

Methodist Homes Handsworth

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Handsworth is a residential care home located in the borough of Trafford, Greater Manchester. The home is registered with the Care Quality Commission (CQC) to provide care and accommodation to a maximum of 43 people, aged over 65 years. At the time of this inspection the home had two vacancies.

People's experience of using this service:

- People living Handsworth received outstanding care which was responsive to their needs.
- We received excellent feedback from people and their relatives regarding the quality of care provided to people living at the home.
- Staff consistently demonstrated the values of the home and put people at the heart of everything they did.
- Staff were clear they worked as a team and for the benefit of people living at Handsworth.
- Equality, diversity and protecting human rights was a golden thread that ran through every aspect of the home. People were valued as individuals and diversity was celebrated.
- Activities were meaningful and reflected people's interests and personal preferences
- People's support plans were tailored to them and had been developed with involvement of their families.
- Food was home cooked with a varied menu and people were given lots of choice
- The management team was highly effective and led by example. There was a strong culture of continuous learning, openness and transparency.

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

Rating at last inspection

'Requires Improvement' (report published on 14 February 2018).

Why we inspected

This was a planned follow-up inspection based on the rating at the last inspection. At this inspection, the key questions of safe, effective and well-led have improved to good. The key question of caring has improved from good to outstanding. The overall rating is now 'Good.'

Follow up

We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated 'Good.'

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 safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Handsworth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The first day of inspection was completed by an adult social care inspector and an expert by experience. An expert by experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was completed by one adult social care inspector.

Service and service type

Handsworth is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection the registered manager was on long-term leave. However, the deputy manager had assumed day-to-day responsibility for the running of the home and had delegated responsibilities to ensure legal requirements were being met. The deputy manager was also well supported by the area support manager.

Notice of inspection

Day one was unannounced. Day two was by mutual arrangement with the management team.

What we did

We reviewed information we had received about the home since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority who work with the home. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service and five visiting relatives to ask about their experience of the care provided. We also 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.

We spoke with the deputy manager, area support manager, and seven members of staff covering a variety of roles.

We looked at records relating to the quality and safety of care being provided and records associated with the building and premises.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- All the staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the provider informed the relevant agencies.
- There was an open and transparent culture that encouraged people to raise any safeguarding concerns.
- Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.
- People told us they considered Handsworth to be a safe place to live. Comments included, "I feel looked after and in safe hands.", "I like living here. I don't worry about not being looked after. It is very nice here.", "I like it here. I feel very secure." and "It definitely gives me peace of mind with [relative] being here."

Assessing risk, safety monitoring and management:

- Risk assessments had been developed in conjunction with people and their relatives and contained measures to guide staff on how to safely manage risks to keep people safe.
- People had personalised risk assessments in place which were reviewed and implemented promptly when a new risk presented itself. There were also generic risk assessments in place to monitor people's weight, nutritional intake and risk of skin breakdown.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Maintenance and testing of equipment had been kept up to date; this included testing of lifting equipment, checks of mattresses, bed rails, water temperatures, window restrictors and the fire alarm. There were up to date records of tests of the safety of gas appliances and the electrical system.
- An innovative approach to promoting fire safety had been taken within the home. One member of staff was a retired firefighter and they delivered a fire safety awareness session to people living at the home and staff. People had been positively engaged in this event and even had an opportunity to try on fire fighters uniform and helmets. We saw how this had helped to make a serious subject matter humorous and enjoyable.

Learning lessons when things go wrong:

- We reviewed records of accidents and incidents that had taken place, for example, unwitnessed falls. We saw that timely appropriate action was taken and information was cascaded to staff.
- The provider had a robust framework in place for reporting and recording accidents, incidents and untoward events and analysis was completed to help identify trends and minimise reoccurrence.
- Since our last inspection, the provider had implemented and sustained improvements to how risks were identified and recorded. This demonstrated the effectiveness of systems and processes at a local level where

lessons had been learned and good practice sustained.

Staffing and recruitment:

- The home had sufficient numbers of skilled staff effectively deployed to meet people's needs.
- When required, the staffing compliment was used flexibly and utilised to support people when there was an unexpected change.
- Feedback from people living at the home, relatives and staff spoken with confirmed there were appropriate numbers of staff on duty to meet people's needs promptly.
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection:

- The NHS community infection control team last inspected the home in May 2018. Areas for improvement had been identified and an action plan drawn up. The management team at Handsworth were confident all the areas for improvement had now been addressed.
- We found the home to be visibly clean throughout. Cleaning schedules were in place and staff understood their roles and responsibilities for the prevention and control of infection.
- The most recent food hygiene inspection had been completed by the local authority in July 2018. The home had been awarded a top score of 'five' which meant food hygiene standards were very good.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- Staff received a comprehensive induction in to the home which was aligned with the Care Certificate; this is a nationally recognised set of standards for health and social care workers. There was a probation period staff completed to ensure they had the required values and attributes to work at Handsworth prior to being given a permanent contract.
- Staff had the required knowledge, experience and skills to meet people's needs. Staff received a range of appropriate training applicable to their role which included: safeguarding, mental capacity, dementia, first aid, fire safety, medication and moving and handling.
- There was an operational structure in place to support delivery of supervision. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake. Staff also participated in an annual performance appraisal.

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

- During the inspection we observed the lunch time service. Dining tables were well presented, ambient background music was being played and the atmosphere was relaxing and conducive to a pleasant mealtime experience.
- The majority of people chose to eat in the dining room, whilst other's preferred to dine in the lounge area or within their own private room. For people who chose to stay in their room, a well-presented tray service was provided.
- Food was home cooked and well-presented and people were offered choice from a varied menu. For those people with additional dietary needs, the chef and kitchen staff worked collaboratively with the care staff to ensure people's individual needs were catered for.
- In the main lounge area there was a 'hydration table' with jugs of juice and fresh fruit freely available for people to help themselves. In addition to this, throughout the course of the day people were served extra snacks and drinks.
- Some people needed to have their food and drink intake recorded on charts. We checked these records and found staff completed them diligently and the correct information was recorded.
- The majority of people we spoke with were complimentary about the quality of food. Comments included, "Sometimes alright, sometimes not so.", "Food is cooked well but I am not a big eater.", "Some of the food I like, some I don't, but I always have options." and "I have an all-day menu. I can order any of the snacks, light bites and sweet selection and have them delivered to my room."

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

We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were aware of the principles underpinning the Mental Capacity Act (MCA). Staff had received relevant training and demonstrated a good working knowledge of capacity, what constituted a deprivation of a person's liberty and best interest process.
- Any behaviour that caused upset to others or to the person themselves was addressed in the least restrictive way and care planned to reduce unnecessary restrictions being imposed.
- Where people were unable to consent, people's care had been agreed in advance with people's nearest relative, advocate or professional and was delivered in line with best interest.
- Robust records relating to DoLS were maintained. This included a record of DoLS applications which had been made to the local authority, information about who had an authorisation in place and the date the authorisation was due to expire.

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

- An initial assessment was completed with people and their relatives to ensure care was planned proactively and in partnership with them.
- People's personal histories were captured and detailed to ensure staff had sufficient information to provide care in line with people's values and needs.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life for people living at Handsworth.

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

- At the time of this inspection the environment at Handsworth was traditional in presentation but was homely and welcoming. We were told the provider was about to embark on a refurbishment programme across the home which would deliver improvements to the overall environment. We discussed the refurbishment plans with the area manager and were assured that people living at the home were being consulted on any proposed changes and any environmental improvements would be considerate to people living with dementia and/or memory problems.
- During the inspection, four people allowed us to view their rooms and we found these to be highly personalised and well presented.
- People living at Handsworth benefited from a large accessible outside space that was well maintained. People told us they enjoyed being able to go outside, particularly during the summer months.

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.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity; supporting people to express their views and be involved in making decisions about their care:

- People received an exceptional standard of care and support from a committed, passionate and caring group of staff.
- Staff knew people well and interactions were relaxed. People living at the home spoke with great fondness and affection about the staff. Comments included, "I think all the carers are just wonderful. It's a beautiful place to live and I couldn't be happier.", "Everyone is so patient with me, I never feel hurried and the care is superb.", "I ring the bell if I feel lonely at night. Staff will then come, listen to or chat with me." and "I have a very helpful carer. I get on well with all the staff. I am not lonely here, there is always someone to talk to."
- Without exception, relatives of people living at Handsworth were consistent in their high praise. Comments included, "I have absolutely no qualms about any of the staff. Staff are all great. It is a nice, smashing place. Nice room. Care is excellent. [Person] is very settled.", "I visit on a very regular basis and the care is consistently excellent. I simply cannot fault it." and "[Person] was really struggling living on their own at home, but they have flourished in every respect since moving into Handsworth."
- The open, inclusive and supportive nature of the home meant that promoting equality and diversity and respecting people's human rights was a golden thread that ran through every aspect of the service.
- Through a truly inclusive approach to care and support planning, key information about people's lives, their individual identity, culture and what was important to them was captured to good effect. At every opportunity staff promoted people's rights to make choices and live fulfilled and valued lives. This was most striking in the work that had taken place with people around hobbies, interests and previous occupations. For example, for one person, videos and pictures obtained via the internet had been used as part of a reminiscence session exploring this person's previous employment. We saw testimony that demonstrated this had made the person feel valued for how they had contributed to society during their working life. For another person, they had expressed a keen interest in historical waterways, locks and canals. As a result, staff had engaged with a local historical society to plan an event around this. We saw how this had a positive impact on this person's wellbeing and gave them great joy.
- The management team recognised that older lesbian, gay, bisexual or transgender (LGBT) people can feel excluded when accessing social care services. In response to this, a learning package had been developed to raise awareness and celebrate the lives of people who identified as LGBT. The learning resource was being rolled out to both staff and people living at home. This helped to create a safe and supportive environment where people could truly be themselves.

- Celebrating diversity of people from different cultures and heritage was of equal importance. We saw how Chinese New Year had been celebrated and throughout the year, the home had a rich programme of events that celebrated the diversity of people. This demonstrated a truly inclusive approach.

Respecting and promoting people's privacy, dignity and independence:

- The provider had a long and proud tradition of providing care and support to older people that was truly values based. The values of respect, dignity, being open and fair, to become the best they could be, and to nurture each person's body, mind and spirit to promote a fulfilled life underpinned the entire approach at Handsworth.
- As with all care services operated by the provider, Handsworth benefited from having its own Chaplain. The Chaplain provided a listening presence, companionship and one-to-one pastoral support for all people living at the home, their friends and relatives, and staff members.
- The Chaplain was fundamental in supporting staff to deliver an outstanding level of care. A truly holistic approach was taken that valued every person as an individual – irrespective of their beliefs. The Chaplain described to us how everyone at Handsworth was considered to be part of a family. As with any family, we were told how there would sometimes be tensions, but also how in times of need, people would come together. We saw a real example of this in that when one person had become unwell and taken to their bed, another person living at the home who was their friend, would visit on a daily basis, to sit and talk and provide comfort. This complimented the excellent level of care provided by the staff, but demonstrated how the caring ethos and values based approach truly benefited everyone at Handsworth.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff understood people's information and communication needs; as required by law through the Accessible Information Standard (AIS). These were identified, recorded and highlighted in care plans and were shared appropriately with staff and other professionals involved in people's care.
- Care and support planning was truly personalised that not only took account of medical or support needs, but who the person was as an individual. This included comprehensive information about life histories, likes, dislikes, personal preferences and who were important in a person's life.
- Great emphasis was placed on what people enjoyed, particularly around interests and hobbies. The home benefited from a full-time activities coordinator and they worked collaboratively with the Chaplain in spending time with people on a one-to-one basis and in small groups, to understand people's interests and hobbies and what activities people would like to spend time enjoying both inside and outside of the home. This helped the activities coordinator develop a varied and engaging activities programme that took account of people's physical, emotional and spiritual wellbeing.
- 'Seize the Day' was also an integral part of enabling people to participate in something they truly enjoyed. For a number of people living at Handsworth, their Seize the Day moment was being surprised by an Elvis impersonator who visited the home to perform a concert. These people had previously talked about how they very much enjoyed listening to Elvis' music and we saw from photographs and accounts given by people on the day that they had been thrilled by this and talked about it for many days afterwards.
- A more recent addition to Handsworth was the introduction of a 'corner shop.' Located on the first floor, the shop opened once a week and offered a range of treats and provisions that people and their families could purchase. Tables and chairs had also been organised in a café style which meant people could spend time there. Longer term, the aim was for the shop to open on a more regular basis and the management team was exploring the use of volunteers to enable this to happen.

End of life care and support:

- Considerations around end of life care was part of the overall care planning process. People's wishes were discussed and recorded in line with their wishes. When a person was nearing the end of life, staff within the home worked with relevant health care professionals to ensure care and support was provided in a dignified and compassionate way.
- End of life training was provided to all care staff and the Chaplain provided holistic support.

Improving care quality in response to complaints or concerns:

- The home operated an 'open door' policy which meant people were encouraged to raise any concerns at the earliest possible opportunity.
- The home had a low level of complaints and people told us they felt confident in raising concerns and that they would be taken seriously.
- The provider had a complaints policy and information about how to make a complaint was readily available throughout the home.
- A complaints log was maintained which detailed the nature of the complaint, outcomes and action taken.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- A dedicated and enthusiastic staff team was in place, led by a motivated management team that followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes for people. The management promoted a culture which was person-centred, inclusive, open and transparent.
- Since the last inspection of Handsworth in November 2018, the home has improved its overall rating to good, with outstanding practice found in the key question of 'Caring.' This is testimony to the hard work and commitment of everyone working at the home and demonstrated the effectiveness of good leadership and a willingness to learn and improve overall quality for the benefit of people living at Handsworth.
- Staff spoke positively about the leadership and told us they felt valued and motivated to make a difference. Comments included, "I feel I can speak to any senior carer or member of the management team and I'll be listened to and taken seriously.", "The deputy has really stepped up and continued to manage the home well." and "No issues at all with the managers or seniors. Everyone knuckles down and does their best for the people living here."
- Comments from people and their relatives included, "I know there has been some management changes, this doesn't appear to have adversely impacted on [relative] and things seem to be running OK.", "I know I can speak to any of the staff at any time. I sometimes pop into the office when I'm passing." and "I've only ever complained once and this was dealt with really promptly, everyone is very approachable."

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

- The management team and senior carers were knowledgeable, experienced and motivated to ensure people received good quality of care. There were audits in place to maintain standards and plans in place to strive for continued improvement.
- All the staff spoken with during the inspection demonstrated their individual commitment. Their passion for people came through strongly during interviews and they spoke extremely fondly of people living at the home. Staff spoke of people being at the heart of Handsworth and everything they did and this came through consistently during the inspection.

- Champion roles had been introduced which meant staff were empowered to take lead responsibility for their area. Champion roles covered areas of practice including end of life care, safeguarding, infection prevention and control, medicines and MCA/DoLS. Some Champion roles were better established than others but development plans were shared with us which gave clear timescales for continued improvements.
- The home had submitted all relevant statutory notifications to us promptly. This ensured we could effectively monitor the home between our inspections. When needed, the management team had provided information to us without delay to help with any further enquiries we had made.
- The rating from our last inspection was correctly displayed conspicuously in the foyer of the home and the rating and full inspection report was also displayed on the provider website.

Engaging and involving people using the service, the public and staff; working in partnership with others:

- The home had a regular programme of resident and relatives' meetings that were held throughout the year. Minutes of meetings demonstrated people were able to contribute and provide feedback about the running of the home. Topic areas discussed included: staffing levels, activities, the new shop, seize the day, up and coming events, film nights, food quality and menu choices, and church services. A newsletter was also distributed that provided both local and national information about developments and activities.
- Surveys and questionnaires were used as another means of gathering people's views. We saw feedback was reviewed by members of the management team who were proactive in responding to feedback.
- The home was outward looking and sought to actively engage with the local community whenever possible. Links had been forged with local primary schools who visited several times during the year. Most recently, through a local charitable foundation, a group of young people had raised funds for the home which was used to organise a residents' party.
- Staff meetings were held on a regular basis and these were a combination of general staff meetings and departmental meetings. Staff told us they were always supported to contribute to meetings and to suggest ways in which improvements could be made.