Methodist Homes
Amathea
Inspection report

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Date of inspection visit: 30th and the 31st of December 2014
Date of publication: 30/03/2015

Ratings

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

Overall summary

We carried out an unannounced inspection of this service on the 30th and 31st of December 2014. We previously inspected Amathea on the 23rd July 2014 and we found that they were not meeting all the regulations assessed.

Amathea is located a short distance from the town centre of Workington. It provides care across two floors for up to 40 older people with disabilities or chronic illness. The first floor of the building is dedicated to caring for people who live with dementia. At the time of our inspection the registered manager was on leave. 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. However Methodist Homes for the Aged had arranged management cover for the service.

At the previous inspection the home was in breach of regulation 22 of the Health and Social Care Act 2008. Because there was insufficient staff to meet people individual needs. We found at this inspection that the service was no longer in breach of this regulation but

Summary of findings

improvement was required to ensure that it is safe. Vacancies for nursing staff had been recruited to but further work was required to ensure that there continued to be sufficient care staff to meet people's needs.

At the previous visit the service breached regulation 13 as they had failed to manage medicines appropriately. The management of medicines had been improved though the service was unable to demonstrate that this improvement could be sustained. We will continue to monitor this.

The service had also breached regulation 9 at the previous visit. However during this inspection we found that care and support plans had sufficiently improved.

Staff were well trained and were confident in their roles. People were provided with adequate nutritional support. The service engaged with other providers to ensure people's care needs were met. They ensured that they were compliant with legislation relating to the Deprivation of Liberties Safeguardings (DoLS)

People who used the service were supported by people who were caring and professional. Staff had taken time to get to know the people who used the service. People were treated in a dignified manner and empowered to make their own choices wherever possible,

Assessments of people's needs were comprehensive and care plans were based upon the information gathered. There were clear written interventions that outlined how people should be supported. The manager engaged with people who used the service and their relatives to ensure that compliments, concerns and complaints were listened to and learned from.

The service was well led by the manager with the support of senior managers from Methodist Homes for the Aged. The service had improved under their leadership. The manager was forthcoming with information relating to the service. There was a quality assurance system in place that helped ensure the delivery of good quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe and required improvement.

There were further improvements to be made to staffing levels.

The home needed additional time to demonstrate that measures they had in place to improve the management of medicines was sustainable.

Requires Improvement

Is the service effective?
The service was effective.

Staff were well trained in the care of older people.

People's nutritional needs were being met.

The service worked in conjunction with other providers of care to ensure people were correctly supported.

Good

Is the service caring?
The service was caring.

People were supported by staff who had taken the time to get to know them and understood what their needs were.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Care plans were based on comprehensive assessments.

Interventions required to meet people's needs were clearly outlined in care plans.

The service routinely listened to and learned from people's experiences, concerns and complaints.

Good

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

There was a manager in place supported by senior managers from Methodist Homes for the Aged.

The service had improved under this current leadership arrangement.

There was a robust quality assurance system in place.

Good

Amathea

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 checked 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.

This inspection took place on 30th and 31st of January and was unannounced.

The service was inspected by two adult social care inspectors.

Prior to the inspection we reviewed information sent to us by the provider. We spoke with representatives of the local authority and attended meetings held about Amathea.

We talked to 12 people who used the service and 2 of their relatives. We interviewed 14 members of staff. We reviewed 7 written records of care as well as other records relating to the service. We observed how care and support was provided and carried out Short Observational Framework for inspections (SOFI). A SOFI helps inspectors capture the experience of people who use the service but are unable to express themselves.

We looked around the home including all communal areas and with permission some bedrooms.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who used the service, they told us' "I feel safe" and "I feel very safe, I miss my home and my garden but it's much safer at night here."

On the first day of our inspection we looked specifically at staffing levels within the service. People who used the service told us that there was enough staff to help and support them. We spoke with staff who told us that they were sometimes short of staff on a shift, particularly if there were short notice absences. We had been made aware of this prior to our inspection as the manager had informed us of current staffing difficulties. We discussed this with the manager and she confirmed that there had been problems with staffing when people had called in sick at short notice.

The manager showed us evidence that the service had recruited more staff. The provider had offered financial incentives for qualified nurses to come and work at the home which had been successful. The manager was also trying to establish a small 'bank' of staff who could work at short notice as well as using agency staff. They were also adopting strategies to make the best use of the staff they had. For example cleaning staff were helping to support people at mealtimes. We spoke with the cleaning staff who said they were happy to help as long as they received the correct training and were able to complete their other tasks. The manager also planned to stagger mealtimes to ensure that she could deploy her staff across both floors during this busy period.

We observed staff supporting people throughout the day. We carried out a SOFI over lunch in the unit that supported people who lived with dementia. We saw that the manager was supporting people to eat during lunch. The outcome of the SOFI demonstrated there were not sufficient staff on duty to support people to have a pleasant lunchtime experience. For example we saw that one table of three people were rarely engaged with despite sitting next to where the meals were being served from. However with the manager assisting there were sufficient staff to ensure people's nutritional needs were met, though the manager agreed that she was not always able to provide this support.

We judged that the service was no longer in breach of regulation 22 staffing but still required improvement in terms of having sufficient staff to meet people's needs in a timely manner.

We looked at how the service managed medicines. We saw that all medicines were ordered, stored and disposed of correctly. We carried out spot checks which confirmed this.

We looked at people's support plans relating to as required medicines. For example if someone was in pain they may require additional pain managing medicines. We saw that there was clear guidance as to why and when this medication should be given.

We observed medicines being administered. We saw that staff took their time to check that medicines being given to people were correct. We asked if staff were properly trained in the administration of medication. We were shown training certificates that showed that staff had the correct levels of training.

Information we had gathered prior to the inspection indicated that there had been frequent medication errors at Amathea. We saw that all staff responsible for administering medicines were now expected to complete a competency based assessment. They were only able to give medication once they had passed this assessment and a senior member of staff authorised them to do so. The service's audits indicated that medication errors had reduced significantly following this action. However on the day of our inspection there was not sufficient evidence available to demonstrate that this improvement had been sustained over a period of time. We judged, though the service was no longer in breach of regulation 13 management of medicines, it still required improvement to be able to demonstrate the measures put in place would ensure that medicine procedures were safe over the long term.

People who used the service were protected from bullying, harassment and abuse because the service had taken appropriate measures to prevent this from happening. For example all staff had been trained to understand what constituted abuse and what to do if they observed it. There was a whistleblowing policy in place that outlined to staff what to do if they had concerns about the conduct of their colleagues. Training records we saw confirmed this. Staff we spoke with were able to demonstrate their knowledge. We spoke with the manager who told us that she regularly

Requires Improvement

Is the service safe?

liaised with the local safeguarding authority about any concerns she had. Notifications that the manager sent to the CQC confirmed that the manager acted upon any reports of abuse.

The service managed risks to individuals by carrying out comprehensive risk assessments. For example in order to reduce the amount of falls in the home staff were referring those people identified as a high risk of falling to the local falls clinic. The falls clinic helped devise strategies to decrease the risk of people with poor mobility from falling over and injuring themselves. The service was able to demonstrate that falls in the home had decreased.

Good

Is the service effective?

Our findings

We spoke with people who used the service. They told us that staff knew how to support them appropriately. One person said, "They know what they are doing."

We spoke with the staff who explained that they received training to enable them to deliver effective care. We looked at staff training records and saw that they had completed training in moving and handling, nutrition and infection control. Training for caring for people who lived with dementia was provided and the service intended to develop training in this area.

We saw evidence that staff had received supervision within the past four to six weeks. Supervision is a meeting between a member of staff and their senior manager in which their development and issues at work or home can be discussed.

We observed staff asking for people's consent before they carried out any tasks, for example assisting them with a meal. Many people who lived at Amathea did not have the full capacity to make all of their own decisions. The service had undertaken a full review to establish if anyone lacked capacity to such an extent that they needed to be subject to a Deprivation of Liberty Safeguard (DoLS) under the Mental capacity Act 2005 (MCA). DoLS exist to ensure that people who lack capacity and may put themselves at risk are kept safe. We noted the home was following local guidelines to ensure that DoLS were correctly applied for and implemented.

We noted that some people were unable to make some decisions for themselves. In these cases staff acted to ensure decisions made in their best interests reflected what they would have wanted had they been able to make the decision themselves. For example one person's history indicated that they enjoyed being out of doors They were unable verbalise how and when they wanted to go out because they were living with dementia. In order to try and meet this person's needs staff, in conjunction with this person's family, made arrangements for this person to have regular trips out of the home.

We spoke with people who used the service and asked about the food served in the home. One person told us, "The food is excellent, I've put on pounds since I moved in!" Another added, "The food is quite nice."

We looked at people's written records of care. Each person had been assessed to establish their nutritional needs. Where necessary care plans had been put in place to ensure that people who needed to gain weight, maintain weight or lose weight were supported to do so. We spoke with staff who were aware of what constituted a high, or low, calorie diet. We noted that at times some people exhibited behaviour that challenged such as exploring their environment and being reluctant to sit down and rest. These people were at risk of over exercising and losing too much weight. We saw that the service had adopted strategies to minimise this risk. People were regularly weighed and encouraged to eat as often as possible. Where there continued to be issues the service involved other professionals such as dieticians.

We found evidence that the service readily co-operated with other providers of care to ensure that people received appropriate support. People told us that the staff always contacted GP's and district nurses if they were feeling unwell. We saw that other healthcare professionals such as speech and language therapists and physiotherapists also visited the home. This meant that people were supported to maintain good health as they had access to healthcare services and received ongoing support.

Good

Is the service caring?

Our findings

We spoke with people who used the service and asked them if they were satisfied with the care and support they received. One person commented, “I am looked after well.” Another said, “Staff are great.”

We saw that staff had taken the time to get to know the people they cared for. We observed staff having conversations with people in a warm and friendly manner. They knew about people’s past histories and their present interests. They used this information to help build caring relationships with the people they supported.

People told us that they were involved in making decisions about their care, treatment and support. One person said, “Staff are great, I’m very pleased with them all, I like to do as much as I can for myself but staff help me.” We saw that staff took care to ensure that people were empowered to make their own decisions about what they wanted to do. For example people were given the choice of where to sit, when they would like to take their meals and whether they wished to join activities.

We asked people if they felt their privacy and dignity was respected by the service. One person told us, “I always have my bell handy, staff are very polite, they always give personal care with the door closed.” Another said, “Staff are very careful when they help me, always polite.”

We observed that staff always spoke with people politely. When people needed help to uphold their dignity staff acted quickly and discreetly. For example we saw some people who lived with dementia required additional support to ensure they were dressed appropriately throughout the day. We also noted that when people had accidentally spilled food or drink on themselves staff supported them to change into clean clothes.

Good

Is the service responsive?

Our findings

We looked at seven written records of care for people who used the service. We saw that staff had carried out a comprehensive assessment for each person. The assessment was designed to establish what people's needs and wishes were. For example there were assessments that helped identify what people's mental health needs were as well as their nutritional and mobility requirements. We saw that assessments were reviewed and updated if circumstances indicated that people's needs may have changed.

The information gathered in the assessments was used to formulate individual care plans for people. For example some people's assessments indicated that when they were upset or distressed they could exhibit behaviour that challenged the service or other people. In these cases individualised care plans had been created. We saw that these care plans were person centred. For example the staff used distraction techniques with some people whereas others benefitted from being allowed to walk around the home uninterrupted. The staff knew which interventions suited people best because of the assessments they had carried out.

We saw that people's care was regularly reviewed. Review meetings were attended by GP's or district nurses as well as other healthcare professionals. The wishes of people who used the service, or their representatives, were taken into account as part of these meetings. This ensured that care was personalised and responsive to people's needs.

We asked people if they felt listened to by the staff at Amathea. Everyone we spoke with told us that they felt comfortable speaking to someone who worked in the home. One person told us, "I have no complaints but I would speak to the manager." Another person said, "If I was worried I would speak to the senior carer."

We saw that there was a complaints policy in place that was being followed. The manager was able to show us evidence of confidential complaints that she had received and resolved. The policy out lined what people should do if they felt their complaint had not been resolved to their satisfaction. A senior Methodist Homes for the Aged manager carried out regular checks of complaints to ensure they were dealt with properly.

We found that the manager of the home spoke regularly with people who used the service. While we were at the home some relatives raised some concerns about the care provided. Once this was drawn to the attention of the manager she met with the relatives and attempted to resolve their issues. The service was in the process of setting up formal resident and relatives meetings. Fundraising, volunteering and future events would be discussed as part of this meeting.

We saw that the provider sent out questionnaires to people who used the service and their relatives to help them asses the quality of care they provided. If problems were identified within the information gathered action plans were put in place to rectify them. For example some people had identified that people's clothing was being lost whilst being laundered. A new labelling system had been introduced to reduce this problem.

Good

Is the service well-led?

Our findings

At the time of our inspection there was additional support for the leadership in Amathea being provided by senior managers from the provider Methodist Homes for the Aged. Prior to our inspection the service had been identified as a 'poor provider' by the local authority. This meant that no one was to be admitted to the service until improvements were made.

We spoke with the local authority and they provided assurances that the service had co-operated fully as part of the process to improve the home. The manager kept in regular contact with the CQC. She sent in statutory notifications as well as ensuring we were updated with all of the action plans related to service improvement.

We saw that the home manager was supporting the staff, with the assistance of her deputy, to change the way the service operated. In turn the service manager was providing the home manager with support to do this by being at Amathea for three days per week. A regional director from Methodist Homes for the Aged was visiting the home for at least two days every two weeks. This level of support from senior management had allowed the manager to focus her efforts on improving the care and support provided at the home. Staff informed us that they were able to speak with the manager of the home if they had issues but were often asked to make appointments. The manager explained that this gave her the opportunity to structure meetings and ensure that they were productive.

We spoke with staff some of whom told us that morale was low. However many staff told us that things were improving in the home under the new leadership and were becoming more confident that improvements would continue. Some staff felt that the culture would benefit under the current leadership and the investment of the provider.

The management team were carrying out regular audits to assess the quality of service the home delivered. These included medication audits, falls audits, pressure care audits, infection control audits and various health and safety checks. Each audit was scrutinised and we saw that action plans were being formulated to ensure that any shortfalls were identified and acted upon. For example if it was identified that someone was developing a pressure ulcer the home had processes in place to ensure that the right professionals were alerted and the right clinical procedures were implemented.