

Methodist Homes

Epworth Grange

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 ●

Summary of findings

Overall summary

Epworth Grange is owned by a national company called Methodist Homes. It is situated near a main road in a residential area approximately one mile from Bury town centre and is close to bus stops and local shops. It is a detached purpose built home set in its own grounds with gardens. There is car parking to the front of the building. The home is divided into five wings and is registered for a maximum of 41 people.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

This inspection visit took place on 14 September 2017 and was unannounced.

During this inspection comments from people who lived at Epworth Grange demonstrated people were satisfied with their care. The management team and staff were clear about their roles and responsibilities. One person who lived at the home said, "The staff are really good and look after us very well."

Records we looked at indicated staff had received safeguarding from abuse training. Staff we spoke with told us they were aware of the safeguarding procedure and knew what to do should they witness any abusive actions at the home.

People who lived at Epworth Grange told us they had choices of meals and there were always alternatives if they didn't like what was on the menu. We observed at lunchtime people who required support were attended to in a sensitive manner. One person said about the quality of food, "The food is really good [cook] is an excellent baker."

People who lived at the home had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

The management team had sufficient staffing levels in place to provide support people needed. We found by our observations staff members could undertake tasks supporting people without feeling rushed. This was confirmed from our discussions with staff members.

Medicines were stored in a clean and secure environment. We observed staff followed correct procedures when they administered medication and fully completed records.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross

infection. The management team also had an 'infection control champion'. This was a staff member responsible for keeping staff up to date with the latest legislation and any guidance that came out for residential homes.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We found from checking documentation and discussion with staff people were recruited safely. They also received ongoing training and, were supported by the management team. They had the skills, knowledge and experience required to support people in their care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded

People who lived at the home told us staff were all caring, kind and respectful. This was evident by comments we received from people who lived at the home and visitors.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised, updated when required and had identified the care and support people required. We found they were informative about care people had received.

There was a complaints process and document informing people how to complain. This was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff and resident meetings. In addition surveys were collected from an outside organisation to seek their views about the service provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Epworth Grange

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 14 September 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the home. They included seven people who lived at the home, the registered manager, two relative/friends of people who lived at the home and nine staff members. Prior to our inspection visit we contacted the local county council commissioning team and the local healthwatch team. Healthwatch is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of three people who lived at Epworth Grange, recruitment records and arrangements for meal provision. We also looked at records relating to the management of the home and medication records. In addition we had a walk around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at Epworth Grange Court told us they felt safe and confident in the care of staff who provided them with support. Comments from people who lived at the home included, "Very safe I feel at ease and confident in the manager and staff." Another said, "There are a lot of people around which makes me feel safe and ok."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. A staff member said, "You cannot knock the training. Safeguarding is important to the home and it is regularly updated. I have had mine updated a few times because I have been here a few years."

We checked how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures and improve systems if necessary. These meant systems were in place to check people had received their medicines as prescribed. We observed staff members administering medication at lunchtime. The senior staff member ensured the medication trolley was locked securely whilst attending to each person. The staff member then sensitively assisted as required and gently encouraged people to take their medication. Medicines were signed for after they had been administered.

There were controlled drugs being administered at the time of our visit. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the management team had systems to protect people from the unsafe storage and administration of medicines.

We observed the building was clean and tidy. Staff received infection control training and they had appropriate equipment to maintain good standards of cleanliness. The management team also had an 'infection control champion'. This was a staff member responsible for keeping staff up to date with the latest legislation and any guidance that came out for residential homes. The management team recorded water temperatures to ensure these were delivered within health and safety guidelines to protect people from the risk of scalding.

Staff rotas and discussion with the registered manager evidenced there were consistent staff numbers with good levels of skill mix to support people who lived at the home. For example this included staff designated within different roles, such as senior cares, carers, kitchen and domestic personnel to help them with their duties.

The registered manager followed their policies and procedures to recruit staff suitable to work with vulnerable adults. We found staff recruitment records had required background checks.

Care plans of three people at Epworth Grange contained risk assessments that had been regularly reviewed and updated when required. These had been completed to identify the potential risk of accidents and harm to staff and people who lived at the home. Risk assessments provided instructions personnel when delivering care and support for people. For example if people were at risk of falls, plans were in place to reduce the risk.

Is the service effective?

Our findings

People who lived at Epworth Grange told us they received effective care because staff supporting them had a good understanding of their needs. This was confirmed when we discussed people's care with staff members. During the day of our inspection visit we found staff were attentive and ensured people's needs were met. Comments included, "The staff are very good, know what they are doing and recognise when things are wrong in terms of not feeling well." A visitor we spoke with said, "We have to say they do seem competent. We watch how they treat people which seems very good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When we discussed the principles of the MCA and DoLS with the registered manager and staff, they demonstrated a good understanding. Throughout our inspection visit we observed people were not restricted in their movement and staff assisted them to move about the home freely.

Staff worked closely with other healthcare services in maintaining people's continuity of care. They recorded visits from or appointments with, for example, GPs, and opticians. Care records we looked at included action taken and outcomes from health visits, This demonstrated a reference guide for staff in the ongoing care and support for people who lived at the home.

On the day of our inspection visit we arrived at breakfast time. People were having breakfast in their rooms or in the lounge and dining areas. One person said, "I have mine in my room it's my choice and the staff don't mind." There was no set time and people were given breakfast as and when they wished.

There was a rotating weekly menu advertised in picture form on the notice board. A variety of alternative meals were available and people with special dietary needs had these met. This included one person who had their diabetes controlled through their diet. We observed lunch in the dining rooms of the separate areas of the home. We saw people were given their preferred choice of meal. Food served looked nutritious and well presented. The support we saw provided was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal. We only received positive comments about the quality of food provided. They included, "The food is very good [cook] is a fantastic baker." Also, "Always a choice and very good."

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We had a walk around the building and separate units of the building. We found it was appropriate for the care and support provided. For example to help people who lived with dementia memory boxes were on the wall outside people's bedrooms. They contained old pictures and mementos of the person's history. This helped people recognise their own room. Bedrooms were single occupancy and forty rooms provided en-

suite facilities. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access.

Is the service caring?

Our findings

People who lived at the home told us staff were all caring, kind, sensitive and respectful. This was evidenced by talking with people. For example one visitor said, "They are very caring staff every one of them." Also a person who lived at the home said, "They are so nice and caring." A further comment from a person who lived at Epworth Grange said, "They are really nice people and show respect and treat people as an individual which is what it should be."

Epworth Grange employed a chaplain who spent time with people in the home. We found evidence the impact the chaplain had on individuals had been very positive. For example comments included, "It really has made a difference to me to see the chaplain often." Also, "I feel so much better in myself when the chaplain comes to see me."

The management team and visitors we spoke with told us they fully involved people and their families in their care planning. Records we looked at contained detailed evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how people who lived at the home wanted to be cared for.

Information about access to advocacy services was available for people. They had information details in the reception area of the building that could be provided for people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Staff told us training was comprehensive and covers areas of care. For example courses were provided for staff to improve their awareness of assisting people who lived with dementia. We saw evidence during our walk around the building the management team and staff had developed the environment to promote people's wellbeing. For example, memory boxes were placed outside people's bedrooms with photographs and small personal items so that people could recognise their room. All rooms we looked at had a collection of personal items and some furniture of the person who lived there. One person who lived at Epworth Grange said, "I like my own chair and that was fine for me to bring it here."

We observed staff consistently maintained people's dignity and privacy. For example, they knocked on people's doors before entering their bedrooms. In addition they called out their name so they could be recognised by the person. A person who lived at the home said, "All the staff are polite and respect my privacy."

The management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' For example, they were conscientious about checking, documenting and assisting people with their spiritual and end of life wishes. They employed a chaplain to support people if they wished to.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been

supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Is the service responsive?

Our findings

People who lived at Epworth Grange told us staff were responsive to their needs and assisted them with an individualised approach. One person who lived at the home said, "Yes the staff are very good any problems with my health and they react straight away."

People's care records we looked at were centred on their pre-assessment information, ongoing details and personalised support. Staff had signed and dated records we reviewed to evidence who had completed them and when. Our observations demonstrated staff had a good knowledge of those who lived at the home and responded to their ongoing needs and support. This was evidenced by people we spoke with including relatives/visitors.

The management team completed detailed life histories of each individual who lived at Epworth Grange. A staff member said, "We try and get as much information we can from the person and families. It helps build a picture and get to know people better." Information contained in people's history documents included, family background previous work, activities and food likes/dislikes. This was good practice to support people in line with their needs and wishes.

The staff and management team developed a person-centred approach to people's interests and activities. An activity co-ordinator was employed and regularly reviewed these to check people continued to partake in their chosen interests or events that went on in the home. The activities co-ordinator met with people who lived at Epworth Grange to discuss the activity programme. This provided people with the opportunity of looking at alternatives. We saw the programme was pictorial in format and consisted of events each day. These included trips out, entertainers and exercise classes. One person who lived at the home said, "[Activity co-ordinator] is so enthusiastic and brilliant at what she does." Another said, "She is really good and there is always lots going on."

Epworth Grange had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. Details of the complaints process were available in the reception area of the building. We spoke with two visitors and one said, "No need to complain this is a very good home with great staff. However I know the process and have written details of how to complain should we need to."

The service had considered good practice guidelines when managing people's health needs. For example, we saw the service had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person and include information about the person's communication and care needs, medical history and medication.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service.

When we discussed the way the home was run with staff, people who lived there and visitors, they commented the home was organised well. One person said, "[Registered manager] in fact the management are all supportive and available if you have a problem." Also, "The home is run well." A visitor said, "The manager will always come and see if everything is alright. She is very approachable."

The registered manager and provider had procedures in place to monitor the quality of the service. Regular audits had been completed. These included reviewing care plan records, monitoring the environment, fire safety, falls and infection control. In addition the registered manager had a 'daily walk around'. This consisted of checking people's bedrooms for cleanliness and observing interaction between staff and people who lived at the home. Any issues would be addressed and discussed with staff.

The management team held regular staff meetings for various roles. For example they held management team meetings within the organisation. They also held 'nutritional meetings' with staff and cooks to discuss people's needs. Any issues would be acted upon and this ensured staff were up to date with people's nutritional needs. Staff we spoke with told these were useful to discuss any issues and continue to improve the service for people who lived there. In addition 'resident' meetings were held on a regular basis.

The registered manager had a number of auditing systems to assess quality assurance and monitor the performance of the service. In addition the area manager audited the home and supported the management team. Regular audits carried out included, infection control, care plans and medication. Any issues found on audits were quickly acted upon and lessons learnt to improve the care that was provided. For example a recent medication audit found some medication errors and this was quickly addressed and action taken by the management team. This showed auditing systems were effective and in place to improve and monitor the service that was provided.

A recent survey report based upon 16 responses from people who lived at the home was positive. The survey was conducted by an outside agency and the results were highlighted in a 'care rating report'. One staff member said, "We rarely get any issues from surveys they are all positive."

The registered manager had copies of the provider's policy news bulletin which helped the registered manager keep up to date in changes in legislation, government policy and social care.

The service had on display their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.