Care Quality Commission

Methodist Homes
Queenswood
Inspection report

Cliffgrove Avenue
Beeston
Nottingham
Nottinghamshire
NG9 4DP
Tel: 0115 922 1037
Website: www.mha.org.uk

Date of inspection visit: 14 April 2015
Date of publication: 13/07/2015

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

We inspected the service on 14 April 2015. The inspection was unannounced. Queenswood provides accommodation for up to 41 older people. On the day of our inspection 37 people were using the service.

The service had a registered manager in place at the time of 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 2008 and associated Regulations about how the service is run.

People did not always receive care and support when they needed it as there were not always enough staff deployed in the service to deliver this is a timely way. People were not always protected against the risk of falling when they were at high risk.

Summary of findings

People felt safe in the service and the manager shared information with the local authority when needed. Staff knew how to respond to incidents if the manager was not in the service. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people received their medicines as prescribed. People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People were supported to make decisions about their care and treatment and where a person lacked the capacity to make a certain decision, their rights were protected. People were supported to maintain their health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people. People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in the manager implementing action plans to improve the service.

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 consistently safe.

There were not enough staff to provide care and support to people when they needed it. People at risk of falling did not always have effective plans in place to minimise the risk of further falls.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support.

Good

Is the service caring?
The service was caring.

People were treated with kindness, compassion and respect.

People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Good

Is the service responsive?
The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good

Is the service well-led?
The service was well led.

People's views on the quality of the service were sought and people were supported to have a say in how the service was run.

There were systems in place to monitor the quality of the service.

Good

Queenswood

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.

We inspected the service on 14 April 2015. This was an unannounced inspection. The inspection team consisted of 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection, the provider completed 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.

During the visit we spoke with ten people who used the service, two relatives, eight members of care staff, the housekeeper, the cook, the deputy manager and the registered manager. We also spoke with health professionals who regularly visited the service. We observed care and support in communal areas. We looked at the care records of six people who used the service, including their medicine administration records, staff training records and a range of records relating to the running of the service including audits carried out by the manager and provider.

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.

Requires improvement

Is the service safe?

Our findings

Sufficient numbers of staff were not always deployed in the service. People told us they felt there were not always enough staff working in the service to meet their needs. They told us that sometimes if they needed assistance they had to wait. One person said, "When they are pushed, they come and turn off the buzzer, but it takes a while for them to come back." Another person said, "There are not enough staff when staff went off sick and I have to wait a while for assistance." A third person told us, "Sometimes the night shift get a bit short with you towards the end of their shift and you have to wait for help, but the care doesn't suffer." We saw from a care plan review held with a person who used the service in January 2015 that they had commented they were 'reasonably' happy but felt the service was understaffed.

We observed occasions when people did not receive the care and support they needed in a timely way. On one occasion we were concerned about how long an alarm had been sounding and so we went to see the person who had used the alarm in their bedroom. We spoke with the person and they said, "I rang a long time ago and no-one has come, it was a waste of time calling for them." We stayed with the person for 15 minutes and then went to find a member of staff. Whilst we were looking for staff the alarm was answered. The manager checked the alarm records following our visit and confirmed the alarm had not been answered for 23 minutes. We spoke with a health professional who visited the service regularly and they told us they did not feel there was always enough staff and that they had witnessed a person waiting for a long period of time for assistance.

We observed another person who asked staff for some help and staff told them they were assisting another person but they would come back to them. It was 30 minutes before staff came back to the person to assist them as staff were busy supporting another person. This person was then taken into the dining room and we observed they sat with their head rested on the dining room table for a further 30 minutes before staff were available to give them the support they needed to eat their meal. Another person told us similar had happened to them. They said, "I wanted to go into the garden and asked the Carer. [Carer] said they would come back after they had finished what she was doing, but never came."

Staff told us they felt there were enough staff working in the service although some staff said there were times when a member of staff called in sick and cover could not be found and this left the shift a member of staff down.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that the service was part of the 'falls prevention project' which involved a team of external professionals attending the service on a regular basis to work with people and develop their mobility and reduce the risk of falls. We spoke with the external professional involved with the project and they told us the staff were good at referring people to their team where there was a risk of falls or people suffered a fall and that staff were responsive to advice given. They told us they helped staff to implement risk strategies to reduce the risk of falls. They told us that although falls did happen in the service they felt this was due to the high number of people who were independently mobile. People told us they undertook exercise classes and physiotherapy as a part of this project. One person said, "I feel tired after the exercise, but I usually sleep better that night." Another person said, "I enjoy the exercise class."

We saw three people with a history of falls had been assessed as being at risk of falls. There were risk assessments in place with guidance for staff on how to monitor the risk and reduce further falls and a referral had been made to the falls prevention team. However one person who had a history of falling had recently fallen and sustained a fracture. Following their discharge from hospital, five days prior to our visit, the care plan had been partially updated. However the information was inconsistent with the mobility care plan stating the person walked independently with a stick and the moving and handling care plan detailing the person walked with a zimmer frame and one care worker since hospital discharge.

We looked to see how the person was mobilising and found they were in a wheelchair. This meant the information in the care plan did not match the support the person needed. The day the person was discharged from hospital they fell twice and still the care plan was not updated with the person's current support needs. We saw staff had tried to minimise the risk of the falls by introducing a sensor mat

Requires improvement

Is the service safe?

to the person's bedroom but they had refused this and it had been removed. No other methods of reducing the risk of further falls or minimising injury had been put in place and so the person was left at risk of further falls.

All of the people who used the service that we spoke with told us they felt safe. They told us that if they were concerned they would talk to a member of staff or the chaplain. One person said, "They (staff) are very kind here." Relatives we spoke with told us they felt their relation was safe.

People could be assured that incidents would be responded to appropriately. The manager told us in the provider information return that staff were given regular training in how to recognise and respond to abuse and ensured staff knew how to report any suspicion that a person had been compromised in any way.

We saw staff had received this training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they had shared information with the local authority following incidents in the service.

People told us they were supported to take their medicines safely and these were generally given at meal times. One person said, "They usually stand over me when I take my pills because I have arthritis and sometimes drop them on the floor." Two people had requested to manage their own medicines and we saw this had been assessed to ensure these people were able to safely self-medicate. Staff checked once a week to ensure they were taking their medicines effectively.

We observed a senior care worker support people with their medicines. The care worker checked people's medicines administration charts before they prepared the medicines from the blister packs. They offered the person their medicines with a drink and stayed with them to make sure they took them. The person's records were then updated to indicate they had received their medicines according to their prescription.

We found there were effective procedures in place which meant medicines were managed safely and that staff administering medicines had their competency assessed to ensure they were administering medicines safely. We saw the deputy manager had carried out spot checks on medicines and highlighted discrepancies which needed further investigation.

Good

Is the service effective?

Our findings

People felt supported by staff who had the knowledge and skills to provide effective care and support and were happy with the service from staff. One person said, “This is a Home from Home and they look after me better than family members can.”

Staff we spoke with told us they felt they were given the training they needed to do their job and care for people safely. We looked at training records and saw staff had been given training which was relevant to their role and that this training was given at regular intervals to make sure staff had the most up to date guidance. The manager told us in the PIR that they were in the process of rolling out training in relation to recognising and monitoring when people may be at risk of developing a pressure ulcer and we saw on the day of the inspection that training had been booked for the following day.

Staff told us they had regular supervision sessions with the manager, where they were able to discuss the need for any extra training and their personal development. The manager confirmed staff were given formal supervision regularly and these discussions were used to discuss issues staff had as well as any new training and development needs.

Staff were given an induction when they started working in the service and we saw the manager was in the process of changing the induction to introduce the new care certificate, a recognised induction with learning outcomes, competences and standards of care that is expected in the care sector.

The care plans we looked at during this inspection had appropriate forms in place to ensure people’s consent to their wishes when they reached the end of their life had been sought. They also contained evidence that people had been asked for consent in relation to decisions about their care.

People felt they were supported to make decisions about their care and support and did not have restrictions placed on their movements. One person said, "I think they have got the balance of freedom and safety about right and I don't feel like I am in a home sometimes.” Another person said, “I can wander about as I like. If I want to go to my room I can and if I want to go upstairs to the chapel I can.”

The manager and staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA). The manager told us that most people using the service had the capacity to make their own decisions but where it was felt a person needed to have a decision made in their best interests this was done appropriately. Some people had been diagnosed with dementia and we saw from the care plan of one person that decisions the staff made in the person’s best interest had been identified and recorded. For example, the person was not aware of the importance of eating and drinking and the service acted to ensure the persons nutritional needs were met.

The manager and deputy manager displayed a good understanding of the Deprivation of Liberty Safeguarding (DoLS) and told us there was no one who currently used the service who required an application for a DoLS. The manager had the required information to enable her to make an application if the need arose in the future.

People were supported to eat and drink enough to help keep them healthy. People who were able to eat independently told us they felt they had enough food to eat. Two people agreed with one person who said, “I get plenty to eat and drink here.” Another person said, “I would be as fat as a house if I eat everything that is offered.” People told us there were drinks and snacks offered between meals. One person said, “If you get peckish there is fresh fruit in a bowl in the lounges.” Another person said, “We regularly have fresh fruit which is a real treat.” We observed lunch and we saw that three people who needed a lot of support from staff to eat their meal were given this support in a patient and dignified manner.

The meal looked very appetising and nutritious and people we spoke with during lunch told us they were enjoying their meal. Some people had a special diet and this was given to them. We spoke with the cook and they were aware of who was on a special diet and had prepared a meal which looked appetising for those people.

Nutritional assessments were carried out on people on a monthly basis and where a risk was identified regular weights were monitored and records kept of people’s food intake. Referrals were made to the dietician for advice if a person was losing weight and extra calories were added to people’s food to support them to maintain their weight, as recommended by the dietician.

Good

Is the service effective?

People's health needs were responded to when their health changed. People told us they were supported to see a doctor when they needed to and that chiropodists and opticians visited them at the service. The records we saw confirmed there was a range of health professionals involved with the care of people such as district nurses, dentists, opticians, dieticians and falls prevention specialists. One person said, "There is a chiropodist who visits, you just have to put your name down for it."

There were systems in place to monitor and manage the risk of pressure ulcers. We spoke with a health professional and they said there had been some concerns about how the risk of pressure ulcers were managed earlier in the year but that this had improved and care staff were contacting them if they had concerns.

We saw that people who had a pressure ulcer or were at risk of developing one staff were following the advice of the visiting health professionals. For example, one person had a pressure ulcer and their care plan stated they needed to wear specialist heel protectors. We saw this person was wearing the heel protectors on the day of our visit. This person was also supposed to have bed rest in the afternoon to alleviate the pressure on their skin and we saw they were supported by staff to do this. Another person who had a pressure ulcer had a care plan stating they needed support to be re-positioned in bed and we saw from records that this was happening in practice.

Good

Is the service caring?

Our findings

People told us they were happy living in the service. One person said, "You won't get better than here." Another said, "It is top notch." A third said, "They (staff) are like family, this is a home from home here." People told us that staff were caring and kind and that they felt very comfortable with them and they told us they had developed friendships with other people who used the service. One relative told us, "This place was recommended to me and it seems really nice."

One person gave us an example of staff being caring and compassionate. They told us they had been worried about a sick relative and had spoken with a member of staff about this. The member of staff had immediately enquired about the relative and reassured the person. The person said they appreciated this kindness and said, "I would not been able to sleep that night if [staff member] hadn't done that for me. I thought that was so kind of them to take that time to find out." Another person said, "Staff are so patient with me, even when I am grumpy."

Our observations supported what people told us. We saw people laughing and chatting with each other and with staff. People told us they had friendships with other people and during our visit we saw this to be the case. People spoke to other people who used the service with warmth such as, "How are you feeling today? Lovely to see you" and "You look very nice today." One person told us, "Sometimes I have breakfast in a different part of the home and speak to my friend from upstairs."

Staff spoke to people with compassion and warmth and the atmosphere in the service was relaxed and happy. When staff interacted with people they were patient and spoke with kindness. We saw staff giving body contact with a reassuring hand on the shoulder and bending down to get eye contact. There was a lot of laughter in the service throughout the visit, and much of this was instigated by the chaplin, who had developed a positive banter with people who used the service, as had the care staff. One person told us, "They (staff) understand its hard getting old. They do their best for you." Another said, "The staff are very kind to me and they know if I am not feeling happy." Another person said that when they first moved into the home they thought they were, "Coming here to die." They said they didn't feel like that anymore and when we asked them why that was they said, "The staff encouraged me to join in." The person had been encouraged to help organise events in the service and they clearly benefited from this approach.

We observed the lunch time meal and we saw this was a social occasion with people chatting together and with staff. The dining room was very grand and had attractive table covers and linen napkins. One person said, "It is like a hotel here." The chaplain sat with people having a meal and we saw this was a positive experience. The chaplain encouraged people to say prayers before the meal. Throughout the meal a microphone was used to make announcements and these created a jovial atmosphere throughout.

People had a choice of what to eat and drink and we saw people being given choices throughout the day with people choosing from the communal areas to sit in or choosing to spend time in their bedrooms. We heard one person speaking with another person who used the service and they said, "You do what you want to do, that is what we are told. " We observed staff given people choices when they were supporting them such as, "Where would you like to sit" and "What would you like to do."

We saw where people were able to maintain their independence this was promoted by staff. People were given specialised crockery at lunchtime to able them to eat independently and tureens of vegetables were placed on tables so people could help themselves to what they wanted. A high number of people were able to move around the service and go out into the community without support and we saw people doing this when we visited. People were able to access the garden independently were doing so during our visit. The gardens were well maintained and attractive and people told us they enjoyed just looking out of the window at the garden.

People told us they could choose when to get up and go to bed. They told us they could go for breakfast at any time up until 10:30am and one person said, "If we are not in the breakfast bar before then, staff will come and check on you. If I really felt I did not want to leave my room then the carers would bring breakfast to me. I won't go hungry" Breakfast was served in small kitchen/diner areas and people told us they were encouraged to make their own

Good

Is the service caring?

breakfast. We saw this during the morning and saw staff were present to give support where needed. The manager told us people and their relatives used these areas to make drinks and snacks whenever they wished to.

We saw people's choices were respected when we looked at care records. For example we saw one person had refused some equipment provided for them and staff had recorded this decision, and also recorded that they had explained the risk of not using the equipment.

The manager told us that advocates had been used in the past but there wasn't anyone currently using an advocate. We saw there were leaflets in the reception area informing people of how to access an advocate. Advocates are trained professionals who support, enable and empower people to speak up. We saw one person had been supported to attend a regular support group in the community, to speak with other people with the same condition as theirs. This meant people were given the opportunity to speak with support services.

People told us their relatives and friends could visit at any time and were made to feel welcome. One person told us, "They come whenever they like." Another said, "My friends left at 10pm one night after we lost track of time."

People we spoke with told us that staff respected their privacy and dignity. They told us they opened their own mail and were given privacy when they wanted it. One person said, "The staff are excellent and always respect my privacy after helping me into the bathroom. If I ever just want to be left alone, I only have to say and they just check on me now and again."

We observed staff respecting people's privacy and dignity when supporting them. For example speaking to people discreetly about matters of a personal nature and knocking or bedroom doors and waiting for an answer prior to entering. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this.

The manager told us the deputy was a dignity champion and as such guided other staff in how to make sure privacy and dignity was respected. We spoke with the deputy manager and they showed a good insight into treating people as individuals and looking at their care as a whole in relation to dignity values. Staff were given training in privacy and dignity through the Methodist Homes values training. This meant staff were guided in how to treat people with dignity and respect.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care and we saw there were six monthly meetings held with people and their relatives where appropriate to discuss this. Care plans contained evidence that people had been involved in planning their care. People felt they were cared for in a way they preferred and that staff knew them well. Care plans also contained information about people's preferences in relation to how they wished to be supported and staff we spoke with had a good knowledge of these preferences.

People told us they were supported with their faith and some people told us they chose not to follow any religion and this was respected. We saw there were religious services held frequently in the service, which had its own chapel. People told us they liked the chapel and found it restful. One person said, "It's lovely up in that place. I could sleep there." There was also a chaplain employed and people said they had a good relationship with the chaplain. The manager told us in the provider information return that staff liaised with various local churches to provide opportunities for worship for various faiths and denominations. At the beginning of the lunch service, the chaplain asked people, "Would anyone like to say grace?" A person spoke up and said grace and other people clearly enjoyed this with one person saying, "Ah that was nice."

People's diversity was assessed on admission so staff knew their preferences. We saw that there were some people who were vegetarians in the service and there was a food option for them on the day of our visit. One person said,"I am vegetarian and there is always plenty of choice." People's different faiths were supported and one person told us, "We have regular services, bible readings and stuff like that, but they do have prayers for other people's religions because we are not all Methodist here."

People told us there were a range of activities and social events they could get involved in. People told us about trips out to a wildlife park and the local theatre on a number of occasions, One person said, "We have singers and musicians who come to entertain us and sometimes we go to a concert." Another person said, "I like the activities they have and especially enjoy skittles and carpet bowls. I can throw things quite far from this chair and we do have a laugh."

There was a trolley shop run by one of the volunteers in the service and people told us they benefited from this. One person said, "Even if [volunteer] hasn't got what I want in the shop, she will always get it for me the next time. [Volunteer] is very caring that way." Another person said, "The shop is a godsend. I can get chocolate if I want some."

Some people said there had not been as many trips out since the activity organisers had left the service. However there was plenty of activity for people to do in-house and new activity co-ordinators had been recruited. The service had its own minibus, purchased by fundraising and there were volunteers working in the service who escorted people out into the community. On the day of our visit there was a talk from the chaplin in the morning and we saw this was well attended. In the afternoon there were activities in the main lounge for people to attend and again we saw a good number of people attended and clearly enjoyed this.

The manager told us in the provider information return that staff found out about people's likes, hobbies and interests and with these in mind the activity team organised a varied activity program around these. They told us that people were encouraged to participate in a wide range of daily activities and trips out, also to join other residents in communal areas. We saw this information was recorded in people's care plans along with life history and achievements. One person had always played a musical instrument and had continued to do so whilst living in the service.

People felt they could speak with staff or the chaplain and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable speaking up if they did. One person said, "If I have any concerns I can go to the residents meeting, although I might not remember to speak up." The chaplain also held regular 'drop in' sessions for people to attend if they wished to have a chat.

People could be assured their concerns would be responded to. There was a clear procedure for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the manager. We saw there had been two complaints raised and we saw these had been investigated and resolved with the person raising the complaint.

Good

Is the service well-led?

Our findings

People were encouraged to have a say in how the service was running and to give their input on changes they would like to see via regular meetings. People were aware of the meetings held for people using the service and told us they would attend if they had anything to say. One person told us, "I didn't like the bread and jam we usually got for tea here so I told them at the resident's meeting and they sorted it out. Now we get nice sandwiches."

We saw the record of the most recent meetings and saw that there were extensive discussions with people in relation to what was happening in the service, whether people were happy with the service provided and to get suggestions for future events. Queenswood was celebrating the 40th anniversary of its opening this year and we saw there had been meetings held with volunteers and people who used the service to discuss and decide on how this would be celebrated.

People we spoke with told us they felt they were a part of the community and were supported with this. They told us they accessed the community with family and with staff. One person said, "My family come and take me for days out which I really enjoy, but I like coming back here as well. It feels like home." One person said, "This is a quiet neighbourhood and I feel part of the local community." The manager told us in the provider information return that staff worked hard to make sure people who used the service had good links with the community, including local schools, colleges and churches both for them to attend the service and people go out into the community to events and groups.

There was a registered manager in post and she understood her role and responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The manager told us Queenswood had won various awards within Methodist Homes for best restaurant experience, best training, best outdoor space and best community links. We saw the certificates displayed showing these awards.

People told us they could approach the manager if they wished to. One person said, "Everyone has access to the manager." Another said, "I don't see her much as she must have a lot to do, but I know she will be at the resident's meetings if I need to speak to her." A third said, "If I told a carer I needed to speak to her (the manager) then they would organise it for me, but the carer can sort most things out for me."

We saw care staff working well as a team and they were organised in making sure everyone had received a meal, using a 'roll call' to ensure no-one had been missed. Staff told us they worked well as a team with one member of staff saying, "We have a really great team here."

There were systems in place to monitor the quality of the service and we saw that where there needed to be improvements, there were action plans in place which had been completed by the manager. We found the manager had a number of assessments and audits in place which were used to monitor standards at the service. The manager submitted information to head office which enabled issues and incidents to be monitored by the provider. These included audits of infection control, accidents and incidents, falls and pressure ulcers.

We saw records of monthly audits completed by a manager from head office who had visited the home to review the service. We also saw an annual 'standards assessment' had been completed by head office within the last 12 months. The process had involved reviewing the service delivered against a range of standards including checks on nutrition, activities, the environment and the quality monitoring systems in the service.

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 18 HSCA (RA) Regulations 2014 Staffing **Sufficient numbers of staff were not deployed in the service to meet the needs of service users. Regulation 18 (1)**