

Methodist Homes Claybourne

Inspection report

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Date of inspection visit:
21 October 2019

Date of publication:
14 November 2019

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

About the service

Claybourne is a residential care home providing accommodation for persons who require nursing or personal care to 45 people aged 65 and over at the time of the inspection. The service can support up to 46 people.

Claybourne accommodates 46 people across three separate units, each of which has separate adapted facilities.

People's experience of using this service and what we found

People were kept safe and protected from abuse. Staff understood how to protect people and report their concerns.

Risks to people were assessed and plans were put in place to mitigate these. If accidents or incidents occurred, action was taken to reduce the risk of similar incidents happening again.

There were enough staff to meet people's needs and the provider had recruitment procedures in place which helped ensure only suitable staff were employed.

Medicines were managed safely, and staff maintained appropriate standards of hygiene and infection control.

People's needs were assessed and plans were put in place to meet them. The home was purpose built and had adaptations to meet individual needs. Staff received an induction, training and support to carry out their roles.

People received consistent support from staff and others involved in their care. People had their health needs met and had access to support from health professionals when needed.

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

People were communicated with effectively and were involved in decisions about their care. Staff encouraged people to make choices and be independent. Staff treated people with respect and maintained their dignity and privacy when supporting them.

People received support which was person-centred and were engaged in social activity including accessing the community. There was a complaint process in place which people understood how to use. People's future wishes were considered for when they reached the end of their life.

The registered manager knew people well. People, relatives and staff found the registered manager approachable and there was a positive attitude towards making improvements in people's lives. The quality of the service was checked regularly and the provider sought ways to learn and make changes and improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Claybourne

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Claybourne is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the deputy manager, senior care workers, care workers, the chaplain and area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. People told us they felt safe living at the service. One person said, "The safety system is great. This is a wonderful place to be."
- Staff could describe the systems in place to report any concerns and how they would recognise the signs of abuse.
- The registered manager had ensured staff received training in how to safeguard people and described how concerns had been reported to the local authority. We had received notifications about incidents that had occurred.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans were in place to mitigate them. Guidance for staff was included in care plans on how to keep people safe.
- One person was at risk of falls. There was a risk assessment completed which was reviewed regularly and there was guidance for staff in the persons care plan to reduce the risks.
- Staff could describe how they supported the person to prevent falls. One staff member said, "There is a sensor in the bedroom for when they are in bed and there are regular checks on them throughout the day."
- People had individual personal evacuation plans in their care plans to guide staff on how to safely support the person from the building in the event of an emergency.

Staffing and recruitment

- People were supported by enough safely recruited staff. One person told us, "Yes, there are enough staff. It doesn't matter what you ask for, it will be done." Relatives also confirmed they thought there were enough staff to support people safely.
- Staff told us they thought there were enough staff. Our observations confirmed people did not have to wait for support. Call bells were answered promptly, and staff were always available to support people in the communal areas and at meal times.
- The registered manager told us, and staff confirmed there were checks on the staff suitability to work with people during recruitment. They confirmed staff numbers were determined through assessing people's dependency and there were arrangements in place to cover staff absences.

Using medicines safely

- People received their medicines safely. One person told us, "They are always on time." Another person told us, "They watch me take the medicines." Relatives confirmed they were kept informed of changes to

people's medicines.

- Systems used for the management of medicines were safe. Medicines were administered, stored and disposed of safely.
- There was guidance in place for staff on how to administer medicines safely and medicine administration records (MAR) were accurately completed.

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and there were systems in place to ensure this was maintained.
- Staff received training in infection control and could describe the procedures in place to keep people safe.
- Staff used personal protective equipment (PPE) such as gloves and aprons when supporting people with personal care.

Learning lessons when things go wrong

- Staff could describe how they reported incidents and accidents involving people living at the home.
- There was a system in place to monitor when things went wrong. Individual care plans were updated, and any learning identified was shared with people. The manager described how an incident had changed practice to prevent this from reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments had been undertaken to consider all aspects of people's care. The information from the assessment was used to identify risks and develop care plans to meet people's needs.
- Where needed specific guidance had been put in place for people's health conditions and people and relatives supported with identifying people's life history.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious needs so these could be met.

Staff support: induction, training, skills and experience

- Staff received an induction and training and support in their role. Staff told us they received regular updates to their training. One relative said, "The staff are extremely well trained and more than capable of meeting [person's name] needs."
- Our observations confirmed staff were aware of the correct procedures to be followed. For example, with manual handling, medicines administration and meeting people's dietary needs.
- Staff told us they had access to a range of training. One staff member said, "The training is very good, we have online training and people come in to give us training. We recently had updated training for oral care."

Supporting people to eat and drink enough to maintain a balanced diet

- People had a balanced diet and enough to eat and drink. One person told us, "The staff come to the table with the two meal options in their hands, so we can see what each meal looks like and make a choice." Another person told us, "They will make me scrambled eggs on toast, if I don't like the main meal options."
- Where people had specific dietary needs, staff were aware and supported people to eat and drink safely. For example, where people had texture modified diets these were provided by staff.
- Risk assessments and guidance for staff was available and up to date to guide staff in supporting people to eat and drink safely. for example, where people were at risk of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care

- People were given consistent support. There were systems in place to ensure staff stayed up to date on people's needs. This included a handover at the start of each shift.
- Health professionals were involved in people's care and staff engaged with these other professionals to ensure people received consistent care.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and consideration had been given to how the home was built to meet people's needs.
- The home was built on one level and each unit had accessible bathrooms and toilets available for people. There was access to communal areas and individualised bedrooms.
- Consideration had been given to signage and decoration of the home to meet the needs of people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and wellbeing and had access to health services when they need them. One person told us, "The doctor comes in once a week for routine things." Relatives confirmed they were kept informed about people's health.
- Staff had guidance on supporting people to maintain their health. Where needed referrals to health professionals were done promptly and any advice was recorded in people's care records.
- We saw people had support from their doctor when needed and other health professionals including the district nurse, community psychiatric nurse and the speech and language therapy team.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. Where people could give consent, staff ensured they asked for consent when supporting people.
- People's care plans identified if they had capacity to consent to their care. Best interest decisions had been made when required.
- Referrals had been made to the local authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and supported by caring staff. People and relatives told us staff were kind and caring in their approach and knew people well. One person said, "Staff are very patient." Another person said, "The staff are very caring, they are exceptional."
- We saw people were comfortable engaging with staff. Interactions were positive, with people smiling and chatting to staff throughout the inspection. Staff made they were on the same level as the person they were speaking with and used appropriate communication methods.
- Assessments and care plan considered peoples protected characteristics. Staff used the information to meet people's needs. We saw staff support people with prayer before their meal.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their care and were listened to by staff. One person told us, "I know all the staff well. The staff speak to me and listen to what I am saying."
- Staff enabled people to make decisions. One staff member described how people were enabled to make choices about what time to get up. At meal times staff offered choices by showing people the plates with different meals to make their choice.
- People were freely able to walk around the home and use all areas. We saw one person go for a walk into the garden during the inspection and another go to sit in a quiet room.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy was maintained. Staff were discreet when offering support. One person was supported by staff to their bedroom to receive their medicines.
- People were supported to retain independence. Staff sat with people at lunchtime to offer encouragement and support. One person had help to turn their plate around throughout the meal to enable the person to eat independently.
- Staff could share examples of how they supported people to maintain their dignity and independence. Staff described supporting people with personal care allowing them to do what they could for themselves. Staff also described people making their own drinks in the communal kitchens.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and were involved in expressing their preferences. One person told us they had requested a review of their night checks they commented, "I asked for 4 hourly night checks, and this was accepted and acted upon. It is much better now."
- Staff understood people's life histories and could describe how they used the information to provide person centred care. For example, staff described their knowledge of a person's past employment and how this impacted on their care needs.
- Care plans were regularly reviewed and updated. Staff were responsive and attentive to people's needs. For example, staff were observed supporting one person who became upset in a communal area offering reassurance and listening to the person's concerns.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the Accessible Information Standards. People had their communication needs assessed and plans in place to meet them. We found people received information in an appropriate format.
- Staff were able to describe people's needs and were observed following people's individual care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities of their choosing. We saw people enjoyed individual and group activities along with outings in the community. One person told us, "I enjoy listening to the radio". Another person told us, "I love to go out into the garden."
- Relatives told us people had loads of different things to choose from and were supported and encouraged to take part. One relative told us, "Staff persuaded [person's name] to go to the volunteer lunch [in the community], which was a great surprise to us."
- The registered manager told us about purchasing a robotic therapy dog and interactive projection system to support people with dementia. We saw people using these during the inspection and found people were interested and engaged in an activity.

Improving care quality in response to complaints or concerns

- People and relatives told us they understood how to make a complaint. There was a policy in place which

included learning from complaints.

- The registered manager confirmed there had not been any complaints since the last inspection but could describe how they would respond to concerns.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection.
- The registered manager told us and records confirmed where people wished to discuss their preferences and choices for end of life care this was documented in care plans.
- Where plans were in place the discussions had considered people's cultural, religious and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home was person centred and inclusive. One person told us the best things about the home was, "The ethos and the atmosphere."
- The management arrangements at the home ensured effective leadership and direction for the staff team. There was a positive atmosphere with people being comfortable and relaxed and staff confident in their roles.
- Staff spoke highly of the homes management and support they received from the registered manager. One staff member said, "There is excellent support, the registered manager and deputy are always here to offer their help and support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and acted on this. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- When incidents occurred, information had been shared with the appropriate people in an open and transparent way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their role and provided effective care in accordance with the provider's expectations and the law.
- The provider met requirements to notify CQC of incidents of concern, safeguarding and deaths.
- There were checks in place on the quality of the service to help ensure the quality of the service were maintained. For example, medicines administration was audited to ensure this was being managed safely. Other audits included care plans, fires safety and building safety. Where needed actions were taken to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in using the service. One person told us, "The registered manager is very approachable and does listen to me."

- There were regular meetings in place to seek people and relatives' feedback. There was a quality circle in place. This was a group made up of people, relatives and staff that would discuss how to improve the quality of the service. One relative told us, "I want to contribute to the Quality group, once my working hours have reduced." The relative added, they wanted to give something back to the home.
- The registered manager told us the technology equipment purchased for people with dementia had been the suggestion of this group. We saw this had worked well to occupy people at the home.
- The registered manager had engaged support from a Lesbian, Gay, Bisexual and Transgender (LGBT) forum to help identify how to engage people who were LGBT in a residential home. Staff said this gave them insight into how people may feel and how best to produce care plans and offer support.

Continuous learning and improving care

- The provider and registered manager sought ways to continually learn and improve the service. The registered manager told us how learning from an incident in the home has been shared with other locations to enable practice to change and avoid situations from reoccurring.
- The registered manager told us they had made changes and improvements to the service since the last inspection. Implementing the quality circle, purchasing technology and changes to the environment.
- The home had an area set up as a nursery with access for people to dolls and equipment and clothing for use with the dolls. The registered manager told us this had helped one person who became anxious when bathing by encouraging them to bath the doll during their personal care. The person had been much calmer and relaxed during personal care.

Working in partnership with others

- The home worked in partnership with others. The registered manager told us they had developed a partnership with a local group, based at the home, who arranged outings for people in the community. The people living at the home were accessing these trips and their feedback about it was positive.
- Partnerships were in place with other agencies such as advocacy groups to support people and other health professionals. There was also a positive partnership in place with a local Methodist church. This was supported by a chaplain who was based at the home.
- The chaplain was observed spending time with people and families during the inspection. The chaplain said, "The role is about supporting people's spiritual welfare and getting alongside people and listening to them. The chaplain also described visiting people in hospital and supporting with funeral arrangements as other areas they were involved in."