Methodist Homes

Montpellier Manor

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 14 January 2019. The inspection was unannounced.

Montpellier Manor is a purpose-built care home. It is a three-story building providing care and accommodation for up to 85 people assessed as requiring residential care. This includes people living with a dementia type illness. At time of our inspection there were 39 people living at Montpellier Manor.

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

There was a registered manager 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.

This is the first time the service has been inspected by the Care Quality Commission (CQC) since it's registration in April 2018.

Safeguarding and whistleblowing policies and procedures were in place to help protect people from harm. Staff knew how to identify and report suspected abuse. The people we spoke with during this inspection told us they felt the service was safe.

Risks to people were assessed and staff knew what to do to reduce identified risks to people. Environmental risk assessments were in place covering tasks carried out by staff. Maintenance and equipment checks were undertaken to help ensure the environment was safe. Emergency contingency plans were in place. Staff followed infection control practices to reduce the risk of the spread of infection. Medicines were managed safely.

We received mixed feedback on staffing levels from people and staff. The staffing levels provided within the home met the service's dependency tool. We found during this inspection that people's needs were responded to quickly. Recruitment practices helped ensure that suitable staff were employed. Pre-employment checks were made to reduce the likelihood of the service employing staff who were unsuitable to work with vulnerable people.

People's care files were personalised and contained the information staff needed to support them well. 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. The policies and practices of the service helped to ensure that everyone was treated equally.

People had access to and the provider worked with a range of healthcare services such as GPs, district nurses and mental health professionals. People's nutritional needs were met.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Staff were kind and respectful towards people. People's privacy, dignity and independence were respected. Staff encouraged people to access a range of activities.

The premises were very spacious, clean and tidy. The environment had been thoughtfully designed to meet the needs of people.

End-of-life care procedures were in place. People who chose to plan this area of their lives had very detailed, sensitive care plans in place.
Most of the staff we spoke with told us that the management team supported them well.

Feedback was sought to monitor and improve the service. Meetings for people, relatives and staff took place.

Following reviews of accidents and incidents themes and trends were addressed and lessons were learnt. A clear complaints policy and procedure was in place and followed by the provider. Robust quality assurance systems were in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely.

Recruitment practices helped reduce the risk of unsuitable staff being employed.

Some people and staff told us they thought that staffing levels could be improved.

Staff had been trained in safeguarding people and were knowledgeable about the potential signs of abuse.

Is the service effective?

Good

The service was effective.

Staff had the training they required to meet people's needs.

Consent was sought from people before tasks were undertaken.

The premises were very well designed to meet people's needs.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were very caring.

Staff were very kind and patient with people.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

A wide range of activities were on offer to people.

People knew how to complain if they needed to.

End of life policies and procedures were in place.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place.

Feedback from people had been sought and acted upon.

The service worked in partnership with other agencies to meet people's needs.

Montpellier Manor

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 unannounced comprehensive inspection took place on 14 January 2019 and was carried out by two inspectors 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.

Prior to the inspection we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service to gather their views on the service being provided at Montpellier Manor.

We reviewed all the information we held about the service, which included notifications submitted to the Care Quality Commission (CQC) by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

As the service had been registered with CQC for less than a year at the time of this inspection they did not complete a Provider Information Return. 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.

During this inspection we spoke with seven people and eight relatives of people using the service. We reviewed a wide range of records, including six people's care records and four people's medicines records. We looked at four staff files, including recruitment, supervision and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service.

We spoke with 14 members of staff, including the registered manager, two senior care staff, six care staff, an administrator, an activities co-coordinator, the chaplain, a member of the hospitality staff and the catering manager. We also spoke with a representative of the registered provider.

Good

Is the service safe?

Our findings

People told us they felt safe at Montpellier Manor. One person told us, "I don't have to worry about anything." People were safeguarded from abuse and avoidable harm. Systems and procedures were in place to help keep people free from harm. Staff received training in safeguarding and understood how to keep people safe, including what to do if an allegation of abuse was made. The staff we spoke with said they would feel confident raising safeguarding concerns if needed.

Medicines were managed and administered safely. Where people were prescribed 'as required' medicines, protocols were in place so that staff knew when these should be given. Staff who managed and administered medicines receiving training in order to do this. There were no gaps in medicine records. We observed a medicine round and saw people were given the support and time they needed when taking their medicines.

Staff files showed that robust recruitment procedures were in place. A Disclosure and Barring Service (DBS) check was carried out for all potential new staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and vulnerable adults. We identified that there were gaps in records of some staff's employment history. We spoke with the registered manager about this and they sent evidence following the inspection that this was being addressed.

We received mixed feedback from people and staff regarding staffing levels. One staff member said "There are not enough staff to meet people's needs. Downstairs is the biggest problem." Another member of staff who worked on the ground floor told us that staffing levels on that floor were "fine". A relative told us, "I think there's enough staff, very occasionally there's a shortage."

We discussed staffing levels with the registered manager and the provider who told us that staff rotas were devised depending upon the number of the people living at the service and their individual needs. The management team assessed staffing levels using a dependency tool which reviewed people's needs monthly. We looked at the staffing rotas. Staffing numbers met the service's dependency tool. During this inspection we saw that call bells were answered in a timely way. People told us that staff quickly answered their emergency buzzers. One person told us, "They're very good at responding to the emergency buzzer." The provider and registered manager told us when shortages were identified on the rota that regular staff could not fill agency staff were used. They confirmed that staffing levels would increase as more people were admitted into the service.

People's care files included the information staff needed to support them. Risk assessments were in place which identified potential risks to individuals. These covered areas such as falls and transfer and movement of people. Where risks had been identified, control measures had been put in place to reduce the possibility of harm coming to the person. General risk assessments were in place covering tasks carried out by staff.

Regular fire drills had taken place. People had Personal Emergency Evacuation Plans (PEEPs) which informed the staff of how to help them leave the building quickly in case of an emergency.

Equipment was maintained in line with manufacturer's recommendations. Checks were made on items such as window restrictors and the call bell system to ensure they were safe. Records showed that regular maintenance checks of the building took place. The provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as flood or power loss. Staff had guidance on who to contact in the case of such an emergency.

The premises were clean with no malodours. Staff followed infection control procedures to help control the risk of infection. They received infection control training and training in hand washing techniques annually. There were plentiful supplies of personal protective equipment such as gloves and aprons to minimise the potential of a spread of infection.

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents. We identified that the records relating to one person who was at risk of falls required further detail. This was addressed by the registered manager following this inspection.

Good

Is the service effective?

Our findings

Staff told us and records showed they had the training they needed to carry out their roles effectively. They completed training the provider deemed mandatory, such as moving and handling, food handling and fire safety. Staff were also encouraged to develop their skills and knowledge by undertaking additional, more specialised training to meet the needs of people supported for example, end of life care training. One staff member said, "We get all sorts [of training]. We have e-learning to complete and face to face. I had a good induction to the job." All staff had received training in dementia care.

Newly appointed staff completed inductions. The management team signed them off when they were assessed as competent. This helped to ensure recently recruited staff were suitable for the roles in which they had been employed.

Staff told us that they received regular supervision from the management team. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We found that staff supervision records were task orientated and did not always reflect a two-way dialogue between staff and management. Following this inspection, the registered manager sent us details of a new supervision form that was to be used to better reflect the meetings as a supportive tool for staff.

Prior to accessing the service pre-admission assessments were completed by the registered manager to ensure people's needs could be met. These covered areas such as their health needs, personal profile and history. From this people had plans of support devised to meet their needs and preferences. Support plans covered areas such as personal care, communication, mobility and dexterity and spirituality. Records showed that support plans were reviewed regularly.

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. The service was meeting the requirements of the DoLS. The provider had trained and prepared staff in their understanding of the MCA and the specific requirements of the DoLS. Where they could people signed their agreement, and consented to being supported.
People's nutritional health was monitored using a screening tool (MUST). MUST identifies adults, who are malnourished, at risk of malnutrition (undernutrition) or obese. MUST assessments and weight recordings in the files we viewed were up-to-date.

People were supported to maintain a balanced diet. The catering manager knew people's individual dietary needs well, such as if a person needed their food to be fortified to increase their calorie intake. The service has a central, communal café off the reception area of the home. A staff member based in this area told us, "I make individual drinks that people like and I take them to them throughout the day. I make lattes for those who need to increase their weight with lots of cream." We observed a person being supported to have a cooked breakfast. The staff member took time with the person asking if they were ready for their next forkful. They quietly praised the person and when the person said they didn't want any more encouraged them to have a hot drink.

We observed the dining areas over mealtimes and saw the food appeared appetising. Menus were available to people and each person was shown the options of meal on offer and asked what they would like. The atmosphere was relaxed and staff were attentive to people's needs. People were offered a choice of drinks with their meal. Vegetarian options were available and people had a choice of meal if they did not want the main dishes on offer. An all-day snacks menu was available. Feedback on food was sought regularly. Most people told us they enjoyed the food. One person told us, "The food is good, I have a problem with what I can eat so my food has to be shredded or mashed up and they do it exactly as I want it. I know the cooks and catering staff. They come down and see me."
People accessed support from external professionals to maintain and promote their health. Where needed staff supported people with routine health care appointments. Their records contained information on communication with professionals such as GPs, social workers, the community mental health team, chiropodists and opticians.

The premises were furnished to a very high standard and clean with no malodours. Each person's bedroom had movement sensors fitted as standard which could be switched on if the person was assessed as needing support in this area. People's bedrooms were personalised with their own belongings to make them feel at home.
People with a dementia type illness lived on the top floor of the building. This had been thoughtfully designed and furnished to meet people's needs. There was signage on toilets and bathrooms and themed areas were used to help people find their way around. The themed areas included a railway station area where people could watch a train journey video. A wide range of equipment and props were available to people to engage with and for staff to stimulate their interest with. Furniture was positioned to promote discussion and relationship building between people rather than being based around televisions.

Good

Is the service caring?

Our findings

People and their relatives praised the staff highly. People told us they felt staff were very caring. One person said, "I love it here, everyone is so kind and they really look after me." A relative commented, that their relative had settled well into Montpellier Manor saying, "It's like a 5-star hotel really." Another relative told us, "The care is smashing here…the carers see to any issues straight away."

Staff provided support in a kind, patient manner. They listened to people and responded to their needs. They explained what they were going to do before doing it and gave people time to decide what they wanted to do. Tasks were carried out at the person's individual level and pace. If the person had not understood what had been said information was simplified and repeated back.

We observed light hearted interactions between staff and people when it was appropriate to do so. One person said in a joking manner, "They get on my nerves but I love them all." Staff were laughing alongside the person and clearly knew their sense of humour well.

We observed one person telling a staff member that they were "scared". The staff member told the person, "It's okay you don't need to be scared about anything here, we are all one big family and care for each other." The staff member placed her hand over that of the person to help reassure her. Another person living at the service then told the person who was feeling scared, "Don't you be worried, no one will hurt you here, they are all lovely and look after us."

One person was admitted into the service on the day of this inspection. We observed staff go out of their way to make them feel welcome including chatting with them about their previous occupation. They gave lots of reassurance and spent one-to-one time with the person.

We observed interactions between people and staff which showed that staff knew people very well including best ways to support the person. A staff member told us that when one person arrived at the service they would not socialise. They described how the person now spends time in the lounge and dining room and said, "On Friday we had [name of person] singing and dancing for hours…it's about working at people's pace." We saw one staff member ask a person if they wanted one of their 'favourite' hot chocolate drinks and then went off and made one for the person with whipped cream on the top.

Staff respected people's privacy and dignity. People's information was stored securely and the service was aware of data protection requirements. Staff knocked on doors before entering, including open doors and being discreet in offering support. A staff member told us, "I treat everyone with respect and how I would like to be treated." Couples could share rooms within the home if they wished to do so. We saw how this had been arranged for one couple.

Staff completed training in equality and diversity and the provider had an equality and diversity policy in place. People's religious, cultural and spiritual needs were identified and recorded in their assessment of need.

People's independence was promoted. Staff understood the importance of this. One staff member said, "I ask people what they want to be called, especially when they are new to here and how they want me to help them. I don't just go bowling in and doing things for them." We saw one person liked to wash up some pots with a staff member and help make drinks for others. This gave them a sense of purpose and helped them to keep their skill in these areas.

One person explained how a member of staff when off duty had seen a flexible wooden caterpillar toy and purchased it for them. The staff member had recognised that the person's wrist was fixed due to arthritis. They suggested that the person could move the caterpillar about in their hand. The person told us this had helped them get their wrist moving again after years of it being fixed. The person said they can now hold their cutlery and have been able to do their crocheting again.

People and relatives told us that they were supported to maintain contact with their loved ones. The home had a dedicated children's area just off the central café and a highchair available to encourage family visits.

At the time of our inspection no one was using an advocacy service. Advocacy service information was available for people in the reception area if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known.

Good

Is the service responsive?

Our findings

People's plans of support provided staff with guidance about how to support each person in ways which reflected their individual identities. Care files included information on what made the person happy or sad. One relative told us, "We were involved in planning and assessment before [name of relative] moved in. We were able to give our views and be involved in [name of relative] care planning which means a lot to us."

Handovers took place between day and night staff to ensure up-to-date information about people's needs were available to staff coming on duty. Handovers were comprehensive and covered areas such as staff on duty and on-call, daily care records and first aiders. Staff recorded people's well-being throughout the day and overnight and the care and support they had been given.

People told us there were plenty of activities available to them within the home. The service employed a music therapist and a chaplain. A church service took place on the day of this inspection. The chaplain told us they had visited people from the service in hospital when they are not well.

On the day of inspection activities included arts and crafts and a singalong/movement session. Upcoming events were advertised. We talked about activities with the activities co-ordinator. Recent activities had included pet therapy, singers, visits from school children, and an outing to a dementia friendly event at a local theatre. One relative told us "My family member likes the cafe here, the music, the pets and the animals when they visit".

The activities co-ordinator had introduced thirsty Thursdays and fruity Fridays to introduce people to different fruits and drinks to boost their intake of healthy foods. A library bus visited the service and a hairdresser and nails technician visited weekly. Daily newspapers were available for people who wanted to read. There was a loop system fitted throughout the building which could pipe music around the building so that people could listen to background music.

Where people were unable or did not want to join in with activities the activities coordinator told us they spent one to one time with them in their bedrooms chatting or involving them in activities such as reading with them.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

People told us they knew how to complain if needed. Complaints that has been received were managed appropriately. One person told us, "Some get taken care of immediately... just little niggles." One relative told us, "We've not had any complaints. The carers see to any issues straight away."

Staff received training in providing end-of-life care. Where appropriate, people had plans in place relating to their end of life wishes. The chaplain employed by the service had helped people to complete these. We saw that these were detailed and sensitively written. For example, one person's plan noted that they would like staff to tell their family that the person loved them following their passing. At the time of our visit no one was receiving end of life care.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with CQC since April 2018. Most staff told us they felt supported by the registered manager. Relatives told us the registered manager was a visible presence in the home. One family member told us that communication with the service was good. They said, "One of us is here every day and the service tells us if there have been any concerns." One person told us, "The manager is exceptionally good, we had several chats before we came here."

The provider had clear visions and values for the service which put the people supported at the heart of the care given. Copies of these were displayed within the home including the central café area.

Quality assurance systems were in place. The registered manager and provider undertook a range of audits. These covered areas such as medicines, accidents, complaints, people's weights and any pressure wounds. Where issues had been identified they would remain flagged up on the provider's computer system until actioned. Each day of the month a 'resident of the day' was identified and the person's care records were looked at in greater detail.

Regular meetings took place for people and relatives covering areas such as meals, the building, outings and activities. One person told us, "I attend the resident's meetings and they can be useful. Most things do get resolved,"

Staff meetings were held monthly. Staff told us they could speak up at staff meetings if they had any concerns. Minutes were maintained and made available to staff. One staff member told us, "I get involved in team meetings. That's good because we can all get together and chat about what's going on in the home. It's a new service and team so we are all getting to know each other."

Feedback was sought from people and their relatives through informal chats. The registered manager told us that surveys would be sent out by the provider once the service had been operational for a year. A suggestion box was available. A board was on display in the entrance to the building which stated what suggestions people, relatives and other visitors had made and the actions that had been taken. For example, a request had been made for school children to visit the service and this had taken place.

The service worked in partnership with other agencies such as health professionals and social workers to meet people's needs. One professional who had worked with the service wrote to us and said, 'The referral was appropriate, all staff were well informed of [the person's] difficulties and took on board advice provided. The staff were attentive and professional.'

We observed that the provider and registered manager ensured that people's confidential information was stored securely.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a notification. The management team had informed CQC of significant

events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.