

Methodist Homes

Epworth Grange

Inspection report

1 Chirmside Street
Bury
Lancashire
BL8 2BX

Tel: 01617617500
Website: www.mha.org.uk/care-homes/residential-care/epworth-grange

Date of inspection visit:
07 December 2023
12 December 2023

Date of publication:
11 January 2024

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

About the service:

Epworth Grange is a care home for older people in Bury which is registered with CQC to provide care for a maximum of 41 people and is operated by Methodist Homes. There were 38 people using the service at the time of the inspection.

People's experience of using this service and what we found:

People living at the home and relatives said they felt the service was safe. There were enough staff to care for people safely and correct staff recruitment procedures were followed. Risks were effectively managed at the home and accidents and incidents were monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supervisions and appraisals took place and staff received enough training to support them in their roles. People were supported to maintain good nutrition, hydration and health.

We received positive feedback about the care provided from relatives and people living at the home. Staff were described as kind and caring and treated people well. We observed plenty of caring observations between staff and people living at the home.

Systems were in place to manage complaints. The feedback we received was that the care was person centred and that people were able to participate in a range of activities at the home.

There were systems in place to monitor the quality of service through audits, meetings, surveys and competency checks. The home worked in partnership with other organisations to ensure positive outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for the service was good (published October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Epworth Grange

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team:

The inspection was carried out by 1 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.

Service and service type:

Epworth Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager:

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, there was a registered manager in post.

Notice of inspection:

This inspection was unannounced. We visited the home on 7 and 12 December 2023.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

We spoke with 9 people who used the service and 2 relatives about their experience of the care provided. We also spoke with 8 members of staff including the registered manager, deputy manager, administration manager and 4 care staff.

We reviewed a range of records. This included 5 people's care plans, 2 staff recruitment files, staff training records and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated good. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- The provider had processes in place to safeguard people. People living at the home and relatives said they felt the service was safe. One person said, "Staff are smashing. They look after me well and I feel very safe here." Another person said, "The staff are very nice they look after me and I feel very safe they are very kind to me."
- Staff understood about safeguarding and had received training. One member of staff said, "Any form of abuse towards a resident would be a safeguarding concern, whether it be financial, physical, or verbal."
- A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected. Safeguarding and whistleblowing guidance and advice was also displayed in the main reception area for people to refer to.
- Accidents and safeguarding incidents were monitored, and records maintained.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider had systems to ensure the management of risks including skin breakdown, choking and falls. People's care plans contained risk assessments regarding the care and support they received. Where any risks were identified, control measures were in place.
- Regular checks of the building were carried out including gas safety, electrical installation and PAT (Portable appliance testing).
- The home was clean and tidy and we observed domestic staff carrying out their duties throughout the day. Staff were observed wearing PPE when needed.

Staffing and recruitment

- The provider ensured there were enough staff employed to care for people safely. Staffing rotas were in place. Everyone we spoke with said there were enough staff to deliver the care people needed. A member of staff told us, "There are enough staff and we work hard as a team." Another member of staff said, "We have 7 staff during the day and that is enough to look after everybody."
- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were arrangements in place for the safe management of medicines.
- Staff had received training in medicines administration and had their competency checked.

- Medicines were stored in a secure room which we saw was locked at all times.
- Medication records were completed accurately by staff with no missing signatures.
- When people needed medicines on an 'as and when required' basis (PRN), there were protocols in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was rated good. At this inspection the rating remains good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had a system for ensuring staff were trained and competent. People and relatives told us staff were well trained. One person said, "The staff are well trained and I feel comfortable here."
- Staff told us they were supported in their roles and were provided with the relevant training to enable them to care for people effectively. A training matrix detailed the training staff had undertaken. One member of staff said, "We get lots of training which is available both online as well as practical."
- All staff completed an induction and this covered areas such as policies and procedures, relevant training and meeting people they would be supporting and caring for.
- Staff supervisions and appraisals were held to monitor development and performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before moving into Epworth Grange to ensure it was the most suitable place for them to live and to ensure the service could meet their needs.
- People received support from relevant health professionals involved with their care including dietitians, opticians and audiologists. Records of people's attendance at any appointments was maintained within care plans.

Ensuring consent to care and treatment in line with law and guidance

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 authorized under the MCA. We checked whether the service was working within the principles of the MCA.

- DoLS applications were submitted to the local authority as required. Staff understood about DoLS and when these were required.
- People had signed consent forms in their care plans if this was something they were able to do.
- Copies of MCA assessment/best interests meetings were in people's care plans where any specific decisions had been made.

Supporting people to eat and drink enough to maintain a balanced diet

- Each person living at the home had a nutrition support plan in place which detailed any support they required to eat and drink.
- People told us they received enough to eat and drink. One person said, "The food is very good and we get a good choice." Another person added, "The food was brilliant. You get a choice of 2 evening meals and if you don't fancy either then they will make me something else."
- We observed the lunch time meal at the home. The atmosphere was relaxed and settled. People were able to eat their own meals if they were able to and additional food was available if people wanted to eat more.
- Professionals such as dieticians and speech and language therapy (SALT) were involved with people's care if there was concerns.

Adapting service, design, decoration to meet people's needs

- Accommodation was over two floors with a choice of staircases or passenger lift to access upper levels. Disabled access was at the main entrance to the building. Windows were secure with restrictors and stairwells with key-coded lock to ensure people's safety. External garden areas were well maintained.
- People's bedrooms were personalised to suit them with their own belongings and contained a photograph and post box on their bedroom door. Walls and skirting boards were in contrasting colours to make them easier to identify. There were photographs of the local area on walls for people to relate to and remember.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was rated good and has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported;

- Staff interacted with people living at the home in kind and caring way. People appeared comfortable in the presence of staff who knew people well. There was a comfortable atmosphere with lots of smiles exchanged between staff and people living at the home.
- People living at the home and relatives told us they were happy with the care provided. One person said, "I am very happy here. The staff are very good they help me get up get dressed and showered. Our clothes are cleaned to a high standard and the cleaner comes in every day to clean my room." A relative added, "We feel (person) is looked after very well and it gives us peace of mind that she is here and is being looked after the way she is."
- Staff were described as kind and caring. The home benefited from a long-standing staff team who knew people well which allowed for caring relationships to develop. One relative said, "The staff are very friendly and the communication is good. We feel fortunate that (person) is here."

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity;

- People were treated with dignity, respect and given privacy when they needed it. We observed people looked clean and well presented and saw curtains were closed in people's bedrooms when they were in use.
- People were supported to maintain as much independence as possible. Staff knew people well and what they were able to do and what areas they required support with. People were able to undertake tasks of daily living on their own such eating their own meals and mobilising around the home without support.
- Religious and cultural needs were respected and we saw people's faith, nutrition and beliefs all taken into account and captured within care plans.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were able to provide feedback about the service through regular conversations and reviews. Review documentation was available within people's support plans, which some people told us they had been involved with.
- People told us they were involved in decisions about their care and could contact the staff directly with any queries or concerns they had.

Is the service responsive?

Our findings

Responsive – This meant people's needs were met through good organisation and delivery.

At our last inspection this key question was rated good and has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were personalised and contained information for staff about how people wanted their care and support to be carried out. Life histories and information about people's past and hobbies were captured.
- Staff knew the people they supported and had a good knowledge of their individual needs and preferences. People were able to choose what they did during the day whether that be spending time in lounge areas, or the comfort of their own bedroom.
- There was a range of activities for people to take part in and trips out took place regularly. Photographs of previous outings were displayed around the home and we saw quizzes and music activities taking place during the inspection which people appeared to enjoy.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in different formats if and when required. People's communication needs were also referenced in their support plans and if they required any sensory equipment such as glasses or hearing aids.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, explaining what people needed to do if they were unhappy with the service.
- A complaints file was maintained, with any responses to complaints provided. People we spoke with, and relatives told us they hadn't had any complaints to make but felt appropriate action would be taken if they did.

End of life care and support

- At the time of our visit there was no one receiving end of life care. Policies and procedures were in place if people's needs were to change.
- The home held a memorial service to remember residents who had lived at the home previously, with family and friends invited to attend also.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated good and has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- There were systems in place to monitor the quality of service. Residents/Relatives meetings were held in order to gather people's views. People told us they were able to discuss any areas of concern and that staff were responsive.
- The provider used satisfaction surveys to ask people for their views and therefore improve service delivery.
- Staff meetings were also held to enable staff to discuss the problems they might have affecting their work.
- The management team carried out audits of the building/environment, infection control, medication and care plans. Audits and monitoring were also undertaken at provider level.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- At the time of the inspection, there was a registered manager in post who was responsible for the day to day running of the home. Additional support and oversight were also given by the provider, deputy manager and team leaders.
- The provider knew to submit statutory notifications to CQC as required.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw the ratings were displayed at the home, although a website was not in use at the time of the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "I'm very happy in my job and it is a good place to work. Everything done here is for the residents." Another member of staff added, "There is such good team work here and everyone gets on so well."
- Everybody we spoke with said they felt the service was well-led. One member of staff said, "Yes there is good management. They are very friendly and always there for you." Another member of staff added, "You can go to the managers any time and they are very supportive and approachable."

Working in partnership with others

- The service worked in partnership with other agencies as required, including local authorities and social

work teams. Dieticians, district nurses and speech and language therapists were all involved with the care people received.

- Prior to our inspection, we sought feedback about the home from various health care professionals, who provided us with an update about their involvement with the home and any good practice they had identified. The feedback we received was largely positive.