Care Quality Commission

Methodist Homes
Priceholme
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

Overall summary

This inspection took place on 26 January 2016 and was unannounced. There were no breaches of regulation at the last inspection on 15 September 2014.

Priceholme is situated in a residential area of Scarborough. The service is owned and managed by Methodist Homes. The home is on two levels and has accommodation for up to 33 people. On the day of our visit there were 32 people in residence. It provides residential care support and is fully accessible to people with mobility needs. Every room has an en-suite bathroom, and there are various communal and secure outside areas which people can access.

The home had 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

People told us they felt safe and secure at the home. People were supported to engage in a variety of activities and staff had safeguards in place to allow outings and activities to go ahead. For example, they made sure that people were accompanied by sufficient staff. Risk assessments were kept under review and the staff approach was very flexible to allow for changes in circumstances.

Staff were trained in safeguarding adults and understood how to recognise and report any abuse. They had regular updates and held discussions between training sessions so that they could apply their learning to individual people's care needs.

Staffing ratios were responsive to people's changing needs and overall dependency levels. This allowed for people to make full use of all of the facilities the home had to offer and to receive person centred care.

People received the right medicines at the right time and these were handled safely. The home was proactive in involving heath care professionals when required.

People told us they thought staff understood their individual care needs well. People were supported by staff who were well trained. All new staff received induction training which gave them details about their work and the expectations on them. Staff also received mandatory training in addition to specific training for people's individual needs. During the inspection staff expressed an enthusiastic commitment to providing good standards of care.

People's nutritional needs were met and monitored and they received the health care support they required. People were consulted about their food and drink choices and were supported to express their preferences for meals and snacks. The cook made sure these preferences were included when menu planning. When people needed specialist diets these were prepared and well presented. Meals were seen as a social event. Tables were set attractively and people sat in social groups they felt comfortable in. Special meals, themed meals and celebration meals featured regularly on the menu.

The registered manager and staff were clear about their responsibilities with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were proactive in their approach to supporting people to make informed decisions about their care and lifestyle.

Staff had developed positive relationships with people and were warm, kind and caring in their approach. People's privacy and dignity were respected. People were supported to be as independent as possible in all aspects of their lives. Care plans reflected individual care needs and were sufficiently detailed for staff to understand how people wanted their care delivering.

People were supported to take part in activities which they found both meaningful and enjoyable.

Families and friends had made comments about the positive experiences people had at Priceholme, including end of life care. People were encouraged to complain or raise concerns. However, no complaints had been received in the last twelve months.

Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. Staff told us that overall the management team supported and listened to them and tried new ideas to improve the quality of service. Communication at all levels was clear and respectful.

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?

Good

The service was safe.

People told us that they felt safe and secure at Priceholme.

People received the right medicines at the right time because medicines were properly managed.

Staffing levels were flexible enough to respond to people's changing needs and dependency levels. There was a robust recruitment procedure in place which meant that only staff who were suitable to work with people who may be vulnerable were employed.

The registered manager was proactive in addressing issues of safety which kept people safe and minimised the risk of harm.

Is the service effective?

Good

The service was effective.

People's changing needs were met by staff who had received comprehensive training. The registered manager supported staff to develop professionally in an atmosphere of respect and encouragement.

People had access to a full range of healthcare services when they needed them.

The registered manager and staff were fully aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This means that people were supported to make decisions about their lives in a way which maximised their autonomy.

People were consulted about their preferences with regard to meal choice and mealtimes were a social occasion. People's nutritional needs were met and kept under review.

Is the service caring?

Good

The service was caring.

Staff communicated with people in a clear, warm and caring way. Staff had positive relationships with people which benefited them. Staff supported people to build their confidence and to feel reassured. They enabled people to be as independent as possible. Throughout our visit we observed that staff had respect for people's privacy and dignity.

People received compassionate and appropriate care when they reached the end of their lives.

Is the service responsive?

Good

The service was responsive to people's needs.

People received personalised care which had been discussed and planned with them. People were supported to engage in a variety of activities and staff had safeguards in place to allow outings and activities to go ahead within the home.

Staff made every effort to ensure people's lives were as fulfilling as possible. People's views were listened to and acted upon by staff.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager and the senior staff team were supportive of people who lived at the home and of the staff.

Staff understood their roles and responsibilities and they told us they were encouraged and supported to develop professionally. Staff told us they were given good leadership and guidance to carry out their roles as effectively as possible. Staff were supported to improve their practice across a range of areas.

There was an effective quality assurance system in place. The registered manager and staff team were proactive in their actions to find ways to improve the experiences of people living at Priceholme.

Priceholme

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 26 January 2016 and was unannounced. The inspection visit was carried out by one adult social care inspector.

Before the inspection 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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

On the day of the inspection we spoke with ten people who lived at the home, the registered manager, nine members of staff and an external health care professional.

We spent time observing the interaction between people who lived at the home and staff.

We looked at some areas of the home, including some bedrooms (with people's permission), communal areas, the laundry room, the kitchen and office accommodation. We also spent time looking at records, which included the care records for six people. We looked at the recruitment, supervision and appraisal records of four members of staff, a staff training matrix and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe and secure at Priceholme. One person told us, "I feel as safe as houses here." Another person explained to us how they had been 'fearful' of moving to a care home after living independently and alone for many years. They went on to say they wished they had done it before now, as the home had given them the reassurances they needed. They said, "I have felt safe from the moment I moved in."

Staff had received up to date training in areas relating to safety such as, moving and handling; safeguarding of adults; risk assessment; whistle blowing; fire safety; infection control; diversity and human rights and medicine handling. Training was delivered both in house and through external training from the local authority, community pharmacy and the local hospice.

A healthcare assistant from the local doctor's surgery, who was visiting the home at the time of our visit, told us they made regular visits to carry out health related tasks. They told us they enjoyed visiting Priceholme and that staff were 'friendly' and had a 'caring attitude. They said staff worked 'with them' to achieve the best results for people living at the home.

Staff told us about the equipment they used to ensure people were moved safely. They had received training in this and equipment was up to date and working well. Staff told us about taking their time with people, so that they could retain their independence whilst also keeping them safe.

Staff spoke knowledgably about areas of risk and they correctly explained what they would do if they witnessed or suspected that abuse had taken place. Safeguarding notifications had been sent to CQC as required.

We saw risk assessments in care plans. These were detailed for each individual and had a clear emphasis on supporting people to have as much freedom as possible. We saw risk assessments for such areas as physical care needs, clinical care (including pressure ulcer prevention) and mobility and dexterity. Staff understood the needs of each person and the strategies which had been agreed to protect them from harm. For example, where someone had a risk of developing pressure ulcers, action was taken to make sure they were regularly repositioned, whether sitting in a chair or in bed and equipment had also been provided to minimise risk. Such as pressure relieving mattresses, specialist cushions and profiling beds.

Risk assessments for the environment had been completed and were regularly reviewed with the changing needs of the people, who lived at the home, featuring in the information. There were no obstructions or risks to people moving about the home.

The registered manager analysed information on untoward incidents and accidents and used this information to plan for future care. All incidents were recorded and an outcome based plan was included to minimise the risk of future occurrence.

People were encouraged to raise concerns about their safety at resident meetings and in individual discussions with the staff team. This meant that everyone, regardless of their individual needs, was supported to raise any issues.

At the time of our visit the service had full occupancy. Every day, including weekends, there was a manager or senior member of staff on duty. There were also on call arrangements which were organised on a roster basis. The senior team were supported by care assistants, kitchen staff, ancillary staff and a maintenance worker. There were also activity organisers and a team of volunteers. Staffing was organised to accommodate the dependency levels of people living at the home and staff told us they worked flexibly to make sure there was continuity of care if someone was absent from work, taking annual leave for example. No agency staff were used.

One person told us, "There are plenty of staff, I haven't had to wait for anything. I use my 'button' [nurse call] and they come quickly." Another person told us, "They have staff for everything. Kitchen, laundry and even the garden. We want for nothing."

People's medicines were handled safely and according to the home's own policy and procedure. A decision to move to a 'pre-dispensed blister pack' for medication had been made, to replace the existing boxed method. The change was expected in the near future. This would help with the organising of medicines and was being well received by the staff involved. The service had a person who was responsible for managing the medicines. This included reordering, stock control and audits. Staff had also received up to date training in handling medicines and were able to

Good

Is the service safe?

tell us about safe practice. They also understood what certain medicines were prescribed for, the effect they had on people and the importance of keeping medicines under review.

People's medicines were stored securely in two metal trolley's which were kept in a dedicated 'clinical' room. There were procedures in place which meant that medicines were given in a timely and correct way, including those medicines which were needed before meals. Medicines which were not prescribed, such as homely remedies, were also recorded when given. There were risk assessments in place for homely remedies and where necessary the person's doctor had been contacted for advice about whether these medicines were safe to take with other prescribed medication.

Controlled medicines were stored securely. We checked that recorded totals in the 'register' corresponded with actual medicines stored. We found there were no discrepancies. The service had consulted with external pharmacy specialists about the medicine arrangements and we saw a sample of internal audits.

Infection control and hygiene standards were well managed. Staff explained how they used protective wear such as aprons and gloves to ensure people were protected from the risk of infection and we saw these being used routinely during our visit. Staff understood their responsibilities around minimising the risk of infection. A cleaner told us that they worked to cleaning schedules, which included regular and frequent pulling out of furniture in rooms and high level cleaning. The service had this year achieved a level 5 in food hygiene from the environmental health service, where 5 is the safest score. The home was clean and smelled fresh throughout.

Good

Is the service effective?

Our findings

People told us that they felt well cared for and that staff supported them with their health and wellbeing. When asked about the staff at the home, people told us they thought they were very good and knew their jobs "inside out."

Training was well organised. Some training was delivered by an online computer course, other training such as moving and handling was delivered face to face. The registered manager told us that they supported staff to learn in the way which was useful to them, for example, if they found online training a challenge they were supported by an experienced member of staff to understand the way this worked. Staff confirmed that they received support and encouragement in their training.

Staff told us that they enjoyed the way training was delivered and found it beneficial to them. One member of staff told us, "We do a lot of training. The manager is good at recognising when we want to improve our skills and knowledge and gives us opportunities to better ourselves."

People told us that staff were knowledgeable and skilled in their respective roles. However, we also noted that all staff, irrespective of their job title, received training so that they could carry out another role when needed. For example, the activity organiser and the kitchen assistant had received appropriate training to be able to cover a care assistant shift when there were shortfalls in the roster.

Staff told us they received regular supervision and this was their opportunity to give their views on their own professional development, care practice and any training needs. Staff told us this increased their commitment to and enthusiasm about improving people's quality of life. Staff also received annual appraisals.

Care plans contained detailed information from external health care specialists, opticians and audiologists and tissue viability nurses. People also had access to mental health professionals. Staff had regular contact with these professionals, for advice on individual care.

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

The registered manager told us that those people who they assessed as being under constant supervision or who would be unable to leave the service would be referred to the local authority. At the time of inspection there were no DoLS in place.

Training records showed that staff had received training on DoLS and the MCA. Care staff were clear on the process for DoLS and mental capacity assessments as well as best interests decision making. Best interest decisions can be made on someone's behalf, however the appropriate people need to be consulted and a record kept of the rational for any decisions made. Staff understood that people's capacity to make decisions could vary and that it was important to approach people at a time which was right for them. Staff spoke about supporting people to make decisions through using prompts such as pictures, large print, family support and advocacy where necessary. This meant that people could be protected regarding their mental capacity.

People had mental capacity assessments on file when required. Detailed records of discussions around capacity were included in daily notes and handover records. People told us they were regularly asked for their consent to care. We observed that staff routinely asked for people's consent before giving assistance and that they waited for a response. When people declined, staff were respectful and returned to try again later if necessary. Care records also showed that people's consent to care and treatment was sought. Staff told us how they looked for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. This meant that the home consulted people about their care.

Good

Is the service effective?

Care plans included information about how people were involved in decisions about their meals and drinks and an emphasis was placed upon maintaining a healthy diet. People had been involved in drawing up the menu and choices were regularly adapted in line with individual preferences. Individual nutritional needs were assessed and when people were at risk of not eating or drinking enough, strategies were written into care plans, such as providing fortified foods or pureed diets. Referrals were made to the dietician, diabetes nurse and the speech and language therapy (SALT) team where necessary. Staff completed food and fluid charts to monitor progress in this area. We reviewed the charts in use and found them to be completed and up to date, giving staff an indication of diet taken and triggering action where necessary. Reviews and decisions made about nutritional care were clearly recorded.

We observed people in communal areas during the day and at lunch time. During the day we saw that people were regularly asked if they would like something to eat or drink.

Lunchtime was a sociable and pleasant time, with people sitting wherever they preferred, in the dining room, lounge or their private rooms. Some people had chosen to sit in social groups they felt comfortable with at tables which were set attractively with table cloths, napkins and condiments. There were sufficient staff in the dining room to serve people, spend time with them and chat with them while they ate. One member of staff was deployed to serve people in their own rooms. Staff offered people a taste of foods when they were unsure of choices, so that they could decide what they preferred. There was a relaxed atmosphere during lunch and people could be heard chatting and sharing their experiences. People were overheard complimenting the cook after their meal. People referred to food provision in positive terms. One person told us, “The food is very good. The staff ask you what you want and there is always lots to choose from.” Another person told us, “I can be fussy, not everything suits me but they make sure I don’t miss out.”

Good

Is the service caring?

Our findings

People told us that the registered manager and all the staff treated them with compassion and kindness. People also told us staff gave reassurance and the time to listen to them. One person told us, "The staff are a good bunch, their hearts are in the right place." Another person told us, "We are very well looked after, all of us. The staff here care about what happens to us."

Care plans included information which staff used to deliver care in a way which was planned and suitable for each individual. Care plans were regularly reviewed, to ensure staff understood when people may need more support and attention.

We spent time with people in the communal areas and noted they were comfortable and happy around staff. There was also plenty of banter and laughter between them as they chatted. There was a caring and relaxed atmosphere throughout our visit and staff were seen being attentive and warm towards people they were supporting. We saw that staff engaged with people and encouraged them to express their views. Staff listened with interest to people's comments and gave people time to respond to any questions. When we asked people about the way staff spoke with them, one person told us, "The staff are kind always, they take their time and are very patient."

Some people were able to express their views clearly but there were others whose voices may not have been so easily heard. People who had difficulty communicating were enabled to give their views by staff spending time with them, understanding their body language and/or consulting with those who were close to them.

Staff told us they were highly motivated and spoke enthusiastically to us about their work. One member of staff told us, "We are like one big family. All the staff here can be relied on to do an excellent job." Another member of staff said, "Being able to make a difference to people's lives is what motivates me. It is rewarding work." The registered manager told us that the home provided the care they would expect their own family to receive. He summed it up by telling us, "We are proud of Priceholme and its reputation in the area."

We spoke with staff about diversity and human rights. Staff spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences. The home had regular religious services, visits from a chaplin and a group of volunteers who formed an important part of life for people living at Priceholme.

We saw letters and cards written by relatives of people who had passed away, thanking the staff for their loving care and attention given during the person's stay. The deputy manager had also received an accreditation for a course on palliative care and was sharing good practice with the staff team. Staff consulted with end of life care professionals, conducted attentive monitoring to ensure people did not suffer pain and knew how important it was to ensure people had company at their bedside. This formed part of their daily routines when caring for someone who needed additional support when nearing the end of their life.

People and staff told us that when a person passed away they held a memorial thanks giving service every year, this being the second year, where photographs and videos were displayed to celebrate the person's life.

Good

Is the service responsive?

Our findings

People told us the staff in the home were attentive and responsive to their individual needs. One person told us, "The staff have taken the time to get to know me. Time to find out what I like." Another person told us, "I am treated like an adult, I have choices and those are respected." The home had converted bedrooms to lounges so that couples could share a bedroom. This, one couple told us, was important to them and suited the way they wanted to live. They had privacy and their own lounge to use when they wanted to be alone together.

People told us that they had been involved along with the registered manager and senior staff to draw up their care plans. Daily notes and activities records were detailed and provided information about care which was responsive to individual needs.

Care plans also included people's life histories, which were completed with people and their relatives. Staff told us this gave them an overview of people's lives, their interests and those people who were important to them. Relatives and other significant people were also asked to assist to help staff build a picture of each person across the whole of their lives. This helped them strike up conversations about past employment or hobbies for example. We saw care plans were regularly reviewed and reflected current care needs.

People told us that they had an identified member of staff who was allocated to them, and that they could approach this person for any particular help they needed. They told us that all the staff, not just care assistant's, knew them well and that they supported them to do the things they enjoyed.

The home had a varied and interesting programme of activity and entertainment on offer. This included reflexology, music for health, and trips out to local attractions. In addition to organised activities the home produced a monthly newsletter giving information about forthcoming events and announcements. We saw photographs of people on outings and engaged in activities. The home had two activities coordinators whose roles were to research appropriate activities, consult with people about individual interests they wished to pursue and to audit and monitor how the activities met people's needs and preferences. People we spoke with told us that the home encouraged visitors, and that the staff supported them to maintain their relationships. We observed activities taking place. Poetry reading and a film about Robert Burns' birthday. There was also a ball game taking place in the communal lounge. The variation of activities meant that different groups of people could take part, depending on their preferences and interests. Staff were on hand to encourage people to get the most out of the activities, many people were laughing, clapping and smiling, depending on the activity. One group had friendly competitive banter during their activity and booed and cheered depending on how many points they scored during the ball game.

People told us they were encouraged to express any concerns or complaints they might have. However, no one had raised any formal complaints over the last twelve months, telling us that minor niggles were sorted out quickly meaning they did not need to take matters further. We saw that the service had a complaint procedure and that people's concerns would be dealt with quickly and recorded, along with any learning points for future care.

Good

Is the service well-led?

Our findings

The registered manager told us they promoted open, enabling and supportive lines of communication between people living at Priceholme, their relatives and the staff team. One person told us, "The staff are open and honest about what is going on. We are included in things, we know what is happening." Another person told us, "This is our home and the staff tell us that."

There was a registered manager in post who had been in post for five years. They were supported by a deputy manager, who had worked at the service for nine years. Many of the senior carers had also been working at the home for a number of years. The home had a low staff turn-over and a core of care staff who had been working at the home for a long time. Staff told us that they felt well supported by the management team. One member of staff told us, "If the manager spots potential he pushes you to develop. This has given me confidence and I feel part of the team." People and staff also spoke positively about the providers, who they said cared about providing quality care and who supported and encouraged the development of improvements throughout the home.

The registered manager sought people's feedback informally through chatting with people and more formally through surveys, reviews and meetings. The home held meetings to gain people's feedback and also asked for the views of relatives and other visitors, which were recorded. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these. The registered manager told us how people's views had changed the gaps between courses at mealtimes, the purchase and siting of a bandstand and menu choices. People's views were recorded and action plans were put in place to cover any identified points for improvement. People were also informed when new staff were appointed and a little bit about their backgrounds.

The registered manager told us they, with the help of all the staff, had a genuine appetite for providing a good service and to do their utmost to make peoples experience's as positive as possible. Staff confirmed that the management team embodied the core values of the home and promoted an atmosphere of inclusiveness when working towards the overall aims of the service.

Staff understood the scope and limits of their roles and responsibilities and when they needed to consult with external agencies or other healthcare professionals. They also knew who to go to for support and when to refer to the registered manager.

Notifications had been sent to the Care Quality Commission by the service as required.

We saw that the home had a system of audits and checks in place which focused on outcomes for people. Any shortfalls were identified and action plans were in place to improve issues as necessary. Improvements were checked against an agreed timescale, to ensure that they were put in place in a timely way. Plans for improvements and progress towards achieving them were also openly shared with people who lived at the home in meetings and through the newsletter. People told us they were kept informed, up to date and consulted and agreed that they had a say on the way the service was delivered.