

Methodist Homes

Amathea

Inspection report

Newlands Lane
Workington
Cumbria
CA14 3JG

Tel: 0190063259

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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

This comprehensive inspection took place on 7 June 2018 and was unannounced. At our last inspection of the service in April 2017 we found three breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and responsive to at least good.

At this inspection we found that the provider had completed those actions and we found the service was meeting the fundamental standards of quality and safety.

Amathea is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is a modern two story building set in its own grounds with parking to the front and a private secure garden to the rear. Accommodation and personal care is provided for up to 40 older people with disabilities or with chronic illness, the ground floor unit is designated for the care of people living with dementia.

There was a registered manager in post who had been appointed after the last inspection in April 2017. 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.

Improvements to the processes used when employing people had been made that ensured the recruitment of fit and proper persons more robust. All of the required checks of suitability had been completed in a robust manner.

Medicines were being administered and kept safely. We have made a recommendation that the provider ensures that the records for administration of as and when required medications (PRN) include written protocols for their use. To ensure that medications prescribed were being optimised to their best use for the people they were prescribed to.

There were sufficient numbers of suitable staff to meet people's needs. Staff training was ongoing and people had received sufficient training to safely support and care for people. Some staff had been supported into extending their roles as champions in areas of their own interests. This increased staff knowledge and in turn ensured people experienced good outcomes. Staff were also supported through regular staff meetings, supervision and appraisals.

We saw that the service worked with a variety of external agencies and health professionals to provide

appropriate care and support to meet people's physical and emotional health needs.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

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.

People living in the home were supported to access activities that were made available to them and pastimes of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

We observed staff displayed caring and meaningful interactions with people and people were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them.

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?

Good ●

The service is safe and the rating for this domain had improved to Good.

Prescribed medicines were managed safely and stored safely. We recommended instructions for the use of PRN medications should be clarified.

All the required checks of suitability had been completed when staff had been employed.

People were kept safe and there were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service is effective and the rating for this domain had improved to Good.

Staff had received training suitable to their role and responsibilities.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

The registered manager was knowledgeable about how to ensure individuals' rights were protected.

Is the service caring?

Good ●

The service is caring and the rating for this domain had improved to Good.

People told us they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

People were supported to maintain their independence.

We saw that staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good ●

The service is responsive and the rating for this domain had improved to Good.

People's needs were reviewed regularly and any changes were responded to in a timely manner.

There was an appropriate complaints process in place. People knew who to speak to if they had any concerns

We saw there were meaningful activities which people took part in regularly.

Is the service well-led?

Good ●

The service is well-led and the rating for this domain has improved to Good.

There were adequate processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

Amathea

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 checked 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 7 June 2018 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

Before we carried out our inspection we looked at information we held about the service. We also looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, deputy manager, six people who used the service, ten relatives / visitors and eight staff including ancillary staff. We also spoke with the visiting chaplain and a community health professional. We observed how staff supported people who used the service and looked at the care records and medication records for eight people living at the home.

Some people had communication difficulties or dementia and were not able to communicate with us easily. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the staff files for eight staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, food safety records and

quality monitoring documents. We also used a planning tool to collate all this evidence and information prior to visiting the home.

Is the service safe?

Our findings

During our inspection we spoke to six people who lived in Amatheia and asked them if they had any concerns about their safety and if they thought there was sufficient staff to care for them. We also spoke to relatives and visitors to the home. One relative told us, "There are plenty of staff and we are happy [relative] is safe, and in an ideal home." Another relative said, "I am very happy with it [the home]. I am in every day and have never seen anything untoward." We were also told, "It's so much better now you can hardly believe it's the same place, there are plenty of staff now."

At the last inspection in February 2017 we found a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some checks of suitability to work with vulnerable people had not been completed. We also found that the deployment of staff and how they responded to people requiring support was noticeably delayed.

At this inspection we saw there were sufficient care workers on duty to respond quickly to people's needs and requests. Staff were visible about the home all day. Call bells were answered promptly. We observed care workers checked people in bedrooms on a regular basis and those unable to use a call bell had their bedroom doors propped open. There was a member of staff in the communal areas nearly all the time with only brief interludes with no one present. A staff member said, "It's so nice, I've got the time to do all the things I ought to. It's not just doing medicines and tasks. It's all the things you should do, getting everyone looking nice, and well turned out. It's a pleasure working here it is so lovely."

The registered manager told us that, since his appointment, there had been an increase in the number of staff on duty throughout the day. Staff and visitors told us this had made a "tremendous difference". A visiting health professional told us, "There is a vast improvement. Staff are visible and always professional."

We found the processes used for recruiting fit and proper persons had been improved in many ways since the last inspection and that meant the recruitment of people was much more robust and safe. We checked the recruitment files for eight members of staff including some who had recently been appointed. We saw application forms had been completed, references had been taken up and a formal interview arranged. The files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed.

We looked at how medicines were being managed. The recording of medicines administration and stock control was being managed electronically via an online system. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We also looked at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication (PRN). However, instructions around making the best use of some PRN medications had not always been recorded.

We recommend the records for administration of PRN medications include written protocols for their use. To ensure that medications prescribed were being optimised to their best use for the people they were prescribed to.

We walked round the building and found the home to be clean and well maintained. There was sufficient suitable equipment to assist people who may have limited mobility and we observed staff using appropriate protective wear to prevent cross infection.

Staff we spoke with confirmed they had received training in the safeguarding of vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. These included all risks associated with the event of an emergency such as a fire.

Is the service effective?

Our findings

During the last inspection in February 2017 we observed the mealtime experience on the unit where people were living with dementia was not very positive and some people did not receive the right level of support. At this inspection we observed a significant improvement in the dining experience. The environment had been improved and adapted to meet the needs of those with memory problems. Mealtimes had been staggered to ensure that everyone's needs were met in a calm and relaxed manner. People were asked about meal preferences and we saw that the meals prepared catered for a variety of preferences and different dietary needs.

People we spoke with told us the food served was good. One person said, "The food is very good, I've even put weight on." Another person said, "I get to choose when and where I eat my food." We saw that people had nutritional assessments completed to identify their needs and any risks they had when eating. Where necessary people had been referred to their GP or to a dietician.

We saw people received the right level of assistance they needed to eat and to drink and this was provided in a patient and discreet way. The meals served looked appetising and seemed to be enjoyed by everyone. We spoke with the cook who told us, "I don't have any restrictions now on what I can order, so I can order what we need." Special diets were catered for we saw one person chose to be on a well-known dieting plan and they had lost 13lbs in weight. We were also told by a relative, "My [relative] doesn't eat much but there is always a jug of fortified milk available in the fridge for them." The weather was very warm on the day of the inspection and we observed extra fluids, ice creams and ice pops were regularly offered to people by the staff throughout the day.

At the last inspection we found a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because consent had not always been sought from the relevant person. At this inspection we found actions had been taken to ensure that where people lacked capacity to consent that the relevant persons had been involved in making decisions in people's best interest.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected. However, we also found that completion of records by other health professionals for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) had not always been completed accurately and the registered manager took action to address this during the inspection.

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 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 saw appropriate applications had been made and authorisations were in place.

We looked at the staff training records which showed what training had been done and what refreshers were required. We saw staff had completed induction training when they started working at the home and had received regular updates on important aspects of their work. Staff we spoke with told us about some of the training they had received. One care worker told us, "We've had a lot of training and specific training for things like managing epilepsy."

The home had 11 different staff who had been identified as champions. These included a medication champion, dementia champion, end of life champion, continence champion and a care planning champion. A champion is a staff member who has taken a deeper interest in a specific area of the service delivered, had completed extra training and were happy to share their knowledge and skills. This helped to ensure better outcomes for people living at Amatheia as champions could cascade their knowledge, provide guidance and act as role models for other staff.

We looked at individual staff personnel records these show that staff had effective induction, regular supervision, appraisal and ongoing training. Staff told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them to develop. Staff also told us they attended regular staff meetings that supported them in their work.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services. We also saw that the registered manager had brought in other professionals who were specialised in some of the needs and conditions of the people living at the home such as occupational therapist. This also supported the staff team in improving their skills and knowledge to better support the people they were working with.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to. We saw that the unit on the ground floor had been adapted to meet the needs of those living with dementia.

Is the service caring?

Our findings

People we spoke with who lived at Amatheia told us, "It's alright here, the girls are nice to me" and "It's fine, they look after us alright and they are nice to us." A relative said, "The staff are always welcoming and very helpful, nothing is too much trouble."

At the last inspection in February 2017 we were told by some relatives they were not happy with the standard of care delivered by the home. At times during the last inspection we observed that people's dignity and respect had been compromised. During this inspection we observed a much better standard of care and approach by the staff. We observed animated and meaningful conversations between staff and people living in and visiting the home. Staff clearly knew people well. We saw staff speaking to people pleasantly and respectfully with lots of appropriate hugs and kisses. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity.

We spent time in the communal areas of the home and conducted a Short Observational Framework for Inspection (SOFI) in the unit providing support to people with dementia and other complex needs. This involved observing staff interactions with the people in their care. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs, in particular those who may have limited verbal communication. During this time we saw people's choices were being met and staff treated everyone with respect. Assistance was given in a warm and understanding manner. Communication between the staff and people in the dementia unit was seen to be appropriate and very caring.

We looked at the arrangements in place to ensure equality and diversity and that support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. The homes (Methodist) Chaplain visited three days a week but also offered service to all faiths and included staff, visitors and relatives. There was a Roman Catholic communion held every Friday and a Church of England Communion service once a month. There were also regular visits from the local Methodist congregations.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. People were encouraged to and went out regularly either on visits or local walks. One person maintained their independence by walking into town each day to fetch the newspapers for the home.

Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

Independent advocacy could be arranged for people who did not have relevant others to help them in making important decisions. Advocates are people who are independent of the service and who can

support people to make important decisions and to express their wishes.

Is the service responsive?

Our findings

At the last inspection in February 2017 we found a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the care plans for people did not always accurately reflect their needs.

During this inspection we found a new style of record had been implemented that improved the accuracy of the information available in people's care plans. Although we saw some work was still to be done in the implementation of these new records a full audit of people's needs had taken place. This meant the care and treatment people received was appropriate and current.

People told us they had been asked about their care needs and been involved in regular discussions and reviews. We were told by relatives, "I know what's going on and another relative comes and does the care plan" and "I've no worries, my sister does all the reviews and the paperwork." Another relative said, "They always let me know if there is anything wrong. I come in when I like and I am very happy with the place."

A number of people who lived in the home could not easily express their views or wishes about the care and support they received. From speaking to staff and observing how they supported individuals we saw that the staff were knowledgeable about the needs of people who were living at the home.

The home employed activity coordinators. We saw people could engage in activities of their choice. People were supported in attending their own social events in the local community or with visiting friends and relatives. The home held regular activity sessions and social events. One of the activities coordinators told us, "The registered manager is great. It's his ideas about a lot of things we do and I can have what I need. There is so much going on now and we go out so much more. We have a bus booked every month for the whole year now and we go somewhere different if we can."

The registered manager told us how they supported people to keep in touch with relatives and friends via the use of the internet allowing people to access different methods of technology to maintain contact such as the use of Skype to speak to with relatives living abroad.

The home had several accessible outside areas. Those attached to the unit where people were living with dementia were kept secure and in good order. There was also patio area with artificial grass and tables and chairs. There was a separate garden area with shade, tables and chairs, raised beds and outdoor games. Staff had supported people in planting vegetables in the outdoor area. We observed people could move freely in and outdoors.

We spoke with the visiting chaplain who told us, "I do a newspaper club, one of the gentlemen here goes and fetches them from the town. I take the newspapers and read with those that don't like clubs or cannot read anymore. I also do biblical yoga this was yoga movements combined to bible stories as it helps people with dementia remember the story." This had proven to be popular with a lot of people living at the home.

Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so and believed that their concerns would be acted upon. One person told us, "I have never had any need to complain." The registered manager told us they preferred to deal with people's concerns as and when they arose.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Is the service well-led?

Our findings

At our last inspection in February 2017 the home was rated overall as requiring improvement and we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made some recommendations. At this inspection we found that the provider and registered manager, who had been appointed after the last inspection, had acted on those breaches and recommendations. We found the service was now meeting all of the fundamental standards of quality and safety.

People we spoke with told us there had been improvements in the way the home was now managed. A member of the staff told us, "I've been here five years and I can honestly say this is the best it's ever been and I'm not just saying that. The new manager is very approachable and he has made such a difference." A regular visitor to the home said, "I have never seen this place as good, it's such a pleasure coming here now." We observed that the culture within the home was more professional and staff morale was much better than we had observed during the last inspection.

A relative told us, "Since the new manager it's been a hundred times better, my sister and I are in every day and we are very happy with the home now." Another relative said, "I think it's much better overall, we are really happy with the care now." We were also told by a visitor, "I have been coming here five years and this is the happiest band of carers [care workers] I've ever seen here, very different now."

We saw that residents meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learnt. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of any incidents and accidents and appropriate referrals had been made to the local authority. This meant we could check that appropriate actions had been taken.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home. The oversight of quality and safety in the home was also monitored regularly by the regional and quality managers that visited on behalf of the provider. Where actions had been required to improve these had been noted and addressed by the registered manager.

Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. Where actions had been required to improve things these had been noted and addressed by the registered manager.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required. We also saw that the home had worked closely with the local Care Home Education and Support Services (CHESS) team to support with strategies for dealing with people living with dementia. This work was ongoing and we discussed with the management team about implementing a more formal dementia strategy for the ground floor unit.