

Methodist Homes

Reuben Manor

Inspection report

654-656 Yarm Road
Eaglescliffe
Stockton-on-Tees
Cleveland
TS16 0DP

Tel: 01642784189

Date of inspection visit:
30 October 2019
04 November 2019

Date of publication:
03 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Reuben Manor is a residential care home providing personal care to 70 people at the time of the inspection. The service can support up to 83 people across three separate floors, each of which has separate adapted facilities. One floor specialises in providing care to people living with dementia.

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

Medicines were not always managed safely at the home. Risk assessments were not always in place or correctly completed and therefore staff did not have all the information necessary to minimise risk.

Quality checks were in place but had not identified the issues we found. The registered manager and the wider management team were very quick to respond to our feedback and took steps to make improvements straight away.

Everyone we spoke with felt safe in the home. There were systems and processes in place to help protect people from the risk of abuse.

There were enough staff on duty to meet people's needs. Staff understood the needs of the people they supported well. Safe recruitment procedures were followed.

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

People were supported with eating and drinking. Special dietary needs were met, and the quality of food was good, but people told us they were not always given enough choice. There was a variety of food available and the registered manager was going to ensure staff were showing people all the options available in future. People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

There was a caring culture, supported by a strong staff team who respected people and treated them with dignity and respect. Staff encouraged independence and supported people to maintain their skills. The service had a relaxed, homely atmosphere and relatives were always made to feel welcome.

People's care was delivered around their wishes, preferences and goals however care plans could be improved to reflect this. More detailed records would ensure all staff were aware of people's preferences, likes and dislikes.

People had access to a variety of activities inside and outside of the home. We saw a rehearsal of the Reuben Manor choir and people were very proud of their involvement.

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

Rating at last inspection.

The last rating for this service was good (published 13 December 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

As there had been a change to the registered provider we inspected within 12 months of this change.

Enforcement

We have identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe management of medicines.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Reuben Manor

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 13 people who lived at the home and four relatives about their experience of the care provided. We also spoke with 16 members of staff including the registered manager, regional manager, deputy manager, activities coordinators, chaplain, cook, care staff and senior care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at three staff files in relation to recruitment, supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received additional information from the registered manager about the actions they had taken following our initial feedback.

Is the service safe?

Our findings

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

This is the first inspection for this service following the change in registered provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines records were not always correct, and medicines were not always administered in line with guidance. Some medicines counts were not correct, and as a result an error in dose had not been identified. There were not always four hours between paracetamol doses and on one occasion this had been given five times in 24 hours instead of four.
- Records of topical medicines such as creams and ointments were not always correct. Some medicine administration records (MAR) referred staff to a topical administration record (TMAR) but there was not always a TMAR in place. TMAR were not always being completed by staff at the time of application.
- Staff were not correctly recording when unused medicines had been returned to the pharmacy. Although returns had been listed, the records were not updated to show collection.
- There was guidance in place so staff knew when to administer medicines that were prescribed 'when required'. However, records were not always kept of the reason for administration and whether the medicine had been effective.

We found no evidence that people had been harmed however, systems were not robust enough to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed a full medicines audit had been completed, including a stock check. Staff workshops had already been held with some senior staff to discuss the importance of accurate stock checks and record keeping. This was to be rolled out to all staff who administered medicines.

Assessing risk, safety monitoring and management

- Risk assessments were in place; however, these were not always completed correctly by staff. For example, two people's risk of tissue damage had not been accurately calculated due to an error on the Waterlow assessment tool being used. Although people had not come to any harm on this occasion more accurate risk assessing was needed to ensure future risk was minimised.
- Plans of care did not always give enough detail to staff as to how to safely meet people's needs, for example support plans for people with catheters were not always in place.
- The registered manager ensured all necessary checks and tests were carried out to make sure the building was safe. Regular fire drills were taking place.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure staff knew how to raise any safeguarding concerns. Safeguarding information displayed around the home, on notice boards and in the lift. Staff told us, "We do safeguarding training on the computers, there are phone numbers all over in the home about how to raise a safeguarding."
- Every person we spoke with told us they felt safe and their relatives agreed. One person told us, "Oh, I feel very safe here. I'm willing to put myself in their hands. They take care of me."

Staffing and recruitment

- Staffing levels met the needs of the people using the service.
- Processes were in place and correctly followed to ensure the safe recruitment of staff.

Preventing and controlling infection

- People were protected from the risk of infection. All areas of the building were very clean and there were no bad odours.
- Staff had access to protective items such as gloves and aprons. Information on correct hand washing technique was displayed in bathrooms and toilets.

Learning lessons when things go wrong

- Accidents and incidents were analysed by the registered manager every month to look for any themes and trends. Information was then shared with staff to reduce the likelihood of similar incidents happening again.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Management and staff assessed people's needs and support plans were formulated to document how best to meet people's needs.

Staff support: induction, training, skills and experience

- Staff training was up to date. The registered manager carefully monitored training records and reminded staff when refresher training was due.
- New staff received induction training and shadowed experienced staff until they were confident and assessed as competent.
- People and their relatives were confident that the staff had received appropriate training. One person told us, "They are always on some sort of training!" A relative said, "Yes, I would say staff are trained. They all know him, and they can even tell me if he's a bit off. They monitor him very well indeed."

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

- Kitchen staff knew which people had specific dietary requirements and prepared food to meet their needs.
- Staff monitored people's weight for any changes and made referrals to dieticians if there were any concerns.
- Some people told us they did not always get a choice of the meal they wanted. One person said, "I don't always get a choice, I don't know what I'm having today, it just comes to you but it's always nice." There was a variety of food available, but staff gave people lunch without checking it was their preference. The registered manager told us it was the provider's policy to show a choice of plated meals for people to choose from. They told us they would ensure all staff were reminded and served food this way in the future.

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

- The provider had made improvements to the environment with homely touches and dementia friendly adaptations. There was a seaside area with calming sounds of the sea, a rain forest area with sounds of birds, a collage of a rainbow which was very tactile and lots of pictures of past times.
- People were happy with their surroundings. One person told us, "The gardens are so lovely here and we look forward to spring and summer to see them again. It's beautiful here."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to have access to a range of healthcare professionals to help ensure they remained

healthy.

- The registered manager had established good links with the local professionals, a regular community matron drop in session was in place in the home for people and their relatives to access.
- The registered manager had introduced a 'Teeth at two' programme in which staff would offer teeth cleaning and alternative forms of oral care at 2pm., This gave an additional opportunity for people to receive oral care at a quieter time of day.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Consent to care was sought in line with legal requirements.
- The registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements.
- Where people lacked capacity to make certain decisions, we saw evidence of decisions being made in people's best interests. This helped protect people's rights.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respect. The atmosphere in the service was calm and relaxed.
- People felt staff gave them time and attention when they needed it. One person told us, "I came in from an outing at 11pm once and they couldn't have been more helpful. They got me a cup of tea and a teacake. They helped me to get ready for bed. They are very kind and helpful. I'm treated very well here."
- The provider had a policy to ensure there was a chaplain in every service. The role of the chaplain was to meet people's spiritual and wellbeing needs. The chaplain told us, "I hold services every month which are non-denominational and inclusive."

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

- Staff supported people to be involved in and agree decisions about their care.
- Some people were using an advocate. An advocate helps people to access information and be involved in decisions about their lives. Information was available on local advocacy services for anyone else who may wish to access them.
- Meetings had been held for people living at the service, however there was little to no attendance at these meetings. The registered manager told us that people were consulted on a regular basis, but they were considering new ways of getting people together to ensure people were encouraged to have a voice within the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person told us, "[Staff] watch me getting into bed to make sure I am okay, but they don't do it for me. The staff are very, very good; very kind and very caring."
- People were supported to maintain relationships with friends and relatives, who were welcome to visit at any time.

Is the service responsive?

Our findings

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

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff knew the people they supported and were providing care in a way that reflected people's likes and dislikes. One relative told us, "Oh yes, [staff] know him very well. [Staff member] makes him a milky coffee the way he likes it."
- Care plans required more detail to be person centred and reflect people's individual preferences and the level of support they required from staff. Although we saw evidence that independence was encouraged, care plans did not always reflect what aspects of care people could manage independently and what they needed support with. We fed this back to the registered manager who told us they would address this.

Meeting people's communication needs

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

- People had detailed communication plans in place to help staff understand their needs in this area. For example, if a person was hard of hearing or had problems with their vision this was clearly documented.
- Information was available in alternative formats to help support people. For example, there were picture menus available to help people living with dementia make food choices.

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

- People were supported to spend their time as they wished. There were a variety of group activities planned across the week. There was a very popular and well attended choir with performances planned and rehearsals every week.
- Activities staff and the chaplain spent one to one time with those people who preferred not to join group activities.
- During one of the daily newspaper sessions in the coffee shop, one person asked a member of staff whether they were registered to vote. The registered manager confirmed that everyone was registered and supported to vote if they wished to and was arranging for people to be reminded of this in time for the upcoming general election.
- The provider had a 'seize the day' initiative in place. This focussed on identifying specific goals people had, and helping them to achieve these wherever possible. One person had been supported to travel to attend a family wedding. A thank you card from a relative expressed how much this had meant to the whole family.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Records were kept of complaints which had been received. They detailed the actions taken to address the concerns raised.

End of life care and support

- People's end of life choices were recorded in their care plan, if they had chosen to share this information.
- There was a memorial garden and book of remembrance at the service, and the chaplain provided end of life support. The chaplain told us, "I offer end of life care and even do funerals for residents. I have done quite a few. I can help by talking to residents about their wishes and I get to know what they want. It's sad, but it's also good that I get to do that".

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems to review the quality of the service were not always effective. Robust checks are essential to ensure management can identify and address any areas of concern in a timely manner. Although the registered manager and wider management team carried out regular audits they had not successfully identified the issues we found with medicines management.
- Care plans did not always address all of people's care needs and risks were not always being correctly assessed.

Although the registered manager acted quickly to make changes and improvements where needed we will need to review these at our next inspection to ensure they have been successfully implemented and sustained.

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

- There were several initiatives in place to improve outcomes for people living in the home. For example, one scheme called 'you'll never walk alone,' encouraged staff who were going out to the shops or even to other areas of the building to ask people if they would like to walk with them.
- The registered manager was very proactive in introducing new schemes. The most recent project 'to be me' was an opportunity for staff to step into the shoes of people and really feel what it might be like to be immobile and at dependent on care staff for support. The registered manager said, "We encourage proactive working, but I want staff to know what it feels like to be a resident for a while."
- Staff felt valued and enjoyed their work. One staff member told us, "This is the best home I have ever worked in. The manager is brilliant, the hours are brilliant, I actually hate being off work!"

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

- The registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.
- Findings from audits were published in a report every month and a copy was given to everyone who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff felt well supported by the management team. One member of staff told us, "The manager is lovely and so understanding. She helped me a lot [with a personal issue]. She was so helpful."
- Staff meetings were organised to give staff opportunity to get together and have their say, however these were not always well attended, and the registered manager was looking at ways to improve this.
- The management team were committed to continuously improve the service. Feedback was sought from people, relatives and staff via surveys. Results of these were displayed on 'you said... we did' posters.
- The registered manager was open and responsive to our inspection feedback. They had made some changes and improvements since our last inspection, such as changes to the décor.

Working in partnership with others

- The provider worked very closely with GPs and external health professionals including community matrons, district nurses and social workers. There was also a good relationship with the local authority.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. 12(2)(g)