked and people were not free to leave.

The provider had effective systems for monitoring to ensure staff received training so they were equipped to do their job. We saw from records staff had completed training in manual handling, understanding the mental capacity act and DoLS, safeguarding, food safety in care, infection control, emergency procedures and understanding equality and diversity.

Staff said they received one to one supervisions every month. Some staff were due an appraisal in 2017 which was confirmed by the registered manager. Staff said they found the supervisions useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. Comments we received included: "We feel supported in our role." And "We are kept informed."

We saw varied experiences throughout the home at lunch time. In one unit of the home tables were set with

condiments and glasses. In another unit the table clothes were creased and no interaction from staff were observed. People were offered choices for their meal and a cold drink. Three people did not want to go into one of the dining rooms. These people remained in their lounge chair. Two had their meals placed on low coffee tables (lower than their knees) - they were able to feed themselves but it was not easy for them to access this. One person did not eat any of their meal although staff tried to encourage the person. One person received their meal on a plastic tray - they had difficulty managing this as their lap sloped downwards - so the tray was sliding from their lap - they held on to it with one hand and tried to eat with a fork - they did not eat his meal. We spoke to the registered manager about this on the first day of inspection. On the second day of inspection this had been addressed and new individual tables had been ordered for people who chose to eat their meals in the lounge.

People we spoke with told us they enjoyed the food. Comments included, "The food is good - they will cook you anything you want", "The staff work hard to make sure you get everything as you would like it to be" and "I am more than happy with the food." Another person said, "I am happy with the menu - you get plenty of fresh vegetables"

We saw evidence of a wide range of healthcare professionals who were actively involved with people in the home.

Is the service caring?

Our findings

People and relatives made extremely positive comments about the staff. We observed staff treated everyone with dignity and respect. They respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The staff and people in the home looked comfortable together - there was a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them and meeting their needs. Relatives and visitors told us they were also welcomed in a caring and friendly manner. One person said, "The staff are absolutely marvellous." A second person said, "The staff are so caring and kind." A third person said, "They treat me as an individual."

Meeting people's spiritual, religious and cultural needs was a key focus of the team. The staff supported people with whatever spirituality meant to the individual. A chaplaincy support service regularly attended and also responded to specific requests. One person said, "The whole team staff constantly considers my religious needs." A second person said, "It is so reassuring to be able to call upon a chaplain if I need to pray - it means a lot to me." A third person said, "We have a church service regularly - it is wonderful." A fourth person told us, "Singing hymns is so important to me." My life story documents included information about people's spiritual beliefs, and whether they still practised these.

People looked well presented in a clean, well-cared for way which evidenced that personal care had been attended to and individual needs respected. People were dressed with thought for their own individual needs and hair was nicely styled. We noticed that at one point a person's clothes had food on after having their meal. Staff attended to this with thought for the person's privacy and dignity.

Staff we spoke with said people received good care. Several told us the staff team worked well together which they felt contributed to the good standard of care provided. One staff member told us, "I treat people how I would like to be treated".

We saw some care plans contained information about people's lives, work and leisure activities that would have helped staff form a caring rapport with people.

We saw detailed and personalised care plans in place which showed people had been given opportunity to discuss and plan for their end of life care.

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to their needs.

We saw pre-admission assessments were in place. These had been used to prepare a number of support plans including those for spiritual well-being, mobility, nutrition and hydration, sleeping and continence.

We saw care plans and risk assessments were regularly reviewed, although we did not see evidence of people's involvement. In one care plan we saw the person had signed consent not to be consulted about reviews of care, and they had capacity to give this. Although their wishes were being recorded and respected, there was no indication staff ever revisited this decision. The document made clear the person could ask to be included at any time, which placed the responsibility on them rather than staff.

We did not observe any activities on one unit. One person spent some time listening to music in their room, and one person was able to let themselves into the garden when they wanted a cigarette. There was a television on in the lounge; however no one appeared to be watching it. We did not see anyone being asked what they would like to watch, and there was no remote control in evidence. This meant people were not able to change the channel or choose a programme to watch. However we did see activities on both other units in the home on both days of inspection. Two people had gone out shopping to the local market in the morning and had an arranged disco and DJ in the afternoon. This was well attended. Throughout the day staff were seen actively sitting with people and chatting.

We spoke to people about the activities in the home. One person said, "I just love to go out walking - they help me to go out for lovely walks." A second person said, "The activities are so important to me." A third person said, "I take part in anything that's going - they help me keep busy." A fourth person said, "The dancing is great - we have entertainers too." A fifth person said, "I enjoy all the events - we had a lovely violinist last week - it was lovely." A sixth person said, "They take me to the local open air market - we bump into friends there."

We saw a complaints policy within the home which was accessible for people. A relative raised a concern to us on the first day of inspection. They told us they regularly discussed their relative's needs with the unit and registered manager and found them to be responsive. They told us they would raise their concern with the registered manager that day, and we saw the registered manager came to discuss the issue and proposed actions with them.

We spoke to one member of staff who told us, "All the residents have a copy of the complaints procedure. We need to advocate on people's behalf if we feel they have any concerns at all, We need to report on anything that we think might be bothering them. I would be talking to the manager the minute I thought someone was worried about anything."

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager at the service.

We spoke to people and their relatives who were mostly happy with the service. One person said, "The manager has worked so hard to make me feel at home. "Another person said, "The manager has supported me and [Name of person] so well." A third person said, "The manager and staff are approachable - there is nothing they will not do for you." A relative told us, ""The manager is so open - you can talk to [Name of person] about anything. "A second relative said, "I have had meetings with the manager – [Name of person] has helped our family come to terms with my relative's deteriorating condition.

We spoke another relative who said "I do feel that the manager should spend more time on this unit (Lower Cedar) to see what is going on at meal times. Another relative told us, "The manager should go round the home every day - to see what's going on."

Systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, accidents and incidents, care planning, weights, medicines and health and safety. However DoLS information in the care plans did not reflect any conditions people may have.

The registered manager completed daily walk rounds, however some concerns we picked up on the first day of inspection had not been picked up by the registered manager in relation to meal time experience and malodours in one area of the home. We also spoke to the registered manager about the electronic medication system which showed another member of staff as signing for the medication. This was an error on the system. We saw the provider had a quality assurance programme which included monthly visits by the area manager to check the quality of the service. We saw detailed reports of the visits and action plans, time scales and improvement plans. Areas of improvement included; care plans and activities. However these did not pick up the concerns in relation to people's DoLS restrictions. This meant the quality assurance check was not effective in relation to governance as this should have been addressed throughout the audits. We concluded this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We spoke to staff in relation to the support they received from the registered manager. All the staff we spoke with told us the manager was approachable. One member of staff said, ""This home is run really well - it's marvellous."

Staff attended regular team meetings where they had opportunity to discuss their role and responsibilities. We saw evidence of regular staff meetings across the three units of the home. Discussions included health and safety, infection control, people and keeping the home safe and tidy. On one staff meeting it was recorded for staff to 'come to work with a smile as it makes everyone's day happier'

We looked at the way the registered provider gathered opinions and views of people who used the service and their relatives. We saw monthly meetings for residents and relatives which were recorded and any

actions from these were completed and brought to the next meeting. For example, food preferences had been addressed and people were receiving a more varied menu. Evidence we obtained from meeting minutes and speaking with relatives showed it was clear that people's thoughts and ideas were acted upon. The people who used the service had every confidence in the managers. The external professional, quality assurance tools that were used by the provider resulted in positive feedback (95%) in relation to 'overall satisfaction'. Any individual sections of the survey that resulted in less than 95% triggered a group meeting with the manager to endeavour to analyse the outcome further - thus giving the relatives an opportunity to discuss any concerns. This showed the service was committed to continuous improvement.

Information for people was displayed in the home, this included leaflets about people's rights, standards people should expect and customer surveys results.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's conditions had not been always recorded and evidenced throughout the care plan
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective audits were not always in place in relation to people's care plans