Methodist Homes

Horfield Lodge

Inspection report

Kellaway Avenue
Horfield
Bristol
BS7 8SU
0117 916 6630
www.mha.org.uk

Date of inspection visit: 16 December 2014
Date of publication: 13/02/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 16 December 2014 and was unannounced. The home was previously inspected in October 2013 and breaches of regulation were found; a warning notice was issued in relation to records and compliance actions were issued for staffing levels and care and welfare. Further visits to the service were made in November 2013 and January 2014 and we found that action had been taken to address the breaches of regulation.

The service provides nursing care and accommodation for up to 75 people. The home is split in in to three areas. There is a floor for people with nursing needs, a floor for people with personal care needs and an area for people with living with dementia. There is 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.'

Summary of findings

The service was not always safe. Staff received training in safeguarding adults; however we found that potential concerns about an individual had not been followed up, when they had returned to the home from a stay in hospital.

Applications had been made to the relevant authorities to deprive people of their liberty when it was appropriate to do so to keep them safe. However people's rights weren't always protected fully in line with the Mental Capacity Act 2005 because procedures weren't always followed when gaining people's consent for the use of bed rails.

There were adequate numbers of suitably trained staff available to support people in the home. Staff received training in a range of subjects relevant to their role. We viewed staffing rotas as evidence of this and spoke with staff.

People were protected because there were arrangements in place to ensure that people's medicines were stored and administered safely. There were risk assessments in place to guide staff in providing support in a safe way.

There were arrangements in place to protect people from the risks of malnutrition because people's weight was monitored and action taken when concerns were identified. However not everyone was positive about the quality of the food in the home and reported that they would prefer more fresh vegetables. People were supported to see other healthcare professionals such as GPs and specialist nurses when necessary.

People were supported by staff who were kind and caring and we saw positive relationships between staff and people in the home. People and their relatives had opportunity to be involved in their care planning.

People had opportunity to take part in a range of activities and there were records of these in people's files. People were also supported by a chaplain and could attend prayer meetings and receive communion if they chose to do so.

People's support was reviewed regularly. A new system was being introduced so that relatives knew in advance on which day their relative's support plans would be reviewed so that they could attend if they wished to. Relatives also had opportunity to raise concerns at meetings and 'relative clinics' with the registered manager. There was a formal complaints procedure in place and we saw examples of complaints that had been responded to appropriately.

The home was well led and staff told us they felt well supported and could raise any issues or concerns. This showed that an open and transparent culture was encouraged in the home. There were systems in place to monitor the quality and safety of the service. This included a programme of audit to review aspects of the service such as medicines and people's support plans.

We found three breaches of regulation during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Staff received training in safeguarding adults; however guidance was not always followed. We found an example of a person for whom potential concerns had not been followed up.

There were safe systems in place for the storage and administration of people's medicines.

There were sufficient numbers of staff to ensure that people were safe and their needs met. There were recruitment procedures in place to ensure that staff suitability for their role was assessed prior to beginning work.

Is the service effective?

Requires Improvement

The service was not always effective. Procedures for making decisions on behalf of people who weren't able to do so independently, didn't always meet with the requirements of the Mental Capacity Act 2005.

People weren't always happy with the quality of the food provided. There were arrangements in place to identify people who may be at risk of malnutrition and action was taken when concerns were identified.

People were supported to access other healthcare professionals when they needed to.

Staff were supported, through regular training and supervision to carry out their roles effectively.

Is the service caring?

Requires Improvement

People were supported by caring and kind staff. However people weren't always encouraged to make choices or express their views about the kind of support that they wanted.

People were treated with dignity and respect and encouraged to be independent where possible.

Is the service responsive?

Good

The service was responsive. People had opportunity to take part in a range of activities and arrangements were in place to meet people's spiritual needs.

There was a complaints procedure in place and people had opportunity to raise complaints and concerns at regular meetings.

Is the service well-led?

Good

The service was well led. Staff told us they felt supported and able to bring any concerns or issues to the attention of staff and this showed that there was an open and transparent culture within the home.

Summary of findings

There was a clear set of values that staff were expected to incorporate in to their work and these values were assessed as part of the home's quality monitoring arrangements.

There was a system of audit in place to monitor the quality and safety of the service provided.

Horfield Lodge

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 16 December 2014 and was unannounced.

The inspection was undertaken by two 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.

Prior to the inspection we reviewed the 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 also reviewed information relating to notifications. Notifications are information about specific important events the service is legally required to send to us. We contacted other healthcare professionals for feedback but did not receive any comments.

As part of our inspection we spoke with five people in the home, three relatives, four care staff, one volunteer, an activities coordinator and the assistant manager. A senior manager from the organisation was also present during the inspection. We reviewed records relating to people's care, including care plans for six people, and records relating to the running of the home such as staffing rotas and accident records.

Requires Improvement

Is the service safe?

Our findings

Most people told us they felt safe, however one person who told us they were quite independent said that they would like staff to visit them in the evening more to check on their wellbeing. We observed that people appeared settled in the presence of staff and responded positively to their interactions.

Staff had received training to support them in identifying potential abuse and told us they felt confident and able to report any issues of concern. During our inspection we found that one person had a chart in place to document various bruises that had been noted on their body following a return from hospital. However, staff were unable to explain how the bruises had occurred and hadn't contacted the hospital to find out or raised a safeguarding adults alert to the local authority. This meant that this person hadn't been fully protected.

This was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

People had risk assessments within their care files to support staff in providing care in a safe way. This included guidance for staff in relation to moving and handling. We saw 'safe systems of work' were in place which described how many staff were required to support particular aspects of a person's care and the equipment that was required.

People were protected against the risks associated with medicines. We saw medicines policies and procedures were accessible for staff to refer to when required. Nurses and senior care staff were responsible for the safe handling, storing and administration of all medicines in the service.

There were reporting systems in place to respond to any medicines errors or irregularities. Any concerns were reported to either the deputy manager or the registered manager. Staff were provided with further training in the event of any medicines drug errors being identified.

We were shown completed competency assessments for senior care staff, who had responsibility for handling medicines in specific areas of the service. From the records, we saw this system was up to date. Staff told us they were confident of their knowledge and abilities regarding medicines. One staff member said "it's one of the most important things we do, so we are careful." One person we spoke to told us, "I know the staff look after my medication," whilst another person said, "I always get my tablets on time."

One person told us they weren't aware of what the medicine they were given was for, however we saw that the service kept 'drug information sheets' as a matter of routine for people to refer to if they wished to do so.

People's medicines were managed safely. Medicine administration recording (MAR) sheets were used to record the medicines that people had been given. On the selection of charts that we viewed, we found no errors or omissions, which showed that people were receiving their medicines as prescribed. One nurse showed us records that demonstrated stock checks were undertaken weekly. The pharmacy used by the service audited stock each month when new medicines were ordered and this would help identify any discrepancies. Prior to the inspection we were notified of medicines errors that were investigated by the registered manager and staff retrained. This showed that the system in place was effective in identifying errors and positive action was taken.

We saw that PRN 'as required' protocols were in place and provided clear guidance for staff. For example, when a person was in pain, the information detailed what medication could be offered and how frequently. We saw that these guidelines were reviewed by the person's doctor at care reviews or more frequently where necessary.

We saw that all medicines were stored in a clean and secure area, including a fridge for storage of medicines that required low temperatures. The room and fridge temperatures were monitored daily to ensure that the temperature was kept at a safe level.

There were appropriate arrangements in place for the storage and administration of controlled drugs (CD). These are medicines that are subject to specific regulations to ensure they are used safely. We were shown the CD register which had been completed appropriately, with two signatures for each entry. This was in line with legislation and showed that people's medicines were being handled legally and safely.

People in the home were protected because suitable recruitment procedures were in place. We looked at five staff recruitment and selection records. There were references from two previous employers in each file. In

Requires Improvement

Is the service safe?

addition, prospective applicants did not commence employment until satisfactory checks were received from the Disclosure and Barring Service (DBS). These checks support the registered manager in making safe recruitment decisions.

We found there were sufficient numbers of staff on duty to meet the needs of people in the home. During our inspection there were fifteen staff deployed throughout the service, and this included one registered nurse and two senior care staff. In addition, there were care staff and activity staff. These numbers corresponded with the planned staffing on the rota. We made a lunchtime observation where there were sufficient numbers of staff available to meet the support needs of people on the nursing floor of the home. During the morning, we saw that a member of staff sat with a group of people in the lounge. The member of staff interacted pleasantly and people clearly enjoyed their company. This showed that staff were able to spend time with people, outside of their care routines.

We were told that on occasion, agency staff had been used to cover unplanned absence. When this was necessary, the same agency staff were used so that people were supported by familiar staff. This was verified by the rota we viewed, and ensured a consistency of support at all times for people.

Requires Improvement

Is the service effective?

Our findings

We found that people's needs weren't always fully protected in line with the Mental Capacity Act 2005. When decisions were made for people who may not be able to make the decision independently, it wasn't always clear that the person's mental capacity had been assessed and if necessary, a best interests decision made on their behalf. For example, we saw records for two people that had bedrails in place. It wasn't clear from the records who had consented to their use on the person's behalf. There was no record of a specific mental capacity assessment for this decision or a best interest decision being made.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We discussed the Deprivation of Liberty Safeguards with a member of staff. They were aware of the recent changes in guidance relating to when an application to deprive a person of their liberty needed to be made. We saw evidence that a number of applications had been made for people in the home. There were plans to make further applications so that people in the home had the required authorisation in place to deprive them of their liberty safely and in line with legislation.

People were protected from the risks associated with malnutrition because their weight was monitored regularly and action taken when concerns were noted. Standard nutritional assessments were used to identify people who were at risk of malnutrition. We noted that in some cases, people's care plans described a specific amount of fluids that a person needed to drink per day. We asked whether this was being monitored through a food and fluids chart and were told that none were in place. Staff told us that this was an error in the care plan and the amount of fluid stated was not accurate and there were no specific concerns about the person's fluid intake.

We also found that in care plans for people who were at risk of developing pressure ulcers to the skin, information was included about how frequently the person needed support to reposition. In one plan, we read that they required support to reposition on a two hourly basis. There was no repositioning chart in place to show that this support was being provided. Staff told us that this information was inaccurate and in fact the person was able to reposition independently. This meant that plans did not always give clear and accurate information about the support that people needed.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Not everyone in the home was happy with the quality of food provided. One member of staff commented that frozen vegetables were provided rather than fresh and the quality of these wasn't always good. Another person told us that "the food is passable – not enough fresh vegetables". Two people also commented that they did not always want a heavy meal at 5pm when the cooked meal of the day was offered. We spoke to staff who told us that generally people ate well at this time and they hadn't had any concerns raised about this. Two people that we spoke with also raised concern about the availability of hot drinks. We were told that no hot drinks were routinely offered after the evening meal which finished at approximately 6.00, until breakfast time. Staff told us that drinks weren't routinely offered but they people would be given hot drinks if they requested them. We observed that in people's rooms there were jugs of drinking water.

People received support from other healthcare professionals when necessary. For example we saw records of when a person's GP or nurse had been contacted in response to concerns about their health.

Staff told us they were well supported by senior care staff and the nurses. One staff member said, "It's definitely one of the things I've noticed." Another staff member said, "there's always someone to talk to, day or night and that makes you feel confident that you're doing the right things." In addition, senior staff told us they were well supported by the management team. One senior staff member told us, "It's so important not to be left by yourself when making decisions, so I'm glad there's always someone available to talk to – and there is." All staff we met were also extremely positive about the formal support they received. All staff received individual supervisions every two months to discuss their work. This meant that people were supported by staff whose professional development and performance was monitored.

We saw effective communication between staff throughout the visit. One staff member told us, "We have handovers at

Is the service effective?

the start of every shift so we know what's happening". We saw that staff communication books contained important information that needed to be shared. This demonstrated that people could expect consistency of support from staff.

We viewed four staff training records. They demonstrated that staff had received a wide range of training including training in dementia, medication and end of life care. Staff told us their training was good. One staff member said "We all get a lot of really good courses". This demonstrated people in this service were supported by skilled and experienced staff.

Is the service caring?

Our findings

We found that people weren't always given opportunity or actively encouraged to make choices about their care. For example, one person told us that they had never been asked about whether they had a preference for gender of care staff when carrying out a particular aspect of their care, but told us they would have liked to have been asked. Other people told us that at breakfast time, staff would bring them the breakfast that they usually had without asking them first what they would like or giving them other options. Although one person told us that they could choose to have their meal in their room if they wanted to. Another person commented that they weren't asked about when they would like a particular aspect of their care to take place; rather staff just told them when this would happen.

We made observations of staff being kind and caring. In the morning in the area of the home for people with dementia we saw that a member of staff spent time sitting in the lounge interacting with people pleasantly. People in the lounge responded with smiles and laughter demonstrating that they were enjoying this time. When one person requested support from the member of staff, they responded in a caring manner by encouraging the person to take their time and assuring them they were in no rush.

People told us "the staff are kind, I cannot say a bad word against them" and "I like it here, I am well fed and nobody troubles me". Another person told us "yes, I do feel well-cared for, but then I don't have many needs".

We observed that people were treated with dignity and respect. For example we saw that one care staff noticed that a person's clothing wasn't placed correctly and adjusted it accordingly to ensure that the person was covered. People told us that staff were helpful and agreed they were respectful towards them. One staff member commented to us about a person they were supporting "She is beautiful, always smiling".

We saw that people were supported to be as independent as possible. We saw one member of staff supporting a person back to their room. Another member of staff explained that the person had recently broken their hip and staff had been supporting them to walk again.

Throughout the day, we saw staff were not rushed and were able to give people plenty of time to listen and respond to people's needs. One staff member told us, "we really try to be respectful at all times." Another staff member told us, "It's not difficult to treat people like you'd want to be treated". At the lunch time meal, we observed that people were supported in a kind and caring way.

Good

Is the service responsive?

Our findings

People were able to access a range of activities. For example, we saw in people's individual records that they had completed activities such as music therapy, skittles and ball games. On the afternoon of our inspection, we saw that a local primary school had visited the home to sing Christmas carols for people in the home.

During our inspection, there were three volunteers in the home. One of them told us they supported people by befriending them, taking newspapers around and supporting people to stay in contact with family and friends. This supported people to maintain relationships that were important to them.

There were also arrangements in place to meet people's spiritual needs. A chaplain visited the home on a regular basis. One person told us 'we have a wonderful chaplaincy service, I couldn't do without it. The chaplain stayed with me from 9.30pm till 11pm one night, wonderful'. We were also told about a prayer meeting that people were able to attend if they wished and that was advertised around the home. People were able to receive communion in the home if they wished.

In between organised activities, people had opportunity to meet in shared areas of the home. In the morning, we saw there was a programme on the television that wasn't suited to the people watching; however shortly afterwards a member of staff arrived and offered a choice of programmes or DVDs to watch. This showed that staff understood and responded to people's individual preferences.

There was a procedure in place to respond to complaints and we saw examples of email conversations with families who were satisfied with how the registered manager had managed their concerns. Relatives that we spoke with told us they would feel able to raise concerns if they needed to. Relatives also had opportunity to meet with the registered manager in scheduled 'relatives clinic' sessions. This showed there was an open culture within the home where people were encouraged to raise concerns and issues.

People's support plans described the individual ways in which people wished to be cared for, including for example, their individual preferences and requirements. In one person's support plan, it described how they required a soft diet. We observed this person being supported with their lunch time meal and the member of staff present was aware of their dietary requirements and how the person should be supported according to their care plan.

There were life histories in people's care files which gave information about important event in a person's life prior to arriving at the home. This helped staff understand people as individuals with individual needs and preferences. We spoke with a member of staff about how they involved people with dementia in care planning. We were told that relatives would be involved at the initial assessment and given opportunity to express their views and wishes. We were also told about a new system that was being introduced where a person's care would be reviewed on the same day each month so that relatives knew in advance when this was going to take place and could come in to speak with staff if they wished to. One person commented that when their relative arrived in the home, the home 'wrote everything down about the individual ways the resident would like to be cared for.' Another person told us that their relatives had been involved in decision making when they first arrived at the home.

Good

Is the service well-led?

Our findings

There was a management structure within the home and this included a registered manager, supported by a deputy manager and assistant manager. Staff told us that they felt able to approach their floor managers with any problems and didn't always need to approach senior staff. This showed that there was an effective management system in place to support staff in carrying out their duties. We observed care staff receiving clear direction from senior staff to ensure help ensure the home was run safely and efficiently. For example we observed a 'floating' member of staff being given direction about which floor they should be deployed to provide care.

The commission have received notifications in line with legal requirements and this demonstrated that the registered manager was aware of the responsibilities associated with their role.

The provider had a clear set of values that were incorporated in to the running of the home and how staff carried out their duties. Values included, for example, 'respect' and 'dignity'. These values were monitored as part of the home's quality monitoring arrangements. The chaplain had carried out an assessment of these values through discussion with people in the home and an action plan had been drawn up resulting from this. This included increasing the time that care staff spent with people outside of their care duties.

There was a programme of quality monitoring in place which helped the registered manager identify any concerns and issues with the service provided. This included audits of care plans and medicines and observation of mealtimes. As part of the medicines audit, we saw for example that an issue had been highlighted with the dating of opened medicines and an action set to address this.

People in the home and their relatives had opportunity to feedback about the support and care they received through satisfaction questionnaires. The results of the latest survey were not available at the time of our inspection. However, relatives were also able to express their views about the home at meetings and we viewed the minutes of these. These meetings were also an opportunity for people to be kept up to date with developments in the home. We saw in the last meeting minutes for example, that changed in staffing arrangements had been discussed, as well as some maintenance issues that were being addressed.

The provider had an electronic system in place to record key information such as the number of falls people experienced in the home, the number of complaints, weight loss and pressure sores. A monthly report was generated which was monitored by the area manager. This meant that there were systems within the wider organisation to support the registered manager in running the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse Appropriate procedures were not always followed when potential concerns about a person's care were identified

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People's support plans did not always accurately reflect the care and support that they required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Procedures did not always meet with the requirement of the Mental Capacity Act 2005 when making decisions on behalf of people who were unable to do so independently