Care Quality Commission

Methodist Homes

Horfield Lodge

Inspection report

Kellaway Avenue
Horfield
Bristol
BS7 8SU
Tel: 0117 916 6630
Website: www.mha.org.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 9 February 2016 and was unannounced. We undertook a focused inspection in May 2015 and, at that time, one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found in relation to record keeping.

Horfield Lodge is a care home with nursing for up to 75 people. Care is provided for older people, some of whom are living with dementia. There were 71 people living in the home on the day of our visit.

There was no registered manager in post. A manager was in post and had submitted their application to the Care Quality Commission to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At our last inspection in May 2015 we found that records relating to people's care and support were not always accurate or complete. At this inspection we found that sufficient improvements had been made with regard to record keeping.

Medicines were not always managed in accordance with the provider's policy. For one person, specialist advice was not followed in relation to their hydration requirements.

There were enough staff to meet people's needs. People felt safe and supported by staff.

People were cared for in a safe, clean and well maintained environment.

People told us they liked the food served at Horfield Lodge. Food choices were offered and drinks were readily available. A coffee shop provided an additional option for people to purchase drinks and snacks.

The management team and staff were aware of their responsibilities with regard to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff were kind, compassionate and attentive when attending to peoples' needs. People were provided with person centred care which encouraged choice and independence.

Activities provided were varied and responsive to individual needs and abilities.

People and their relatives were positive about the leadership and management of the home.

People felt they could raise concerns and were confident actions would be taken to address issues identified.

We found 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Medicines were not always managed in a safe way. People felt safe. Staff understood their responsibilities with regard to keeping people safe and protected from avoidable harm and abuse. The environment was clean and well maintained. Appropriate recruitment procedures were in place to ensure only staff suitable to work in the home were appointed.	**Requires improvement**
Is the service effective? The service was not always effective. People were not always provided with the modified fluids needed to meet their individual needs. People were provided with a choice of good quality food. Staff received sufficient training and supervision to ensure they were able to meet he needs of the people in the home. People had access to external healthcare professionals when they were needed.	**Requires improvement**
Is the service caring? The service was caring. People were positive about the care and support they received. People were supported by staff in a kind, caring and respectful way. People were supported in a personalised way. Their choices and preferences were respected.	**Good**
Is the service responsive? The service was responsive. People's preferences, likes and dislikes were known to staff. People were able to take part in a variety of activities. In addition, music therapy was appreciated and enjoyed by people. Arrangements were in place for people to raise complaints, and these were responded to in a timely manner.	**Good**
Is the service well-led? The service was well-led.	**Good**

Summary of findings

Quality checks were completed to drive improvements.

Staff felt supported by the senior team and the representative of the provider.

Care Quality Commission

Horfield Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 9 February 2016 and was unannounced. The inspection visit was carried out by two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service. We looked at information received from the local authority. We also reviewed information in statutory notifications sent to us by the provider. A statutory notification is information about important events the provider is required by law to tell us about. We considered this information when planning our inspection.

We spoke with 12 people who used the service and five relatives. We also spoke with a representative of the provider and nine staff.

We observed care and support during the day. We looked at seven people's care records. We also looked at medicine records and observed medicines being given to people. We looked at policies and records relating to the management of the home.

Requires improvement

Is the service safe?

Our findings

Medicines were managed so that most people received them safely. We observed staff giving medicines to people, and they waited until people had taken their medicines before they signed the medication administration records (MARs). The MARs we checked were fully completed. They contained details about medications prescribed on an "as required" basis such as pain relieving medicines.

We found insufficient details were recorded for people who required their medicines crushed. The actions and effectiveness of some medicines may be changed when they are crushed. In order to administer crushed medicines safely, a pharmacist should be consulted for advice and guidance. The provider's medication policy stated, "The doctor or pharmacist will be able to advise if liquid medication may be more suitable. If not possible the decision needs to be made with the pharmacist and the GP the most suitable form of administering. This must be confirmed in writing by the GP". There was supporting documentation in three people's care records to confirm the GP had consented to the crushing of medicines. There was no evidence of pharmacy involvement. In another person's care records, there was a letter of agreement from the GP dated 19 December 2013. There was no evidence of further discussion about the crushing of their medicines since then. A further person's records stated they were receiving their medicines covertly and crushed. A senior member of staff told us they person's needs had changes and they no longer required and were not receiving their medicines in this way.

Medicines were stored in locked trollies and locked cupboards. However, we saw additional items stored in one of the medicine cupboards, including items of jewellery. This was not in accordance with the provider's policy which confirmed that medicine trollies and cupboards should be used solely for the storage of medicines and nutritional supplements. We also found one set of keys was left in the lock of the medicine trolley, when it was stored in the clinical room. Although the clinical room was locked, the provider's policy stated the keys should be held (by designated staff) at all times".

We found two unlabelled blood sample stored in the medicines fridge. We were told by staff the blood samples had been taken that morning, and they would be labelled before they were sent to the laboratory. Samples taken should be labelled immediately to ensure the correct person's identity is recorded.

The above were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A representative of the provider contacted us following the inspection and told us they had taken action to make sure medicines were managed safely. They had obtained up to date agreement from the pharmacist that people's medicines could be safely crushed.

Everyone we spoke with said they felt safe living in the home. Examples of comments received were, "Yes I'm safe and warm here" and "The staff make me feel safe". A relative said, "No concerns, it's a very safe environment, as much as it can be ".

All the staff we spoke were able to clearly explain their responsibilities with regard to keeping people safe and protected from avoidable harm Staff told us they had received training so they would recognise signs of abuse. One member of staff commented, "I haven't been here very long, but we get training about abuse straight away, so I'd know what to do if I was concerned about a resident". Staff knew how to report concerns. Information was displayed in the staff room with contact numbers for the local authority safeguarding team.

Staff understood what whistleblowing at work meant. They had attended training and knew they would be protected should they raise concerns about poor care practices. Staff told us they were issued with reporting details and guidance when they started in post.

Various health and safety checks were completed to make sure the home and systems within it were serviced and maintained to make sure people were protected. For example, regular fire checks, electrical safety and legionella testing were completed. People had personal emergency evacuation plans (PEEPS) which meant their needs in the event of an emergency were recorded.

The care records we looked at contained risk assessments and risk management plans for areas such as tissue

Requires improvement

Is the service safe?

viability, nutrition, mobility, falls and maintaining a safe environment. The plans were reviewed and updated on a monthly basis. This meant people were protected because risks to their safety were assessed and managed.

When people had accidents, these were recorded and monitored to look for developing trends. For example, for one person, the records stated, “No trends identified with time of falls”. We saw from the records that actions were taken. The person was referred to the falls clinic.

The home was clean, tidy and well maintained. Supplies of personal protective equipment such as gloves and aprons were readily available and we saw these were used by staff.

There was sufficient staff on duty on the day of our visit. A senior manager explained that staffing levels were monitored and reviewed regularly, using a dependency tool. Additional staff had been recently recruited. Comments from people included, “Enough staff? Most of the time”, and “I’ve not noticed any shortages”. However we did receive comments from people and relatives that staff sometimes appeared under pressure in the morning and at night. One person commented about the increase in staff sickness at weekends. One member told us, “The staffing is a lot better now. When I started, about a year ago, we had a problem, it’s been a difficult year”

We looked at five staff recruitment files and found safe recruitment procedures were followed before staff were appointed. Checks were completed to make sure staff were of good character and suitable for their role. For example, Disclosure and Barring Service (DBS) checks were completed. The DBS ensures people barred from working with vulnerable people are identified.

Requires improvement

Is the service effective?

Our findings

Risk assessments were completed for people at risk of choking. Advice and guidance was sought from Speech and Language Therapy (SALT) teams. We found the recommendations they made were not always communicated to all staff. This meant people were at risk of choking because they did not always receive the appropriate textured drinks. For example, one person had been assessed by the SALT team. Their required food and fluid consistency, and recommended sitting position was recorded in their care plan. We observed this person sitting in the correct positon when they were assisted with their meal. They were prescribed thickened fluids and we observed them being assisted with a non-thickened drink. We intervened and the member of staff told us they were not familiar with the needs of the person. They told us they did not usually work in this area of the home. We spoke with a senior member of staff who told us the person could manage drinks that were not thickened and the person was not at risk of choking. This was not in accordance with the recommendations of the SALT and not in accordance with the care plan which had been updated each month. This meant the person was not protected from the risk of choking.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the food, and told us mealtimes were enjoyable. People chose to eat either in their rooms or in the dining rooms and were provided with the assistance they required. One person enjoyed bacon and egg toasted sandwich for breakfast and commented, "It's very tasty". Another person said, "The food is lovely".

Care records provided guidance for staff about people's dietary requirements. Plans were in place when people had lost weight. Food supplements were prescribed and additional monitoring was in place. The provider noted on their monthly report the people who had lost weight and the actions taken in response.

At our inspection on 28 May 2015 we found people's care plans did not always reflect the care and support they required. There were no clear records to show a person's capacity to consent had been assessed or whether a best interest decision had been made to fully consider all aspects of the use of a sensor mat. The impact on a person's privacy had not been considered. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we inspected on 12 February 2016, we found improvements had been made and the legal requirement had been met. Mental capacity assessments were completed and best interest decisions were recorded. There was detail of the specific decision being made and the people who had been involved.

Staff had received training and demonstrated an understanding of the Mental Capacity Act. They understood they needed to obtain consent from people before they provided care. We heard staff asking people before they provided support and assistance. For example we heard people being asked, "Would you like me to help you", "Do you want some help to stand up" and "Where would you like your lunch".

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 is legislation designed to protect people who are unable to make decisions themselves. DoLS are part of this legislation and ensure where a person may be deprived of their liberty, the least restrictive option is taken, and undertaken in a safe way.

Staff were knowledgeable about the needs of people who had DoLS authorisations in place. They understood their responsibilities. For example, we saw where one person was subject to continuous supervision, staff understood what was expected of them. We saw support provided to the person in a kind, sensitive and dignified way

Staff we spoke with understood what was meant by restraint. They knew for example that lap belts and bed-side rails should only be used if a person has given their consent, or if a decision about their use has been made in their best interests.

People's health care needs were monitored and changes in health or well- being were reported to GP's or other external health care professionals. One relative told us, "The staff quickly recognised when Mum wasn't well. She had an infection .They did a test and contacted the GP". The care records confirmed people had access to other health professionals such as the mental health team, chiropodists, and district nurses.

Requires improvement

Is the service effective?

Staff received mandatory training when they started in post. This included moving and handling, nutrition and hydration, health and safety, fire safety, safeguarding vulnerable adults, equality and diversity and the Mental Capacity Act. Dementia awareness had been completed by most staff. Further training to help staff meet people's specific needs had been completed by some staff. This included pressure sores and wounds, redefining challenging behaviour, end of life care, understanding Parkinson's disease and introduction to epilepsy. Staff told us they were well supported and spoke positively about the supervisions they received on a regular basis. One member of staff who had been in post for six months told us, "I had an induction, then I shadowed other staff. I've had two supervisions and completed quite a lot of training, mostly e-learning". The member of staff told us they felt supported and confident to provide the care people needed.

Staff were able to explain how they made sure people were not discriminated against. One member of staff told us, "I fit into what each person wants and needs. It's fascinating and interested to find out about people's different backgrounds and this helps us to understand their needs so we can care for them as they want to be cared for".

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments included, “On the whole, I must say, they’re very good”, “They’re so polite” and “The staff are very respectful and caring”.

On the day of our visit we observed may positive interactions between staff and the people they supported. We heard reassuring and encouraging comments from staff such as, “Don’t worry, I’m here for you all day today”, “You usually like to go this way” and “Let me show you”.

One member of staff told us, “I know how I’d like one of my grandparents cared for. I’d be happy with this home if one of them needed a care home”. Another member of staff commented, “I really do love my job and I do care about the residents here. I want the best for them”.

Staff responded promptly to people’s calls for support and attention. One person called out repeatedly. We saw staff responding each time with courtesy and kindness.

People and relatives told us they were given the opportunity to be involved in the planning of their care and treatment. Everyone we spoke with told us they were given opportunities to express their opinions and provide feedback. People told us they spoke regularly with senior staff or a representative of the provider. One person told us they were involved with and attended meetings on a monthly basis.

People told us their relatives and friends were able to visit them without any restrictions and our observations confirmed this. We saw visitors being greeted and made to feel welcome. One relative told us, “I can visit anytime. I have visited at 10pm when Mum wasn’t well”. People and their relatives commented positively on the coffee shop which provided soft drinks and a variety of snacks. One relative said, “The coffee shop is great and well used. Mum feels we’ve been out of the home when we’ve been there”.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. Care plans provided detail about people's individual choices and preferences and there was information about people's lives before they moved into the home. The plans provided detail about likes and dislikes, getting up and going to bed times and preferred personal care routines. For example, one care plan stated, "Doesn't like baths, prefers showers. Likes having hair washed in the shower, please use a flannel to cover eyes". Another care plan provided detail about the person's wish to attend church services when they were taking place in the home. The care plan instructed staff to remind the person when the services were taking place, and to assist them to attend.

One person's care plan provided detail of how their mental health had deteriorated. The plan showed that GP advice had been sought and a referral made to the dementia well-being service.

Following the review by the dementia well-being service, the person's medication had been reviewed.

Care plans were reviewed on a regular basis and we saw involvement of people and their relatives where appropriate. We saw the following comments noted following one care review. "I am happy with mother's care and have no concerns at the present time".

All of the people we spoke with told us they would feel comfortable raising concerns with one of the managers or with senior staff. Comments such as, "I wouldn't hesitate, (senior member of staff) is really good and I would complain to them if I needed to". We looked at the complaints file and saw complaints were recorded and responded to in a timely manner.

Compliments were recorded in a file and we looked through recent compliments. One received recently stated, "I really appreciate all the care and kindness you showed to my mother (and me)".

People were supported to take part in a range of social and therapeutic activities. People and their relatives spoke positively about the activity provision in the area of the home providing care for people living with dementia. One relative told us, "The activities are good, there was a jazz session the other day, and Mum was dancing". On the day of our visit a music therapist entertained and involved people in a music session. People played musical instruments and we saw the session was enjoyed by people, relatives and staff in the room. The therapist also provided one to one support at each of their weekly visits, to five people.

We saw opportunities for social activities for people in the area of the home where people received nursing care, and the area of the home where people were more independent and required personal care only. People were supported and encouraged to maintain their hobbies and interests. For example, in some rooms we saw jigsaw puzzles laid out on large table tops. People told us about flower arranging classes, knitting, reading and board games. One person assisted with the craft classes, and volunteers supported people with individual art therapy.

A representative for the provider told us they were planning to increase the opportunities for the provision of social activities for more dependent people who stayed in their rooms.

The weekly activity programme was displayed in the main reception area and on the three floors in the home. The monthly activity programme was included in the care home's newsletter. In the February 2016 edition, people were asked to provide feedback about the provision of activities, and asked to score and give each activity a rating. People were also asked what additional activities they would like, invites were requested for suggestions for spring outings and people were asked if they would like a library service.

Good

Is the service well-led?

Our findings

The home had a manager in place. They were not on duty when we visited. They were in the process of registering with the Commission. During the time there was no registered manager in post the home was well supported by a representative of the provider and a registered manager from one of the provider's other local care homes.

People told us the managers were visible in the home. They also told us that senior staff were approachable. One relative told us, "(Name of member of senior staff) is really good. They make sure we're kept informed and up to date and we can talk with them about any issue we may have".

Staff were well supported. They received regular supervisions. There were opportunities for staff to provide feedback at staff meetings and in the annual staff survey. We saw the most recent staff survey results. These showed a slight increase from the previous year in the overall satisfaction score. Areas that had improved and areas for further development were noted. Staff attended staff meetings. These had not taken place on a regular basis during the last year. However the representative of the provider and the new manager had programmed in a schedule of meetings and these had commenced. The records from the recent meeting in December 2015 reminded staff of the importance of accurate record keeping and referred to the regulatory requirements of the Commission.

Staff understood the provider's values. They had all attended training when they started in post called, "Living the values" which explained the ethos and values of the provider. Staff described the values using words such as, "Individual" and "Independence" and one senior member of staff commented, "I think MHA are spot on with their vision. We just need to be a little more settled here now".

Various audits, checks and monitoring systems were in place. We saw actions were planned and implemented when issues were identified by the home's internal auditing processes and by external monitoring agencies. For example, actions were agreed following monitoring visits from the local authority quality assurance team and confirmed in an improvement plan.

We brought to the attention of the representative of the provider feedback from one person that was not so positive. We were assured actions had been taken and further action was planned in response to issues identified relating to the lack of kindness and compassion shown by some staff on occasions.

The representative of the provider and senior staff reported significant events to us, such as safety incidents. Providers are required by law to notify us of specific significant or serious events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 **Policies and procedures for the safe administration of medicines were not always followed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **Staff did not always follow specialist advice when supporting people with their hydration needs.**