Methodist Homes

The Homestead

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

This inspection took place on 9 May 2016 and was unannounced. This meant the provider did not know we would be visiting the service. We returned to the service on 10 May and this visit was announced.

The Homestead can accommodate up to 68 people. The home is situated in the village of Carterton. The home has three units set over three floors. The ground floor and the middle floor accommodate people living with a dementia. The top floor accommodates people who require personal care.

There was a registered manager in place. 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.

Risks to people had been identified, assessed and were managed safely. Staff understood the signs of potential abuse and what action they needed to take if such suspicion arose. There were sufficient numbers of staff employed to meet people's needs and the service followed safe recruitment practices. People's medicines were managed safely and administered by adequately trained staff.

Staff received suitable training to ensure they could support people appropriately. Staff said they received sufficient training to do their jobs, and felt confident to raise any professional development needs at their regular supervisions and appraisals.

The registered manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The registered manager and staff understood their responsibility to ensure people's rights were protected.

People received the support they required to meet their nutritional needs. Staff showed an excellent knowledge of the specialist diets people required and gave appropriate support to people who needed assistance with meals. Staff made referrals to and sought support from a range of health care professionals in a timely way. The relationships with the health professionals were positive and led to improved outcomes for people.

People had positive relationships with staff and were treated in a caring and respectful manner. Staff delivered their support in a calm, relaxed and considerate manner. People and their relatives were actively encouraged to participate in the planning of their care. Staff were empathic when dealing with people's privacy and dignity.

Care plans were person-centred and ensured the care and support suited people's needs and expectations. People's own preferences were reflected in the support they received.

The service was exemplary in responding to people's needs and preferences. People were supported by a service that was devoted to getting to know the people they supported. People participated in a range of activities and received the support they needed to do this.

People were able to choose where they spent their time and what they did. They were also able to raise complaints which were investigated and resolved promptly.

The culture of the organisation was open. Staff were aware of and adhered to the values of the organisation that were based on people's welfare being of greatest importance. This was confirmed by the staff, people and their relatives. There was a quality monitoring system involving checks on the service provided to people. The system aimed to ensure people were able to express their views so improvements could be made.

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 was safe.

People were protected from the risk of abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

Staff received suitable training to ensure that they could appropriately support people, and received supervisions and appraisals.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People were supported to eat and drink. Effective partnerships with health professionals led to people's health needs being well-managed.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People's privacy and dignity was upheld and staff were aware of the importance of promoting people's independence.

People's friends and family were welcome to visit them at the service, and staff supported and encouraged these relationships.

Is the service responsive?

Good

The service was responsive.

The service was devoted to getting to know the people they supported. There was a clear focus on the importance of knowing peoples histories and involving friends and relatives at every point of people's care.

Pre admission assessments were carried out to ensure the service was able to meet people's needs.

Documentation was personalised, up-to-date and included specific information about people's backgrounds, events and the people who were important to them.

The registered provider had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. Staff told us they found the registered manager to be approachable.

There were effective systems in place to monitor and improve the quality of the service provided.

Accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified.

The Homestead

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 9 and 10 May 2016 and was unannounced. It was carried out by 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. In this case, the expert's area of expertise was providing care to people with dementia.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the service, the local authority safeguarding team and the relevant health and social care professionals to gain their views of the service provided at this home.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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.

During the inspection we spoke with six people, three relatives, six members of care staff, one member of kitchen staff, a registered nurse, a chaplain, a music therapist, an activities coordinator and the registered manager.

We looked at care plan documentation for seven people, and files for six staff members. We also looked at other information related to the running of and the quality of the service. This included quality assurance

audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. When asked directly if they felt safe, one of the people replied, "Yes, very safe". Relatives believed that staff and management were committed to ensuring the safety of people. A relative told us, "It's clean, and staff are ever so helpful".

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received regular safeguarding training. Staff demonstrated a good knowledge of how to recognise and report safeguarding concerns. A member of staff told us, "If I had any concerns I would report it to my manager. If [name] would not act on it, I would take the issue somewhere above, to the safeguarding team for example".

The service carried out risk assessments for people and reviewed them monthly or sooner if a new risk was identified. People had risk assessments documented in their care files which identified the risk and detailed actions needed to minimise and manage the risk. These assessments included risks associated with specific medical conditions, pressure areas, limited mobility, falls and nutrition needs. The results of these assessments were used to develop people's care plans. Staff were knowledgeable about people's individual risk management plans and knew the actions needed to minimise the risk. A member of staff told us, "Going through the care plan helps to understand their [people's] capacity to understand risks".

The provider ensured staff recruitment processes helped to protect people from those who may not be suitable to care for them. All the recruitment files inspected showed that appropriate checks had been carried out before staff were employed. Clearances from the Disclosure and Barring Service (DBS) had been requested. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers, particularly when past jobs had been within the health and social care sector. Employment histories had been requested and the reasons for any gaps had been explained at job interviews and appropriately recorded in staff files.

People were protected from the spread of an infection. All the departments: care staff, housekeeping, catering and maintenance staff contributed to preventing such occurrences. The kitchen staff ensured the kitchen remained clean and free from potential cross infection. Staff adhered to food safety standards and ensured the food was prepared safely. Staff wore appropriate protective clothing, food was kept at appropriate temperatures and other staff had limited access to the kitchen. Housekeeping staff adhered to the colour coding system in place for their cleaning equipment. As a result, the spread of a potential infection was reduced. For example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when delivering personal care so as to reduce the risks of cross contamination. We observed that staff washed their hands and used hand cleansing products before performing various tasks.

During our inspection we found the service was clean and free from odours. This helped to ensure and

promote people's dignity. The service had effective systems in place to ensure that good hygienic levels were maintained and the risk of infection was minimised. One of the relatives told us, "It's clean, and staff are ever so helpful".

The maintenance staff took action to reduce potential risks relating to Legionella. They regularly flushed all the taps and showers including those that were not in regular use to ensure that water was flowing through the system. They also ensured correct water temperatures were maintained to avoid contamination of the system. There were appropriate waste management arrangements in place.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as the emergency alarms, emergency lightning or fire safety system, were regularly checked. Records confirmed these were completed. For example, the fire alarm system and emergency lighting were tested on weekly basis and fire evacuation drills were carried out every quarter.

People were satisfied with the way their medicines were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were kept securely on each unit. Medicines were checked when they were received from the pharmacy and when administered or refused. This gave a clear audit trail and record of people's medicines.

We observed a medicines round and noticed that the staff member followed safe practices and ensured each person took their medicines. We saw medicines were stored correctly and records relating to their administration and ordering were up-to-date. The registered manager undertook regular medicines audits and there were relevant up-to-date records of these audits.

People and staff told us that there were always enough staff available to provide people with the support they needed. A dependency tool was used to determine safe staffing levels. A member of staff told us, "Staffing levels are appropriate. We are trying to ensure we have appropriate levels on the floor. The registered manager administers meds and deputy covers if we are short for seniors". Some people and some relatives had noticed that staff rotas were arranged in order to keep teams working together to ensure continuity of care was provided to people. One person said, "If I see that [name of care worker] is on duty, I know [name of care worker] and [name of care worker] will be around, I like them..." Another person added, "The same staff, they work in teams – familiarity... that's important".

Good

Is the service effective?

Our findings

People told us staff were well-trained and provided them with care appropriate to their needs. One person said, "Staff are well-trained - I was a nurse". Another person told us, "Oh yes, they're very good, the girls here". A relative added, "[The registered manager] seems to understand. 'Structured' care staff, well trained... nothing's too much trouble".

All new staff had undertaken induction training which had included the completion of mandatory training in relevant areas for example, moving and handling equipment. Newly employed staff members shadowed more experienced staff for two weeks, had their competencies assessed, and completed a probationary period. This meant new staff had the appropriate knowledge and skills to carry out their role effectively.

Staff received the training they needed to support people effectively. Staff attended mandatory training in areas such as safeguarding, manual handling, first aid, fire safety and infection control. Mandatory training is training that the provider thinks is necessary to support people safely. Refresher training was also provided, and we saw from training records that it had been delivered in line with deadlines set by the service. Additionally, the service offered training in dementia, nutrition awareness, diversity and inclusion and end of life care. Staff told us they were provided with a wide range and methods of training. A member of staff told us, "[Training is] ...through e-learning, distance learning and group sessions, as well. The induction book records the induction process: shadowing a senior carer, getting signed-off at various stages until the senior member of staff feels you can do it. They're still there to look out for you [supervise]".

All members of staff were supported through regular three monthly supervision meetings with their line manager. This gave each member of care staff and the line manager an opportunity to discuss any issues that may have arisen, as well as areas where the member of staff excelled. Where necessary, any additional training or support was identified. Appraisals took place annually. Both were perceived as useful processes by the management and staff.

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. Staff were able to describe the principles of the MCA and how they applied them when supporting people. For example, people were shown a choice of clothes to wear or food to eat. Staff were aware that any decisions made for people who lacked

that capacity had to be in their best interests.

The care plans we saw contained records of DoLS applications and references to best interest decisions and capacity assessments. Where relevant, the care plans contained evidence of people's Lasting Power of Attorney and what it related to.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the front of the care file.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. Risk assessments had been carried out to assess and identify people at risk of malnutrition. People also received the support they needed to ensure their diet was nutritious and well-balanced.

We spoke with the chef who described how they provided nutritious meals to meet people's needs. They were aware of people's specific dietary requirements and how these were to be met. People confirmed they were offered meal choices and also alternatives to the menu were provided on request. One person told us, "The choice is good, three or four (to choose from), you can always get something nice".

We observed the lunch meal. All the food, including pureed food, was prepared to look appetizing. People were encouraged to eat their meal and time allowed for them to go at their own pace and enjoy their meal. We saw staff giving individual support to people in an appropriate manner.

People had access to health professionals where their condition indicated this was required. One person informed us, "The doctor visits every Tuesday. (The doctor is) Not always available... but if needed... (the doctor will see you)". Another person remarked, "If I need it (medical attention) I get it". Records showed people had access to GP, district nurses, chiropodist, optician and audiology. Visiting health professionals told us people were referred to their services appropriately and in a timely manner.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person commented on staff's approach. They said, "They're very attentive to me". Another person told us, "We have a bit of a laugh and a joke". A relative said, "They know their residents very well".

People were treated with dignity and respect. Throughout the inspection we saw staff behaving professionally in a helpful, knowledgeable and sensitive manner. Staff ensured people's dignity and privacy were respected by knocking on the doors before entering or addressing people by their preferred name. Staff always remembered to explain what support they were about to carry out and why, such as in the administration of medication or positional changes in bed.

People were involved in decorating their rooms to be as homely as possible. People's rooms were personalised, suiting the taste and interests of individual people. For example, one person had requested a bedroom overlooking the garden so they could watch birds. The same person had chosen to furnish their room with lamps in the shape of trees changing colours. The person told us they found these lamps stimulating. People were encouraged to have their own personal items around them which they treasured or were accustomed to, including photographs and memorabilia from their own homes. Staff used their knowledge of people to support them to have their bedrooms decorated and furnished according to their needs and wishes.

People were encouraged to remain as independent as possible. One member of staff explained to us, "We encourage people to do as much of personal care as they are able to do themselves. We ask them if they would like to participate in activities. As long as the risk is at the lowest we encourage them to do it".

One person who had moved to the home was a keen 'walker' and had been in the habit of walking several miles per day prior to moving to The Homestead. The person's biggest fear was they would lose their independence and would not be able to walk as they had done before. In order to keep the person independent and to help them overcome their fear, a mobile phone had been purchased for them. It had been set up on a speed dial with the service so they could call for help or assistance if required. The appropriate risk assessment had been created and signed by the person who allowed them to enjoy walks, which was the person's life- long passion.

Staff provided personalised care which supported people's individual needs and health-related requirements. In order to help people build caring relationships with one another, each person had an identified key worker. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person's life. Staff we spoke with enjoyed working at the home and they developed positive relationships with the people they cared for. They were able to discuss the different needs of the people in their care and clearly understood those needs and preferences. A member of staff told us, "It takes time to accept staff. You try to encourage them to be involved but quite often a place like this is quite alien to them".

During our visit the registered manager and the deputy manager were constantly present at the home and people who lived there and their relatives clearly knew who they were. One person commented on the management, "The manager and the under-manager pop in most days, they're very kind". Positive relationships had been developed between both the registered manager and the deputy manager and the people they cared for.

People were encouraged to form caring relationships by sitting together and talking in small groups. One person told us their family member was always welcome at the home. A relative told us they felt unrestricted and could visit at any time. One relative routinely brought his terrier along to the obvious delight of other people.

Staff understood the need to respect people's confidentiality. They never discussed any sensitive issues in public or disclosed information without people's consent. We saw that records containing people's personal information were kept in the main office which was locked to prevent any unauthorised person from accessing the documents. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer.

People were supported to have a comfortable and dignified death. People and their relatives were involved in making decisions about their end-of-life care, and their preferences were documented in detail. The care records showed plans were in place for the end-of life-care. These plans included people's wishes for preferred place of care and specific funeral plans. Staff we spoke with were aware of people's end-of-life wishes.

Good

Is the service responsive?

Our findings

People's care and support needs had been assessed before they had come to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home prior to their admission to gain an insight into whether the home was the right place for them. Staff encouraged people's relatives, advocates and care professionals to be involved in the initial assessment to understand people's preferences and strengths. This helped to meet people's needs and preferences relating to their care. Also, this ensured as smooth a transition as possible once the person decided they would like to move into the home.

Staff were knowledgeable about people's individual care needs. They were able to explain how they used the care plans and risk assessment to ensure appropriate care was given to meet people's needs. The care plans were comprehensive and personalised. The plans contained details of people's likes, dislikes and preferences including the kind and frequency of support with personal care and their bed time and morning routines. The care plans demonstrated that people and, where appropriate, their relatives had been involved in preparing them.

Staff used the care plans to guide them when providing person-centred care. The care plans contained information about people's past history, the places where they had lived and what interested them. One person told us, "They know my history and they treat me accordingly". This helped staff to understand people and build rapport with them.

People's changing needs were understood and swiftly addressed by staff. Staff reviewed people's care plans regularly and adapted them to meet people's current needs. One relative told us they felt very involved in changes that were made to their relative's care. They said, "Staff ring to tell us if there's a change in [name] health". Another relative told us, "If I call in they will know how my mother is".

The provider had recognised the need to improve the mealtime experience for people. They had liaised with one of the leading food service companies to improve on people's mealtime experience. The improvements included the use of specialist designed crockery which helped to aid and promote independence. Alongside this, the visual appearance and textures of food have been greatly improved. Alternative tea was introduced for people who were not able to swallow and finger food for people who were not able to use cutlery.

People said there were enough activities for them to do at the service. The service had a full-time activity co-ordinator who organised one- to-one and group activities, outings and social events. The activities co-ordinator explained to us that people living at the service were encouraged to participate in a variety of meaningful activities they enjoyed. For example, people had access to music therapy. Music therapy is particularly appropriate in dementia care as the ability to perceive and respond to music can persist into very late stages of disease. It can help to keep communication channels open even when the ability to use and understand language was affected by dementia. People also enjoyed modelling, bingo and a mobile sensory projector which could be taken into people's rooms. This meant that people who were bed-bound could also enjoy sensory stimulation and benefit from the activities provided by the service.

We found that The Homestead had gone above and beyond their duty whilst supporting people. The registered manager liaised with the local RAF base to arrange a trip for two people. One of them had previously served in the army and another in the air force. The people had enjoyed the tour where they had been provided with a chance to look at the aircraft. Then they had both enjoyed trying the base's aircraft simulator, as they had been given the opportunity to sit in the cockpit and fly the aircraft. It had brought alive many happy memories for both veterans and they were genuinely pleased to share their experience with each other, other people and staff.

In another example, a person who had been at risk of social isolation had benefited from a Naval group reunion organised by the service. The activities co-ordinator had organised a surprise meeting at the home where three of the person's friends had turned up to visit. After this initial meeting, the person had enjoyed several more reunions with their old Naval friends. This same person had a relative with whom they had lost contact. After the person had provided the activities co-ordinator with her name, they had found the person's relative and had helped to arrange a meeting for them. The person frequently wrote to their relative and had something to look forward to as the next meeting was already being arranged by the service.

People who used the service had enjoyed the fund raising challenge to bowl 6000 skittles during a working day at the Homestead. The fund raising had been organised by the service to enhance people's lives with new equipment to be bought for people's use. This was a huge success due to being well-attended by people, relatives and visitors. It meant that people, relatives, visitors and staff had interacted between with one another and people had been involved in something meaningful to them. People had been happy and excited but their involvement had not finished after the fund raising day. People were involved in how the fund raising money was spent. They had reviewed catalogues of sensory equipment and had decided to spend the money on mobile sensory equipment so it could be used by people who are bed bound. As a result, the sensory trolley was bought and people who were no longer mobile could enjoy the experience of lights and sounds in the comfort of their rooms.

People had opportunities to follow their religious beliefs. There were regular religious services held in the home and arrangements were made for some people to attend their local place of worship.

The service had a complaints policy and procedure. The registered manager and staff were able to explain how they would deal with a complaint. Since our last inspection the service had received nine complaints which had been responded to and resolved in line with the providers' complaints procedure. One person commented that they had been surprised by an alarm going off the week before and they had reported their concerns to staff. The person was satisfied with the manner their complaint was dealt with and told us, "They took it on board. They learn from their mistakes"

We also saw letters of appreciation. The service received 36 compliments since our last inspection. A relative wrote, "What a wonderful time that is, everybody was involved and a visitor would never think that the residents had dementia, his music transported us to better times. There was such a caring atmosphere by the staff, it was a pleasure to be with them all on Sunday".

Good

Is the service well-led?

Our findings

People and staff told us the service was well-managed and that the registered manager and staff were approachable and ready to help. One person said, "The manager, she's very approachable". A member of staff stated, "[name] door is always open. She's always welcomed to listen to any concerns".

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager was an extremely charismatic leader who created a warm, supportive and non-judgemental environment in which people clearly thrived. The home had a clear management structure in place led by the effective registered manager who understood the aims of the service. The registered nurse praised the registered manager saying, "I think that [name] is a fantastic manager. She's very visible on the floor".

The registered manager demonstrated a clear understanding of their role and responsibilities. The care was person-centred, with a real emphasis on always putting the person first and foremost. This was seen during the observations of the interaction between staff and people and in the way people's care records were written. The registered manager also demonstrated a good knowledge and understanding of people, their needs and choices. They promoted an open inclusive culture. They said, the focus of the service was to ensure people received person-centred care which supported them to maintain independence and dignity at all times. They strove to ensure the service was open and transparent. They sought comments and suggestions from people and staff to take the service forward and make continued improvements.

People and their relatives were involved in shaping the service. One person told us, "We have many different conversations about what I want". We saw the results of the last quality satisfaction survey which was carried out on annual basis. This showed positive responses to the care and quality of the service people received and no areas for improvement were indicated. One person wrote, "I'm very satisfied up to present time. Hope this remains so for the future". Another person stated, "It is the staff that make the home happy. They are very, very good".

The provider had a number of systems in place to monitor the standard of care people experienced. The quality assurance and monitoring system was in place to assess the quality and safety of the service and to ensure continuous improvements. Where audits had shown that improvements had been needed, action plans had been produced. These had been reviewed and updated to ensure that the actions were completed and the improvements achieved. For example, when it was found that food trolley had displayed inaccurate temperature reading, a new thermometer was bought to check the temperature of foods served to people.

Staff told us that staff meetings took place regularly, and records confirmed this. Minutes from meetings showed that the meetings were used to discuss a number of different policies and issues relating to the running of the service. For example, staff discussed allocation sheets, workbooks, activities and health and safety issues. Staff told us that they were free to raise any issues at staff meetings that seemed important to them, or at any time outside the meetings.

Staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. The provider complied with the condition of their registration to have a registered manager in post to manage the service who was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC).

The service also excelled in providing education and undertaking research to identify and share best practice. The service had links with the Institute of Psychiatry, Psychology and Neurosciences at King's College London. The service had contributed to the research on Alzheimer's disease. As a result, a new drug for people suffering from Parkinson's dementia with psychosis, delusions or hallucination had been licensed in the USA.