Care Quality Commission

Methodist Homes

The Martins

Inspection report

Vinefields
Bury St Edmunds.
Suffolk
IP33 1YA
Tel: 01284 753467
Website: www.mha.org.uk

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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

We carried out this inspection on 16 October 2014. This was an unannounced inspection.

The Martins provides residential accommodation for up to 42 older people, some of whom are living with dementia. At the time of our inspection 41 people were resident.

There was no registered manager in post at the time of our inspection and this has been the case since 23 December 2013. The current manager was employed by the service in May 2014 and is in the process of applying to become the registered manager. 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.

People who used the service told us that they were happy with the care and support provided. They said that the staff were kind and told us that they felt safe. We saw that

Summary of findings

people were treated with respect and that their dignity was maintained. The service offered people choice and we saw that where people had stated a particular preference this was respected.

Staff were knowledgeable about the care and support needs of people who used the service. They received the training they needed to carry out their roles safely and effectively. They told us that they felt supported by the manager and we saw that they were encouraged to develop their skills in order to improve the quality of the service.

We found that the service had assessed how many staff were needed to keep people safe and to meet their needs. The number of staff on duty over a period of six weeks matched the assessment. Throughout the service there were enough staff and a large number of volunteers provided additional opportunities for people to follow their own interests and hobbies. We found on one particular unit that additional staffing was needed to ensure that people could attend activities and receive all the support they needed to eat their meal at the correct temperature.

We found that medicines were managed safely by staff who had received training in how to administer them.

There was a friendly atmosphere at the service and we observed people busy playing games, chatting, doing their shopping, feeding the birds and walking around the gardens. All the people we spoke with told us they enjoyed living at the service and were very positive about the staff. We asked seven members of staff and one volunteer if they would be happy for one of their relatives to live at the service and they all said that they would.

People who used the service, and their relatives, were involved in planning and reviewing their care. People were able to share their views at regular resident meetings or during the annual surveys. Relatives were positive about the care provided and were given opportunities to give feedback and make suggestions to improve the experience for people who used the service. The manager also assessed and monitored the quality of the service by carrying out a series of structured audits.

We saw that complaints were responded to promptly and appropriately and any feedback was used as a possible learning point in order to improve the service.

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?
The service was safe.

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare . Risks were assessed and staff were aware of the risks and knew how to manage them.

There were enough trained and experienced staff to support people and keep them safe.

Staff were trained to administer medicines and the management team checked their practice regularly.

Good

Is the service effective?
The service was effective.

The service met the requirements of the Deprivation of Liberty Safeguards. Staff were trained in the Mental Capacity Act 2005 and decisions were made in people's best interests.

Staff received training to help them carry out their roles effectively.

People were provided with a healthy diet and were supported to maintain good health.

Good

Is the service caring?
The service was caring.

People who used the service and their relatives were very happy with the care and support they received.

Staff were kind and respected people's dignity and were encouraged to look at a person's whole life and not just their current needs.

Staff were patient and worked at the pace of the people they were supporting and caring for.

Good

Is the service responsive?
The service was responsive.

People who used the service, and their relatives, were involved in assessing and planning their care. People's choices and preferences were recorded in their care plan and respected by staff.

Staff responded promptly and used innovative ways to try and meet people's changing needs.

People were supported to enjoy a variety of hobbies and interests.

Good

Is the service well-led?
The service was well-led.

People who used the service, their relatives and the staff were positive about the new manager and were given opportunities to give feedback about the service.

The manager and the provider monitored the service to assess and improve its quality.

Good

Summary of findings

The manager demonstrated that she knew which areas of the service needed attention and had already begun to put a variety of actions in place to further improve the quality of the service.

The Martins

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 October 2014 and was unannounced.

The inspection team consisted of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of this type of care service. The Expert by Experience had knowledge of older people's care services.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us in the last year. A notification is information about important events which the service is required to send us by law. 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 used the information provided to us in statutory notifications and the PIR to make a detailed inspection plan.

We spoke with 16 people who used the service, three relatives of people who used the service, 12 members of care staff, one chef, one GP and one volunteer. We reviewed six care plans, five medication records, four staff recruitment files, staffing rotas for the last six weeks and records relating to the maintenance of the service and equipment. Following the inspection we contacted two local GP services and the local authority contracts department for additional feedback about the service.

During the inspection we used the Short Observational framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We carried out a SOFI during a lunchtime service.

We asked the provider to send us their policies on the Mental Capacity Act 2005 and medication, as well as the action plan from their last medication audit. They sent us these within the required timeframe.

Good

Is the service safe?

Our findings

We spoke with nine people who used the service and asked them how safe they felt. They all told us that they felt safe. One person said, "I do feel safe here yes. I am well looked after". A relative of a person who used the service told us, "[My relative] is safe and treated with respect. There's no risk".

The majority of staff had received training in keeping people safe and reporting concerns about possible abuse. Staff we spoke with were knowledgeable about the signs and symptoms a person might display if they were being harmed. Four of the staff we spoke with were not clear about how to report concerns outside of the service, directly to the Adult Protection Team for example, although all knew how to raise an issue within the service. Safeguarding concerns were escalated promptly and the service made referrals when needed.

Risks to people were appropriately assessed, managed and reviewed each month. Care plans assessed a variety of risks to people including falls and risks related to people maintaining their independence. We saw that where risks were identified care staff managed these without restricting people's choice and independence. For example we saw that where people had been identified to be at risk of falling they had been provided with equipment, such as alarm pendants and sensor mats to alert staff quickly. This enabled people to maintain their independence whilst keeping them as safe as possible. There were crash mats by the side of people's beds where there was an identified risk that they might fall out of bed.

During our inspection one person who used the service had a fall. Staff had already identified this person was at increased risk because they had an infection and staff had put additional checks in place. Staff called the GP, although there were no obvious signs of injury, just to ensure this person was not injured.

Staff employed at the service had been through a thorough recruitment process before they started work. Permanent and agency staff had criminal records checks in place to establish if they had any criminal record which would exclude them from working in this setting. We looked at five staff recruitment files and found that all appropriate checks had taken place before staff were employed.

We asked people who used the service if they felt there were enough staff to support and care for them. None of the people we spoke with told us they had to wait a long time to receive care and support when they asked for it. One person told us, "They [the staff] are always there when I need them". We noted that call bells were answered promptly.

The majority of staff we spoke with felt there were enough staff to meet people's needs promptly. However the staff on one unit where people were living with more advanced dementia told us that there were not always enough staff to ensure that people could take part in all the structured activities the service arranged.

We looked at the staff rotas which covered the six weeks leading up to the inspection. The management team had used a dependency assessment tool to assess how many staff were needed to meet people's needs and keep them safe. We saw that shifts did not run with less than the assessed numbers of staff on duty. The manager told us that the service had the option of increasing the staffing in response to a particular circumstance, such as a change in someone's needs.

The service used agency staff occasionally to cover shifts and we saw that there was a comprehensive induction process in place to tell them important information about people's needs. We noted, however, that the last agency staff member to have worked a shift had not undergone this process and the manager told us that this should have happened. Records for other agency staff were in place. All agency staff working at the service had their training confirmed before they worked at the service.

People received their medicines safely. The service had effective systems for the ordering, booking in, storing and disposing of medicines, including controlled drugs. We observed staff administer medicines to people and noted that they explained what they were giving people each time and stayed with them while they took their medicines. Staff took care to ensure that they had the correct person and correct medicine before they gave people their medicines. Staff ensured that the drugs trolley was securely locked when unattended to so that people did not have access to medicines which could harm them.

We looked at five medication administration record (MAR) charts and found that they were completed correctly. Where medicines were given occasionally rather than

Good

Is the service safe?

consistently we saw that clear protocols were in place to guide staff and care plans and MAR charts confirmed these protocols were followed. Staff were trained to administer medicines and their competency was checked annually to ensure that their practice remained safe. Weekly audits were in place and a robust stocktake took place each month.

Good

Is the service effective?

Our findings

People who lived at the service told us they received effective care and support from well trained staff. One person told us, "It's very good here. The staff are friendly, very good". Another person said, "I have no complaints. The staff are kind and they all know me and my needs". We observed throughout our inspection that staff were knowledgeable about people's needs and most provided care and support promptly.

We observed during our inspection that staff were skilled in managing behaviour which people displayed when they were distressed. They showed an understanding of how to make sure people felt calm and settled. On the unit for people with advanced dementia we saw that staff treated people with respect and observed their patience and understanding when dealing with people whose behaviour could put themselves and others at risk of harm.

We observed the lunchtime period in two different areas of the service. In the main dining room we found the atmosphere relaxed, jovial and friendly . We observed a lunchtime period on the unit where people were living with advanced dementia. The staff were attentive to people and supported them at a relaxed pace, although this meant that in some cases people had to wait several minutes to receive support.

All the staff we spoke with told us that they felt they had received the training they needed to carry out their roles. Two of the staff we spoke with told us that the training gave them confidence and all told us they felt they were well supported by the management team. One member of staff said, "My induction was about 3 months. When I first came I spent two weeks shadowing a number of different staff. I did a whole day on manual handling. My e-learning is up to date- you get reminded all the time". Training covered a variety of areas and included equality, diversity and human rights, dementia care, end of life care, values and health and safety. The manager was aware that some additional staff medication and first aid training was needed and had already made arrangements for this.

Care staff told us that they had received a thorough induction and had been able to shadow permanent members of staff for a period of two or three weeks. This enabled them to become familiar with people's needs before they took their place on the permanent staff team. Staff records confirmed that this was the case in all the records we looked at.

Staff were supported with supervision sessions every two months. All staff received an annual appraisal and they told us they were able to discuss how they wanted to develop their roles and further their skills and knowledge

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

All staff we spoke with demonstrated an awareness of the MCA and DoLS and some had been involved in best interests decisions . All had received training in the MCA and we saw that staff sought people's consent before care and support was provided. On the day of our inspection the manager showed us some updated MCA guidance which related to how the service made sure they obtained people's consent for flu vaccinations. We saw this in action on the day of our inspection as the GP was at the service giving people flu vaccinations and we saw that people were giving their consent for this procedure.

Doors to the gardens were unlocked and we saw people enjoying feeding the birds and sitting on the benches and having a cup of tea looking at the view and chatting to friends and relatives. One person told us that they fed the birds every day. They said, "I put the biscuit outside the windows of the rooms for people who can't get out there so that they can see the birds".

People who used the service were very positive about the quality of the food provided for them. One person said, "There is a good food choice". Another person told us, "The food is very good really. You can have another option if you don't like it". We observed that one person did not like their porridge and toast was provided for them instead. We saw that fresh jugs of water were brought round twice a day and we observed staff encouraging people to drink. Handover information identified that one person had not had much to drink that day and instructed staff on the next shift to try

Good

Is the service effective?

and 'push fluids' to ensure this person did not become dehydrated. We saw from records that prompt action took place when people at risk of malnutrition lost weight. Where people's weights had increased after a period on a fortified diet we saw that monitoring was reduced.

Records showed that people had access to a variety of healthcare services including GPs, opticians, dentists and chiropodists. On the day of our inspection the mobile opticians service was visiting and a local GP was at the service giving some people a flu vaccination. The GP told us that staff were professional and contacted them appropriately in response to any health concern. They told us that records they needed could be found promptly. Another GP told us that they felt the service liaised with them appropriately and were very positive about the skills and attitudes of the staff.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that they were happy with the care and support provided. They said that staff were caring and enabled them to be as independent as possible. One person told us, "I am in the right place. I get the exercise I need. This is much better than my last place". Another person said, "It's very good here. The staff are friendly, very good". We observed how staff provided care and support throughout the day. We saw that staff were patient and worked at the pace of the person they were supporting and did not rush.

On the dementia unit we observed that staff responded to people's behaviour in a positive way and diffused potentially difficult situations before they arose. We saw that staff reassured people and were empathetic. Care staff communicated with people through touch, eye contact and at a pace appropriate to the person they were supporting. We observed two staff supporting a person to move from their wheelchair to their armchair. The person was confused and staff were very patient and made sure the person understood what was happening at every stage. Ultimately the person decided to remain in their wheelchair and staff told us they would offer the support again later.

People kept their care plans in their own rooms and were able to tell us about them and knew what they were for. One person said, "It's all in there – all you need to know". People, and sometimes also their relatives, had completed life histories and these were incorporated into their plan of care. These helped staff understand people's life experiences, family relationships and what was important to them. Significant information about people's earlier lives was recorded. This helped staff consider possible reasons for the way people occasionally behaved and helped them develop strategies to support people more successfully. Staff told us that they often went through life histories with people as a way of reconnecting with their past. A member of staff was able to explain to us how a specific past event for one person had a direct impact on how one aspect of their care was delivered currently.

We saw that people were involved in activities which were part of the everyday routine. On one unit a person was helping the staff fold the napkins into the glasses and put them on the table for lunch. We noted that a member of staff had to demonstrate how to do this several times for the person until all were in place. It was clear to us that the person liked to help around the kitchen. We also saw three people helping staff sort the knitting needles into pairs as they had become muddled. People told us they really enjoyed knitting and there was evidence of this throughout the service, including some artwork which featured balls of wool.

We saw that care plans documented people's choices and preferences. We noted that although the service had a Christian ethos, people from other faiths and no faith were accommodated there. We saw that one person's care plan stated that they considered themselves 'spiritual' but did not wish to attend any prayer meetings. Staff confirmed to us that this person, who was unable to communicate with us due to their advanced dementia, did not attend the prayer meetings or other church led activities. Other people we spoke with were positive about the local Chaplain's frequent visits. One person said, "I enjoy the services the Chaplain does. It's important to me you see".

We saw that staff knocked and waited before entering people's bedrooms and that care and support was offered discretely. One of the GPs we contacted commented positively on the way the staff respect people and take great care to ensure their dignity and confidentiality. We found that staff understood people's needs around privacy and dignity and observed that this applied to all staff and not just those directly engaged in providing care. We saw that domestic staff spoke warmly with people who used the service and observed that they chatted with people as they carried out their duties around the service. We observed one person asking a member of the domestic staff for help with a personal matter. The member of staff left their cleaning duties and ensured they got the help they needed from the appropriate person

Good

Is the service responsive?

Our findings

People who used the service told us that staff knew them well. Several people said, "They look after me well". One of the GPs we consulted about the service told us they thought the staff had a good understanding of residents' needs. People's care needs were reviewed by care staff each month and more formally in meetings which people who used the service, their relatives and care staff were invited to attend. We saw evidence in records that care staff signed the care plans when they had read them and staff told us that they were informed when any part of the plan had been changed.

People who used the service and their relatives were involved in assessing and planning for their individual care needs. One person told us that they had looked round the service before they moved in and had been asked about their likes and dislikes at that early stage. They said, "[The staff] made sure they knew what I wanted".

Admissions to the service were planned so that staff had time to familiarise themselves with the pre-admission assessment. Once a person entered the service a care plan was drawn up to meet their needs. We saw that care plans related to a variety of needs and were reviewed monthly. Any changes in people's needs were reflected in the care plans. We saw that plans also reflected people's need to maintain their independence and observed in all parts of the service that people were encouraged to engage in meaningful activities such as laying the tables and tidying up. One person told us, "They don't look after me – I look after myself!".

We saw that there was a structured programme of sessions for people to join in. People told us they enjoyed it when outside speakers came to give talks and we saw that this happened regularly. People were supported to follow a large range of hobbies including bridge, exercise with the physiotherapist, reflexology, and flower arranging. The mobile library visited regularly and restocked the service's own small library with books, large print books and audio tapes. We also saw that there was a computer available in the library for people who had family abroad to contact them via internet. There were also activity sessions for people with reduced mobility and whose advanced dementia made it difficult for them to participate in group activities. One person, who had just spent some one-to-one time with a member of staff told us, "The staff are very good and very kind. I've been doing some sticking and cutting today".

We noted that people were able to visit their friends or take part in activities in all areas of the service. One person who was living with dementia told us, "I went over to the other unit yesterday and spent the afternoon there banging a drum! They used to have the doors locked on the unit and I didn't like it but now they are open and I can go visiting". We observed staff on other units offering care and support to this person.

We saw that in some cases several different approaches had been tried to meet a person's individual needs. For example where various strategies had not been successful in calming one person's anxiety and agitation a reflexologist had worked with them in the hope of a better outcome.

The manager told us that that people's natural sleeping patterns were respected. We saw that people's preferences about when to go to bed and get up were recorded in their care plans and we noted on the day of the inspection that one person was still in bed at nearly 11am. Staff told us that this person liked to get up late and this was confirmed in the care plan. Another person's care plan stated that they liked to go 'late to bed' and we saw from daily records that they were often up past midnight and supported to bed by the night care staff. Similarly we found that people were able to eat their meals where and when they wanted. One person was having their breakfast in their room at 11.15 am and told us, "I like to take my time".

We noted that the meal served on the day of our inspection was not well received by everyone. Staff gave people's feedback about the meal to the kitchen immediately and changes were made to the menu for the future. We saw that resident meetings were held every two months and that during a recent one the chef had suggested making a vegetable patch. People we spoke with were positive about this idea and some were looking forward to being involved in the project.

We saw that information was displayed in the service informing people how to make a complaint. People told us

Good

Is the service responsive?

they knew how to make a complaint if they had to. Two formal complaints had been raised in the last twelve months and both had been responded to appropriately and resolved to people's satisfaction.

Resident meetings, held every two months, and relatives' meetings, held quarterly, provided opportunities for people to raise issues and concerns if they needed to. Relatives' meetings provided an opportunity to provide people with additional information which might affect their relative. At the most recent meeting in October 2014 a discussion about the Mental Capacity Act 2005 and Deprivation of Liberty safeguards had taken place. We also saw from the minutes that following the meeting fortnightly drop-in surgeries for relatives were to be introduced along with a Relatives Steering Group. The service also sent out annual satisfaction surveys to residents and relatives. These surveys gathered views related to people's care and support, staff capability, choices, menus and the laundry service. We saw that people had responded positively in the most recent survey. Where concerns had been identified we saw that the service had put an action plan in place to address them.

Good

Is the service well-led?

Our findings

The manager was in the process of applying to become the registered manager. We spoke with staff from all sections of the staff team as well as one of the 42 volunteers who spent time at the service. Volunteers helped to assist people with church led activities, fundraising, bridge and scrabble sessions as well as running the 'shop trolley' in communal areas of the service. One of the volunteers we spoke with told us that they felt the care was very good and would be happy to move in themselves. The presence of the volunteers helped to maintain links to the local community. The service also had links with the local primary school who occasionally visited.

The staff we spoke with told us that the manager was open and transparent and that they felt supported in their roles. They said she walked round the service at different times of the day to have a complete overview of what was going on and acted as a role model. We observed the manager chatting with staff and the people who used the service. Staff told us that, following an unsettled period, the new manager had worked with staff to develop and support them and give them the training they needed. We saw that the manager had begun to develop particular strengths within the team and were in the process of identifying leads for infection control and dementia. The intention was that these staff would then cascade knowledge to the rest of the staff team and support staff when needed. One person was being considered for the Inspiring Leaders programme which is run by the National Skills Academy for Social Care and aims to develop leadership skills.

We saw that the manager had recently held a facilitated session with staff to discuss the service's values. The session identified both 'things to celebrate' and 'things to work on'. Included in the list of things to work on were encouraging staff to be mindful of the way they used language and to ensure they called people by their preferred name. Staff were also encouraged to have a greater awareness of people's life histories. These actions linked to the value about respecting people as 'unique individuals'. The focus of the session was on improving the service and suggestions from staff were invited and acted upon.

The resident meetings which were held every other month enabled people who used the service to raise issues with the manager and influence the way the service developed. We saw that recent meetings covered how to welcome new arrivals, the on-going maintenance of the garden and the new vegetable patch, winter menus and recovering the seats in the library. People told us they were looking forward to being involved in the creation of the vegetable patch and the chef told us they would be in charge of getting the group of interested residents together.

We noted that nearly all of the issues we raised during the inspection process had already been identified by the new manager and plans put in place. We noted from the PIR that some staff training had not been provided to all relevant staff. When we spoke to the manager about this they were able to show us that they had already addressed this and that additional training in medication, first aid, palliative care and managing behaviours which can challenge had been booked.

The manager had addressed the fact some medication errors had taken place by training and supporting staff, clarifying procedures and by developing a more frequent and robust audit system to monitor the administration of medication. We saw that this had resulted in a reduction in medication errors. The other issues which we raised were accepted immediately by the manager and we were assured that they would be addressed promptly after our inspection. All the inspectors were impressed by the manager's passion to improve the service.

A comprehensive audit system was in place to assess and monitor the quality of the service provided. Audits and spot checks were carried out regularly by the manager and senior staff. We also saw that the provider carried out regular audits and the manager's line manager was visiting the service on the day of our inspection. The manager told us about planned improvements to communal areas and sluice rooms. The provider's Quality Team carried out a full audit of the service annually.