Methodist Homes

Avonleigh Gardens

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 18 and 19 April 2016. Our visit on 18 April was unannounced.

We last inspected Avonleigh Gardens in April 2014. At that inspection we found that the service was meeting all the regulations we assessed.

Avonleigh Gardens is a purpose built care home, operated by the Methodist Care Homes Association and is situated approximately one mile from Oldham town centre. It provides accommodation for up to 59 people, some of whom have dementia. At the time of our inspection there were 55 people living at the home. The home is divided into four wings: the two upstairs wings, Fern and Lavender provide residential care and the two wings on the ground floor, Sunflower and Bluebell provide residential/dementia care. Accommodation is provided in single rooms, all of which have en-suite facilities. Each wing has its own kitchenette, dining room and lounge. There is parking to the front of the home and good-sized well-maintained gardens.

The home had a manager who was in the process of registering with the Care Quality Commission (CQC) to become the registered manager. She had been in post for two months, having been promoted from the position of deputy manager of 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

During our inspection there was a suspected outbreak of diarrhoea and vomiting and staff did not take adequate precautions to prevent the potential spread of infection.

The kitchenettes on two of the wings were not cleaned to an adequate standard.

We recommended that the service seek further guidance about the correct and safe storage of food in order to minimise the risk of food contamination

Staff had a good understanding of safeguarding procedures, how to identify signs of abuse and what action they would take to protect people in their care. Risk assessments had been completed to show how people should be supported with everyday risks, such as risks to their nutrition.

Recruitment checks had been carried out on all staff to ensure that they were suitable to work in a care setting with vulnerable people, and there were sufficient numbers of appropriately trained staff on duty.

Medicines were safely administered by staff who had received appropriate training and who had been

assessed as being competent to undertake this role.

The building was well-maintained and environmental checks of the home were up-to-date.

Staff had received an induction and had undertaken a variety of training to ensure they had the skills and knowledge required for their roles. Staff received regular supervision which ensured that the standard of their work was monitored.

Staff understood the importance of encouraging people to make choices where they were able to and sought consent before undertaking care. People were supported to eat and drink sufficient amounts to meet their needs and they told us the quality of food was good.

We observed that staff were kind and caring and that they respected the dignity and privacy of people who used the service. Support plans were 'person- centred' and were reviewed regularly. A wide variety of activities were available for people who used the service.

People were supported to maintain good health and where needed specialist healthcare professionals were involved with their care.

The home did not have a registered manager, although the recently appointed manager was in the processes of registering with the CQC to become the registered manager.

People using the service and their relatives were able to express their opinions about the service through meetings and by completing a survey about the quality and standard of care provided.

The home had a complaints procedure in place and we saw that complaints had been dealt with appropriately. People who used the service and staff found the manager approachable and supportive.

Quality assurance processes such as audits were in place to ensure that the service delivered high quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Precautions were not adequately taken to protect people from the potential spread of infection.

Some areas of the home were not cleaned to an acceptable standard.

Staffing levels were sufficient to meet the needs of the people using the service and promote their wellbeing.

Arrangements were in place to ensure that medication was administered safely.

There were recruitment procedures and checks in place to ensure that staff were suitable to care for vulnerable adults.

Arrangements were in place to safeguard people from harm and abuse.

Is the service effective?

Good

The service was effective.

Staff had received training which enabled them to carry out their roles effectively and systems were in place to ensure they received regular support and supervision.

People were provided with a choice of suitable nutritious food and drink and this ensured that their nutritional needs were met.

People's rights were protected because the Mental Capacity Act (MCA) 2005 Code of Practice was followed when decisions were made on their behalf.

Is the service caring?

Good

The service was caring.

People were very complimentary about the staff and said they were kind and caring.

People's dignity and privacy were respected. Staff were clear about how to respect people's privacy and dignity and understood how to put this into practice.

Staff encouraged people to make choices about their daily life style.

Staff demonstrated that they understood the needs of the people they were supporting and caring for.

Is the service responsive?

Good

The service was responsive.

Support plans, risk assessments and associated care documents were detailed, personalised and reviewed regularly to help make sure the needs and preferences of people using the service were met.

People were given information about how to make a complaint and there were systems in place to record and address any complaints about the service.

A wide variety of activities were available on a day-to-day basis for people who used the service to take part in.

Is the service well-led?

Requires Improvement

The service was well-led.

The home did not have a registered manager. The manager was in the process of registering with the CQC.

People we spoke with told us the manager was approachable and supportive.

There were systems in place to monitor the quality of care provided by staff.

People using the service and their families were given opportunities to give feedback about the management and quality of service provided

Avonleigh Gardens

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 service met the regulations we inspected at our last inspection in April 2014.

This inspection took place on the 18 and 19 April 2016. Our visit on the 18 April 2016 was unannounced.

The inspection team on the first day consisted of a Lead Inspector and a Bank Inspector. The inspection on the second day was carried out by a Lead Inspector. Prior to the inspection we reviewed information held about the service, including the notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within a required timescale. We also reviewed the inspection report from the previous inspection and contacted the Local Authority (LA) to ask them if they had any concerns about the service, which they did not.

On this occasion we did not ask the provider to complete a provider information return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received. Therefore we examined people's care records and observed the care and support being provided to them in communal areas, to capture their experiences.

During our inspection we spoke with two people who used the service, four visitors, the manager and deputy manager, four care staff, the volunteer coordinator and one of the cooks.

We looked around the building, observed how staff cared for and supported people, reviewed care records and looked at other information which helped us assess how people's care needs were met. We spent time

observing a lunchtime meal and watched the administration of medication to check that this was carried out safely.

As part of the inspection we reviewed five people's care records, including their support plans and risk assessments. We looked at three staff files, which included their recruitment checks. We also reviewed other information about the service, such as its quality assurance records, staff rotas, complaints, policies and maintenance records.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements the home had in place for the prevention and control of infection. We observed staff using personal protective equipment (PPE), including disposable vinyl gloves, plastic aprons and alcohol hand gel correctly. Although staff were up-to-date with their annual training on this subject, we found that staff did not always take adequate measures to prevent the spread of infection among people who used the service. During our inspection we were told there was a suspected outbreak of diarrhoea and vomiting on Lavender wing and that four people who used the service had been identified as possible sources of infection. A 'red dot' had been put on their doors to identify to others that these people might be a potential infection risk. However their doors were left open, which meant that other residents were free to enter and were at risk of contracting the infection. Two of the people identified were seen mixing with other people in the dining room and lounge. We observed amongst the staff there to be a lack of understanding about the potential risk of the spread of infection and that measures to prevent such a spread had not been adequately taken.

This was a breach of regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our tour of the premises we saw that the bedrooms, communal areas, toilets and bathrooms were clean and free from unpleasant odours. However, the kitchenette areas on both Sunflower and Fern wings were not as clean as other areas in the home. Items such as toasters, microwaves and kettles were dirty and the floors, particularly around the fridges, needed cleaning. One of the walls in Fern dining room was covered in stains. We also saw one bedroom which needed cleaning and we requested this to be carried out immediately. The manager told us that the home employed domestic staff seven days per week but that currently only three domestic staff rather than five were available to work. She explained that she was in the process of recruiting two further domestic staff.

The above examples demonstrate a breach of regulation 15 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We inspected the main kitchen and saw that food was being stored correctly, that the kitchen was clean and that the fridge and freezer temperatures were monitored daily. These procedures helped to minimise the risk of food contamination. A 'Food Standards Agency' inspection had been carried out in November 2015 and the home had been awarded a rating of 5. Food items, such as bread and cereals that were kept in the kitchenettes were stored correctly. However we saw an open packet of butter left uncovered and jugs of juice and milk were not covered with lids, leaving them open to contamination.

We recommend that the service seek further guidance about the correct and safe storeage of food in order to minimise the risk of food contamination.

People who used the service told us they felt Avonleigh Gardens was a safe place in which to live. One visitor said '' (my relative) is in a nice safe environment''.

Staff we spoke with expressed a good understanding of safeguarding matters and were able to describe different types of abuse, such as financial, emotional and physical and how they might recognise that a person who used the service was being abused. Staff received annual training in this subject and records showed that training was up-to-date. The manager was able to describe her procedure for reporting safeguarding concerns to the local authority safeguarding team and to the police. Staff were aware of the whistleblowing policy and told us they were confident they could report any concerns they might have about poor practice by their colleagues. Whistleblowing is when a person raises a concern about a wrongdoing that may place a person at risk of harm in the workplace.

Staff employed by the home had been through a thorough recruitment process. We inspected three staff personnel files and found that they contained all the relevant documentation, including reference checks and confirmation of identification. All staff had Disclosure and Barring (DBS) criminal record checks in place. These help the manager to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions.

We reviewed the care files of five people living at the home and saw that risks to people's health, such as poor nutrition had been assessed and appropriate information to help staff manage the risks had been written in the support plans. We saw evidence that this information was reviewed monthly.

There were systems in place to protect staff and people who used the service from the risk of fire. People who used the service had a personal evacuation escape plan (PEEP) in place, which explained how each person would be evacuated from the building in the event of an emergency. We saw that a copy of the plan was kept in each person's care file, and in the 'emergency tin', in the administration office near the front door, making them easily accessible to the emergency services. The 'emergency tin' also contained information for staff to follow in the event of a major incident, such as the failure of the heating system.

The majority of people we spoke with felt that there were enough staff to meet the needs of the people living at the home and our observations during the inspection confirmed this. One person said ''On the whole there are a good number of people on the floor'' and '' staff sit with residents in the lounge: they keep a close eye on them''. Another person commented that ''residents are never left on their own'' and went on to say that they had never felt that their relative's needs were not being met by staff. However, another person said '' there are generally not enough staff''. A recent anonymous concern we received stated that the service was short staffed at night and one person we spoke with commented that sometimes during the night staff did not attend to their needs promptly after they had pressed their call bell. We reviewed records of the call bell response times and those we saw showed that staff responded within a few minutes.

We looked at what systems were in place for the receipt, storage, administration and disposal of medicines. Medication was stored in locked trolleys and in a locked controlled drug (CD) cupboard. On the upstairs wings we found that one of the trolleys was not secured to the wall as it should have been. We asked the senior carer to rectify this and she did so immediately. We saw records that showed that the temperature of the medication rooms and medication fridge temperatures were checked daily.

We observed a lunchtime medication round and saw that medicines were administered safely and that people were not rushed by staff. We checked three MAR charts and saw that they had been completed correctly. Each MAR chart stated if the person had any allergies and contained a photograph of the person, which helped minimise the risk of the medication being given to the wrong person. No medication was being administered covertly – this meant giving medicines in a disguised form, for example in their food or drink, when a person refuses the treatment necessary for their physical or mental health. The manager understood that a 'best interests' meeting between family, the person's GP and staff must be held before

any decision to administer medication covertly could be made.

We undertook a tour of the home to check that the building and equipment were safe, well-maintained and clean. We saw that generally it was decorated to a high standard and the fabric and furnishings were in good condition. Two of the wings would benefit from being re-painted and the manager told us that painting and re-carpeting these wings was planned as part of the refurbishment schedule. Other improvements planned included, a 'memorial' area in the garden, a re-design of the 'coffee shop' and an extension to the car park.

Records we reviewed showed that maintenance checks on equipment such as hoists, window restrictors and the call-bell system were carried out regularly by a designated maintenance person. This helped to ensure that the safety and well-being of the people living, working and visiting the home was maintained.

The toilets and bathrooms contained an adequate supply of soap and paper towels and displayed posters detailing safe handwashing techniques, which helped to minimise the risk of the spread of infection between staff and people using the service.

Good

Is the service effective?

Our findings

Newly recruited staff had completed a period of induction, which included familiarisation with the home, undertaking mandatory training, such as moving and handling, safeguarding vulnerable adults and infection control and attendance at workshops on topics such as communication and the role of the carer. They also spent time 'shadowing', where they worked alongside more senior staff, gaining experience and being observed caring for people who used the service. Staff we spoke with felt that the induction programme had prepared them for their role and had enabled them to acquire the skills necessary to offer support to people who used the service.

Mandatory training was available to staff as e-learning modules, and compliance with undertaking the training was monitored and staff reminded when a particular module was due for completion. We saw from the records that staff were up-to-date with their mandatory training. Senior carers had completed e-learning modules in medicine administration, and their competency in the management of medicines had been assessed by the home manager, to ensure that their practice was safe.

Supervision was carried out every two months and staff we spoke with commented that they found it beneficial. Supervision meetings enable staff to discuss their progress and any learning and development needs they might have. The manager had recently introduced a new on-line system which enabled her to monitor and plan supervision meetings more easily. Staff received an annual appraisal.

During the inspection we observed that staff sought consent and agreement from people before care and support were given. For example, during the lunchtime meal we heard a carer say 'shall I take your soup away now?''.

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 own best interests and as least restrictive as possible. We saw that staff received training in the MCA during their induction programme and staff we spoke with demonstrated a basic understanding of the principles of the MCA and of the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. At the time of our inspection the manager informed us that there was one DoLS in place and two awaiting authorisation by the Local Authority. She was in the process of undertaking a review of the number of DoLS at Avonleigh Gardens.

People told us they were happy with the quality of the food. The home operated a three-weekly menu cycle and a choice of meal was always available. Toast and cereal were served for breakfast, and people could

request an egg if they wished. A cooked breakfast was offered on Sundays. We observed the lunchtime meals on both days of our inspection and saw that the food looked appetising. On the second day of our inspection the lunch was soup and sandwiches, with a choice of fillings. There was a hot sweet or if people preferred they could have fruit or yoghurt. Hot drinks, juice, 'smoothies' and snacks were served between meals. During one of the afternoon activities we saw that people were offered home baked scones with fresh cream and strawberries with their cup of tea. People were offered a choice of hot meal at teatime. One relative we spoke with commented 'they're always giving them drinks'. This helped to minimise the risk of dehydration among people who used the service.

Our conversation with one of the cooks showed that she was knowledgeable about special diets and about how to improve people's nutrition by fortifying meals, for example by using full fat milk and butter.

Each wing of the home had its own kitchenette and dining area. Staff used the kitchenette to prepare breakfast and drinks and to serve meals. During our inspection we were able to observe the lunchtime meal on two wings. On Sunflower wing we saw that where a person needed assistance with feeding the carer was patient and attentive and people did not need to wait long for assistance. People were given plenty of time to eat their food at both the meals we observed and staff offered them choices of food.

People's nutritional requirements had been assessed on admission to the home and were reviewed according to their level of need. People were weighed and a Malnutrition Universal Screen Tool (MUST) score recorded. The MUST score helps to identify adults who are malnourished, at risk of malnutrition or obese. It also includes management guidelines which can be used to develop nutrition care plans. People's weights were recorded in their support plans and the manager carried out a monthly check that this had been completed. Where people were found to be losing weight steps were taken to improve their diet by fortifying their food and they were referred to a dietician for specialist advice.

People who used the service had access to a range of health care professionals, such as district nurses, podiatrists, opticians, general practitioners (GP) and dentists and the home employed a music therapist who offered group and one-to-one sessions. People's health needs were monitored by staff and any changes acted upon promptly. One of the local GPs routinely visited the home every week to advice on any non-urgent health problems. People we spoke with told us they were kept informed of any changes to their relative's health. One person said '' if anything goes amiss I'm informed straight away''.

Each of the four wings had a large lounge which provided communal living areas for people who used the service, and people were free to move between the different wings to take part in activities. People were encouraged to decorate their bedrooms with personal effects, such as furniture, photographs and pictures to help them feel at home and some attempt had been made to make the décor 'dementia friendly' by the use of picture signage on doors. On the ground floor there was a café and coffee mornings were held there every Saturday. The manager informed us that there were plans to refurbish this area to increase its size and provide a small shop. The home had a large garden which had wheel chair access and contained garden furniture, raised flower beds, shrubs, decking and lighting.

Good

Is the service caring?

Our findings

We received complimentary comments about the staff from people who used the service and their relatives. These included ''they are absolutely brilliant, ''they are very kind and patient'' and ''I can't praise the staff enough''. We saw a 'thank you' note which said ''Thank you to the staff of Avonleigh Gardens for their loving care. You are a special team of people who willingly go the extra mile daily in such a loving way''.

People who used the service looked well cared for: their clothes and appearance were well kept and clean. We observed how staff spoke and interacted with people and saw that staff treated people with kindness, were patient and did not rush them. One relative commented ''they speak to him nicely by name; they interact with him''. We saw many examples of staff displaying kindness towards people who used the service. For example we saw staff walking arm-in-arm with people along the corridors, walking at their pace and offering gentle encouragement.

Staff received training on privacy and dignity during their induction period, and from our observations we saw that staff treated people with dignity and respect. One carer told us '' I'm big on dignity and giving choice''. Staff described how they would protect people's privacy when carrying out personal care and we saw that staff knocked and waited for an answer before entering people's bedrooms. We saw a comment made on a recent 'feedback' form which said ''Mum puts great importance on respect and she has always commented she is treated with respect by all the staff''. People were encouraged to remain independent for as long as they were able and staff we spoke with could describe ways in which they would promote independence, for example while supporting people with personal care.

We saw that staff respected people's individuality. One person on the dementia wing spent long periods walking up and down the corridors: she did this freely without being told by staff to sit down, or behave differently. In the support plan of another person, staff had identified that they sometimes became restless during meals and would not stay in the dining room. The support plan suggested that staff should 'offer finger foods and give (the person) food to walk about with'.

Staff undertook some basic training on 'end of life care' during their induction and the home manager told us she was keen to enrol staff on the 'Six Steps to Success – Northwest end of life care programme for care homes', which helps to guide staff in supporting people approaching the end of their lives. Where possible information about a person's wishes regarding end of life care had been discussed and the care files we inspected contained a 'final wishes' plan, which gave details of how the person would like to be cared for as they approached the end of their life. We saw two 'thank you 'cards expressing relatives' thoughts about the care their loved ones had received at this time. One card said ''as a family we will never forget the compassion you showed us during (the persons) final days'', and another said '' you continued to care for (the person) so lovingly right to the end''.

Although we did not see any information about advocacy services on display in the home, the manager told us that the visiting chaplain could act as an advocate or alternatively they could use the advocacy service

offered by Age UK. An advocate is a person who represents people independently and helps them to express their views, access information and helps people to make important decisions about their lives.

Good

Is the service responsive?

Our findings

People told us that staff responded well to their needs. One visitor we spoke with described how her relative's condition had improved considerably after they had moved into the home. She said ''within a couple of weeks they were a totally different person''.

Prior to moving into Avonleigh Gardens a pre-admission assessment was carried out by a senior member of staff. This assessment usually took place at the person's home, or if the person was in hospital they were assessed there. People were also invited to visit the home prior to finalising their decision. This enabled people to make an informed choice as to whether or not the service could meet their needs. Everyone living at Avonleigh Gardens was allocated a 'key worker', who was responsible for reviewing their care plan and keeping their records up-to-date.

We reviewed the care records of five people living at the home and saw that they were person-centred and contained detailed descriptions of each individual person's care needs and how they should be managed by staff. Documentation included a nursing assessment, support plans, 'my life' information, risk assessments, for example for nutrition and moving and handling, and other completed charts, such as MUST and Waterlow score. The Waterlow score gives an estimated risk for the development of a pressure sore and is used as part of a prevention strategy.

Support plans were personalised to each individual's needs and we saw that they were reviewed on a monthly basis by the person's 'key worker'. The manager told us that families were invited to attend a 6-monthly support plan review, but that not everyone chose to attend. One person we spoke with confirmed that she was involved with reviewing her relative's support plans.

Information about any changes in a person's health or care needs was communicated between staff of different shifts through written reports in a 'handover' book, which staff read at the start of each shift. Any problems identified in the 'handover' were discussed with the senior carer.

Avonleigh Gardens ran a varied programme of activities which were organised by an Activities Coordinator, and information about the programme was displayed in the entrance hall. Activities offered included craft sessions, sing-a-longs, bingo and skittles, dancing, poetry readings and baking. The home regularly received visits from outside groups such as school choirs, bell ringers and children undertaking Duke of Edinburgh awards and trips to local venues, such as a garden centre and the theatre had been arranged. We saw photographs on display of people enjoying a visit by a donkey from the Manchester Donkey Sanctuary.

A number of volunteers regularly visited the home and supported and befriended people who used the service. The home volunteer coordinator worked closely with the Volunteer Centre in Oldham and with Oldham and Rochdale colleges to encourage people to volunteer and all volunteers underwent recruitment checks and an induction before they were allowed to support people.

Part of the MHA 'mission statement' stated 'A special feature of our care and support services is the

emphasis placed on the spiritual well-being of older people'. We saw that Avonleigh Gardens put this into practice through its chaplaincy service. A religious service was held at the home every week by the home chaplain, who also offered one to one support for people who used the service. A notice board in the entrance hall of the home displayed information about the chaplaincy service, alongside a memorial photograph and prayer for a person who had recently died. We asked the manager how people with non-Christian faiths could access spiritual support. She explained that at present there was no one living at Avonleigh Gardens with a non-Christian faith, however if this was to be the case she would seek advice from their chaplain.

We looked at how the service managed complaints. Details about the procedure for making a complaint were displayed in the entrance hall and were contained within the information booklet people received when they came to live at the home. We saw that the manager kept a log of any complaints and from the two that we reviewed we saw that these had been dealt with appropriately and in line with the complaints policy.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a manager in place but she had not yet registered with the Care Quality Commission (CQC). She had been promoted from the position of deputy manager two months prior to our inspection and was in the process of registering with the CQC. Staff we spoke with were positive about her promotion, commenting that because she had previously worked as both a carer and senior carer at the home, she was familiar with many of the staff roles at the home. The manager was supervised by a Methodist Homes area manager and she told us that since her promotion she had felt supported by senior staff. A Methodist Homes quality business partner also provided advice and guidance to the manager and a new home deputy manager had recently been appointed.

People who used the service commented that prior to the appointment of the current manager they felt that there had been a general decline in the standard of care provided by Avonleigh Gardens. One person commented ''it's quite noticeable; the staff were demoralised''. Staff we spoke with told us that their shift pattern had been changed during 2015 and that they now worked a 12 hour shift. Staff said they had found this change difficult at first, and one person said '' a lot of people weren't happy about it'. However, staff we spoke with commented that they were now used to the new shift pattern and that there was a more positive attitude amongst the carers. We asked staff about their approach to team work. One person said ''we work well together'' and another carer said '' it's a really good team''.

A relative we spoke with said she felt things had ''looked up'' over the last few months and that the introduction of quarterly meetings between staff, residents and their families had helped, as people were now able to raise any concerns they might have about the standard of care. Following a recent meeting people had been encouraged to complete a feedback form and comment on four aspects about the home: environment, atmosphere, staff approachability and management accessibility. One completed form said ''I have confidence now that any questions will be dealt with competently'' and another said ''we know where the office is and are confident our issues would be dealt with should we have any''. The manager spent some time each day visiting the different 'wings' of the home in order to talk to people who used the service and staff and check that the home was running smoothly. People we spoke with found the management team very approachable and said there was an ''open door'' policy enabling them to raise any concerns they might have immediately. One relative commented ''I found the manager excellent''.

We saw evidence that there were staff meetings for both day and night staff and that in addition, the manager held separate meetings with senior carers. Regular staff meetings help to improve communication and ensure that people feel valued as members of a team. Methodist Homes Association provided a 24 hour counselling support line for any staff who required psychological or emotional support.

People who used the service were given a variety of information about the home, including details of its facilities and the MHA 'Philosophy of Care' and notice boards in the entrance hall displayed information about the home, its activities and local services. A board containing photographs and names of all the staff was displayed in the entrance hall and this enabled relatives to familiarise themselves with the care and management team.

The home produced a quarterly newsletter which informed people of forthcoming events and activities and other relevant news, such as staff changes.

People living at the home and their relatives were provided with an opportunity to comment on the service through an annual survey which covered four key areas: staff and care, home and comforts, choice and having a say and quality of life. We saw that in the 2015 survey 29 people had responded and in answer to the question 'How satisfied or dissatisfied are you with the overall standard of your care home?'' 100% had answered that they were satisfied.

The manager reviewed accidents and incidents to make sure risks to people were minimised and notifications of incidents occurring at the home had been made to the CQC appropriately. All falls were investigated and information about falls within the home was analysed on a monthly basis to help identify any common factors and improve falls management.

We saw that there were quality assurance processes in place, such as audits, which helped the service review and monitor its standards. Recent audits undertaken included one of the health and safety systems and a food safety audit. The manager undertook an audit of the MAR charts every three months and on a monthly basis looked at six MAR charts and six support plans to check that these had been completed correctly. Where issues were identified by the audit, action plans to rectify them had been implemented by the manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment staff did not take adequate precautions to prevent the potential spread of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment some areas of the home were not cleaned to an adequate standard.