Methodist Homes

The Fairways

Inspection report

Malmesbury Road
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16 November 2016

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 10 and 16 November 2016 and was unannounced. The service was last inspected on 17 December 2015 when we found two breaches of the Health and Social Care Act 2008 and associated regulations. At this comprehensive inspection we found the provider had taken action to address the breaches we had identified.

The Fairways is a residential home and provides care and accommodation for up to 60 older people. Some people are living with the experience of dementia. The home is managed by the MHA group which is a charitable organisation. At the time of the inspection, a newly appointed manager had been recruited and they were undertaking an induction. They were therefore not available to us during this inspection.

The provider had taken action to meet the concerns identified at the inspection of 17 December 2015 and had put in place measures to keep the environment clean and prevent the spread of infections. Improvements had also been made to how staff supported people with eating and drinking.

Prior to the inspection we received information of concern relating to the care and welfare of people and the approach of some staff. We discussed this with the area manager who had carried out a through investigation. During the inspection we found no issues of the nature raised.

Staff and people reported to us they did not feel there were sufficient numbers of staff available at all times. Staff identified the morning time and lunch time as needing additional staff. We observed the lunch time periods and found some people were waiting long periods of time to receive their meal and to be able to eat together as a table. People told us it sometimes took a while for staff to respond to the call bell.

People told us they felt safe living at the Fairways and relatives echoed this opinion. People who use the service and their relatives were positive about the care they received and praised the staff and management. People and relatives told us staff were kind, attentive and caring. We saw staff were respectful in their interactions with people. Staff sought permission from people before any care or support was offered and personal care was carried out in the privacy of the person's room.

Staff supported people to eat and drink in an inclusive way and which enabled the person to have a positive experience of the meal time.

Staff received appropriate training and support to be able to effectively offer safe care and treatment. Staff understood people's needs and preferences for the way they wished their care to be delivered.

People's care and support plans identified how they wished their care to be given and where potential risks were identified, support and management plans were in place to enable staff to deliver a consistent approach to each person's care needs. Families were involved in their loved ones care [where agreed by the person] and felt supported by the staff.

Medicines were managed safely and people told us they received their medicines on time. Staff had the appropriate training to be able to administer medicines competently. Systems were in place to protect people from abuse and harm and staff knew how to use them.

There was a range of activities people could take part in if they wished and the newest recruit to the staff team had been a community co-ordinator.

There was a complaints procedure in place and people and their relatives knew how to make a complaint. They felt confident that their concerns would be addressed.

People and relatives were sent questionnaires to gain their feedback on the quality of the care provided. The provider had a number of systems in place to monitor the quality of the service and put action plans in place where concerns were identified.

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 fully safe.

People reported they sometimes had to wait for staff to be available to support them. Staff felt the levels of staffing were not sufficient at all times to meet people's needs.

People told us they felt safe living at the Fairways.

Medicines were administered safely and people received their medicines as required.

Staff received appropriate training to enable them to recognise and report suspected abuse.

Is the service effective?

Good

The service was effective.

People told us they had enough to eat and could have a snack whenever they wanted.

Staff received supervision and training to enable them to deliver safe and effective care.

Health professionals were involved in people's care and timely referrals were made by the home.

Is the service caring?

Good

The service was caring.

People and relatives praised the staff for their caring approach.

People were supported to keep in contact with their loved ones and families could visit at any time.

End of life care plans were in place where people wished to discuss this.

Is the service responsive?

Good

The service was responsive.

People received care and support in line with their preferences.

A range of activities was available for people to participate in if they wished.

There was a complaints procedure in place and people told us they knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

People and families told us the service was managed well, although they had not been given information about the new manager starting.

A range of audits was completed which supported the planning of the service.

Staff felt supported by the management team.

The Fairways

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.

The inspection took place on 10 November 2016 and was announced. We informed the provider we would be returning to complete the inspection on the 16 November 2016. The inspection was carried out by one inspector and an Expert by Experience. An expert-by-experience is a person who has knowledge in supporting someone who uses this type of care service.

Prior to the inspection we looked at all information available to us. This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

During the inspection we spoke with the area manager, area support manager and the deputy manager. At the time of the inspection a new manager had been recruited and was undergoing their induction period. They were not available at this inspection.

In addition, we spoke with the community co-ordinator and the activities co-ordinator, the chef, two team leaders and six support workers. Prior to the inspection we contacted health and social care professionals to gain their views on the quality of the service people received. We received feedback from two health and social care professionals.

We spoke with 11 people who live at the Fairways residential home and also observed the care and support people received. We spoke with four relatives who were visiting during the inspection dates and one relative on the telephone.

As part of the inspection we reviewed the care records for seven people living in the home. We looked at staff records and other records relating to the running of the home. This included staffing dependency assessments, staff supervision, training and recruitment records, quality auditing processes and policies and

procedures.

Requires Improvement

Is the service safe?

Our findings

During a comprehensive inspection in December 2015, we found the provider was not meeting the required standards in relation to safe care and treatment in infection control. This was a breach of Regulation 12 of the Health and Social Act 2008. At this inspection we found the provider had made the required improvements.

Staff told us the staffing levels were not always sufficient and felt this impacted on the time they could spend with people when delivering care. This was particularly in the morning when people woke up and at lunch time. Our observation during lunch time on the dementia floor showed there was a 'cross over' of staff who served meals to people in their rooms and alternated this with serving people at the dining table. This did not lead to a swift service and one person waited 20 minutes for their meal and another person waited ten minutes. The deputy manager told us they would review this. Where people were sat at a table together they were not served their meals together, this meant people ate in isolation until staff were available to support them. People told us the care was good but expressed concerns over the length of time it could take staff to respond to their call bell.

The deputy manager had started working on a dependency tool and following the inspection sent us a copy of this. This calculated staffing hours based upon a category of need from very high to very low. They told us that since the inspection this method of assessing people's needs had been implemented and would be used to regularly assess people's needs and subsequent staffing levels. We discussed the concerns raised by staff about how staffing levels were decided upon to ensure they met individual's needs. The deputy manager advised us they would follow this up with staff.

The home was clean, well maintained and safe throughout and there were no lingering odours. Waste bins within the communal toilets were emptied regularly to ensure they did not overflow and supplies of protective equipment such as gloves were disposed of appropriately. Concerns around where a portable urinal bottle was kept had been risk assessed and additional cleaning put into place. We observed that staff washed their hands before serving food which ensured the risk of cross contamination with food was minimised.

There was a clear disciplinary procedure in place which was adhered to. There was evidence that the provider had taken appropriate and timely action where concerns had been raised about the suitability and ability of staff in their role.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

We met with a senior member of staff who was responsible for the administration of medicines to people and for the ordering and disposal of medicines. They told us they had received training in medicines and they undertook a regular assessment to ensure they remained knowledgeable and competent to administer medicines. We observed people receiving their medicines and this was done in a calm manner. The member of staff explained to people what the medicine was for and waited for the person to take the medicine at their own pace. People told us they were supported to take their medicines and thought staff were well trained in this area.

Safe systems of medicine management were in place. Medicines were administered from a monitored dosage system and staff signed the medicine administration records (MAR) charts to show they had administered the medicine. Protocols for medicines to be administered when required gave staff guidance on the circumstances when the medicine was to be administered. Medicine audits were completed and remedial action taken if errors had been identified. Medicines were disposed of safely and appropriately.

A healthcare professional who visited the home on a weekly basis told us the staff were proactive in ensuring information passed on by them was recorded and any action executed promptly. The found the medicines management was very good and the home sought help from the pharmacy and prescription team if they had any queries.

People were safeguarded from abuse by the processes and procedures in place. People told us they felt safe living at The Fairways, both with the staff who supported them and the way their care and support was delivered. Staff attended safeguarding adults training to ensure they were able to identify abuse and received guidance on the procedure for reporting suspected abuse. We spoke with staff who were able to discuss what constituted abuse and their responsibility in reporting such abuse.

Systems were in place to identify risk. Risk assessments were devised for people at risk of falls, where mobility was reduced, malnutrition and dehydration and for developing pressure ulcers. There were individual risk assessments in place which determine the level of risk and how the risk could be minimised. Guidance was provided to staff on how to provide safe care and support to reduce potential risks.

The communal areas of the home were clutter free and spacious with grab rails throughout the hallways. Bathrooms and toilets had support rails in place. Some of the communal rooms had a balcony and toughened glass had been fitted at a safe height to ensure people were safe from the risk of falls and could still enjoy the views.

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. The provider had risk assessments and guidance in place with regards to the environment, legionella, fire systems, and equipment and how to respond in the event of an evacuation. Emergency plans were in place with a neighbouring care home should the need rise to evacuate the home.

Good

Is the service effective?

Our findings

During a previous inspection in 2015 we found staff did not always engage in a meaningful and inclusive way when supporting people to eat and drink. At this inspection we found the provider had addressed the concerns we raised.

In the ground and first floor dining rooms the tables were decorated with placemats and condiments. One person told us "we are given a menu the day before which we can choose from and most of it is very good to eat. If we're feeling poorly or don't like the main choice then we have an omelette or something else". In the ground floor dining room was a written menu available on the wall.

To support people to select their choice of meal, staff showed people the plates of food from which a visual selection was made. We discussed the lack of pictorial menus with the deputy manager who told us they would be reviewing the menu format to ensure it enabled people to make choices.

Staff supported people to eat and drink at the person's own pace. We heard staff describing the contents of the meal and explained what food was on the fork. They waited until people were ready to accept a mouthful of food. Drinks were given in between food and staff carefully patted down around people's mouths with a napkin. Staff sat at the same level as the person and engaged in conversation throughout the meal. People seemed to enjoy their meal and the interaction with staff.

The chef accommodated people's dietary needs and wishes including allergies, gluten free, soft and pureed diets and culturally based diets. Where required, people were given protein drinks to supplement their nutrition. There was a seasonal selection of food on the menu's which were varied and included fresh vegetables and fruit.

People made various comments about the quality of the food such as "the food is mostly okay, but now I am on a low carb diet which works. I have allergies but they seem to get it right 99 percent of the time" and "in the past the vegetables have been quite hard, but it is a lot better in the last two weeks". The minutes of the last residents meeting highlighted that some people were not happy with the quality of the food. The deputy manager told us they continued to work with the restaurant manager to resolve these concerns.

People told us they had enough to eat and at any time they could have a snack. During the main meal times we observed people were asked if they wanted a drink of water or squash. One person told us "there's no tea or coffee with lunch or at tea-time. I have wanted an extra hot drink and they will bring it, but only if you ask". We discussed this with the deputy and area support manager who told us they would ensure that hot drinks would also be available at these times.

Fluid and food monitoring charts were in place where people had been identified as being at risk of dehydration or malnutrition. People's weights were monitored monthly to ensure any issues were identified early.

Records showed that people's day to day health needs were being met. People had access to health services and the registered manager made timely and appropriate referrals when required, such as the district nurse, Macmillan nurse and occupational therapy. The GP regularly visited the home to provide care and treatment.

The Mental Capacity Act (MCA) 2005 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).

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 found that the provider understood the principles of the MCA and had followed its requirements. The management team had identified people for whom restrictions had to be put in place. They had taken appropriate action to make sure these were in people's best interest and were either authorised by the local authority as the Supervisory Body or applications were pending.

This included the use of keypads to prevent vulnerable people going outside by themselves. All staff employed at the service had received training in MCA and DoLS. Staff we spoke with demonstrated varying levels of understanding around the MCA, however they were able to provide examples of where people's capacity had been assessed to make a decision and how a decision could be made in the persons best interest if they lacked capacity around the decision being made. A healthcare professional told us "the home are proactive in initiating discussion regarding advanced care planning. They communicate with me and the families around organising best interest meetings, which helps with the future care of people".

Staff received appropriate mandatory and specific training to be able to meet people's needs. There were a combination of learning methods used such as face to face and computer based, however not all staff felt computer based training met their learning style. We discussed this with the deputy manager who told us they would be introducing more checks regarding the effectiveness of staff training through group discussion and supervision. The provider had sourced an alternative training provision which although computer based, was more interactive and used scenario's to develop understanding.

There were some courses which were face to face training for example, medicines, first aid, manual handling and oral care. Other training included safeguarding vulnerable adults, MCA, equality and diversity, dementia awareness and person centred care. Staff were undertaking training in 'managing challenging actions' which they told us they welcomed. The staff we spoke with were skilled and competent in their understanding of how to provide safe and effective care to people and support specific needs such as with dementia. Staff had relevant qualifications in health and social care. There was a good skill mix of within the staff team with staff having undertaken training in epilepsy, pressure ulceration and diabetes.

Staff had recently received supervision and all staff had undergone an annual appraisal. Regular team meetings took place and staff considered they received appropriate support.

Good

Is the service caring?

Our findings

People told us "staff couldn't be kinder" and "carers are always pleased to support me. I have my hair done regularly and staff will go with me to the hairdressers to make sure I get there safely".

Relatives spoke highly of the staff with comments such as "there was a time when mum was very anxious and unsure of herself and the carers went the extra mile to sit with her and reassuring her that everything was ok", "Mum will often comment that the carers are very good and kind" and "the carers are good at treating peopled with privacy, dignity and respect although the older ones tend to be better". A healthcare professional told us "Fairways staff know their residents well and work hard to deliver a high quality of care. It has been a mutual learning experience working with the Fairways". Another healthcare professional commented how the staff member observed the procedure they were doing and told us "I was so impressed, it was evident the member of staff cared".

People looked well cared for and appeared comfortable in the presence of staff. Throughout the inspection we saw staff interacted with people in a respectful manner. Staff supported people at their own pace and asked people's permission before offering support. Personal care was carried out in the privacy of the person's room and staff knocked on people's door before entering.

Where some people were upset and verbally challenged the staff, they remained calm, supportive and compassionate towards people. Staff told us they thoroughly enjoyed their work commenting "it's a second home, I enjoy every minute of every day, I treat people as you want your mum or dad to be treated", "people deserve the best care and the care here is very good", "I am very happy working here", "we offer a good quality of care, we give a 100 percent every day" and "we feel valued by the residents".

Each of the bedrooms were personalised and people confirmed they were encouraged to bring their own possessions if they wished to personalise their room. This helped ensure that people's rooms were arranged in accordance with the person's wishes and preferences.

On the dementia unit there were sensory and tactile objects on the walls. The deputy manager told us these were going to be moved lower down on the walls so that people could more easily reach them. We saw people holding their hands out to touch the items as they walked past. The activities co-ordinator told us they were 'very mindful of making sure people who preferred to stay in their room did not become isolated'. They visited people in their room to chat, read to the person or just to sit with them.

Staff were clearly aware of people's needs, routines and behaviour and were able to explain how they supported different people. There was evidence of information on lifestyle and background in care files we reviewed. We saw a document about the person's life which included information about the person's background, important people in their life, likes and dislikes, and relevant and significant life events. People were supported to maintain relationships with important people in their lives and relatives told us they could visit at any time.

The music therapist sent us information about the support they offered to people and families through individually supported sessions, they also ran a weekly open group session. The group involves the help of care staff and sometimes family members take part. Individual and group sessions offer opportunities for meaningful social interaction and was warmly received by people and their families. For one person this intervention had promoted social communication and cognitive stimulation which had improved the person's self-confidence and helped to reduce behaviours which led to anxieties. For another person the music therapy had enabled them to use the intervention to develop their singing voice and give an outlet for creative self-expression, better managing anxieties and depression.

People's religious and cultural needs were respected, and care plans included details of this. There was a resident vicar who was part of the staff team. They visited people to help them pray and celebrate their religion. End of life care plans were in place where people had agreed to discuss this.

During the lunch time in the dementia wing we witnessed an inappropriate comment made by a member of the restaurant team regarding one person's diet. We discussed this with the regional manager who addressed this on the day. We saw no further incidents of this kind.

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed showed people had been involved in discussions about their care, support and any risks that were involved in managing their individual needs. People and their relatives told us they had been involved in the initial assessment.

Care plans contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. Care plans were in place for routines such as getting up and going to bed, social interaction, health care, nutrition and hydration and mobility. Where risks had been identified there were management and support plans in place for staff to follow to ensure consistent and safe care was delivered. People told us they had choice over their daily routines and staff knew about and respected their preferences and the way they liked their care and support
to be given.

A healthcare professional praised the way staff had supported people with their oral care saying "they have made a fantastic start".. During training staff had taken on board the link between poor oral dental care and systemic health problems. They had been responsive to people's needs in the level of care given around mouth and dental hygiene.

There were some inconsistencies in the level of information in some care plans. For example, where there was a lack of clear information around how one person communicated. Additionally where non descriptive words were used to explain the care required such as, using the word 'encourage' rather than describing how to encourage. This shortfall had been identified during audits and was being addressed. Immediately following the inspection staff had been booked onto a training course on developing care plans.

Relatives told us that they were involved in their loved ones care [where agreed by the person]. Staff would keep them up to date with the care their loved one received or if there were concerns which they felt the family should be made aware of. Relatives praised the staff for their hard work and for the positive outcomes of their loved ones. A relative described "mum came out of hospital incontinent and not walking but the home have worked marvellously to get mum to where she is today".

There were a range of activities which were available for people to participate in if they wished. A quarterly newsletter was produced and this informed people and families about event people had attended and forthcoming activities. People had visited the zoo, an afternoon walk and craft session at a country house, a visit from a singing entertainment and a salsa dance. Different events had been arranged for December 2016 such as, a visit from a local school, a Christmas meal at the golf club, a pantomime and Christmas carols and a cabaret entertainer.

A recently recruited member of staff had been the new community co-ordinator who would be managing the ever increasing number of volunteers. Volunteers offer social visit to people in their room or support with

activities. During our inspection we saw the activity co-ordinator was visiting with their toddler nephew. They told us "everyone loves to see him, I also pop in with my dog and everyone takes an interest".

The service had a complaints procedure in place and this was available to people who used the service. People and relatives told us they were satisfied with the way any concerns or complaints were handled, one person commented "I've never really had to complain but staff would listen if I had a concern, they are always wanting to help us". A relative said "staff couldn't be kinder. I have never had to raise a concern or make a complaint but I would be happy to do so and I'm sure staff would listen and act upon it".

We reviewed the complaints the home had received. All but one complaint had been dealt with to the satisfaction of the family. The management team provided evidence to demonstrate they continued to work towards resolving the issues raised.

Good

Is the service well-led?

Our findings

Prior to this inspection we received information of concern about the attitude of some staff towards people. We discussed this with the area support manager and appropriate action was taken.

At the time of this inspection a newly appointed manager was undergoing their induction with the provider. They would subsequently make an application to become the registered manager. A newly appointed deputy manager was in place and they were supported by the regional manager.

People and relatives told us the home was well managed and they had met the deputy manager because she often walked around the floor talking with people. People told us "this is a good home and second best only to be at home" and "we have a residents meeting every month, mostly we talk about the food".

Relatives commented "we feel very well supported as a family" and "we go home relaxed, she is being well cared for; staff make time for the residents whenever they are able to". An annual satisfaction survey had been sent to people and families, and the provider was currently collating the returns which they would use to inform their service planning.

Staff were aware a new manager had been recruited and told us they looked forward to having a manager in place but had not been given any information about this. Some staff felt it had been an unsettling time with both the previous manager and deputy leaving. They told us 'on the whole we feel valued however the absence of a permanent manager has somewhat affected staff morale'. Staff commented the home had an open door policy and the deputy and area support manager were approachable if they had concerns or suggestions on improving the service.

A full audit was undertaken annually by the quality assurance team. Monthly and quarterly audits were undertaken by the deputy and area support manager. These reviews included assessments of care plans which had identified shortfalls with an action plan in place and further audits of incidents, accidents, complaints, staff training and supervision and medicines.

Checks were carried out on the internal and external maintenance of the home, equipment, legionella testing and general health and safety. Regular fire tests were carried out and should there be a need to evacuate the premises, there was a reciprocal agreement with a neighbouring care home.

The area support manager told us many positive things had happened during the previous year. For example, the home were now sharing transport with a neighbouring care home for people to attend trips out. (Previously each home had only enough people wanting to go on a trip to fill half of the bus places). The provider offers a bursary whereby the home fund five permanent beds and make up the financial deficit of local authority funding. There had been an increase in staff salaries above the minimum wage and the recruitment for a senior team had gone well. The home would be up to their allocated numbers with three new people moving in and there would now be a waiting list.

At provider level there had been a review of centralised systems to evaluate how each department supported registered managers with regard to IT systems, administration, payroll and back office functions. The area support manager told us they would remain pro-active in supporting the management of each home.

The area support manager and deputy manager ensured statutory notifications were submitted to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up care such as health, social care and voluntary organisations. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies.