Methodist Homes

Cromwell House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Cromwell House is a residential care home for 38 older people. It is set across two floors, and there is a small number of people living with dementia. Rooms had en-suite toilet facilities, and some had showers. There were communal bathrooms and lounges for people to use in addition, as well as a dining area. At the time of our inspection, 37 people were living in the home.

At our last inspection in 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

The service was safe, as staff had a good knowledge of safeguarding, and there were risk assessments meeting people's needs. The environment was maintained and kept safe for people, and there were enough staff to keep people safe. Staff were recruited safely. Medicines were administered as prescribed.

Staff had training relevant to their roles and people were confident in their ability. People received a choice of meals, and enough to eat and drink. Staff supported people to have specialist diets, and to access healthcare services when needed.

People's needs were preassessed to ensure the service could meet these needs before they moved in. Care plans were in place to guide staff on how to meet people's needs and these were reviewed regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, further records relating to individual's mental capacity assessments and best interest decisions were needed.

Staff were caring towards people and respected their privacy and dignity, and encouraged independence.

There were many activities on offer throughout the week in the home and people were supported to go out. People and their visitors felt comfortable to speak with staff or raise any concerns.

There was good leadership in place, and the registered manager was known to everybody. The staff team worked well together. There were effective quality assurance systems in place to monitor and improve the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Cromwell 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 11 June 2018 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

To gather information for our inspection, we spoke with nine people living in the home and two visiting friends and relatives. We also spoke with a visiting healthcare professional, a treasurer for the provider's support group and six staff members. These were the registered manager, the administration manager, a cook, a senior care worker and two care assistants.

We looked at a range of records relating to how the service was run. This included five care plans, a sample of medicine administration record (MAR) charts, along with health and safety and quality assurance records.

Good

Is the service safe?

Our findings

When we last inspected this service we found it was safe and was therefore rated, 'Good' in this area. We found at this inspection that the service remains safe.

Without exception, people told us they felt safe. One person said, "I am as secure as it gets. I trust the staff totally." Another confirmed, "I'm very safe here without any worries. Being here has taken my fear away." There were systems in place to protect people from abuse. Staff were knowledgeable about safeguarding and able to give examples of how they would report any concerns.One staff member said, "I wouldn't hesitate to report any concerns."

There were risk assessments in place with guidance for staff on how to mitigate them. These risks included for falls, pressure areas, weight loss and people's individual health conditions. The environment was kept safe for people. Fire drills had been completed, and each person had a personal emergency evacuation plan (PEEP), and fire equipment was maintained. Electrical, gas and lifting equipment was properly maintained and water was managed safely. This included full management of the risks associated with legionella.

There were enough staff to keep people safe and meet their needs. One person told us, "If I press the buzzer, [staff] get to me in good time." One staff member said, "We have plenty of staff." The dependency of people's needs was reviewed regularly to ensure there remained enough staff. Staff were recruited with systems in place to contribute to keeping people safe. This included a DBS (criminal record) check and references.

People received their medicines as prescribed by staff who were trained to administer them. People's front sheets of their medicines administration record (MAR) charts contained important information such as a photograph of the person, any allergies they had and preferences about how they took their medicines. There was also a medicines risk assessment in the records so that staff could be aware of any particular risks to individuals and how to mitigate these if needed. Staff had their competency to administer medicines checked annually or as needed. When people had 'as required' (PRN) medicines, there were specific plans in place which guided staff on how and when to give these. For topical medicines such as creams, there were body maps to guide staff on where and how to administer these and separate records for them to sign. Medicines associated with a higher risk were stored and administered in line with best practice, including being signed for by two members of staff.

The home was clean and staff followed good hygiene practices. We did feed back to the registered manager that some chairs in the dining room did not appear to be clean. They said they had previously identified this and amended the night staff schedule to ensure this was completed, and they would review whether this was done regularly enough. There were policies and procedures to support the safe management of an outbreak of infection should one occur.

We looked at the registered manager's analyses of people's falls within the home and saw that actions were taken to improve the service. This included making improvements to the environment if needed, and further referrals, for example to the falls team, if appropriate. Where there had been some incidents of chest

infections within the home, a full investigation followed to check whether all procedures had been followed.

Good

Is the service effective?

Our findings

When we last inspected this service we found it was effective and was therefore rated, 'Good' in this area. We found at this inspection that the service remains effective.

There were thorough preassessments in place so that the service could ensure they were able to meet people's needs prior to them coming into the home. These included information about people's health, medical history, their lives, family, preferences, risks and care requirements. People were invited to visit for an activity or a meal prior to moving in, so that they could also see if they liked it.

One person told us, "The [staff] are well trained." Staff underwent training in areas relevant to their roles including first aid, manual handling and food hygiene as well as dementia care and equality and diversity. One newer member of staff explained how their induction supported them. This included training, shadowing and supervisions. Supervisions were provided regularly to all staff, ensuring they had an opportunity to discuss their roles. They were also supported to undergo further training and qualifications relating to health and social care.

People were supported to eat and drink enough and were given a choice of meals. All except for one person we spoke with was positive about the food, one saying, "The food is good - the taste, the style and the menu." We observed the mealtime, where there was a lively atmosphere, with people chatting on every table. Meals were nicely presented with side serving dishes at each table. Appropriate referrals were carried out where people were at risk of losing weight, and staff followed associated recommendations. This meant people were supported with specialist diets such as soft, diabetic or fortified diets. There were drinks available for people to help themselves within communal areas and offers of hot drinks throughout the day.

The visiting healthcare professional told us that staff worked in line with their treatment to deliver effective care. The senior carer explained to us what information they would send to the hospital with a person so that they shared important information. The service worked with other organisations when needed to deliver consistent care, including with external care agencies when people required extra one to one care in the home. People told us, and records showed that they had access to healthcare when they required, including a GP, dentist or chiropodist.

The environment within the home was adapted to people's needs, with smooth floor and large, light bathrooms. There was signage to support people living with dementia. There was a large secure, well maintained garden with furniture for people to spend time in when they wished.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home had applied for DoLS applications for four people living in the home. We looked at their records and found that there were some gaps. Their capacity had not always been formally assessed in line with the decision relating to the DoLS application, and where decisions had been made in people's best interests, this was not always fully documented. We spoke with the registered manager about this and they explained what conversations had taken place with people's families around the DoLS applications, and said they would review the mental capacity assessments to ensure they were decision-specific. When we spoke with staff about the MCA and DoLS, we were confident they understood how to uphold people's rights and freedom as much as possible when they lacked capacity. They also asked for consent before delivering care, and demonstrated that people under DoLS were only deprived of their liberty in the least restrictive manner possible.

Good

Is the service caring?

Our findings

When we last inspected this service we found it was caring and was therefore rated, 'Good' in this area. We found at this inspection that the service remains caring.

People told us staff were caring, one person telling us, "After five weeks I feel lifted. [Staff] have comforted me, reassured me and calmed me." Another said, "The love and care is overwhelming. The [staff] chat to me and it makes me feel part of a community. I can joke with them." A further comment from another person was, "[Staff] do what I expect and more. I have a warm and lovely relationship with them."

People and visitors we spoke with expressed that families were involved in their care. We saw that where appropriate, family members attended a six monthly review of the care plan with their relative.

One person told us, "The [staff] are very caring. They treat me so kindly and respectfully. If I need a chat they are there for me. If they need to inspect me, they draw the curtains and ask permission and always refer to me by name." Staff offered people privacy as much as possible when delivering personal care, ensuring doors were closed and offering to leave the room when people preferred to be alone. We observed that staff always knocked on doors and waited to be askedin, respecting people's privacy.

Staff encouraged people to maintain as much independence as possible, and their care plans supported this. For example, encouraging people to do as much as they were able for themselves, and mobilise as much as possible. One person said, "I need my walker as I can't do more than two steps. If I get in a muddle they are there for me. They encourage me to do it for myself but they will follow me along to make sure I don't fall." We saw at lunch time that care staff encouraged people to be independent with their meals, and offered extra support when needed.

There was a strong emphasis on meeting people's spiritual needs within the home. This ranged from supporting people to go out to church as well as attend the chapel within the home, and there was a chaplain who visited people regularly, including if they were in hospital. The registered manager told us that the home also supported people of different religious groups when they lived in the home.

Good

Is the service responsive?

Our findings

When we last inspected this service we found it was responsive and was therefore rated, 'Good' in this area. We found at this inspection that the service remains responsive.

There was an abundance of different activities every day to meet people's needs and provide opportunities for stimulation and social engagement. One person said, "Activities are plentiful. I attend keep fit and play games. I go to the morning service. I am never ever bored." Another confirmed, "The singing sessions are good with about 15 people attending. There's bingo, picture bingo musical bingo as well as carpet bowls and quizzes. The Activity Sheet is full - magnificent." Activities were tailored around discussions focusing on what people wanted to do with their time. We saw pictures of people enjoying activities such as music therapy, bowls, and going on the North Norfolk Railway. Other activities within the home included exercise classes, quizzes, film nights, puzzles and news groups. Visiting entertainment included pet therapy and musicians. The support group also hosted events such as a garden party at the home.

People's needs were responded to in a timely manner. One person told us, "I fell and they were there with speed, kindness and consideration. They checked up on my progress regularly." We saw from meeting minutes that this had previously been an area where the registered manager had identified concerns about long waits, and these had been rectified. Staff told us that they had enough time to spend delivering care to people, although one said they would prefer more time. One said, "I just take my time. If someone wants a bath, they can have a bath." They said this enabled them to give care in a an unrushed manner according to people's needs.

People's care plans contained information for staff about how to support their different needs, including emotionally and mentally. These were reviewed regularly. People's needs and preferences were met in a person-centred manner, which took account of any health conditions, and how people wanted to be cared for. However, two people told us that some of the staff could still improve in their understanding of their conditions. We spoke with the registered manager about this and they told us the following day they had added more detail to these care plans and organised further training for staff. People were able to choose how they wished to spend their time and when they wanted to get up, go to bed, or have a bath.

There was a complaints policy in place as well as a suggestion box, and everybody we spoke with said they felt comfortable to raise any concerns. The service had not received any formal complaints, however they had received many compliments from people thanking staff for their kind support.

There were care plans in place for when people were nearing the end of their lives. We spoke to one person whose family member had passed away in the home. They told us they were supported in a compassionate way that met their preferences and paid attention to details.The care plans contained guidance for staff on details that were important to people, for example, what they preferred to wear, whether they wished to have the window open and who they wanted to visit them. The registered manager was also introducing an end of life care champion who would then provide addition end of life care training to the staff team.

Good

Is the service well-led?

Our findings

When we last inspected this service we found it was well-led and was therefore rated, 'Good' in this area. We found at this inspection that the service remains well-led.

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. There was a registered manager in the home, who had been in post for 10 years, having worked in the service for 15 years.

There was good leadership in place. All of the people we spoke with felt the registered manager was approachable. One person said, "The place is run well - I can say that because it suits me. The seniors are lovely as well as the manager." Another person said, "[Registered manager] is very nice to talk to and I wouldn't want to go anywhere else despite the things I find hard."

The staff team felt supported by the registered manager, who had an open-door policy. The home and the registered manager were also well supported by the administration manager, who oversaw communication between the home and people moving in, and external agencies, as well as staff rotas. The provider's values included respect, improvement, dignity, body, mind and spirit, and the staff demonstrated they worked within these values. There were regular observations and spot checks on staff to ensure they continued to work as expected. We also saw that regular staff meetings took place with actions arising from them, and these helped to improve the service. An example of this was improving call bell waiting times this year.

There were effective systems in place to monitor and improve the service. These included audits looking at the accuracy and content of care plans, medicines administration and the environment, such as infection control and health and safety.

The registered manager understood what notifications they were expected to send in to CQC and other organisations and had ensured these were completed.

People and their families were involved in the running of the service. There were surveys and meetings for people living in the home and their families.

The service demonstrated that they learned from incidents and took action on any areas for further improvement identified in their audits, and from feedback from people and staff. The home was also undergoing a period of refurbishment which was improving the environment for people. There was a support group who raised additional funds so the home was always able to carry out more outings and activities for people, which they said they enjoyed.

The service worked closely with their support group facilitating raising additional funds, and they had enabled more networking within the community. For example, the home had contacted a local group which

brought some school children to visit the home. They also worked with health and social care organisations and other agencies to ensure people received the support they needed to enhance their lives.