Methodist Homes

The Beeches

Inspection report

Carr Road
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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

The inspection took place on 13 and14 October 2014 and was unannounced on the first day. We last inspected the service in November 2013 when it was found to be compliant with the regulations we assessed.

The Beeches is a purpose built care home on the outskirts of Wath-upon- Dearne. It provides accommodation for up to 44 people on two floors. The care provided is for people who have needs associated with those of older people, including dementia. The home does not provide nursing care.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Throughout our inspection we saw staff supporting people in a caring and patient manner. They encouraged

Summary of findings

people to be as independent as possible while taking into consideration any risks associated with their care. People who used the service, three relatives and the healthcare professional we spoke with were complimentary about the care and support provided.

People received their medications in a timely way from senior staff who had been trained to carry out this role.

We saw there was enough skilled and experienced staff on duty to meet people's needs. We found staff had been recruited using a robust system that made sure they were suitable to work with vulnerable people. They had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

People received a well-balanced diet and were involved in choosing what they ate. The people we spoke with said they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People told us their needs had been assessed before they moved into the home and they had been involved in formulating their care plan. The three care files we checked reflected people's needs and preferences and had been reviewed and updated on a regular basis.

A structured programme was in place to enable people to join in regular activities and stimulation. People told us they enjoyed the planned sessions as well as taking part in religious services, which were held regularly.

People told us they had no complaints but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was easily available to people using or visiting the service.

The provider had a system in place to enable people to share their opinion of the service provided and the general facilities at the home. We also saw a comprehensive audit system had been used to check if company policies had been followed and the premise was safe and well maintained. Where improvements were needed we saw the provider had put action plans in place to address these.

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.

There were robust systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and we saw there was enough staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely which included key staff receiving medication training.

Good

Is the service effective?
The service was effective

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. The manager demonstrated a working knowledge about what action to take if a Deprivation of Liberty Safeguards application was required.

Staff had completed a comprehensive induction and a varied training programme was available that helped them meet the needs of the people they supported.

People received a varied well-balanced diet. The people we spoke with said they were very happy with the meals provided. Specialist dietary needs had been assessed and catered for.

Good

Is the service caring?
The service was caring

People told us they were happy with how staff supported them and delivered their care. We saw staff interacting with people in a positive way respecting their preferences and decisions.

Staff we spoke with gave good examples of how they respected people and ensured privacy and dignity was maintained. People told us, and we observed that staff respected people's dignity.

People had access to information about how to involve an advocate should they need additional support. Advocates can represent the views and wishes of people who are unable to express their wishes.

Good

Is the service responsive?
The service was responsive

People had been encouraged to be involved in care assessments and planning their care. Care plans were individualised so they reflected each person's needs and preferences.

Good

Summary of findings

People told us activities and trips into the community were available which they could choose to take part in or not. They told us the activities provided offered stimulation and met their individual needs.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they had no complaints or concerns but said they would feel confident raising any issues with the manager or staff.

Is the service well-led?

Good

The service was well led

There was a system in place to assess if the home was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been put in place to address any areas that needed improving. We saw the manager spent time around the home talking to people and checking they were satisfied with the service provided.

Staff were clear about their roles and responsibilities as well as the company values. We saw they had access to policies and procedures to inform and guide them.

The Beeches

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 was 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 13 and 14 October 2014 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also obtained the views of service commissioners and Healthwatch; neither raised any concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 43 people using the service. We spoke with seven people who used the service and three relatives. We also spoke with the registered manager, four care workers, the cook, the activities co-ordinator and a visiting health care professional. We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing three care people's care files, staff rotas, the training matrix, six staff recruitment and support files, medication records, audits, policies and procedures.

We spent time observing care throughout the service. On the second day of our inspection we also 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.

Good

Is the service safe?

Our findings

The people we spoke with who used the service told us they felt safe living at the home. One person said, "It is nice here, I used to be lonely but I have company here and I feel safe." A relative commented, "[My relative] likes it here, I know they are safe and they like the staff." We also spoke with a visiting healthcare professional who said they had never seen anything happen at the service that caused them any concern.

The staff we spoke with understood people's needs and how to keep them safe. For example we saw two people being transferred into a chair using a hoist. Staff were competent with using the equipment and explained the procedure as they guided them into the chair and made sure they remained safe.

We found that care and support was planned and delivered in a way that ensured people's safety and welfare. The three care files we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. We saw these were reviewed regularly and updated accordingly.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. Evidence showed that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. We saw the registered manager kept a log of these incidents and the outcomes.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they witnessed any incidents. They told us they had received training in this subject as part of their induction and at regular intervals after that. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns. The staff we spoke with were aware of the policy and said it had been included in their training.

There were enough staff on duty to meet people's needs and keep them safe. During our inspection in addition to the registered manager and the deputy manager there were two senior care workers and five care workers on duty. There was also an activities co-ordinator, a handyman, kitchen and housekeeping staff. Over the two days of our inspection we observed staff were able to meet people's needs in a timely way. Staff appeared relaxed and unhurried and call bells were answered promptly.

The registered manager told us a dependency tool was used to calculate the number of staff required on each shift. It assessed the level of dependency for each person, for example if they had low, medium or high needs. We spoke with seven people who used the service, three visitors and the seven staff all said they felt there were sufficient staff on duty to meet people's needs.

Staff comments and the recruitment policy indicated there were effective and safe recruitment and selection processes in place. Pre-employment checks had been obtained prior to people commencing employment. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. We also saw face to face interviews had taken place and interview notes had been made to assess potential staffs' suitability.

We looked at six staff files and found that appropriate checks had been carried out in line with the provider's recruitment policy in five of these. In the sixth there was only one written reference on file. The registered manager told us this had been completed but the referee had not sent it in. They said they knew this because they had spoken with the referee to confirm the suitability of the potential staff member. The registered manager took immediate action to chase this up and provided the reference the following day.

The service had a detailed medication policy in place about the safe handling of medicines and the senior staff we spoke with were aware of its content. We saw there was a system in place to record all medicines going in and out of the home. This included a safe way of disposing medication refused or no longer needed.

We observed the senior care worker administering medicines at lunchtime on the second day of our visit. We saw they followed good practice guidance and recorded medicines after they had been given. Some people were

Good

Is the service safe?

prescribed medicines to be taken only 'when required', for example painkillers. Senior staff we spoke with knew how to tell when people needed these medicines and gave it correctly.

There was a fridge in the treatment room specifically for storing temperature sensitive medicines. We saw the temperature of the fridge had been recorded regularly until September 2014 when the records ended. We spoke with the registered manager about this and he showed us the last audit from August 2014 when temperatures had been recorded appropriately. He took immediate action to speak to staff and put new recording sheets in place. He told us he would also discuss this with the staff responsible for carrying out the checks.

There was a system in place to make sure staff had followed the home's medication procedure. Regular checks and audits had been carried out to make sure that medicines were given and recorded correctly.

Good

Is the service effective?

Our findings

The people we spoke with said staff were supportive, friendly and efficient at their jobs and we received only positive comments about how they delivered care. One relative told us, "The staff seem well supported to care for [their relative]. For example they had new hearing aids and the manager has made sure the staff had had training in how to fit them." They went on to say, "They [staff] all seem to know what they are doing."

We observed that when one person became agitated in the lounge area the senior care worker was able to defuse the situation in a calm and caring manner. The person went to their room and we saw another care worker went to check on them a few minutes later to make sure they were settled.

People were supported to maintain good health and had access to healthcare services. Care records contained a section for recording professional visits from people such as the dietician, chiropody, GP, district nurse or falls team. Records showed people had received timely support from professionals which had been well documented on the 'professional visit' form. However, in one file the information had not been incorporated into the corresponding care plan. This meant the care plan did not fully reflect the outcome of the visit. The registered manager told us they would address this shortfall with staff.

We found staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. This had included completing the company mandatory training before they started work. We also saw they had completed an induction booklet over a number of weeks and been supported by a 'buddy' until they were confident in their role. A new care worker told us this had prepared them well for working at the home.

We saw the registered manager used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner. The staff we spoke with felt they had received satisfactory training and support for their job roles.Records and staff comments showed staff support sessions had taken place on a regular basis and each member of staff received an annual appraisal of their work performance. The staff we spoke with commented about the good support they had received from the registered manager.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. We saw policies and procedures on these subjects were in place. The registered manager was able to explain the procedure for submitting an application to the local authority. At the time of our inspection one person using the service was subject to a DoLS authorisation. Records evidenced the correct DoLS procedures had been followed to safeguard the person and a review system was in place.

Care staff had a general awareness of the Mental Capacity Act 2005 and had received training in this subject. They were clear that when people had the mental capacity to make their own decisions this would be respected. We saw where people lacked capacity, decisions were made in their best interest and took into account what the person liked and disliked. Information contained in individual care plans showed the service had assessed people in relation to their capacity.

People's comments, and the menus we saw, indicated the service provided a varied choice of suitable and nutritious food and drink. The people we spoke with said they enjoyed the meals provided and were very happy with the choice of food they received. One person told us, "There is always plenty of food and it's very good. There's always something different not just one thing on the menu". They added, "If you don't like anything the staff will say what about this or that then." Another person told us the food provided was "Very edible" and added, "I don't leave anything" and "I get plenty of drinks and food".

Staff we spoke with demonstrated a good understanding of the different diets needed, such as for people with diabetes and pureed meals. The cook told us how pureed foods were moulded to look like the original food they represented, such as peas. They said this made the meals look more appetising and people knew what they were eating.

At lunchtime on both days we saw meal choices were offered to people either verbally or by staff showing them

Good

Is the service effective?

the two choices plated up. People either told the staff which they preferred or pointed to which meal they wanted. Staff told us if someone did not want the planned meal alternatives were offered.

We observed staff assisting people to eat their meal where appropriate; they did this in an unhurried and patient manner. However, on both days we noted that someone who could eat independently struggled to cut their meat up, we pointed this out to staff who promptly helped them. This was shared with the registered manager so he could make sure staff were more aware of monitoring people who could usually eat independently.

Records checked showed people's weight had been monitored regularly to help ensure they maintained a healthy weight. We saw GPs, dieticians and the speech and language team had been involved if there were any concerns. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. Daily records had been used to monitor people's food and fluid intake; however we noted some gaps in recording. For example staff had recorded the person had eaten their lunch, but not the size of the portion. This meant accurate monitoring of the person's intake had not taken place. The registered manager told us this method of recording had recently replaced the use of monitoring forms and they would remind staff of the importance of detailed recording.

Good

Is the service caring?

Our findings

The people we spoke with told us staff respected their decisions. People we spoke with confirmed they had been involved in planning care. One visitor told us, "[My relative's] care plan was discussed with them. The folder is kept in their room and I can look at it. There is a whole folder regarding their stay here." Another relative said, "We went through [my relative's] needs when they first came here, they have a care plan."

We saw people's needs and preferences were recorded in their care plans so staff had clear guidance about what was important to them and how to support them. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. We also saw there were specific forms to record people's final wishes for their end of life care so staff had guidance about people's preferences.

We spoke with seven people who used the service and three visitors who all said they were happy with the care provided and complimented the staff for the way they supported people. One person told us, "The staff are lovely I have been happy here since the beginning." They went on to say "They listen to what I want and if they can they will help. I've never had any problems." A relative commented, "The staff are brilliant they are excellent with [my relative], really patient and understanding."

The registered manager told us the service had two designated dignity champions but it was expected that every member of staff championed people's dignity. The champion's role includes ensuring staff respected people and looked at different ways to promote dignity within the home. A relative told us, "They [staff] treat [my relative] with respect. A lot of the staff are more mature, but even the younger staff are genuine. They all understand their needs and interests."

Some people were unable to speak with us due to their complex needs. Therefore we spent time observing the interactions between staff and people who used the service. People appeared happy and relaxed with staff who communicated with people at a level they could understand. We saw staff engaging people in conversations and encouraging them to be involved with activities. We saw staff enabled people to be as independent as possible while providing support and assistance where required.

We saw people chose where they spent their time with some people choosing to stay in their rooms, and this was respected by staff. We saw one person used the call system to inform staff that they wished to stay in their nightwear that morning. Staff told them that was fine and helped them to the bathroom.

We spoke with staff who gave clear examples of how they would preserve people's dignity. They told us how they knocked on people's doors, closed curtains and doors, and covered people up as much as possible when providing personal care. However, on the odd occasion we did note that staff did not always knock on people's door before entering.

We saw people had access to information about how to contact an independent advocacy agency should they need additional support. Advocates can represent the views and wishes of people who are unable to express their wishes.

Good

Is the service responsive?

Our findings

We spoke with seven people who used the service and three visitors who all said they were happy with the care provided and complimented the staff for the way they supported for people. A relative told us, "The care is centred around [my relative]. The staff are supporting them to keep their independence."

We checked three people's care files which evidenced that needs assessments had been carried out before they moved into the home. In some cases the files also contained assessments from the local authority. The manager told us how this information had been used to formulate the person's care plan.

The care records we sampled contained detailed information about the areas the person needed support with and any risks associated with their care. In one file we saw some care plans needed updating to reflect changes in the person's needs. However, these shortfalls had already been identified by the registered manager in a recent audit of the file. They told us staff had been asked to update the file as soon as possible with a two week completion date.

We saw records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. Care plans and assessment tools had been reviewed regularly and reflected changes in people's needs. Family members we spoke to told us they felt the home was responsive to their relatives changing needs. For example one person told us, "[My relative] had a fall and the home rang me straight way. I went to be with them at the hospital." Another person commented, "They (the staff) very quickly get a doctor in if needed."

The home had a dedicated social activities co-ordinator who was supported by volunteers. We saw there was a structured activities programme that people told us met their needs. This included: exercise sessions, arts and crafts and games. We also saw people were accompanied out into the community for walks and on trips, and various entertainments, coffee mornings and fetes took place. One person said "There are lots of things to do, they [the staff] always ask but you don't have to do it if you don't want." A relative commented, "The activities lady does a very good job, she is very creative. There are lots of opportunities here but [my relative] wouldn't be worried if they didn't join in."

Over the two days of our inspection we saw some people played bingo and others visited the hairdresser and attended a church service. We saw staff asked everyone in the lounge if they wished to attend the bingo session and church service. Those who did were supported by staff to walk independently using a frame or use a wheelchair.

We saw the provider had a complaints procedure which was available to people who lived and visited there. It was also included in the service users' guide which we were told was given to each person when they moved into the home. The registered manager told us there had been no recent concerns raised, but we saw there was a system in place to log the detail of the complaint, action taken and the outcome.

The people we spoke with raised no concerns about the home or the service they received, but they said they would feel comfortable doing so if they needed to. Everyone told us they knew who to go to if they needed to complain or give comments. One visitor commented, "If I had any problems I would speak to the manager, he is very approachable." Someone who used the service said, "I have never had any problems, but if I did I would speak to whoever is in charge."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

The provider had used surveys and meetings to gain people's views. The summary of a survey completed in 2013 showed that overall people were very happy with the care and support they received and how the service operated. The registered manager told us the 2014 survey had been completed, but they were waiting for the information to be analysed by head office. The people we spoke with all said they were happy with the support they or their relative received, and the facilities available.

The registered manager told us resident and relative meetings took place, but not very often. This was because of poor attendance. One person told us, "We sometimes have a meeting to talk about things or if something new is going to happen." Relatives we spoke with said they visited regularly and felt able to speak openly with staff and the manager.

The registered manager told us the provider's values and philosophies were clearly explained to staff through their induction programme and training. These promoted a respectful, open and fair environment, with staff respecting each person's body, mind and spirit. Staff we spoke with said they enjoyed working at the home and understood the company values.

The provider gained staff feedback through periodic meetings and surveys. Staff told us they felt they could voice their opinion to the registered manager and they were listened to. They said the registered manager was very approachable and involved in the day to day running of the home. The registered manager showed us a leaflet called 'Staff Matters' that was used to share information with staff. He said it was sent out with staff wage slips.

We saw the company also produced a quarterly magazine called 'Heart and Soul'. This was aimed at keeping people who used and visited the service, as well as staff, informed about what was happening within the company.

Throughout the two days we visited the registered manager was very visible around the home. We saw they knew people who used the service by name, and many of the visitors, and was aware of what was happening in the home. They told us they received daily handover reports from each shift which updated him on how the shift had gone and anything affecting people using the service, such as falls. This allowed them to monitor any issues that had arisen and changes in people's condition.We saw various audits had been used to make sure policies and procedures were being followed. This included health and safety, care records, accidents and incidents, falls and medication practices. This enabled the registered manager to monitor how the home was operating and staffs' performance. We found the regional manager had also carried out regular audits and completed a monthly report on how the home was operating. Other internal and external audits had also taken place to check the service was operating safely. We saw when shortfalls had been found action plans had been put in place to address any issues which required improvement.