

Methodist Homes Trembaths

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an comprehensive inspection of this service on 19 July 2016 where breaches of legal requirements were found. After this inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to safeguarding people from abuse, management of medicines, person centred care and governance systems in place to address any shortfalls identified.

We undertook this unannounced focused inspection on 20 December 2016 to check that they now met legal requirements. This report only covers our findings in relation to those requirements. We checked if the service was safe, responsive and well led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trembaths on our website at www.cqc.org.uk

Trembaths provides accommodation, care, nursing and support for up to 51 older people, some of whom are living with dementia. At this inspection 48 people were living at the service.

There was a manager in position however they were not registered. 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 and associated Regulations about how the service is run.

At the previous inspection we found that people did not always receive person centred care. Staff were busy and this resulted in a task orientated approach towards people's needs, and at times staff spoke abruptly with people. This did not promote people's dignity or respect. At this inspection we found staff were knowledgeable about people's preferences and the care people received was personalised around their wishes, however more improvements were needed to address negative staff culture and attitude towards people.

At the previous inspection people and staff told us that they felt there were not enough which meant that people often had to wait for care. At this inspection we found although this has improved further improvements were required in how staff were deployed around the building to meet people's needs promptly.

The manager and the provider implemented new governance systems to enable them to monitor the quality and the safety of the care provided to people. However these were not fully operational and robustly embedded.

People's care plans were clear and reviewed monthly, however not all the care plans evidenced people's involvement or their family's input in creating them or in the reviews.

When we previously inspected the service people told us that the food provided to them was not to their liking and we observed that people had not received sufficient support with eating and drinking. At this

inspection we found that people were provided with sufficient food and drinks and appropriate assistance was given to people who needed help with eating and drinking. People still expressed mixed views about the quality of the meals.

At the previous inspection we found that where people had unexplained bruises these were not investigated and in some instances the local authority safeguarding process was not adhered to. At this inspection we found that this improved and all incidents and accidents were investigated and where necessary reported to local safeguarding authorities. People's medicines were managed safely and records were accurate.

The feedback about the manager was positive and staff felt supported. There was a range of activities available and people were involved in planning these. People knew how to make a complaint and we saw these were responded to.

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 provided was not always safe.

There were sufficient numbers of staff employed to meet people's needs safely, however deployment of staff was not always effective to meet people's needs.

People were protected from the risk of abuse.

People's medicines were managed safely.

People were supported by staff who had been through a robust recruitment process.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had care plans which reflected their needs; however their involvement in planning and reviewing their care plan was not always consistent.

People had mixed views about the food provided.

People's needs were not always met in a person centred way.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Newly implemented governance systems were not fully embedded and used consistently.

Staff were positive about the changes made by the provider and the manager.

Trembaths

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

"This inspection was carried out on 20 December 2016 and was unannounced. The inspection was undertaken by three inspectors. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 19 July 2016 had been made. During this inspection we checked if the service was safe, responsive and well-led.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the recent reports from service commissioners.

The inspection was undertaken by three inspectors. During our inspection we spoke with 10 people who used the services, four care staff, a nurse, the deputy manager, seven relatives, the manager and the area support manager. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with and relatives told us that they felt there were not always enough staff available to provide care and support in a timely manner. One person said, "I nearly always have to wait when I ring the bell, usually about 20 min, which is a very long time when you need to go to the toilet. Sometimes they come fairly quickly though. There are not enough staff, that is just the truth." A second person said, "I think they are short staffed, that is why they keep us waiting." A third person commented, "They keep us waiting for the commode." A relative told us, "Staffing levels are variable. They have some excellent staff. There have been less agency staff recently and you can tell the difference." They went on to say, "They have gone through a difficult patch and a big transition with a number of carers leaving and high number of agency staff. The new carers they are getting are all 'vocational' ones who really want to care."

Staff told us they felt staffing levels had improved and agency use had reduced which meant that people had more consistency with staff meeting their needs. However staff told us that on occasions they were short staffed. One staff member told us, "On occasions we are short because of staff sickness, but things improved and it is much better having permanent staff than agency." Another staff member told us, "We have struggled with staffing levels but we have a new manager and staffing levels are getting better." A third staff member said, "We are starting to get new staff in now which is really good."

The manager told us they have assessed staffing levels in the home; however they found the layout of the building to be a challenge when they deployed staff. They were in the process of developing a plan with the provider to ensure that this had no impact on people receiving care and support in a timely way. We reviewed the call bell response times for the day before our inspection and found that all calls were answered below five minutes.

All the people who used the service and their relatives that we spoke with told us that they felt safe living at Trembaths. One person said, "I feel safe here, the staff are very good." Another person said, "I do feel safe here, compared to my last home. This is 100%." A relative told us, "I definitely feel [person] is safe here I wouldn't leave them here if not."

At the previous inspection we found that when people sustained unexplained injuries or bruises these were not investigated by the manager and they not reported to local safeguarding authorities to ensure people were protected from abuse.

At this inspection we found that staff were clear about what constituted abuse and how to report it. They spoke about the range of possible abuse situations including name calling, shouting and ignoring people. Staff were clear about the need to report any pressure ulcers and unexplained bruising. All the staff we spoke with knew about whistleblowing and told us they would have no hesitation in reporting any situations. One staff member said, "There is clear now what we need to do in case of bruising. We do report everything, do a body map and record. There is an investigation done by the nurses or the manager and things get reported to safeguarding." Another staff member said, "The manager has also spoken about wanting to mix the staff around as if we are friends we may not be able to say anything. But none of us feel

that. No one would do anything but if they did we would definitely whistle blow."

When we inspected previously we found that people's medicines were not always managed safely. During this inspection we looked at how medicines were managed and reviewed, medicine records and stock. The medicine management system used to ensure people received their medicines as intended by the prescriber was clear and effective. We found medicine boxes were clearly marked when opened, stored appropriately and all accounted for. All the medicines we counted were accurate and the amount corresponded with the records kept by staff. If people refused their medicines this was clearly recorded on their Medicine Administration Records (MAR). For example one person had spat out their medicines on the morning of the inspection. This was clearly recorded and the medicine destroyed. The nurse was clear there would not be an adverse reaction to the lack of the particular medicine. If people refused their medicines, or had difficulty in taking them the nurses discussed with the GP for alternate options. There were clear audits of the medicines and the area manager carried out regular audits as well as spot checks. There were clear guidance for each person, signed by the GP, on which medicines people could take. We observed people being given their medicines and saw staff following best practice when doing so.

Staff told us they had medicine training and they had their competencies observed by the nurses before they administered people's medicines. Staff told us they were re-trained and their competency re-assessed in case they made any errors when giving people their medicines.

Is the service responsive?

Our findings

At the previous inspection we found that people did not always receive the support and care they needed in a person centred way. At this inspection we found that improvements had been made staff now adopted a more person centred approach towards meeting people's needs. However further improvements were needed to ensure people were reminded and asked about their preferences.

People told us that they felt their personal care needs were not always met. For example, one person told us, "A wash is just a 'cat's lick', you don't get a proper wash." Another person said, "We don't get the chance of a bath or shower often enough. It's usually more than a week in between; it would be nice to be offered at least twice a week."

Staff told us they offered bath's and showers to people on a regular basis, and they were helping people to have as many bath's and showers as they wanted upon their request. For example we found staff had recorded when a person was offered a bath and they declined to have it on the day this was offered and they wanted to have a bath the next day. Staff had supported them to have a bath when they preferred. However not every person we spoke with were aware that they can request a bath or a shower when they wanted. There were no meetings held by the manager since they started at the service where these options and choices could be discussed with people to raise their awareness about the care and support they could receive.

People who used the service told us that they were not involved with planning or reviewing their care. One person told us, "They have not spoken to me about my care plan ever." Relatives told us that they were informed if there were any issues regarding the health of people who used the service, such as falls or infections. One relative said that they had not been involved with a formal review of their relative's care plan. However they told us that they had met with the unit manager recently to discuss their family member's care. Another relative told us they were involved in planning their family members care. They said, "Staff always check with us as my relative can't say. They keep us up to date and we discuss any changes". Although the manager showed us evidence that they were monitoring and checking when staff organised and held review meetings with people and their relatives not every person had a review and the ones held were not signed by the participants. This still remained an area in need of improvement.

We saw people's plan of care were personal to them with details of key life events, key people in their lives as well as favourite past times, foods, clothes, programmes or radio stations. In one care plan we saw that the person and their family members participated in creating and review of the care plan. Another care plan detailed how important faith was for a person. Staff ensured they were able to attend a religious service held in the home each week.

People's care plans were detailed with guidance to their health and social care support needs. We saw these had been regularly reviewed. There was a daily handover sheet so that staff could follow up on any issues people may have had and ensure continuity of care. The deputy manager said they had now allocated each person a key worker to ensure the person's health and social care needs were well known by the

responsible staff member, who organised reviews and made sure the person's needs were met holistically. There was also a 'resident of the day' introduced which meant that every person one day in a month had a more thorough review of all their care, were weighed, had their nails seen to, toiletries checked and their rooms were deep cleaned. However this was only recently introduced and not every person we spoke with knew who their key worker was or what their responsibility was.

At the previous inspection people told us that they did not like the food and we observed people had not received sufficient support with eating and drinking.

At this inspection people we spoke with gave us mixed feedback about the food provided for them. One person said, "I don't like the food, nothing wrong with it, it must be me. I enjoy my breakfast but that is the only meal. I enjoy." Another person said, "Sometimes the food is hot enough to enjoy but four or five days per week. It is cold." A third person told us, "The food has improved, the previous chef tended to cook spicy food. They now have a new chef and menu, it is better now." A fourth person commented, "It would be nice to have a poached egg, scrambled egg or softly boiled egg for a change from cereal or toast."

We observed the dining experience in three areas of the home. We noted that portions were quite large and there was a considerable amount of waste. The options were fish pie or mushroom lasagne. The fish pie was served up with gravy, staff had noticed this, but continued to dish up the salmon pie with gravy. Staff told us that this was the second time this had happened and they had raised it with the chef, previously. When we asked the manager they told us they already raised this issue with the chef and they were monitoring the quality of the food served themselves. We observed the manager helping staff to serve people's meals in one of the areas we observed.

Although improvements were made since our last inspection further improvements were needed for people to enjoy their meals and have good meal time experiences.

People who were at risk of not eating or drinking sufficiently were monitored. For example the deputy manager spoke of one person who had difficulty eating and would only eat one type of food and was losing weight. They were encouraged by food supplements and referred to the dietician and GP. Staff were monitoring people who were at risk of losing weight closely. They were recording people's weight weekly and their food and fluid intake. Staff said they encouraged people to eat in the dining room unless they chose not to.

People, who used the service, said that monthly meetings for them to meet with management to talk about the service they received did not happen anymore. The manager acknowledged that meetings had not been routinely undertaken in the short time that they had been in post. One person told us, "There are meetings, but invariably they are held on a Thursday. I get my hair done then so I miss them." Another person said, "People do speak up in meetings but I don't feel that it brings about changes. However, I brought up that the doors were banging early in the morning and sometimes at night and that has improved." A further person said, "If you don't like something you have to tell someone or they won't know."

We reviewed the complaints log and saw that complaints were recorded and responded to in accordance with the provider's complaints policy.

Is the service well-led?

Our findings

People and their relatives told us that they were aware of who the manager was and that they had only come into post fairly recently. One person said, "I have met the manager a few times. They have not been here long enough to effect major changes." A relative said, "Management is always available. The area manager is spending of time here as well". Another relative said, "There is a new manager now and they have had a difficult job. Lots of staff have left."

A manager had been employed recently by the provider, they had not started the process of registering with the CQC, they were planning to start this in January 2017. They had only been in post a matter of weeks and had identified areas that they felt needed further improvement. These areas included the management of medicines, staff deployment across the home, the approach and culture of some staff, protecting people's personal information and the mealtime experience. They were supported by the area support manager to implement changes to better monitor the quality of the care provided.

However we found the systems and audits were not fully embedded and were not effective at all times. For example the manager introduced a 'ten to ten' meeting, which meant that the head of each department in the home, maintenance, chef, nurses, deputy manager and manager came together every day for a ten minute meeting to discuss any issues and set actions if needed. Although these meetings were beneficial for the manager to have an overall picture about all the departments daily, these meetings minutes were not held every day as they happened when the manager was there, but not during the weekend. The provider told us they were spending a considerable amount of time in the home and were working together with the manager to ensure improvements were further implemented and sustained.

The provider was implementing a new Malnutrition Universal Screening Tool ('MUST') in people's care plans. Some people's care plan already had the new tool in which gave staff guidance in what measures to take if people were high, medium or low risk. For other people there was still the old charts used by the provider which gave staff different guidance to staff for the same risks. This meant staff had to implement different actions for people with the same level of risk. For example one care plan we looked at the person was medium risk of malnutrition. The tool instructed staff to weigh the person weekly, involve GP, and monitor food and fluid intake. For another person who was also medium risk of malnutrition the tool instructed staff to weigh them at least monthly and monitor food and fluid intake for three days.

Most people and families we spoke with told us they were not involved in the planning and reviews of the care they received. We found that there were reviews to discuss people's care conducted and planned with people and their families by staff. However when we checked the review documents staff recorded the matters discussed and actions agreed, however neither people or their family member signed the document to agree it's content.

People's views on the quality of the care they received was not actively sought by the provider and the manager. There were no regular meetings or surveys done since the last inspection. However the provider sent us evidence following this inspection where they have scheduled monthly residents focused meetings

and individual meetings with people in order to listen to people`s views and implement actions to improve people`s experience about the care they received.

We found that people`s personal and confidential information was not sufficiently protected. For example we found documents describing a very personal matter for a person in the front of the care plan. Although some of the information would have been appropriate for staff to know, this could have been shared in staff meeting, handovers or incorporate in relevant sections of the care plan without exposing and sharing every detail of a very sensitive private matter. Care plans were not locked and kept in people`s bedrooms out of site but easily accessible for visitors and even other people living in the home.

This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the manager being hands on and leading staff by example. They visited each person who lived in the home daily. The manager told us, "A manager cannot manage a home from an office. I need to be on the floor to know what is going on." They continued, "The culture needs to change, it is not going to change overnight, I will be in a better place in six months' time."

All the staff spoken with said they felt listened to by the new manager, deputy and the area manager. One staff member said, "I feel I am beginning to be supported, the new manager is the key reason." Another said, "Over the last year we have had different managers and now I feel we are getting there slowly, new managers bring new ideas."

The provider employed two new nurses and a deputy manager and we had positive feedback about them. One staff member said about the deputy manager, "They are really nice, has good ideas and listens to us I like her."

The deputy manager was knowledgeable about people`s needs and also about the managerial responsibilities they had. They explained us the quality assurance systems in place like mattress checks, food fluid chart checks, medication and care plans. The deputy manager was confident they knew the staff team and the strengths and weakness and how to build on those. There was a sense of ownership of the homes values amongst all the staff spoken with. Staff spoken with were confident in the provider and that were investing to make all the improvements necessary and support them. The manager told us, "The culture needs to change, it is not going to change overnight, and I will be in a better place in six months' time."

Following our focused inspection the provider sent us an action plan which detailed how they were planning to further improve the services they provide and sustain the changes.

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 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | The provider failed to ensure they regularly sought people`s views about the quality of the care they received. |
| Treatment of disease, disorder or injury | The provider failed to ensure that people`s personal information were securely maintained and were contemporaneous. |
| | The systems used by the provider to assess, monitor and improve the quality of the service provided were not always effective. |