

# Methodist Homes Engelberg

## 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

This inspection took place on 3 October 2016 and was unannounced. At our last inspection in December 2013 the service was meeting the regulations that we assessed.

Engelberg provides accommodation for up to 34 people who require personal care. On the day of our inspection there were 31 people living at the home. We were advised that two people were in hospital at the time of our visit. People who lived at the home were elderly and had needs associated with old age and dementia.

There was a registered manager in post and she was present during 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.

People told us they felt safe at the home, and staff had received training to ensure they knew how to recognise and report any concerns. We found risks to people were managed in a way to keep them safe. We received mixed feedback from people about the staffing levels provided. We did not see that there was any impact on people due to the current staffing levels. People received their medicines safely and as they had been prescribed.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

Staff had developed positive relationships with people and they knew about their life and daily choices. People were encouraged to be independent and their privacy and dignity was respected. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health. People knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary.

People described the registered manager as approachable and they said they felt the service was well managed. Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement. The management of the home was open and transparent.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and staff knew how to recognise and report potential abuse. Risks were managed in a way that kept people safe. There was enough staff available to meet people's needs. People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received the training they needed to support people effectively. People were asked for their consent in ways they understood. Most people enjoyed the meals provided. People's healthcare needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff were described as kind and caring and they treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence and autonomy.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in their care plan which was updated when their needs changed. People told us there was enough to do in the home to keep them occupied. People knew how to raise a complaint or concern and felt listened to.

### Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the manager to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the

registered manager. Systems were in place to monitor the quality of the services provided.

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# Engelberg

## Detailed findings

### Background to this inspection

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

This inspection took place on 3 October 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 13 people, one visitor, three care staff, two senior staff, the cook and the registered manager. We looked at the care records for three people. We looked at the way people's medicines were managed for five people; three staff recruitment files, staff training records and the registered manager's quality monitoring audits. In addition we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people.

# Is the service safe?

## Our findings

People told us that care and support was delivered in a safe manner. People confirmed they felt safe and comfortable when they were supported by the staff team. One person told us, "Yes I feel safe here, I used to feel nervous at home". Another person said, "Of course I feel safe here, the staff are lovely and this is my home. The staff would not do anything to make me feel unsafe". The visitor we spoke with told us, "Yes I think my friends are safe here".

Staff we spoke with knew about people's individual's risks and actions they would take to keep people safe. For example some people were at risk of developing pressure sores due to their fragile skin and we saw that cushions were in place to prevent this. One person told us, "I take my cushion wherever I go as it stops my bottom from becoming sore". Staff told us how they managed risks that people's behaviour presented to themselves and others, and the different techniques they used to support people. Staff knew which people were at risk of choking and what support they needed when providing assistance to them with food and drink. We saw staff transfer a person from their chair to a wheelchair using a hoist. The interaction between staff and the person was very positive and unhurried and the staff made sure that they spoke to the person using their name, telling them about every stage of the transfer, reassuring them and informing them while making very good eye contact. Records showed that risk assessments were in people's care records and these were monitored regularly.

Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. Staff were able to describe the different types of abuse and their role in protecting people. A staff member told us, "I am clear about my responsibility to report any concerns. I would tell the senior or the manager if she was on duty". Another staff member said, "I would feel confident to report any concerns I had to the manager or I would go higher in the organisation if I had to". Records we looked at confirmed that staff had received safeguarding training. The registered manager was aware of her role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed we were kept informed of any issues that had been raised.

We received mixed feedback from people about the staffing levels. One person said, "I think there's enough staff; I do really. I never have to wait long for anything that matters". Another person told us, "They haven't enough carers I don't think. You want to go to the toilet and you press your button and they say they're getting people up or putting people to bed". Staff we spoke with told us that the morning time was particularly busy. One staff member said, "We could do with another staff member in the morning as it is very busy getting people up and I don't like rushing people". We saw that people's needs were met in a timely manner and we did not see any impact to people due to lack of staff support. We saw that staff were busy supporting people and they did not have time to spend with people in the lounge areas. We spoke with the registered manager about the feedback we received. She confirmed that a dependency tool was in place and that the staffing levels were provided in accordance with this. The registered manager agreed to review and monitor the staffing levels and seek feedback herself from people and staff to ascertain if additional staffing was required at peak times during the day.

Staff told us that they had completed a range of checks before they started work. Records showed that references had been obtained and checks had been made through Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who required care. We found that a system was not in place to continuously check the suitability of staff after they had completed their first DBS. We discussed this with the registered manager who confirmed that this would be addressed and a system would be implemented.

People told us they received their medicines when they needed them. One person said, "I get my tablets on time each day, the staff give them to me when I need them". Another person told us, "I get my tablets and the staff always ask me if I need any pain relief". We saw that the provider had systems in place to ensure that medicines were safe and managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. Records showed that Medicine Administration Records (MAR) were completed by staff showing that people had received their medicines as prescribed. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found some people were prescribed 'as required' medicines. Staff we spoke with had the knowledge about what to look for so they knew when this medicine was needed, and supporting information was in place. We observed a staff member administer someone their medicines and we saw that this was done safely and in accordance with the procedures in place. Staff we spoke with and records we looked at confirmed that staff had received medication training. Observations of staff competencies were in place to ensure they practiced in a safe manner.

## Is the service effective?

### Our findings

People told us that they were happy with the care they received. One person said, "The staff are good and they look after us well. They know what they are doing". Another person told us, "The staff meet my needs just fine, I am confident they know what they are doing". The visitor said, "The care provided seems to be good".

We saw that staff used their skills and awareness whilst providing care. We saw that staff were alert to the needs of people who were living with dementia and how this affected their care delivery. For example providing clear communications to people, kind and caring reassurance and being able to interpret people's body language so their needs were met. Discussions with staff demonstrated that they were knowledgeable about people's needs and they knew which people required support. For example we saw that staff ensured people who needed walking frames had these close by to enable them to walk safely around the home. We saw staff assisting people to stand up from their chair, and they gave lots of encouragement and reassurance to people enabling them to do as much for themselves as possible.

Staff spoke about the support they received to carry out their role and they told us that they could approach the senior team or the registered manager at any time if they had any concerns about their role. They told us the training provided by the service enabled them to feel confident in their role and equipped them to care for people effectively. A staff member told us, "I have completed all of the core training which has given me the skills for my role. I have also completed a national vocational qualification which has increased my knowledge even more". Another staff member told us, "The training is excellent". The records showed that staff had received the training they needed for their role. The registered manager confirmed that new staff that did not have any previous training or qualifications would be supported to complete the Care Certificate. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care.

Staff confirmed they received regular supervision and an annual appraisal and records were in place to demonstrate this. One staff member said, "I do feel supported in my role we all work as team here". Another staff member told us, "I enjoy my role and caring for people, and I feel well supported in my job".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw and heard staff asking people's consent before providing support. We saw that staff took time to explain to people what they were doing and staff were aware of people who needed support to understand their choices. One person said, "The staff ask me if it is okay for them to provide support they always gain



my consent first". A staff member said, "I have done this training and I always ensure I gain people's consent before I provide support. It is important people make their own decisions". The registered manager confirmed that no applications had been made to deprive someone of their liberty. We saw that where restrictions were in place such as using bedrails, a risk assessment had been completed and people's consent had been obtained for these to be in place to prevent them from falling out of bed.

We received mixed feedback from people about the food provided. Most people told us they enjoyed the food provided. One person said, "The food is good and the portions are generous." Another person said, "The food is bland. We had gammon but it didn't taste of much". We discussed this with the registered manager who confirmed that she has received the same mixed feedback from people and she was working with the cook to get the balance right for people. We saw that people had condiments on the table which enabled them to season their food to suit their individual taste. We saw the atmosphere was calm and pleasant at the lunchtime meal and people said grace before they started to eat their meal which people told us was a regular occurrence. People that required assistance to eat their meal received this in a respectful and dignified manner.

Discussions with the cook demonstrated their knowledge of people's preferences and dietary needs. She confirmed that she received up to date information about people's likes, and dislikes, and we saw these were recorded in people's care records. People's nutritional needs were met because assessments had been completed and when needed people had been referred to the appropriate professionals for advice. We saw that where people had difficulties in swallowing food, soft and pureed meals were available.

Information provided in the PIR said that the home would be introducing an 'All day snack menu' by the end of September 2016, and we found this had been introduced. This meant people could choose different snacks at any time day or night. We saw people were provided with regular drinks and snacks throughout the day.

People's health needs were being monitored and actions taken to ensure they were met. One person said, "The medical side of things is ace. You only have to have a spot and they're on it like a shot". Another person told us, "I had my eyes tested here, they test me every year". Records showed that people had access to a range of healthcare professionals, this included dentists, chiropodists and GP's. They also showed that people were supported to attend appointments for any specific medical conditions they had.

# Is the service caring?

## Our findings

People felt that the staff were caring and kind. One person said, "The care is very, very good and the staff are kind". Another person told us, "The staff are thoughtful, caring and kind, I am very happy here". We saw staff treated people with respect and in a kind and compassionate way.

We saw that staff encouraged people to make choices as part of their daily lives, for example we heard staff asking people about where they would like to sit and what they would like to do during the day. People told us staff supported them to maintain as much independence as possible. One person told us, "I try and be independent and the staff encourage me to do as much for myself as I can especially when I have a bath. The staff only wash the areas I cannot reach". Another person said, "The staff encourage me to walk as much as I can so I don't lose my independence. With the help of my frame I am able to do this".

We saw that staff were attentive and observant providing support when this was needed. For example, we saw staff interact with the more dependent people and staff squatted down in order to make eye contact. When one person became anxious and started shouting a staff member sat by them holding their hand and provided reassurance. We saw that staff engaged positively with people whilst providing them with support throughout the day. For example talking to them about their family and recent visits or about what was happening in the news. People were asked if they had everything they needed and staff checked on their wellbeing. We saw that people had their handbags with them and some people were wearing make-up and scarves which demonstrated that people were supported to express their individuality.

We observed people's privacy and dignity was respected by staff when receiving care and support. One person said, "The staff always knock my door before entering and they always ensure I am covered up when I have a shower". A staff member said, "We always knock on doors before we go in. To me, this is their home. Whether we work here or not, we are guests in their home". We saw that staff when asking people if they needed to use the toilet, got close to the person and asked them quietly and discreetly, to ensure other people could not overhear.

People told us how important their faith was to them. One person said, "Faith is a very important part of life in the home". Another person told us, "We have regular services here on a Tuesday and Thursday I really enjoy them". A staff member told us, "We have our own chaplain. Spiritual aspects are very important; most of the people who live here attend our services but we're inclusive. We've had people who don't believe. We care for people holistically. If someone wants to go and hug a tree in the morning, we'll make it happen for them".

People we spoke with told us their friends and relatives could visit whenever they wanted to. This was confirmed by a visitor we spoke with who said, "Yes I can visit whenever I want to". The staff and the registered manager confirmed this.

The registered manager confirmed that people currently living at the home were not using the services provided by an advocate. She told us that she would refer people to an advocate if this was needed.

Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

## Is the service responsive?

### Our findings

People confirmed they received the support they wanted and needed which met their individual needs. One person said, "I became unwell after I moved in here and the staff were very responsive to this and referred me to healthcare professionals to get the support and treatment I needed". Another person said, "They're very good; they look after me and meet my needs".

Records showed that people were involved in the way their care was provided as they had signed their care plan where they were able to. Some people we spoke with were aware of their care plan whereas other people we spoke with were not. One person said, "I have a record which tells the staff all about me". Care records included information about people's previous lives, their likes, dislikes and preferences. Discussions with staff demonstrated that they had a good knowledge about people's needs and preferences. Records showed that the care plans and risk assessments were kept under regular review and changes were made where required.

People told us there was enough to do and keep them occupied each day if they wanted to. One person said, "There's plenty of entertainment; church services and singing". Another person told us, "I join in some of the activities here and I also go out on the ring and ride. I go to Bilston every Saturday for my shopping. I get bits for some of the other people as well". A staff member told us about some of the other activities that were provided, she told us, "We support the local donkey sanctuary and one of the donkeys comes to visit. He comes into the home. He's very well behaved. We also had the animal man who brought reptiles and things. We've also done living eggs where we get fertilised eggs in an incubator and watch them hatch then care for the chicks for a couple of weeks. And we have a pat dog that comes in".

We saw that an activities timetable was in place. This record showed that people had a varied choice of activities that they could participate in and this included external activities such as boat trips. We saw that the library visited and left books for people to read, and people had their newspapers delivered or purchased by staff. We saw that people enjoyed a quiz which was facilitated by a person living in the home, and people joined in a sing a long in the afternoon.

Although these activities were provided we did not see any one to one activities being provided for people who had needs associated with dementia. We did on occasion see that staff sat with people but they did not support people to participate in any meaningful activities, such as going through rummages boxes. We discussed this with the registered manager who advised that the activities facilitator was on leave. She advised us that were in the process of sorting out activities which could be undertaken with people on a one to one basis and she was able to tell us what activities were being planned.

People we spoke with did not have any complaints about the service. One person said, "I like living here, I have no complaints and if I did I would speak to the manager". Another person said, "I have not complained about anything since moving in here, I am quite happy". Information provided in the PIR told us that the home had received one complaint and this was confirmed by the registered manager. We discussed the concerns raised and we saw that these had been investigated appropriately. We did not see a complaints

procedure displayed in the home as this had been taken down due to redecorating the hallway. The registered manager confirmed the procedure would be put back up for people to be able access.

## Is the service well-led?

### Our findings

There was a positive and open culture in the home and people felt comfortable and confident to speak up should they wish to. One person said, "I am very happy here, it has a nice atmosphere". Another person told us, "I think the home is managed well we have everything we need and we are looked after".

It was evident that good relationships had been developed between the registered manager and people who used the service. For example we saw people smiling, laughing and joking with the registered manager. It was clear from the discussions we had that the well-being and welfare of people was of paramount importance to the registered manager. We saw the registered manager spent time talking to people and that people knew who she was. Discussions with her demonstrated that she knew people well and knew about their specific needs. We saw that the registered manager played the piano on the afternoon and sang with people in the music room.

The staff we spoke with felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. Staff confirmed they felt supported by the registered manager. One staff member told us, "The manager is approachable and I know I can go to her if needed". Another staff member told us, "I'm never afraid of going to see the manager and the seniors. Anything that bothers you; you can say". Staff confirmed that regular meetings were held and records showed that these were used for the registered manager to deliver clear and consistent messages about the expectations of staff. It was also an opportunity for staff to discuss any issues they wished to raise.

We saw that there were clear lines of accountability in the way the service was managed. The registered manager was supported by senior carers who had key areas they were responsible for. Information in the PIR had told us that certain staff were champions in certain areas. For example hydration and care plans. The registered manager told us the staff focused on these areas and provided support and if required training to staff in these areas. Tasks were clearly delegated to ensure that the service was monitored effectively and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the home.

We heard from people that regular meetings were held which were facilitated by the staff. People told us they are able to raise and discuss any issues they had or suggest ideas for the future. For example they discussed the activities provided, and the removal of the bins in the bathroom areas, which people were not happy about. Records showed what action was being taken in response to the suggestions for example activities were agreed and people were advised that the bins would be returned in the areas that had been previously been.

In addition to these meetings we saw that people's views were sought and surveys had been sent out as part of the quality assurance systems to gain feedback from people, their relatives and professionals. We saw that positive feedback had been received following the recent survey.

Staff we spoke with told us they would be happy to raise any concerns and they were aware of the whistle

blowing procedure. Whistle blowing is the process for raising concerns about poor practices. One staff member said, "I would not hesitate to raise any issues with the manager. People come first and their safety". This demonstrated staff knew how to raise concerns and were confident they would be dealt with.

We saw that the registered manager had systems in place to monitor accidents, and incidents, which were analysed to identify any patterns or trends. She advised that if a pattern was identified she would take action to minimise the risks of a re-occurrence. We saw the registered manager had audits and quality monitoring systems in place to monitor the safety, effectiveness and quality of the service provided. For example audits were completed on the medicines, finances, care plans and health and safety. The registered manager was aware of her legal responsibilities to notify us of events that they were required to by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the timescale we agreed.