Methodist Homes

Harwood Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 December 2018 and was unannounced. Harwood Court 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.

Harwood Court provides care for up to 35 people. There were 30 people living in the home at the time of the inspection, some of whom were living with dementia.

At our last inspection on 24 May 2016 we awarded an overall rating of good and rated the key question 'is this service caring?' At this inspection we found the service remained good, we have therefore rated it good.

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.

There were safe procedures in place for the safeguarding of vulnerable adults, and recruitment procedures helped to protect people from abuse.

Risks to people and the premises and equipment were assessed and plans were in place to mitigate these. A record of accidents and incidents was kept and reviewed by the registered manager to help prevent reoccurrence.

Suitable systems remained in place for the management of medicines.

The home was clean and well maintained and had recently been refurbished. New signs were due to be put up to help people with finding their way around the home.

Staff received regular training, supervision and appraisals and told us they felt well supported by the provider to complete training they considered mandatory.

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

People were supported with eating and drinking and told us they enjoyed the food at Harwood Court. Specialist advice was sought when there were concerns about people's nutrition.

There were numerous examples of kind and compassionate care being provided. People told us they appreciated the atmosphere and the relationship and fun they had with care staff. People were also treated

with dignity and respect.

Person centred care plans were in place which aimed to put people at the centre of their care. Care plans we read were up to date and regularly reviewed.

A variety of activities were available and people had access to outdoor space in better weather.

Close attention had been paid to supporting people at the end of their lives. A chaplain was employed who supported this, and resources were provided to promote the comfort of people and their relatives at this important time.

We received positive feedback about the registered manager, deputy and administrator, who were found by people, staff and relatives to be approachable and helpful.

The registered manager undertook a range of audits on the quality and safety of the service and sought the views of people using the service and their families.

There were close links with the local community.

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 remains good	Good
Is the service effective? The service remains effective	Good
Is the service caring? The service remains caring	Good
Is the service responsive? The service remains responsive	Good
Is the service well-led? The service remains well-led	Good

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.

This inspection took place on 11 December 2018 and was unannounced. It was carried out by one adult social care 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used 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.

Prior to the inspection we reviewed the information we held about the service including statutory notifications. These are notifications of events and incidents the provider is legally obliged to inform us of. We also spoke with the local authority safeguarding and contracts teams. We used the information they provided when planning this inspection.

We spoke with nine people and four relatives. We spoke with the registered manager, deputy manager, administration manager, two care staff, one senior care assistant, the maintenance staff member, an activities coordinator and a cook. We checked two staff recruitment files, three care plans and a variety of records relating to the quality and safety of the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe. One person told us, "Oh yes because of the atmosphere." A relative told us, "(Relation) does feel safe and we are quite happy to leave them here."

There were systems in place for the safeguarding of vulnerable adults. Staff had received training and were aware of the procedures to follow in the event of concerns. The provider had a confidential telephone line for people, visitors and staff to report concerns of a safeguarding nature.

Risks to people were assessed and action was taken to mitigate these. Risks assessed included those relating to falls, pressure area care and behavioural disturbance and distress. Care plans and individual safety plans were in place to address these risks which were reviewed on a regular basis.

A record of accidents and incidents was maintained and these were analysed by the provider to enable them to learn from these events and try to prevent reoccurrence.

There were suitable numbers of staff on duty during the inspection. People we spoke with told us there were enough staff although a small number said they had to wait at times for attention. We spoke with the registered manager who told us they were allowed by the company to over recruit meaning they had more staff than they required, based on people's dependency levels. This meant they could cover staff absence without the use of bank or agency staff which was better for continuity of care. Some staff told us they were busy but had time to care. Staff were easy to locate during our inspection and call bells were answered in a timely manner.

Safe systems remained in place for the recruitment of staff. Two references were obtained for each staff member and checks were carried out by the Disclosure and Barring Service (DBS). The DBS checks on the suitability of staff to work with potentially vulnerable people. This helps employers to make safer recruitment decisions.

Suitable procedures remained in place for the ordering, receipt, storage and administration of medicines. People told us staff followed the correct procedures when they were given their medicines. One person said, "I take it twice a day in the morning and about 9.00pm. They watch me every time. I have an inhaler in my drawer and I have a key and it's locked." We checked medicine administration records (MARs) and found no gaps. Records for the application of creams and lotions were kept and were up to date. We carried out a check of a controlled drug (CD) and found the correct quantity in stock. CDs are medicines liable to misuse and are subject to more stringent checks.

Systems and processes were in place for the prevention and control of infection. The home was clean and staff wore personal protective equipment such as gloves and aprons when required. Separate domestic staff were employed who had completed training in the safe use and storage of chemicals.

Checks on the safety of the premises and equipment were carried out. These included fire safety, gas and

electrical, water temperatures, window restrictors and checks on the safety of equipment used for the moving and handling of people including hoists and wheelchairs.

Good

Is the service effective?

Our findings

People and relatives told us they had confidence in the staff skills and experience. One person told us, "Yes I do (have confidence), really." Another said, "They aren't medics and have to get doctors in and they are good at doing that." A relative confirmed they had confidence in the staff and told us they would move their relation if that was not the case.

Staff received regular training, supervision and appraisals to ensure they had the skills, knowledge and experience to carry out their roles effectively. Staff records showed good compliance with training deemed mandatory by the provider. Training completed included moving and handling, health and safety, medicines management, food hygiene and fire safety. A staff member told us, "We do all our training they are spot on with training. We are one of the highest homes in MHA (Methodist Homes Association) for our training."

People's needs and choices were assessed. People's care records showed pre-admission assessments were carried out before they moved into the home to ensure the service could meet their needs.

People were supported with eating and drinking. We joined people for lunch. Tables were nicely set with tablecloths and condiments and several people made spontaneous positive comments about the food, including "It is excellent, it is very good" "It is always lovely and hot" and, "You always get a nice meal; there is nothing worse than an awful meal." Staff offered extra drinks and gave people individual gravy boats to go with their meal. We observed that staff supported people in the way they preferred.

We spoke with cook who told us they were well supported by the company to keep up with current best practice. They had been made aware of the new national descriptors used to describe consistencies of food. They told us, "MHA makes everything easy for us. New dysphagia descriptors started being used but we knew what they were so were ahead of the game." The cook was aware of special diets and how to prepare them and was aware of the specific needs of people living in the home. We saw that appropriate action had been taken in the event of concerns about people's nutrition, including referrals to a dietician or speech and language therapist.

People had access to a range of health services and the staff worked closely with external organisations and health professionals. Records showed people had seen by a GP, dentist, chiropodist and specialist nurses.

The premises were clean and well maintained and the design and adaptation of the building met people's needs. The home had very recently been refurbished so there was a lack of signage during the inspection, but this was being addressed as the work was completed.

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

possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found DoLS applications had been made to the local authority in line with legal requirements and decisions made in people's best interests were appropriately recorded.

Good

Is the service caring?

Our findings

We observed numerous examples of kind and compassionate care. Everyone we spoke with spoke highly of the staff and told us they were very kind. People also told us they enjoyed the rapport and fun they had with staff. One person told us, "The staff and I get on well and it's a laugh." Other comments from people included, "They are very kind, if you want any help they're very good. All very pleasant and not nasty," and "It's just general (staff kindness) it's all the time." A relative told us, "I can't praise the staff enough (relative) laughs a lot with them and is very happy."

A visiting professional also told us staff were kind and there was a good atmosphere in the home. They said, "This is my favourite care home. It is a warm and welcoming environment and the carers make it what it is."

We observed staff including and involving people and noticed they took opportunities to have fun with and include people. On the day of the inspection it was a staff member's birthday. Another staff member went around each table in the dining room and told them that when the staff member came into the dining room, everyone was going to sing happy birthday to them. When the staff member arrived, the cook brought through a cup-cake and candle, and politely interrupted the meal so everyone could sing happy birthday to them. One person told us, "I knew that was going to happen! Wasn't that lovely?" They clearly enjoyed being part of the surprise.

Staff told us they enjoyed their work and found making people happy rewarding. One staff member told us, "I just like everybody to be happy and cheerful." Preparations were underway for Christmas during the inspection, and we were told that last year, some staff had spontaneously arrived at the home on Christmas Eve to sing to people. The "Christmas Puddings" as they became known, were due back this year "by popular demand."

Staff were considerate of people's needs. For example, when people attended hospital appointments, a packed lunch and drink was provided for them to take with them in case of a lengthy wait.

The privacy and dignity of people was promoted and protected. We observed people being sensitively and discreetly supported with personal care needs, and were offered clothing protectors or a napkin during meals. People and relatives told us they were well cared for. One relative told us people were always clean and tidy and that staff paid attention to detail. They said, "I think they're wonderful, overall they're really very good. They take pains to get her dressed in something nice."

People were supported to express their views and make decisions about their care. Staff asked people throughout the day what they would like to do, where they would like to sit and whether there was anything they needed.

There was no one using the services of an advocate during our inspection, but staff knew how to access this if necessary. A chaplain was employed to work in the service and could provide additional pastoral support to people when they needed it.

Good

Is the service responsive?

Our findings

Person centred care plans continued to be in place which were up to date and regularly reviewed. This meant that people's personality, behaviour, likes, dislikes and previous experiences were considered when planning care. We read care plans for people with physical and mental health needs, and found they were suitably detailed. A relative told us they attended regular meetings about their relation's care. They said, "We're all involved. We have meetings here with social workers."

A variety of activities were available to people. Most people told us they enjoyed activities, although some people said they enjoyed time in their room for example, which was their preference. We observed activities during our inspection, including a quiz and a lively karaoke session which caused much laughter.

There was access to outdoor activities in the better weather and the registered manager had shaved their head to raise funds for raised flower beds. There was also a poly tunnel for planting outdoors. One person told us, "I put flowers in boxes outside. I do that now and again. In the garden I do the odd job, I usually tell them (staff) what to do and what needs to be done with the shrubs." Three hens, Lizzie Charlie and Camilla lived in 'Cluckingham Palace' in the garden. There is evidence that access to outdoor activities and nature is important for people living in care homes, particularly people living with dementia.

The chaplain was employed by the provider for 10 hours per week and held regular services in the home. They explained, "It is quite informal. I tend to make sure if visitors or relatives arrive people can go out. It's their lounge not my church." They supported people with their specific faith needs and provided one to one companionship to some people.

People were well supported at the end of their lives. Information packs were developed in the service and provided to relatives which gave them practical advice. This had been developed in part to save people having to look important information up on a government website at this difficult time. The needs and wishes of people were recorded, where they were happy to share this information.

Staff caring for people at the end of their lives had access to a box of resources which could be transported to people's rooms as needed. Contents included, CD player, aromatherapy diffuser, prayer beads, tissues, and hand massage cream. The chaplain was available to be contacted day or night, and had taken services for people who had died at the request of their family members.

A complaints procedure was in place. We found that the small number of complaints received by the home had been addressed in line with the provider's complaints procedure. People and relatives told us they were aware of how to make a formal complaint but said they felt happy discussing any concerns with staff. The registered manager told us, "I like to nip niggles in the bud before they become formal complaints."

Good

Is the service well-led?

Our findings

There was a positive culture in the home. People, relatives and staff spoke highly of the registered manager, deputy and administrator. They confirmed the culture in the home was open and inclusive. Staff told us they felt well supported by the registered manager. Comments included, "The manager is lovely, she manages the home well and if staff have a concern she takes it on board" and "The manager is always approachable and nothing is too much trouble for her… The practices here are much better, (name) has made a real big difference to the place. She's not frightened to get her hands dirty. I would be happy for one of my relatives to be cared for here."

People told us there was a good atmosphere in the home and morale appeared good. One person told us, "I think it's a good atmosphere here, it's small and personal." Another person told us, "It's pleasant, friendly and welcoming." One relative told us that it could take some time for information to be acted upon and cascaded to staff. We spoke with the registered manager and deputy about this who told us they strived to ensure important information was passed on in a timely manner and would monitor this.

The registered manager and deputy were keen to receive feedback and there were systems in place to monitor the quality and safety of the service. The registered manager carried out regular audits and reviewed information to ensure lessons were learned when analysing accidents and incidents for example, to try to prevent reoccurrence.

The provider had a monthly audit which was completed by each service called 'You Comply.' Information was sent to head office each month which included, for example, the number of people with persistent, sudden or unexpected weight loss, the number of people with pressure ulcer grade three or above, and if there had been any falls in home.

A 'Resident of the day' audit was carried out which included a review of the person's care plans, risk assessments and evaluations, weight, BMI, and nutrition scores, information about any falls, pressure ulcer risk assessment, and involvement of any professional visitors. Flash meetings were held daily, and ensured the registered manager had an overview of what was going on in the home each day.

Feedback mechanisms were in place including surveys, to seek the views of people using the service, and their representatives. Meetings for people, relatives and staff were held on a regular basis. The chaplain attended staff meetings with people who saw them as an impartial support.

The registered manager was knowledgeable of our regulations and had sent notifications to CQC in line with legal requirements. Notifications are notices of incidents and events the provider is legally obliged to inform us of.

There were close links with the local community. For example, a local running group arranged to call into the home for drinks and to chat with people after their run. This meant the service encouraged people to come into the home as well as supporting trips to the community.