Methodist Homes

Warde Aldam

Inspection report

Westfield Lane
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 and 29 January. Both days were unannounced.

Warde Aldam is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Warde Aldam can accommodate up to 60 people who require accommodation and nursing or personal care. The home consists of one adapted building across two floors. At the time of our inspection there were 57 people living in the home.

Our last inspection of Warde Aldam took place on 10 October 2017. We rated the service requires improvement. We found there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Need for consent. This was because conditions on Deprivation of Liberty Safeguards (DoLS) authorisations had not always been recorded and evidenced throughout the care plan. We also found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance. This was because effective audits were not always in place in relation to peoples care plans.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the service to at least good. At this inspection we found sufficient improvements had been made to meet the requirements of both Regulation 11 and 17 and the service had improved to good.

There was a registered manager employed at the home. A registered manager is a person who has registered with the CQC 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.

Staff had completed MCA training and during the inspection we saw staff asking for consent when providing care to people. People's care records evidenced their mental capacity had been considered and assessed, where appropriate. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

At the last inspection we found audits did not always pick up shortfalls in the running of the home. At this inspection we found significant improvements to the governance of the home. The registered manager completed regular audits of the service, to make sure action was taken and lessons learned when things went wrong. Effective systems were in place to support the continuous improvement of the service.

People and relatives told us they believed they were safe. There were enough staff available to meet people's needs in a timely way and to keep people safe. Staff had been trained in how to safeguard vulnerable adults and they had a good understanding of their responsibility to protect people from harm.

People received their medicines as prescribed from staff who had been trained in medicines management. People told us the staff were kind and caring and respectful of their needs. During this inspection we observed staff treat people with kindness, dignity and respect.

Staff received a range of training which the provider considered to be mandatory. Staff told us they were happy with the training they received and felt it supported them in their roles. Staff were supported by the management team through supervisions and appraisals.

The service worked closely with community health professionals to support people with their health needs. People's care records evidenced they received medical attention when they needed it, to promote their health.

People were supported to eat a varied diet that met their nutritional requirements. The service had protected mealtimes where all staff supported the provision of the meal service.

A range of individual and group activities were provided within the home by staff and outside professionals including music therapy. Staff clearly knew people's likes and dislikes and supported them to take part in activities of their preference.

People's needs were assessed and the support they needed from staff was clearly recorded in their care plan.

People living at Warde Aldam, their relatives and the staff were all positive about the registered manager and about how the home was run. We found a welcoming and positive culture within the home.

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.

There were sufficient numbers of staff deployed to meet people's needs.

People received their prescribed medicines, from trained and competent staff.

Staff understood how to keep people safe. Any incidents and accidents were recorded and analysed. This helped the service to learn from them and prevent similar incidents occurring.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction, relevant training and regular supervision and an annual appraisal to give them the right skills and knowledge to support people.

People were supported to maintain a varied diet. The service worked closely with a wide range of health and social care professionals to support people to maintain their health.

The service was working within the principles of the Mental Capacity Act 2005. Staff had received training in this area and understood what it meant in practice.

Is the service caring?

Good

The service was caring.

People and their relatives were overwhelmingly positive in the comments they made about staff.

People were treated as individuals. Their choices and preferences were respected. Staff spoke with knowledge about people's needs and their likes and dislikes.

During this inspection we observed staff respect people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's care records accurately reflected their needs and were regularly reviewed and updated. This supported staff to provide person-centred
care.

The service had an effective complaints policy in place.

A range of individual and group activities were available in the home.

Is the service well-led?

Good

The service was well-led.

Staff felt supported by the registered manager and they told us they enjoyed their jobs. There was a positive and welcoming culture within the home.

The provider had effective quality assurance systems in place to identify any issues and rectify them.

People and their relatives were asked for their feedback about the service. The registered manager used this feedback to help drive improvements to the service.

Warde Aldam

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 checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 23 and 29 January 2019. On day one the inspection team consisted of two adult social care inspectors, an adult social care assistant inspector an inspection manager 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. Day two was completed by one adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also contacted commissioners, and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked round the home and spoke with five people in detail who used the service and four relatives. We also spoke with the registered manager, deputy manager, nine members of staff, two volunteers, music therapist and the chaplin.

We looked at the care plans belonging to four people who used the service, as well as other records relating to people's care. We also looked at records about the management of the home. This included minutes of meetings, medication records, six staff recruitment files and training records. We also reviewed quality and monitoring checks carried out by the home's management team, including how any complaints had been managed.

Good

Is the service safe?

Our findings

Everyone we spoke to told us they felt safe. One person said, "Yes they [staff] are lovely." Another person said, "I am very happy here."
A relative said, "The carers and nurses really make it what it is. If you ring the buzzer they promptly answer and always encourage people and adapt their approach where needed."

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. People who used the service were supported to participate in staff recruitment.

Staffing levels were sufficient to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet people's needs. The dependency levels were recalculated by the registered manager at appropriate intervals, so they could arrange sufficient numbers of staff for each shift. During this inspection, staff were visible and available to meet people's needs promptly.

Staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. We saw risks that were assessed for example, waterlow assessments which identifies people who may developing pressure sores. Moving and handling risk assessments gave clear guidance how each person mobilised. For example, 'supported to transfer using a mechanical hoist with two members of staff.'

The provider had a system in place to learn from any incidents or accidents. This reduced the risk of them reoccurring. The registered manager collated records of any incidents and accidents, such as when someone had a fall. They reviewed and analysed the records every month to identify any trends and common causes. The registered manager had implemented systems which supported staff to closely monitor people at risk of falling and allowed staff to respond quickly when an incident occurred.

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, we saw people being supported to transfer appropriately using a mechanical hoist. Staff gave reassurance throughout and support was provided at the persons own pace. We also saw staff using appropriate methods to de-escalate a situation where a person was displaying behaviours that may challenge others. Staff remained calm and redirected the person to an area which was away from other people. They stayed with the person until they had become calm.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and electronic medication administration records (eMARs). The nurse told us they

used (eMAR) system to record when medication had been administered. The nurses were able to show us how the electronic system was used when administering medication. This enabled staff to monitor stock and recorded the reason any medication had been refused or not administered.

We checked eMAR's for people who were prescribed pain relief 'as and when required' (often referred to as PRN) to asses if the service had detailed protocols for when the medication was to be administered. These were in place and the nurse was able to explain how they assessed if people were in pain when they could not tell staff verbally. The nurse was able to describe the signs and symptoms people may display if as required pain relief was needed. We observed the nurse asking people if they required pain relief, which was then administered.

We looked at the medication audit dated 18 January 2019 which looked at all aspects of the management of medication. It included a section to record any actions required from the previous audit. We spoke with the supplying pharmacist who had undertaken a recent audit. They told us the systems were very safe and staff had the required competencies and skills to administer medication. They told us only minor areas for improvement were identified which the service had addressed straight away.

The nurses told us that controlled drugs (CD's) and medication which needed to be kept in the refrigerator were stored in a secure room. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We checked these medicines and they were accurate to the records held. The nurse told us the CD's were checked for accuracy twice daily.

Staff responsible for administration of medication had received appropriate training and we saw they had their competencies checked regularly.

The home was clean and there was an effective infection control system in place. The staff followed cleaning schedules and had access to personal protective equipment like gloves and aprons. All staff received training in infection control when they started working at the home and this was refreshed every year.

Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. Safety certificates for equipment, such as hoists, were up to date and the equipment was checked every month to see if it was in good working order. The fire alarm system and fire equipment were regularly checked and weekly testing of the fire system was completed. There were personal emergency evacuation plans in place to ensure people's safety in the event of the need to evacuate the building. These were stored on the files we looked at and held in a central location in case of an emergency.

On the first day of inspection the fire alarm bell went off. The registered manager and staff team took appropriate action. Staff told us, "We know what we are doing, we all have our job to do and to make sure people are safe." Staff were observed sitting with people and reassuring them about what was happening.

Good

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection in October 2017 we found conditions on DoLS authorisations had not always been recorded and evidenced throughout care plans. At this inspection we found the registered manager had recorded and evidenced information relating to DoLS authorisations in care plans, including any conditions which may apply to people. At this inspection we found they had sufficiently improved their systems and processes and were no longer in breach of this regulations.

There were appropriate consent documents within the care files, for issues such as the use of photographs, agreement to go on outings and sharing of information. We saw people were encouraged to make decisions about their lifestyle and everyday events such as choosing what to eat and when.

We saw records had been completed to assess people's mental capacity and best interest meetings had taken place. We saw DoLS authorisations were in place for some people and any conditions attached had been implemented. For example, one person had a condition that staff reviewed the person's need to have their medication administered covertly (hidden in food or drink). The nurse confirmed to us that it remained in the persons best interest and the least restrictive way to administer their medication.

We found people's health care needs were met. Care records showed people had access to a range of health care professionals such as GPs, consultant psychologists, dieticians and opticians. Records were made when health professionals visited and what treatment or advice they provided. There was guidance for staff around actions to take in the event of certain episodes or illnesses that may occur to individuals. Allergies to either medication or food were clearly recorded within the care records.

We looked at four people's care plans and found staff had recorded people's weight using the malnutrition universal screening tool (MUST), so they could assess if they required additional supplements or high calorific meals. We saw some people required a soft diet due to them being at risk from choking. There was evidence that they had been assessed by the speech and language therapist (SALTS).

Where people were assessed as being nutritionally at risk we saw charts were used to record what they had eaten and drunk throughout the day. The nurse told us that the registered manager evaluated the charts to make further decisions to reduce the risk of further weight loss. Appropriate referrals were made to the dietician where required.

We observed staff encouraging people to move to the dining room for their lunch. When one person refused, we saw staff bring them their meal where they were sitting.

We observed lunch on all three units. Staff interactions were very friendly and kind. his created a calm environment despite numerous residents moving from chair to table to lounge and back again. Staff wore aprons to serve lunch and brought plated meals to show people the choice available. This worked very well as people who would not have been able to verbalise choice, were able to point to the choice. People who were eating in their rooms were served their meal on a tray. The home also had a Chinese buffet for people to attend if they wished. This was a success in relation to how many people attended. We saw the room decorated with Chinese lanterns throughout.

We spoke to people about the meals in the home. One person said, "The, meals not as good as they used to be since they changed their chef. We get a choice, but I don't always like the choice, but I can ask for something different. I don't like the choice of oven chips or mash as I would like some new potatoes, so I spoke to the staff who come around to ask us if everything ok and they listened to me and we got some new potatoes." A relative said, "The meals are fine although [name of person] has to have a pureed diet now, otherwise he would choke, and all his drinks are thickened." We spoke to the cook on the first day of inspection who was aware of peoples likes and dislikes around meals. They could also explain people's dietary requirements.

Staff we spoke with said they had regular training and felt supported by the registered manager to do their work through regular supervisions and an annual appraisal. One staff member told us, "We have completed lifting and handling, which is refreshed yearly, the nurse delivers this training. We do challenging behaviour training which covers breakaway techniques, end of life care and MCA training. Not sure about the value of e-learning. Feel we get more from face to face training." Another said, "Think the training is of a good standard, feel some of the e-learning would be better face to face."

Good

Is the service caring?

Our findings

People and their relatives told us they found the staff very caring. One person said, "The carers are very good." One relative said, "They (staff) look after [my relative]so well and they are always there to help with nothing being too much trouble." Another relative said, "We are really happy as [name of person] is really well looked after. The staff seem to genuinely care and [my relative] is very settled. I think the staff go over and above what you would expect, for example, if he misses his dinner through been asleep, as soon as he wakes, they go get him something to eat."

We observed many positive, caring and kind interactions between people and staff. Staff knew people well and were familiar with their routines and preferences, and knowledgeable about the personalities of people they supported. Staff spoke about people with respect and affection.

Staff approach was person centred and people were treated with dignity as an individual. We saw staff sitting with people engaging in meaningful conversations. We saw staff taking time to sit with one person who was distressed; Staff used calm encouraging words to find out the reasons for their distress. The staff understood how people presented when they needed support to use the bathroom and when they wanted to move to another part of the home.

People were treated as individuals and their choices and preferences were respected. The service actively supported people who wished to practice a religion. The registered manager told us any religious or cultural preferences would be clearly recorded in a person's care plan. This would provide staff with guidance on how to support the person in this area, for example, with any dietary requirements.

People living at the home were given choices and supported by staff to make decisions about their care throughout the day. Where appropriate, people's relatives were consulted and involved in the planning and review of people's care, either through face to face meetings or by telephone.

Relatives and friends were encouraged to visit people living at the home. During the inspection we observed staff welcoming people's relatives into the home in a friendly manner. We could see staff knew the visitors well. People's relatives told us they were always made very welcome.

Good

Is the service responsive?

Our findings

People's cultural needs were taken into consideration. We observed a group of people, volunteers and the volunteer co-ordinator sat at a long table in the dining area adjacent to the lounge. We were told this was a weekly event where the three volunteers came from the local Kingdom Hall of Jehovah witnesses to read bible stories and have a chit chat. They had also in the past used memory boxes to prompt conversation.

We spoke with the chaplain who was employed at the service for 20 hours a week. They told us their role was to look after everyone's spiritual needs including staff and relatives. They said, "The pastoral care is important and it helps staff understand each person as an individual." They told us they held worship services every week. They also told us that he helped with activities and supported the individual and group work music therapy with the music therapist.

People we spoke with said they really did feel the pastoral and music activities were something that they enjoyed and confirmed these activities were a very regular occurrence together with the singing acts they had weekly. The staff we spoke with all explained that music and entertainment was a feature of the home and it ensured that people remained stimulated. We observed staff interacting with people throughout the day. We saw a very kind, respectful friendly staff team.

We observed staff interactions with people and were all positive. Staff were friendly, kind, organised and fun. The care coordinators explained their role was a very important one which included keeping people's minds active and happy. One said, "I want to help them have an enjoyable life. That may mean helping them within group activities or, if they can't do that then often, we sit in their rooms with them and hold their hand and have a chat." One coordinator said, "One person was very jittery one day and we hadn't planned to go out but we know talking with [name of person] out calms them so when we saw how agitated [person]was we asked her if she would like to go out and of course she did and she calmed right down and was able to enjoy the rest of her day. We try think about different things to do as well with individuals like seed planting and taking them out and we try to prevent boredom and frustration. We did a dementia course last year and it was so interesting we loved it and its stuck with us as they kept shouting out 'Boredom Kills'. Talking is a big part of getting to know their needs and the management are really supportive – the manager is amazing I've never worked for anyone as supportive, she is approachable, calm and lets us do the things we need for the people."

People's files we looked at included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and on-going needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under monthly reviews.

The plans were person centred and set out people's individual preferences. Their plans included descriptions of the ways they expressed their feelings and opinions. The staff knew people well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds.

The home worked closely with local GPs and district nurses when people needed support at the end of their life and provided a good standard of care and support. This was extended to people's families too. Care plans had a section which recorded peoples end of life wishes. However, these lacked details. One file confirmed the person did not want to talk about this aspect of their life.

The provider had an appropriate complaints, suggestions and compliments policy and procedure in place which explained how people and their relatives could complain about the service and how any complaints would be dealt with. The complaints procedure was clearly displayed in the entrance to the home. The procedure also gave details of other agencies they may wish to raise their complaint with, such as the CQC and the local authority. The service had responded to complaints appropriately through their policy and procedures.

The home had received many compliments which included, 'Staff professional, efficient, caring, and are willing to go the extra mile'. And 'Visitors made welcome at any time'. And 'She would laugh and joke with the carers who became her new family. Very well cared for'. And 'Staff were caring, kind and helpful. They supported me during a period which was hard- watching someone deteriorate'.

Good

Is the service well-led?

Our findings

At our last inspection in October 2017 we found effective audits were not in place relating to people's care plans. At this inspection we found the registered manager had worked hard in improving the care plans. At this inspection we found they had sufficiently improved their systems and processes and were no longer in breach of this regulation.

The registered manager monitored the quality of the service and took action when issues were identified. Each month they completed a wide range of checks on the service. For example, they reviewed people's weights to look for any signs of weight loss and enable immediate action to be taken. This meant they could be assured people were receiving the care they needed. They also audited a sample of care plans every month and completed an audit of the medication administration system.

Where audits identified something could be improved, the registered manager created an action plan and appointed a person to take responsibility for implementing the actions within a required timescale. The registered manager then checked the identified actions had been completed. It was clear who was responsible for making the necessary improvements and there was a clear process for ensuring the audits helped to drive improvements to the quality of the service throughout the year. The provider also checked all audits were completed every month in accordance with their quality assurance framework.

We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager. The registered manager and staff were keen to deliver a person-centred service to people living in the home and to achieve good outcomes for people. They were confident the newly implemented electronic audit system would support them to do this.

The staff team were supported to provide consistent care. A handover meeting took place at each shift so the staff on duty could pass on any relevant information from one shift to the next. Staff told us the staff team worked very well together. Comments included, "Yes do feel supported by people I work with as well as managers and nurses, can always approach nurses and management." And "Proud of working here, proud of been a carer, feel I am good at my job."

The registered manager used various methods to obtain feedback about the home from people who lived there, their relatives and staff. They arranged 'relative's meetings' where people's relatives could provide feedback about anything they thought could be improved. Surveys for people and relatives were positive and where any action needed to be completed this was done by the registered manager. We asked relatives and staff if they would recommend the home to people, everyone we spoke to said they would.

Staff meetings took place where the registered manager raised any issues with staff about the home or the care provided. Meetings were held individually by each unit, then a manager meeting looked at the overall meetings in relation to issues, concerns and developments of staff.

The service worked well with other agencies such as the local authority and local clinical commissioning

group who commission care for some people living in the home. The local authority commissioning and contracts team as well as the infection and prevention team and pharmacist had recently visited the home. The feedback was very positive from all professionals. The registered manager had recently signed up for Disability Confident Committed Group. This looked at inclusive recruitment, offering interviews for disabled staff. The registered manager told us, "We are a group looking at sharing practices across Wakefield and looking at new policies to put in to place to support this." The registered manager also told us, "The consideration of feedback from other agencies supported the service to drive improvements to their service."