Care Quality Commission

Methodist Homes
Harwood Court
Inspection report

Highburn
Cramlington
Northumberland
NE23 6AZ
Tel: 01670 712492
Website: www.mha.org.uk

Date of inspection visit: 6,11,12 and 17 November 2014
Date of publication: 06/03/2015

Ratings

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

Overall summary

This was an unannounced inspection which took place on 6, 11, 12 and 17 November and was carried out over three days and one evening. We last inspected Harwood Court in May 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Harwood Court is a care home for older people. It is registered to accommodate 35 people and 29 people were living at the home at the time of our inspection. Nursing care is not provided. A registered manager was in post. 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.

The registered manager was away from work and a temporary manager took charge part way through our inspection.

During our tour of the premises no safety hazards were noted and medicines were safely managed.

Summary of findings

The home used safe systems when new staff were recruited. All new staff completed thorough training before working in the home. The staff were aware of their responsibility to protect people from harm or abuse but lacked confidence in the management of the home to be consistent in responding to this.

Although people told us that they felt safe in this home, there were times when there was not enough staff to meet people's needs. We also found that a standing aid was not in service and the risks had not been assessed regarding this.

Staff received on-going training and support to help them carry out their work and provide support to people living at the service. Supervisions, appraisals and staff meetings had fallen behind schedule.

People spoke highly of the food and we saw mealtimes were pleasant social experiences. The cook had contact with people on a daily basis and visitors had access to small kitchens for preparing drinks and snacks. We saw drinks were readily offered throughout the day.

Some aspects of people's consent to care and treatment were not being managed in accordance with the Mental Capacity Act 2005.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives. People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. People had access to community based health care services.

People told us that they, and their families, had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. However, we found that care plans did not always reflect people's care needs because they had not been updated and some people's risks had not been reviewed. This meant people did not always receive support in the way they needed it.

People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home. One person had chosen to bring a pet into the home. They told us that it was very important to them that they were able to have their pet with them.

Activities were varied, stimulating and well planned throughout the week. We saw people enjoyed these and were assisted and supported to take part, where necessary.

The systems used to assess the quality of the service had not identified the issues that we found during the inspection. This meant the quality monitoring processes were not effective as they had not ensured that people received safe care that met their needs.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to; the number of staff on duty; safe delivery of care; keeping accurate records; assessing and monitoring the quality of the service. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

A person who lived in the home was placed at risk because an essential piece of equipment was not available for use and risk assessments and care plans had not been updated to take account of this.

Staff were recruited safely and trained to meet the needs of people who lived in the home. However, there were not always enough staff on duty to provide the support people needed.

Staff in the home knew how to recognise and report abuse but they did not all have confidence in the management to respond to this appropriately.

Medicines were administered safely.

Is the service effective?

Requires Improvement

The service was not always effective

People using the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We heard many positive comments about the food and saw people received the help they needed.

Staff received induction and on-going training.

Some staff told us they had not received regular supervisions, appraisals and staff meetings because these had fallen behind schedule.

Is the service caring?

Good

The service was caring.

The staff had developed caring relationships with people using the service. Everyone we spoke to at Harwood Court was positive about the care and support they received. We observed good interactions between all members of the staff team and people who lived at the home.

People were also supported to maintain good health, had access to healthcare services and received on going healthcare support.

People were supported to express their views and to be involved in planning their care. Staff we spoke to were knowledgeable about people's individual needs. We saw that staff promoted people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive. Some people's needs had not been thoroughly and appropriately assessed and some records could not be located and others were not being properly maintained.

Summary of findings

We saw a wide variety of activities were provided on a daily basis, which included in-house activities and arranged outings. The home employed an activities coordinator who completed group and one to one activities with people living at the service. We saw people were supported to make decisions and choices were respected.

People told us they could raise any concerns or complaints with the registered manager or any staff member. Staff were aware of how to handle minor concerns directly, or to escalate more serious matters to their management.

Is the service well-led?

The service was not always well led. The home's registered manager and other senior staff were absent. Staff informed us that communication was poor and they lacked leadership.

Some of the records the home was required to keep could not be located..

The provider described clear values in the information provided to the public.

Requires Improvement

Harwood Court

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 visited the home on 6, 11, 12 and 17 November 2014. Our first visit was unannounced and the inspection team consisted of two inspectors. On the first day of our visit to the home we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. One inspector returned to the home to look in more detail at some areas and to examine staff records and records related to the running of the service. The third visit was used to observe the evening and night shift. At the fourth visit we gave feedback to the temporary manager and took away some records so that we could examine them more closely.

During our inspection we spoke with 12 people who lived in the home, two visitors, three senior care staff, five care staff, three ancillary staff and the temporary manager. The temporary manager was registered with the Commission in respect of another location.

We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the home. The Provider Information Return (PIR) was sent to the home but not returned to us. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We contacted local commissioners of the service, GPs and district nursing teams who supported some people who lived at Harwood Court to obtain their views about it.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service living at the home. One person said, "I am definitely safe here." Another person said, "I feel safe, it is well managed and I am happy with the staffing levels." A visiting relative said, "Yes she is very safe here, there always seems to be people around, through the day anyway."

Records showed the risks to people using the service were assessed individually on admission and regularly thereafter. We saw appropriate actions were taken to minimise risks identified. For example, we saw a person who was a high risk of pressure damage had a special mattress and special cushion. They also had a care plan to ensure they were assisted to move position through the day, using a standing aid, and at night by regular turning. We saw, and records confirmed, this person was using the sling hoist during the day, rather than the standing aid, because the standing aid was not working. The person told us this had meant that some days they had not been moved as often as they should have been because of this. The person's moving and handling risk assessment had not been reviewed since 24 August 2014.

We noted this person's care record showed that they were a very high risk of developing pressure sores and they had a history of pressure sores dating back to July 2013. However, the monthly evaluations of the care plan entitled "to keep skin healthy and hydrated" for this person had no information entered in the months of September and October 2014. We formed the view that care was potentially compromised because evaluation and review of risk was not not being carried out in a timely way. We brought this to the attention of the temporary registered manager who told us, on the fourth day of our inspection, that the standing aid had been seen by an engineer and brought back into use.

This matter was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw in the rotas that 23 care staff were employed and 21 of these were available for work.

The registered manager was not available for us to ask her how she had calculated the number of staff that were required. Staff told us they were short staffed because three staff were suspended and they had no bank staff. This meant that staff were working extra hours. One staff member said, "It is getting tiring covering the extra shifts. We do it because it people need the staff cover and we don't want to let them down." Another staff member said, "It does not help that the standing aid is not working because it means we have to use two staff where one could use the standing aid. It has been reported but that was weeks ago."

We saw from timesheets for October 2014 that eight staff had worked excessive hours. For example, one staff member worked 66 hours and 48 hours in consecutive weeks and another staff member worked two 42 hour weeks and a 44 hour and a 50 hour week in the month of October. Some staff acknowledged that this was their choice; however the lack of bank staff or other staffing contingency arrangements had led to prolonged periods of excess hours for some staff which in turn was leading to tiredness and low morale.

One of our visits spanned the day and night shift. The night staff told us they were concerned that only two staff were covering the night shift. One staff member said, "It is not safe to have just two staff on duty at 8pm. We can't be everywhere and there are two floors to cover. It is a busy time at the beginning of the shift." We observed an evening period at the home.

We saw that when the day staff went off duty at 8pm the atmosphere in the home changed, it became much quieter and people in the lounge began to ask the night staff for assistance to go to bed. At one point in this period five people were left in the lounge unattended because a person required both staff to assist. We saw that as soon as staff left the lounge one person became very anxious and unsettled and, though very unsteady, attempted to stand using a walking aid. A second person was knocking on bathroom, toilet and the office doors looking for staff and became anxious that they could not find anyone. As soon as the staff member appeared from the lift both people relaxed. One of the night staff said, "This lady had a fall one evening in the corridor, she was not hurt but she likes to stay up but needs us to be around to stay settled, otherwise she looks for us." This showed care was potentially compromised due to a lack of staff on duty after 8pm. We contacted the covering manager the next day and gave her our findings from the evening observation. Later she contacted us to say that staffing levels were being increased at night.

Requires Improvement

Is the service safe?

These matters were a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We talked to the handyman who told us he had only worked at the home for three weeks. He acknowledged that when the previous handyman had left some things had fallen behind but he showed us the safety checks and risk assessment he had introduced and was following. He demonstrated a high level of awareness regarding risk assessment processes and health and safety systems and told us he had a qualification in health and safety that allowed him to train staff. We saw no safety hazards as we walked around the building.

Before the inspection the registered manager had notified us of an incident where a staff member had delayed in reporting a safeguarding matter and this was being investigated by the registered provider under their disciplinary procedures. This showed the provider was prepared to take action to maintain people's safety where incidents occurred.

Staff told us they had received training in relation to safeguarding adults. They were able to describe types of abuse and what they would do if they felt people living at the home were at risk of abuse, or if they had concerns. Staff also told us the registered provider had a whistleblowing policy and that they would raise concerns with the registered manager, the deputy manager or the registered provider, if they were at all concerned about care at the home. We saw in staff records that staff had been issued with copies of some of the home's procedures, including the safeguarding policy and whistleblowing policy but there was evidence when we spoke to staff of a lack of confidence in these. For example, one staff member thought the response may vary dependent on who they reported things to.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references being taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff told us they were required to wait for checks to be completed prior to starting work at the home. There was also evidence of checks to verify staff's identity through the use of passports or driving licences. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. The registered provider had a recognised policy and procedure for dealing with any disciplinary issues at the home. They confirmed disciplinary action was being undertaken at the time of our inspection.

We asked people about their medicines, talked to the staff that gave out medicines, looked at some of the records, the storage arrangements and observed medicines being administered to people. We found these arrangements to be satisfactory.

Requires Improvement

Is the service effective?

Our findings

We heard many positive comments about the food provided, with one person telling us, "They make some lovely meals." Another person said, "It was very tasty." During the lunch time meal we heard further positive comments between people, such as one person joking "I'll come back to this restaurant another day."

We observed the lunch time meal, which was a choice of two hot main courses followed by a choice of sweet. We saw the majority of people in the dining area were able to support themselves with eating and drinking, and gentle encouragement was offered to those who needed it. Staff told us some people who spent time in their own rooms needed more help with eating, which they were able to provide. The meal time was a positive social occasion, with evident good humour between staff and the people living here. We also found there were small kitchenettes situated on each floor, which contained facilities for making hot and cold drinks, including fixed water coolers. We saw people were able to help themselves to fruit which was available in the dining area. This meant people using the service, their relatives and other visitors could help themselves to drinks and snacks throughout the day. The cook told us that she would talk to people every day to get feedback about the meals and pick up any ideas people had.

The staff we spoke with said they had received training in the Mental Capacity Act 2005 (MCA), but one care worker said, "I have had this but really could do with it in more depth." The MCA and the associated Deprivation of Liberty Safeguards (DoLS) protect people from having their liberty unlawfully restricted. Two DoLS applications had been made, one of which had been authorised for one person and clear guidance developed to help staff support them with personal care. The records we looked at and discussions we had with staff gave a strong indication they were managing this situation well and in a way that minimised distress for the person concerned. The registered manager was not available to confirm whether or not other DoLS applications had been made in response to a recent Supreme Court ruling and there was no evidence in people's care records that other people had been considered or assessed in this regard.

We saw one example in a person's care record where family members had been consulted about treatment the person had refused. We saw a staff member had written in the care record; "unable to understand the consent form", but there was no evidence that the person's capacity to make the decision had been assessed or a best interests decision had been considered in accordance with the MCA. Best interests decisions are important because they ensure that people receive the care they need and have their rights upheld to refuse treatment where they have capacity to do so. We shared this with the temporary manager who undertook to look into this.

We recommend the provider considers the recent Supreme Court ruling on Deprivation of Liberty Safeguards and consults with the Northumberland Safeguarding Adults Team.

For those occasions when people might need to transfer to another service or to hospital quickly, 'transfer sheets' had been developed which were held on the people's files. This meant hospital staff would have ready access to important information to support the person in an emergency situation.

We observed a shift handover from the day staff to the night staff. The information passed on was very clear and with good detail about each person in the home One of the night staff commented "We always get a good handover from (name of Senior).

All the staff we spoke with confirmed that they had sufficient induction training which was updated regularly through e learning and some face to face training. We saw this in the staff records we looked at. Staff confirmed that their training in safety topics, such as moving and handling and health and safety, was kept up to date. We saw eight staff were attending a first aid training session in the home on the first day of our inspection. We saw in records that senior staff had received training and competency checks for safe administration of medicines

Staff gave us mixed comments regarding staff meetings, one to one supervisions meetings with their managers and annual appraisals of their work. These were some of the comments we received; "Better communication, more meetings would help."; "I have had supervisions but can't remember when, it seems a long time ago."; "We have not had a meeting since August. Supervisions and appraisals are not regular. They are supposed to be every six weeks." We were unable to corroborate this because the covering manager was not able to locate accurate records of these meetings. On 11 November we contacted the registered

Requires Improvement

Is the service effective?

provider's nominated individual who sent us an action plan to address our concerns. This committed the temporary manager to undertaking a review of staff support arrangements. The temporary manager later informed us that staff supervisions and appraisals had fallen behind but these had been arranged to take place in November and December 2014 and going forward. We were sent a spreadsheet which confirmed that some staff had not had supervision for several months and that 14 supervisions had been undertaken in November and December 2014 to bring these staff up to date with these meetings.

We saw that the premises had good level access from the car park and out into the garden and internal facilities had been adapted to people's needs. Walk-in shower rooms, grab rails and special baths had been installed for example. A visiting relative told us, "Sometimes little things get missed for example light bulbs not being changed for a while." Another person said, "I get anything I ask for my room; the handyman sees to things when I ask."

Good

Is the service caring?

Our findings

We asked people about the service they received, the approach of staff and how they were supported to be involved in making decisions about their own care. People were complimentary about the caring approach of the staff at the service. For example, one person commented, "Yes, the staff are helpful." Another person said "I love it at Harwood Court … the staff are wonderful." Throughout the time of our inspection, as well as during our observations, we saw staff had positive and caring relationships with people using the service. For example, when helping them with physical transfers, between lounge chairs and wheelchairs. We saw staff clearly explained what they were doing and acted in a courteous and respectful manner. We also saw staff offered reassurance and gentle encouragement when people were mobilising between rooms. We saw other staff who did not have a direct caring role also took the time to develop caring relationships. For example catering, domestic and maintenance staff all took time to speak with people knowledgably and helped promote a warm and relaxed feel in the home. A relative told us, "There is sense of caring and a welcoming approach, friendly staff who say 'hello, how are you' when you arrive and always offer you a cup of tea for example."

We saw that copies of the provider's statement of purpose were openly available in the home and this included reference to the values of privacy, dignity and choice and spiritual care.

Another visitor told us they felt their relative was well cared for and they were fully involved. They said, "They keep me up to date with things, any problems, anything that happens really."

The records we looked at also reflected the approach of staff, with entries in care records being factual and focussing on the positive aspects of people's care and life stories. We asked care staff about their role and approach to care. They confirmed they could meet the needs of the existing group of people living here, although concerns were expressed about a recent shortage in staffing levels due to sickness and other absence.

We saw evidence in care plans that people were able to access routine medical appointments and other professionals were involved in people's care as appropriate. For example there were regular entries recording the input of the GP where staff felt their advice and input was needed. Other professionals involved in people's care included the dentist, optician and chiropodist.

During our observations and throughout our inspection staff went about their work in a good humoured way. We overheard no discussions about personal care needs and observed staff ensured bedroom and bathroom / toilet doors were always shut when personal care was being offered. We saw people were dressed in well-fitting clothes, which were clean. People's hair and nails were clean and well presented. During the meal time people had napkins available to protect their clothing should they have wished to use these and staff provided help for people to use these where this was asked for and required. This meant people's dignity was maintained.

The staff we spoke with described how they would encourage people to be involved in day to day care decisions. Staff said they would always ask people before providing care and would respect people's choices. They were able to provide examples of this and how they would offer choice in different situations, such as when people found it hard to communicate. People we spoke with said "Every day someone will ask if you're alright or if there is anything they can do for you." We observed staff offering people day to day choices, such as what to have for meal times and whether to be involved in the activities on offer.

The staff we spoke with were clear about their responsibilities to preserve people's privacy, uphold their dignity and ensure confidentiality was maintained. Staff were able to provide examples of their day to day practice which ensured this, such as always knocking on bedroom doors and awaiting an answer before entering, ensuring doors and curtains were closed when offering personal care, and making sure personal records were held securely and out of sight.

We looked around the building and found there to be no malodour. The home was well maintained and soft furnishings appeared to be new and décor schemes helped present a calm and relaxed atmosphere. All of the toilets and bathrooms we inspected had functioning door locks and where they had exterior windows, these had been obscured with blinds fitted, which meant privacy could be upheld.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us staff responded well to their care needs. We saw some people had been given alarm pendants to wear and we asked one person about this. This person said what this was for and told us, "If I get in trouble I just press it." Another person explained to us, "I try to help myself as much as possible" and went on to explain, "Every day someone will ask if you're alright or if there is anything they can do for you."

We looked at five people's care plans and saw people's needs were assessed before and following admission. Care plans were written to address identified needs. However, we noted that there were delays in developing these. For example, for one person, who had been admitted to the home in September 2014, care plans for some of their needs had not been devised. We saw one of the person's care plans described a seating position that was not being followed when we visited the person in the lounge. We asked the staff about this who told us the person was not happy with sitting in the way they had been advised when they had been admitted. There was no care plan relating to how this could be managed. We saw and records confirmed one person was using the sling hoist during the day, rather than the standing aid. The records showed that the person's moving and handling risk assessment and plan had not been reviewed and updated to account for this change, although the standing aid had been out of use for nearly four weeks. We saw that no monthly weight had been recorded for the month of October 2014 for one person.

These matters were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the inspection we heard the alarm call system sounded infrequently. There were some occasions when the alarm sound changed due to a delay in answering the call and when this occurred we saw staff quickly respond to attend to the call. This indicated that people had their needs attended to without resort to the call system and urgent calls were responded to quickly.

Shortly after we arrived at the home we saw staff offering people a choice of hot and cold drinks and light snacks.

Staff asked people for their choice before meals were plated and brought to people. Some people were able to help themselves to vegetables and potatoes, so they could control their portion sizes.

We spoke to the catering staff, who were aware of people's personal food preferences, allergies and dietary needs related to their health and medication. They informed us how they would cater for these needs, for example by offering low salt, wheat free or fortified meals. Where necessary, food and fluid charts were kept for people at risk of malnutrition or dehydration, which we saw the catering staff completing after the lunch time meal. When we looked at people's individual care records we also saw dietary assessments, care plans and monitoring records were maintained, which meant should staff be concerned, referrals could be made to appropriate professionals, such as the GP or dietician.

One person had chosen to bring a pet into the home. They told us it was very important to them to be able to keep a pet. We saw this was a talking point between the staff and the person.

The care records we looked at included provision for people to sign their care plans as confirmation these had been discussed and agreed with the person or those acting on their behalf. Where people had made advanced directives about their future care, these were clearly documented, reviewed and signed by the person they concerned. Staff had signed to indicate they were aware of the content of people's care plans and confirmed their awareness of people's key needs when we discussed these with them. This meant people using the service would not receive care they did not want or consent to.

We saw there was a broad range of activities provided at the home. On our arrival staff were arranging chairs in the main lounge so people could easily see and comfortably enjoy a choral performance that had been arranged. In the afternoon a communion service was taking place. These activities were clearly posted on a large notice board outside the lounge, so people could be kept informed about what activities were happening, as well as other important events. We saw people happily joining in with the singing and suggesting songs that they could sing along to. Refreshments were served during the break and this helped make a sociable atmosphere.

Requires Improvement

Is the service responsive?

An activities coordinator was employed at the home during weekdays. Their role was to help meet the social needs of people who lived there. We spoke with this worker who told us about the activities they arranged and the learning and practical resources they had access to. Some examples included baking sessions, reminiscence, chair exercises and, on one occasion, a person bringing in and explaining about various 'exotic' animals. Activities also included communion and religious services every other Sunday, should people wish to observe their religion. One of the care workers we spoke with said, "The activities worker is really good."

A relative commented, "The activities person really puts her heart and soul into the job and is always encouraging residents to try new things." One of the people we spoke with said the following about the activities worker; "She got me doing art work. I didn't know I was an artist- it was lovely, I enjoy it now."

A 'getting to know you' document had been used to provide information about people, and help staff members get a better understanding of them as individuals, the important events in their life and their personal preferences. We saw the service would make use of other professional expertise to meet individual needs. For example, for one person we could see the input of the challenging behaviour team had been sought and they had given advice and developed an appropriate plan of care for staff to follow.

We spoke with people using the service to see if they were able to raise complaints or concerns and how staff might deal with them. When we asked about raising complaints one person told us, "If you want advice you can ask anyone." Another person simply said: "I've got no complaints."

We spoke with two care workers about handling complaints and concerns. Both stated they would deal with minor issues directly to resolve them. They both indicated more serious concerns would be passed on to senior care workers or the manager to be aware of, act upon and resolve.

We saw a copy of the complaints procedure was available to view, along with leaflets encouraging comments and suggestions. We saw the provider had a system for monitoring complaints and that one complaint had been received in June 2014. This had been responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with voiced no concerns about how well led the service was, though some changes had been noticed of late by one relative who said, "Little things have been getting missed in the last year or two, but things are getting tighter again now."

At the time of our inspection there was a registered manager in place. However they were unable to assist with the entire inspection because they were required to be away from duty. Their absence, along with the absence of two other senior staff was part of an internal investigation which the registered manager had notified us about prior to the inspection. A registered manager from another home was sent to manage the service during the inspection, though they had no previous experience of the home.

Staff commented on the poor communication and leadership of late. For example, one staff member said, "There has been no kind of leadership recently; there have been clashes and no structure. The three sections of staff, care, kitchen and housekeeping work well together, but I feel the management side is not supportive. For example three weeks without the hoist. We have ideas and they get put forward but nothing happens. Morale is low." Another staff member said, "We have one or two meetings a year, it would be nice to have more, nice to know a bit more about what is going on."

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. We noted that the home's scores in the provider audits for falls, pressure sores and weight and nutrition had deteriorated during the period June 2014 to September 2014. The systems had not ensured that people were protected against some key risks described in this report about inappropriate or unsafe care. We found problems in relation to risk assessment, staffing deployment and record keeping. For example, we found a breakdown in communication regarding equipment along with poor identification and management of the associated risks. These matters were a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We contacted the registered provider's nominated individual about these concerns. They responded by sending us an action plan, with timescales, for addressing these matters.

We saw in records that the home worked with other agencies to promote good care. For example we saw that district nurses were visiting regularly and a community psychiatric nurse had been involved. We spoke to two visiting professionals and they were complimentary about the way the service had worked with them. The visiting community psychiatric nurse told us "They respond well to our interventions, they always follow plans through and call us if they need to." A visiting district nurse told us, "There are no problems, they are quick to phone us if they need anything, I have no concerns and the staff are responsive to the guidance we give."

Records were securely stored and mainly well kept however, although audits of care files were undertaken and omissions were identified with actions described to address these, these were not all dated. We saw care plans were evaluated on a monthly basis but two care files had gaps for the months of September and October 2014. For one person, who had been admitted to the home in September 2014, care plans for some of their needs had not been devised. The records showed that another person's moving and handling risk assessment and plan had not been updated to account for changes in equipment, although the equipment had been out of use for nearly four weeks. We found records of on-going care were mainly up to date but some records required attention to detail. For example, we saw that the records of personal care had gaps in them and staff acknowledged that these sometimes were not filled in. Some of the records could not be located by the temporary manager. For example she was unable to locate accurate records of staff supervisions and appraisals.

We saw that there was information about Methodist Homes in the foyer of the home for all to read, including the provider's statement of purpose and leaflets that people could take away. The statement of purpose described the provider's services, their aims and objectives, the company and the organisation's structure. One of the leaflets was entitled 'MHA Feedback Complaints, Comments and Compliments'. This was a leaflet visitors could take away and complete and use a free post envelope to return. It

Requires Improvement

Is the service well-led?

included the complaints procedure and was divided into two sections; one for comments and suggestions and one for complaints. This demonstrated the provider was open to and welcoming of comments on the service.

The emphasis on people's spiritual well-being was evident in the opportunities we saw in the activities programme for church service attendance. One of these took place on the day of the inspection. We saw visitors were welcomed by the staff in an open and friendly manner by the staff on duty. Staff told us the provider's values were clear to them.

One staff member commented, "Methodist Homes have five very clear values; dignity, respect, privacy, well-being and spirituality and they make them clear to us. I am very clear about my role and my responsibilities." Another staff member said, "I love my job here we know what Methodist Homes expect of us." We were told that the activities organiser had made some strong links with local organisations in the community and during the inspection a local singing group attended the home to entertain the people who lived there.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: People were not protected against the risks of inappropriate or unsafe care or treatment because effective systems for identifying, assessing and managing those risks were not in place. Regulation 10 (1)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records How the regulation was not being met: People were not protected against the risks of inappropriate or unsafe care or treatment due to gaps in records or records being unavailable. Regulation 20 (1)(a)(b)(i)(ii) (2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: People were not protected against the risks of inappropriate or unsafe care or treatment due to timely care plans not being in place following a person's admission to the home, reviewing and planning care to address people's changing dependency needs. Regulation 9 (1)(b)(i)(ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

This section is primarily information for the provider

Action we have told the provider to take

How the regulation was not being met: The health, safety and welfare of people who used the service were not safeguarded because there was not sufficient numbers of suitable staff to meet people's needs. Regulation 22

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.