Care Quality Commission

Methodist Homes
Homewood
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

We carried out this inspection on 26 February 2015. The inspection was unannounced.

Homewood is registered for a maximum of 50 people offering accommodation for people who require nursing or personal care. At the time of our inspection there were 50 people living at Homewood. Of the 50 people, around seven had nursing needs. The home was comprised of

three floors and a basement where the kitchen, staff room, laundry, hairdressers and medication room were situated.

A requirement of the service's registration is that they have a 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a registered manager was working at the home.

Summary of findings

At our last inspection in November 2013 the home was found to be compliant in all areas we inspected.

Care provided at Homewood was effective. People's care needs were reviewed regularly with appropriate referrals made to other professionals. Staff received suitable training to provide care and they were encouraged to do further training to enable them to do their jobs well.

People told us they liked living at the home. We saw there was a variety of food available and snacks and drinks could be accessed when required. People with special dietary needs were catered for and relatives could come and enjoy a meal with their family member if they wished to.

Everyone we spoke with was positive about the management and the running of the home. We saw good systems were in place to make sure the environment was safe and effective for people that lived there. People knew how to complain if they wished to and complaints were actioned quickly and effectively.

People told us they enjoyed the variety of activities at the home. A chaplain was available to support people regardless of their religious beliefs or faith. Links with the community were strong and we saw schools and other services visited the home. Fundraising was ongoing to improve the service for people and volunteers came in to assist paid staff members.

Staff showed an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) so people who could not make decisions for themselves were protected. We saw that when there were concerns about people's capacity to make decisions, appropriate assessments had been made. However we saw DNAR (Do not attempt resuscitation) forms on peoples files were not always filled in consistently.

People told us the staff were caring. People were treated as individuals with their preferences and choices catered for. Staff showed dignity and respect when providing care and all the people we spoke with were positive about the staff at 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 told us they felt safe. There were enough staff to care for people and checks were carried out prior to staff starting, to ensure they were appropriate to work at the service. Staff knew how to safeguard people from abuse and what to do if they had concerns. Checks were completed to ensure the environment was safe and emergency plans were in place should they be required.

Good

Is the service effective?
The service was effective.

Referrals were made to other professionals when required to support people's needs. People enjoyed the food at the home and different dietary needs were catered for. A choice of food was offered and people could access drinks and snacks when they wanted to. Staff had a good understanding of mental capacity and we saw where people did not have capacity to make decisions, support was sought in line with legal requirements.

Good

Is the service caring?
The service was caring.

People and relatives told us staff were caring and we saw examples of this at the home with the way staff interacted with people. People were encouraged to be independent where possible and care was provided ensuring dignity and respect. Staff treated people as individuals and recognised what suited one person may not suit another.

Good

Is the service responsive?
The service was responsive.

There was a range of activities on offer for people including days out. People were supported with their emotional as well as physical needs. People's care was personalised and families had the opportunity to be part of reviews if they wished. People and relatives had regular opportunities to meet with staff and discuss any issues they may have. Complaints were recorded and dealt with quickly and thoroughly.

Good

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

People, staff and relatives were all positive about the management. Staff told us managers were approachable and issues raised were addressed. Good systems were in place to ensure the home was safe and the care provided was effective. The manager worked hard to improve the home for people that lived there and welcomed involvement from outside groups so the home remained a part of the community.

Good

Homewood

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.

The inspection took place on 26 February 2015 and the inspection was unannounced. The inspection team comprised of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information which was held about the service. We looked at information received from relatives and visitors and reviewed the statutory notifications the manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries. We spoke with the local authority contracts team who confirmed they had no further information about the service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what this does well and improvements they plan to make. This was received prior to our visit and reflected the service we saw.

We spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people who lived at the home, two relatives, the registered manager, the deputy manager, 12 staff including the chaplain, cook, maintenance person and a volunteer. We looked at six care records and records of the checks the registered manager made to assure themselves that the service was good. We observed the way staff worked and how people at the service were supported.

Good

Is the service safe?

Our findings

People told us there were enough staff to care for them safely. Staffing levels at the service were decided by the manager who used a 'dependency tool', this worked out staffing levels required based on people's needs. We asked what happened if the manager disagreed with the tool and she told us that this was usually accurate. One care worker told us about staffing, "I haven't got any real issues, in my opinion they could do with a few more staff sometimes". Another staff member told us that the staffing for the third floor was one nurse at all times, then two or three care workers during the day and one at night. We asked if two care workers were enough in the day. They told us, "Yes, and we can always ask for help from another floor". We observed call bells were answered quickly.

The manager told us agency staff were rarely used but if they needed to use them they worked with the nurse, usually at night so they were closely supervised by a qualified staff member. We saw systems to keep people safe when the service was short of staff.

Recruitment was carried out through the internal newsletter and job centre. A care worker told us "Staff turnover is not high". The manager made sure staff were checked prior to starting work which included Disclosure and Barring Service checks and references from previous employers. When staff began working in the home they were supported while they learned the role and 'buddied' with another staff member as part of their one month 'in house' induction.

Staff were confident what to do if they suspected abuse and how to report it. We gave a staff member a scenario of potential abuse and they were able to recognise this and explain the action they would take, reporting it to the manager or local authority. All staff we spoke with knew what abuse was and what to do should they have any concerns, including how to raise any concerns with the provider. Staff told us they had received safeguarding training and there was a whistleblowing policy which was displayed.

We looked at how medicines were managed. Staff were trained by a national pharmacy to manage and give medicines safely. Senior staff ensured staff were safe to administer medicines and carried out checks on their competency. We saw that when a care worker gave medicines to a person; they waited until the tablets were swallowed before signing the record to say this had been administered.

Medicines were stored safely and in line with the manufacturer's guidelines and we saw they had been disposed of appropriately. Two people took their own medicines and we asked a staff member how they knew they remained safe to do this. They told us a weekly audit was done involving the person and their keyworker. If there were any concerns such as medication left over, they would assess the person again to make sure they remained safe to do it themselves. No homely remedies were used by people at the service.

We spoke with the cook in the kitchen, which was clean and well organised. Refrigerated food was wrapped and dated. A food safety record book gave instructions for food hazards, equipment and risks. We saw appropriate checks were carried out including temperature checks and these were all current.

Systems were in place to keep people safe. The home employed a full time maintenance person. who told us monthly checks were done on all specialist equipment in each room including bedrails. The maintenance person also checked any equipment organised by the community nurses and they informed the nurses if there was a problem so they could contact the supplier. Equipment such as hoists had been recently serviced so they were safe to use to support people's care needs. Monthly water temperature checks were carried out and documented. Mattresses and pressure cushions were checked regularly by staff to make sure they remained safe to use.

Systems supported people safely in the event of an emergency and plans were seen on each floor and in people's rooms. These detailed information such as care needs and mobility levels so in an emergency people could be assisted safely and effectively. An evacuation procedure and a contingency plan had been developed if people could not return to the building. The maintenance person carried out fire alarm testing and fire drills, two daytime and two at night. Situations were created such as blocking off exit doors to test staffs ability to 'think on their feet'. This made sure staff remained confident regarding their roles and responsibilities in an emergency.

Good

Is the service safe?

Risk assessments had been completed around areas such as skin care and mobility. Staff told us senior carers monitored these assessments and updated them on care records. Staff knew how to manage these risks, for example we saw someone had fallen out of bed and staff now had a falls risk assessment to monitor this person more closely and had put plans in place to stop this happening again. Staff knew where people may be at risk and told us risk assessments identified actions they needed to take to manage and minimise risk. We saw risk assessments were up to date and reflected people's current needs.

Good

Is the service effective?

Our findings

One staff member told us, "It's a very good home, and a relative told us, "They have very good staff here". Another person told us about their relative, "[Person] has been here for 3 years, I have no real concerns about their care here, I find staff normally respond to any issues quite quickly".

When necessary health care professionals were consulted for additional specialist support and advice. For example, where people were at risk of skin damage the community nurse had been contacted. Where people required support with their food and drinks, staff monitored this and if necessary a referral was made to the dietician and speech and language therapy team. Staff were aware of their roles and made sure additional support was requested where people's needs warranted this.

One visitor told us, "They have nice staff, lovely, I pop in at all times to see them and care is consistent". People had a named worker known as a key worker, who knew them well. People told us they knew who this person was. Their care was reviewed monthly by this person so any changes were noted and staff were kept up to date with people's needs. A handover meeting was held twice daily when the shift changed. Staff told us that it ensured a continuity of care while highlighting any concerns or changes to them.

Volunteers came into the home and worked alongside staff with activities such as the coffee mornings. The volunteer told us they visited on a Thursday morning to 'befriend' and sometimes gave manicures. They told us, "I just want to give them a little company and pampering". We saw a trolley which the volunteers took from room to room with sweets, snacks and greetings cards so these were accessible for people.

Staff 'champions' were appointed for different areas such as infection control, safeguarding and continence as a lead person. Staff were delegated responsibility for areas of care and best practice. The deputy manager told us she was a training champion and delivered training for medication and moving and handling. We asked her how she was qualified to do this and we were told she had received specialist training called 'Train the Trainer'.

Staff were observed informally during the course of their daily work however there was no formal observations undertaken of them working. The manager told us she was aware that care staff training was changing shortly with the new care certificate and that observations would be a part of the new training requirements.

Training was completed on lap top computers known as an 'L box'. Staff told us about the training, "I think it's good", another person told us, "I'm always being asked to do more training". The computer reminded workers which training was due and when so managers had an overview of training completed by staff. Staff had received training in moving and handling and we saw that when staff moved people using equipment such as a standing hoist, that this was carried out correctly and safely as per their training. Staff reassured the person during the transfer to minimise their anxiety.

Some of the care workers had English as a second language and could find the training on the computer more difficult. To assist with this the staff member's buddy supported them to do the training, explaining anything which may not be clear.

Staff were supported in their role with one to one meetings with the manager and senior carers. Staff we spoke with told us they were satisfied with their supervision and level of support. The nursing staff were supported with clinical supervision by an external nurse manager as the manager was not a nurse. This supported their nursing practice by giving them the opportunity to discuss any clinical issues.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the MCA and DoLS. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager was aware of the current DoLS legislation and informed us there was one DoLS application authorised currently. We saw the DoLS authorisation on their care records. The manager told us staff had undergone training around Mental Capacity Act and Deprivation of Liberties (DoLS).

Good

Is the service effective?

We saw mental capacity assessments on care records. These gave details which were decision specific and in line with Mental Capacity Act legislation. We saw decisions were made in a person's best interests where they had been assessed as 'lacking capacity'.

We looked at DNAR (do not attempt resuscitation) forms. These had been completed with GP involvement, however were inconsistent. We saw a form was signed by a family member, even though the person had capacity to do this for themselves. One person's form was completed correctly showing their wishes, but another person's said they did not wish to be resuscitated and there was no form for them at all. People were not being supported to make decisions regarding resuscitation consistently and in line with their abilities to do so. We highlighted this to the manager and the manager agreed these would be reviewed as a priority.

We spoke to two people about what it was like to live at the home. One person told us, "We have problems with the laundry" the person with them said, "Yes we do, but if you chase, they mostly find it". They told us the staff were good and any problems were usually sorted out quickly.

At lunchtime, the tables were laid with fresh flowers and we saw used a checklist to make sure people had everything they required. A staff member was seen attending to a person in a kind and friendly manner and cutting up their meat for them. One person commented that the food was lovely. We asked if background music was played during lunchtime and the care worker told us people had said they did not like music over lunch, so they did not have this on. We saw people were involved in decisions made at the home and mealtimes were positive for people.

People were supported to eat at a pace to suit them. Some people had complex needs with their diet, for example, one person was a diabetic, and others required food pureed and thickened drinks. The kitchen supported these dietary needs and were kept informed about special diets by the care staff to ensure they did this effectively. Guidelines for diabetic diets were provided and on display.

The kitchen kept a list of the people's likes, dislikes and special diets. A whiteboard in the kitchen said "[Person] likes cheese and biscuits at 12:30 daily", meals were personalised for people. There was a four week rolling menu offered and we observed staff offering a choice to people. For example one person did not want the baked pudding so ice cream was offered to them instead. People told us snacks were available outside of meal times. We saw people had drinks and there was a selection available to them. One person commented 'There is not much meat in the curry' and we saw care staff offer them more of this. People were given a choice of food, could access this when they wanted it and it in quantities they chose.

Good

Is the service caring?

Our findings

Interactions between staff and people living in the home were friendly and attentive. All staff we observed knew people well. One person told us "The staff are very kind". We saw a care worker who was laying the lunch tables, being asked by a person to check something for them. The worker immediately stopped what they were doing to attend to their needs. A staff member told us they loved the work and said "We all do pretty well, I think".

A 'coffee bar' was in the entrance area. People could get a drink or snack if they wished and staff would serve them. Visitors were encouraged to help themselves and make drinks for people at the home. In bathrooms, we saw battery operated radios were used so people had a choice if they wished to listen to music while they bathed. There was soft lighting to make the atmosphere more relaxing. Both baths and showers were accessible to people at the home and staff told us people could choose what they preferred to take.

Staff told us how they encouraged people to be independent. They asked people what they could do for themselves and what they would like to do, so that they could be as independent as possible. One person was mostly independent with their physical needs but needed help to make their bed, so staff just did this. Staff told us that people could use the lift independently if they wished and we saw people doing this to access their rooms on different floors.

We saw people were treated with dignity and respect and that support and care were given discreetly, for example, when administering medicines at the dining table. Staff told us how they ensured privacy and dignity was upheld. The manager told us staff knocked on doors and asked permission to come in. They ask 'Would you like us to help?'. They shut doors when providing any care and use towels to cover a person up when assisting with personal care. "Curtains are always drawn in rooms at these times". People told us staff treated them with respect.

Several of the people at the home were married couples and the manager told us how they worked to ensure they provided care respecting their partner's views and people could choose what suited them. For instance, if someone had always helped their partner with their care, the staff supported this to continue. One person explained that although they did not have a double room, the manager arranged for them to have two rooms adjacent with their partner, using one as their bedroom and one as a sitting room. Another couple had chosen to have rooms in different parts of the home as their needs differed.

We saw no male carers worked at the home. We asked the manager what they would do if a person requested a male carer rather than female. She told us they were aware of this issue but this had not happened currently. They would like to have staff of both genders and a previous male agency worker had been well received by some of the people who lived at Homewood.

Good

Is the service responsive?

Our findings

Staff told us that they knew people well and we saw care plans detailed people's histories, likes and dislikes, not just their physical care needs. A relative told us, "I visit most days and get on with all of the staff. I am aware of [person's] care plan, but I haven't seen it for a while, [person] is more stable now so I assume things are alright, [person] had lost a lot of weight before coming here but has recovered well". Review meetings were held involving the person and their family, to keep them informed and involved with the care.

Before coming into Homewood the manager assessed people to make sure the service would be right for them and could meet their needs. They assessed them in their own home or in hospital and we saw pre-admission assessments on people's records showing this. If the assessment was for someone with nursing needs, a nurse from the service attended with the manager or their advice was obtained. The assessment then continued over the next few weeks, while staff got to know the person better and to ensure the person liked living at the home.

We asked a person how they found living in the home and they said it was fine, "We have had wonderful trips out, we went to Baddesley Clinton and we are going again to see the daffodils". The home used a mini bus to take people out on trips. Each floor showed an activities board, listing activities for the week. The activities co-ordinator at the service was currently off work, so activities were arranged by another care worker and the chaplain. Other religious needs were met with visits from other faith representatives including the Catholic priest and Buddhist leader. A person told us, "We have a coach on Sundays to take us to church if we want, but the chaplain also visits quite often too".

The chaplain held prayers and bible studies. Emotional support was offered for people whether they had a religious belief or not. They told us they held some group activities and spent time with people on a one to one basis, they felt their job was to prevent loneliness. They led a weekly discussion about news and current affairs and newspapers were available for people to read if they wished.

A concert was held that day we visited, with local singers. A gardening club took place and a staff member told us people helped in the garden, "When the weather allows, we get those residents who wish to making up the hanging baskets, doing a little potting out in the raised beds and deadheading". We were told the maintenance person had put a bird box camera system for the people to watch the birds in the spring. The staff worked together as a team to support people with their interests.

A post box was available so people who lived at the home could post letters and cards. People told us on their birthdays and other celebrations, cakes were baked and presents were given out to people at Christmas and eggs at Easter. People enjoyed a variety of activities and the staff created a 'community' environment where people could have visitors, go on days out and join in things which suited their interest and preferences.

People at the home were given the opportunity to attend a meeting each month to talk to the manager. Relatives meetings were held four monthly and these meant they could raise any issues or concerns as well. One family member told us, "I attend most relative meetings but not January, I have read the minutes though". Another person told us, "I don't attend the relative meetings as I come in regularly". They felt they could raise any issues as and when they arose. One person told us, "I have no concerns about raising issues. I would go to the deputy manager if I had a concern. I also know the manager".

Records showed that four complaints had been received and these had clearly been acknowledged, addressed by the manager and a response given. We saw complaints were being handled effectively and the manager was proactive in responding to any concerns raised.

We saw the complaints policy was displayed and there was a comments box available in the reception for people to use.

The home had unrestricted visiting times but visitors were asked to avoid calling at lunchtime if possible to consider other people at the home. Relatives could have lunch there if they wished and there was a room by the garden which could be set up privately for families to eat together.

We saw information for each person was available to give to health services in an emergency. This provided information for example, important telephone numbers and if they wore glasses or false teeth. Staff made sure communication about the person was available and current, so care would be more effective for them if they needed to leave the home and reduce any further disruption.

Good

Is the service well-led?

Our findings

One staff member described the manager as, "Supportive and can be approached at any time day of night. If she is needed she will come in during the night". She told us about the deputy manager "She is very good, very dedicated and will also come in at any time". Another staff member told us they were happy about the way they were managed on a day to day basis. The manager told us she operated an 'open door' policy and that staff could come and discuss any issues as they arose. Staff told us the managers were approachable and supported them.

We asked the manager what she was most proud of at the home and any challenges she faced. She told us the home's reputation and the quality of care was what she was proud of and a challenge was continually ensuring all the required standards were met and upheld. Care records were reviewed monthly and we saw appropriate referrals had been made where risks to people's health and welfare were identified. Homewood is part of a group of care homes and the manager told us she received support from the other home managers if required.

The manager and deputy manager told us they observed staff informally when walking around the home and addressed any issues as they saw them. Their ethos was to be open and honest with staff. Staff meetings were held monthly giving staff an opportunity to speak with the manager about any issues. We saw the meeting minutes and that it was an opportunity to celebrate any good news, share ideas, raise issues and talk about good practice at work.

The manager had efficient systems in place and a good understanding of running the home. We saw comprehensive records that showed the checks the manager made to ensure they provided a good service. Where issues had been identified, actions had been taken to make improvements. For instance, sinks had now been provided in the sluice rooms following a recommendation by the local authority. Audits were undertaken on the equipment so that it was serviced regularly to make sure it stayed safe and effective.

We asked the manager what notifications they would send us and they were able to tell us confidently, this included deaths, safeguarding and serious injuries. We saw accident and incidents were recorded with trends analysed to identify any patterns.

The manager explained to us that a charity, 'The Friends of Homewood' fundraised for the home. They had recently purchased a fountain for the people to enjoy while sitting in the garden. The home had good links with the local community including a scout group who helped with the garden sometimes and a local school who sometimes came in to give a concert. They had hosted some visiting social workers from Australia recently via the University, who were comparing care services here to their own country and this had been positive. The manager worked hard to improve the home for people that lived there and welcomed involvement from outside groups to keep the home as a part of the community.