Methodist Homes

Aigburth

Inspection report

21 Manor Road
Oadby
Leicester
Leicestershire
LE2 2LL

Tel: 01162715086
Website: www.mha.org.uk/ch32.aspx

Date of inspection visit:
21 September 2016
28 September 2016

Date of publication:
24 November 2016

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

We carried out our inspection on 21 and 28 September 2016. The inspection was unannounced. We returned announced on the second day.

The service provides accommodation for up to 56 people older people, including people living with dementia and similar health conditions. There were 53 people using the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew to respond to any concerns they had about people's safety and welfare. This protected people from abuse and avoidable harm. The provider had effective systems in place to assess and support people's needs in the event of an emergency.

There was enough staff to meet people's needs. The registered manager assessed people's needs and used this to deploy sufficient numbers of staff. Staff managed people's medicines safely and administered them in accordance with people's prescriptions. The premises and environment were well maintained, spacious and kept in a safe condition.

The provider completed relevant checks which assured them that staff had the right skills, experience and knew how to support people safely. Staff had access to initial induction and continued to receive a range of training. This equipped them with the relevant skills they required to meet people's needs.

People were supported in accordance with the Mental Capacity Act (MCA) 2005. People were not unlawfully deprived of their liberty. Staff sought people's consent to their care and treatment. People were supported promptly with their health needs.

People's nutritional needs were met. They had access to a variety of healthy meals that they told us they enjoyed.

Staff were kind and compassionate to people. They were knowledgeable about the needs of the people they supported and treated them with dignity and respect. They provided the support that people needed to be involved in decisions about their care.

Care was focused on people's needs. Their care plans reflected the support that they received. People and their relatives were involved in developing and reviewing their care plans. Staff provided people with ample opportunities to access a variety of social activities and supported them to follow their faith. People were

supported to be part of the community they lived in. They were also supported to maintain links with the wider community.

People had opportunities to give their feedback on the service they received. The provider listened to feedback from people using the service and their relatives and acted on this.

The provider had effective procedures for monitoring and assessing the service in a way that promoted continuous improvement. People and their relatives were satisfied with the service they received. Staff felt supported in their role which enabled them to deliver a good standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from risk of abuse and avoidable harm. Staff knew how they would report any concerns they had about people's welfare.

The provider had robust and effective recruitment procedures in place to ensure where possible only suitable people were employed.

Sufficient numbers of staff were deployed to ensure people received the support they needed to be safe. People were supported to take their medicine safely.

Is the service effective?

Good

The service was effective.

People were supported by appropriately trained and experienced staff.

Staff understood and practiced the requirements of the Mental Capacity Act (2005). They sought people's consent to their care and treatment and supported them to make decisions about their care.

People had access to a choice of well balanced meals and drinks. They were promptly supported with their health needs.

Is the service caring?

Good

The service was caring.

Staff promoted people's dignity and privacy. They treated people with respect.

People were treated with compassion and kindness.

Staff were knowledgeable about the individual needs of people they cared for.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in developing and reviewing their care plan. The care plan reflected their current needs or the support that they received.

People were supported to take part in a choice of activities. They were supported to follow their interest and their faith.

People knew how to raise any concerns they may have. Staff listened to people and responded to their concerns and complaints.

Is the service well-led?

Good

The service was well led.

Staff had a clear understanding of the standards that was expected of them.

The registered manager and deputy manager were accessible and open to communication with people, their relatives and staff.

The provider had quality assurance systems were in place to monitor the quality of care and safety of the home.

Aigburth

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 carried out our inspection visit on 21 and 28 September 2016. The inspection was unannounced on the first day. We returned announced on the second visit. The inspection team consisted of two inspectors and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with two people who used the service, relatives of four people, five members of care staff, the registered manager, the deputy manager, a quality assurance manager from the organisation and the area manager.
We looked at the care records of eight people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who used the service, and how people responded to the interactions. This was to enable us to understand people's experiences.

Good

Is the service safe?

Our findings

People were safe when they received services at Aigburth. A person who used the service told us, "I have seen nothing that concerns me". A relative commented, "I can go home at night and sleep which is lovely." They said this was because they had confidence in the staff and the home. Another relative told us, "I can now be my mother's daughter after years of being her carer, that's because I know that I don't have to worry about my mum."

Staff understood their responsibilities to keep people safe from avoidable harm and abuse. Staff we spoke with had good knowledge of what constituted of abuse, and how to recognise and report signs of this. They demonstrated a good understanding of whistleblowing. A care staff told us how they would respond if they had any concerns regarding the welfare of people that used the service. They said, "I would report to senior or manager." Another care staff said, "We are all responsible [for people's safety]." They went on to tell us some of the ways they ensured this, which included, "Making sure equipment is safe, in working order and appropriate to the person." and "Being observant."

The building was purpose built for the people that used the service. The environment was well maintained. The provider employed a full time staff member who was responsible for maintaining the premises and equipment people required for their care and support. We saw that all maintenance requirements were completed in a timely manner. For example, we saw in records that a person had requested for their mobility scooter to be charged and that it was completed the same day. Staff told us that they had the equipment they required to support people. One care staff told us that they would like an increase in the number of available equipment to support people's mobility needs. They said, "We could do with a second hoist. We only have one [per floor]. It would mean they [people] won't have to wait; slings as well. One had got wet and we needed it so we had to spend about 20 minutes trying to find another one." We saw that the premises was clean, free from clutter and very spacious. This minimised the risk of falls and gave people the space to be as independent as possible.

The provider had plans in place on how they would respond to emergencies such as a fire or flood. This included a major incident business continuity plan which stated how people would continue to be cared for in the event of an emergency. Each person had a personal emergency evacuation plan in place to detail how much support that they required in the event of an emergency. We saw that staff reviewed this regularly to ensure that it reflected people's current level of need.

The provider had effective systems in place for reporting and investigating accidents and incidents. When accidents or incidents occurred, care staff took appropriate actions to develop people's support in a way that minimised the risks of a reoccurrence of the accident or incident. The registered manager, deputy manager or another manager from the organisation investigated incidents and they notified the Care Quality Commission (CQC) of relevant incidents. On the day of our inspection a manager from another service within the organisation had visited to investigate an incident that the registered manager had notified CQC of. This was in line with the provider's protocols for managing incidents of concern.

People were supported by suitable staff. The provider completed relevant pre-employment checks before staff commenced their employment. These included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services.

There were sufficient numbers of staff on duty to support people. People told us there was enough staff to meet their needs. A person told us, "There are generally enough staff on, there is the odd day that it varies but I always get what I need." A relative told us, "I would always say they [home] could do with another one [staff] on duty. They are always on the go and there is no time for anything else." They went on to say despite their feedback about staff numbers, "I do not think the care is compromised." We received mixed feedback from staff about staffing levels. However, all staff agreed this did not affect the level of support that people received. Some staff told us that during periods of staff absence that the staffing levels were not sufficient to meet people's needs. However, the provider had a pool of temporary staff they used to cover staff absences. One care staff said, "When people are on the sick there isn't but nine out of 10 times there is. They [managers] will call someone in. If staff ring in sick we try to cover with bank staff. [Provider] stopped using agency ages ago." Another care staff told us that staffing levels were occasionally low, but that the service had recruited additional members of staff to deal with this. They said, "If we come in and are short [people] still get washed and dressed. They are never left not getting up or [supported with personal care]." Another staff commented that the staffing levels were sufficient. They said, "It's nice because you can talk to the residents."

The registered manager had agreed to increase staffing levels on the top floor following a compliance visit from the local commissioning authority. We saw that this agreed staffing level was maintained at the time of our visit. A person also confirmed that staffing was increased and maintained. The registered manager used a dependency tool to allocated sufficient staff to meet people needs. We reviewed records which showed that the allocated hours in the recent staff deployment exceeded the minimum recommended by the tool. The registered manager also showed us a new system they had implemented which would help them analyse the time it took staff to respond to people's call bells. They said that this would support them to identify where additional support and resources may be required with staffing levels.

People received the support that they required to take their medicines. The provider had good practices for the storage and administration of people's medicines including controlled drugs. This assured them that people would receive them safely. We reviewed people's medication administration records (MAR) charts. We saw that each person's MAR chart had their photograph and details of allergies. This reduced the risk of unsafe medication being given to a person or medication being given to the wrong person. Where people administered their own medicines independently, staff completed relevant assessments and guidelines to support them to do this safely. Only staff who had received relevant medication training administered people's medicines. The managers regularly assessed their competency with this task.

Good

Is the service effective?

Our findings

Staff had the relevant skills and experience that they required to carry out their role effectively. Relatives told us that the staff had sufficient skills and experience to meet people's needs. Staff told us they had the skills required to fulfil their roles and responsibilities because they were supported through training and supervision. Newly employed staff had a period of induction which included training and 'shadowing' which is spending time working with a more experienced member of staff to learn 'on the job'. A recently employed member of staff told us their induction included completing training courses before they were allowed to support people. They said, "I shadowed for one to two weeks."

Staff told us that they found supervision meetings useful for their development in the role. At supervision meetings, staff and their manager could discuss on-going performance, development and support needs, and any concerns. A care staff told us, "[Senior staff] is one of my supervisors. I have a buddy; they are there to help me." A senior care staff told us they had supervision meetings with their line manager "Every 3 months."

Staff had the skills to communicate and provide support that met people's needs effectively including people living with dementia and similar conditions. This included when people may behave in a way that may challenge others. A relative told us about an incident where they were happy with the approach the staff took to deal with this matter although they had not always been successful in the first attempt. We observed that staff were patient, measured in their approach and applied various communication methods when they supported people. Staff also completed records which helped them identify possible triggers to people's behaviours. This helped them provided the relevant level of support the person required.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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 were being met.

People were not unlawfully deprived of their liberty. The provider had made applications to the local authority for DoLS authorisation for the people that required this. We saw that the required authorisations were in place where relevant. Where the authority had given conditions to the authorisation staff supported people according to those conditions. For example, one person's record stated that staff support them with supervised walks in the community. Staff confirmed this person regularly went on walks. Their care records also reflected that the person had been on walks.

Staff that we spoke with demonstrated a good understanding of MCA and DoLS. We observed that they sought people's consent before they provided care and support. People's records also confirmed the people's consent was always sought as part of staff practice. For example, staff sought consent from a person before they shared their information with their relatives.

People were provided with a choice of healthy balanced meals. People told us that they liked their meals and enjoyed the variety offered. One person told us, "The food is nice and you get a choice." Another person said, "The food is good, you get a choice but if you don't want anything they will make you something else." Other comments included, "The food is good and it is hot." One relative told us, "My mum's health has improved since she came here. I know she's eating which was a struggle before. They encourage her with fluids." They went on to say "At residents meetings we've discussed nutrition for example making mash with cream and butter to increase the calorific intake so that people are able to get the calories they require in the amount of food they can manage."

We observed the support that people received during lunch. Staff offered people a menu to make their choice from. We saw that people's meals were served in a very calm environment although some people had waited for about 30 minutes before they received their meal which meant that some people who were served first had already finished their meal. Staff provided support that met people's specific dietary needs and preferences. For example, one person was supported to choose diabetic options from the menu.

People were supported with their health needs. Staff promptly referred them to health care professionals when required. Records showed that staff followed advice from health care professionals to provide the support that people needed. A relative told us, "The GP came out and sat down with me and a senior carer for half an hour discussing the choice. The next day the manager spent the same time with the GP reviewing it". Another relative told us, "[Person] lost a bit of weight and they called the doctor. Communication is excellent."

Good

Is the service caring?

Our findings

People complimented the caring attitudes of staff. They told us that staff were kind and compassionate towards them. One person told us, "They [staff] are very caring and good." Another said, the staff do a good job". Other comments included "The staff are caring and friendly." A relative told us, "Staff go the extra mile. A staff member clocked out and stayed an extra 15 minutes to help get [person] dressed." Another relative told us, "I can get so emotional when I think how caring they [staff] are, they are wonderful." A relative commented, "They are nice and caring, although [person] doesn't like the way the night staff talk to them. They are very short with them." Staff that we spoke with agreed that their colleagues were kind to the people that used the service. A care staff commented, "[Aigburth is a] Friendly place, most of the staff try and be as friendly as they can."

The registered manager told us about a person who was due to move into the service the following month. They told us that the person currently visited the home once weekly as part of their arrangement to help them settle in and support staff to gain knowledge about the person's likes and dislikes. A relative commented, "Everything you pay here goes back to the care. There's no private person making a big profit margin."

We spent time observing the way staff supported people. We saw that they were knowledgeable about people's likes and dislikes. They were kind in their approach. However, we saw that the support people received was not consistently focused on them as an individual but on the task being completed. This was mainly observed during lunch time on the top and middle floor. We shared our findings with the registered manager and deputy manager who told us that would support staff to develop more person-centred support.

Staff supported people to make decisions about their care and support. They told us that staff respected their choices. One relative told us, "Mum doesn't like to join in activities but she's always offered – she might say yes or no, and here [at Aigburth] that is fine." Staff supported people to remain as independent as possible. They did this by enabling them to make their own decisions. Another way they did this was ensuring that people had the relevant equipment they required to be independent such as mobility aids.

People, their relatives and other professionals were involved in planning their care. People's care records included information which showed their involvement and agreement to the care and support plan.

People were treated with dignity and respect. We observed interactions which showed that people received care in a dignified manner. Staff we spoke demonstrated that they understood the importance of supporting people in a respectful and dignified manner. They gave examples of how they applied this when they supported people with their personal care needs. This included ensuring that privacy was maintained by, "Shutting doors and curtains," and "Cover them up with a towel." They gave us some examples of how they promoted respect and dignity in their practice which included, "Asking them first [before providing support]," and "Asking them what they would like to wear." A relative told us, "They [staff] help [person] with personal care, but it is done with such dignity and care." The provider belonged to the local authority dignity

in care charter. We saw that 10 members of staff had been appointed dignity champions which meant that they committed to promoting the delivery of care in a dignified manner.

Good

Is the service responsive?

Our findings

Our inspection of 12 November 2014 found the provider had failed to meet people's needs in a timely manner especially at meal times. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had taken action to improve this. Staff were deployed according to people's needs. People told us that staff met their needs in a timely way. The registered manager had reassessed people's needs and increased the staffing levels to meet those needs. They kept staffing levels above the recommended minimum suggested by their dependency tool. We observed the support that people received at meal time and saw that the atmosphere was calm and support measured to people's needs.

People and their relatives were involved in assessing their needs and developing their care plans. A relative told us that prior to [person's name] coming to live at Aigburth that the registered manager had visited them in their home to discuss their needs and preferences. People's records showed that their care plans were reviewed regularly and that their relatives were involved in the review process were required.

A care staff told us, "Every resident is different and has different needs." We saw that staff had good knowledge of the details of people's care plan and provided the support that met their needs and preferences. This enhanced their experience of the service. The support people received was targeted to their needs. For example the building was purpose built and designed to meet the needs of older people with dementia and similar conditions. The layout and use of sensory stimulation supported people to find their way around the home. A care staff told us, "They all have a door number and pictures outside their doors and family photo boxes to help them remember it is their room." Another care staff told us, "The names of the floors help – it's easier for them to know which floor they are on."

People were not socially isolated. They had opportunities to participate in a variety of social activities. The provider promoted a culture of community living in the service. They employed a full time activity coordinator. People told us that they enjoyed the activities on offer. They all complimented the support they received from the activity co-ordinator and said that their support brought about a positive impact to their wellbeing. One person said, "He is wonderful!" and appeared to enjoy their company. A relative told us, "[Activity coordinator] is fantastic. He is sensitive to people's feelings and can bring people out from teary moods. It is great to watch him work."
"There is lots on offer here, and there's gentle encouragement for people. The stimulation is available with gentle encouragement." We spoke with the activity coordinator who told us, "[Registered Manager] supports what I am trying to do and lets me take the lead." They told us that they were working on implementing a staff team approach to supporting people to avoid isolation. They said this included providing grab boxes for all the floors. These include items for colouring, wool for knitting etc. so that the staff members can just take it off the shelf and engage with people. We observed staff and people using these. Care staff told us that they had recently attended a course about supporting people with dementia and have found the use of memory boxes effective and popular. People also had access to an indoor cinema and a music therapist who visited twice weekly. We saw comments in the provider's magazine of people's feedback that they had benefitted from this.

People had several opportunities which contributed to the community feel of the home. This included participation in the 'Aigburth community choir'. They also organised a 'new residents coffee morning' which allowed people who had recently joined the service to meet and socialize with other people. People were provided with a community magazine 'Aigburth echo' which they contributed to sharing their stories, history and news.

People had access to trips outside the home. The provider had a mini bus and was in the process of acquiring a second minibus. Staff told us that they were innovative in ways they encouraged people to participate in trips and activities. They said as they got to know people, they create roles for them to take a lead on. For example for a person who was unable to participate physically in many games staff, "got them to give a speech to the winner of the games and present the trophy." and another person "welcomes people to the church services and offers biscuits." This ensured people had a role to do and could participate.

The registered manager told us that they used the services of an independent organisation that provided expertise in meaningful activities and learning for older people. One person told us this had supported them to learn how to use a mobile telephone and an IPad which they used to keep in touch with their family and friends.

People were supported to follow their religious beliefs. Most people who used the service had a Christian faith. The provider employed a chaplain. The chaplain told us that although people that used the service were Christians, their role would include supporting people from other religions should this be required. One relative told us, "[Chaplin] is there for people whether you have faith or not. She is there for my mum and for me if I have any concerns. Not that I have any." On the day of our visit, there was a memorial service organised for a person who had recently passed away.

People knew how to raise any concerns they had about the service. One person told us, "I know how to make a complaint as they [staff] have told me but I don't need to as I have no problems." Other comments included, "I would speak to the manager if I have a problem," and "I have no complaints but would speak up to the manager if I did or if I saw something I didn't like." The provider had a 'complaints, comments and compliments policy' which people had access to. We reviewed records of complaints received and saw that the registered manager responded to and dealt with them with their agreed timescales.

People also had opportunities to provide feedback about the service through residents meeting and surveys. One person told us, "The home listened to what was said."

Good

Is the service well-led?

Our findings

People, their relatives and staff told us that the managers were open, transparent and easily accessible. They told us that they felt involved in the development of the service. One person told us that their opinion was sought about the choice of decoration. A relative told us, "I feel involved. [Registered manager] has an open door. I never feel like I have to wait for a resident's meeting or to book an appointment to see her." Another relative commented, "[Registered manager]'s settled really well. If mum was not happy with anything, she'll tell me and I'll tell [registered manager]. They have an open door policy." A care staff told us, "I would go to a senior and then the manager who has an open door policy."

The service had a registered manager. The registered manager had been in their role for six months following a succession of interim managers. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC). We saw that the provider had displayed the report of their previous CQC inspection and actions they had undertaken to address the issues identified in that inspection.

The registered manager was supported in their role by a deputy manager and a team of senior carers. They also had support from an area manager. We found that there were clear lines of responsibility and accountability within the service.

People's relatives spoke highly of the management support at the home. One relative commented, "[Deputy manager] is the lynch pin of this place. [Registered manager] makes the decisions and [deputy manager] makes it work. She's like a dynamite."

Staff complimented the registered manager and deputy manager. A care staff told us, "[Registered manager] is nice and fair. I get on alright with her, friendly and kind." They said that they supported them to meet the standard they expected of them. A care staff told us, "When I first started everything was not organised, after a while the management got stable. We only have to report to one person. Because it's stable and organised it's a friendly place." Another care staff told us, "Everywhere has challenges but we are never alone. We get support from the manager." Staff told us that they received feedback and encouragement to provide a high standard of care. A care staff told us, "I get feedback if something went alright. They say 'Well done'." Another said, "It's a brilliant place to work. Happy faces." Staff were also supported through annual reviews which included celebrating staff success in role delivery and how they had demonstrated the values of the organisation. Following their review, staff received a rating of their cumulative performance. They felt confident in the standard of care they provided. A care staff said, "I would put my mum here – no concerns." A relative commented, "This place is lovely. I would give it gold stars all the way through."

The provider had procedures in place for assessing and monitoring the quality of the service. The provider's quality assurance procedures consisted of a range of audits. These included audits of people's care and support and the general maintenance of the building and equipment. The registered manager met daily with senior care staff to discuss the support they people required and received to ensure that it was of a high

standard. They also met monthly with 'heads of department' including catering, maintenance and gardening staff to discuss care provision and identify any issues that may have been highlighted. The service was also supported by a quality assurance team from the organisation. On the day of our visit a quality assurance manager had visited to support the service. We spent time talking with them about the support and improvements they provided to Aigburth.