

Methodist Homes

Glen Rosa & Kitwood House

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 

Overall summary

Our inspection took place on 27 July 2015 and was unannounced. This meant the provider and manager did not have advance notice that we would inspect the home on this day.

Glen Rosa and Kitwood House provide accommodation and personal care to a maximum of 47 older people in single en-suite rooms. Glen Rosa provides accommodation and personal care for up to 33 older people. Whilst Kitwood House is a purpose built

specialist unit attached to the main building, which provides care for up to 14 older people living with dementia. The service is located close to Ilkley town centre.

The service had a registered manager, however they were on holiday on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us they felt safe living at the home and felt comfortable when staff supported them. Staff had a good understanding of how to keep people safe and were supported by robust protocols in relation to safeguarding and emergency procedures. Potential risks were assessed and staff had a good understanding of what action they needed to take to help reduce risks to people's health and wellbeing. We found medicines were managed in a safe way and people received their medicines when they needed them.

Our observations, discussions with people and staff and review of records led us to conclude that staffing levels were sufficient to help meet people's needs and keep people safe.

People's healthcare needs were evidenced as being met through effective care planning, being supported to access health professionals and staff promptly recognising and communicating changes to people's needs so they could be reviewed and referred to other health services.

Mealtimes were a positive occasion where people were offered a variety of mostly home cooked foods. Care and kitchen staff worked well as a team to ensure mealtimes were relaxed but appropriately paced and that nutritional risks were effectively reduced.

Staff had a good understanding of the people they cared for and important issues such as safeguarding and the Deprivation of Liberty Safeguards. This knowledge was enhanced by a comprehensive training programme, regular supervisions and the maintenance of effective care records. Staff told us they felt supported and could

approach the management team with any issues. The feedback people provided about the staff team was positive and demonstrated staff had built positive relationships with the people they cared for.

Staff sought people's consent and appropriately used this to deliver care. Effective systems were in place to ensure the service met the legal requirements under the Deprivation of Liberty Safeguards and Mental Capacity Act 2005. Staff understood their role in protecting the rights of the people they cared for.

Feedback from people about the service, staff and standard of care provided was consistently positive. Staff treated people with kindness, respect and were consistently mindful to preserve people's privacy and dignity. We observed staff regularly consulted people, offered choices and encouraged people to give their opinions to ensure the care and support provided was in line with people's preferences. They adopted various methods of alternative communication to ensure people who lived with dementia were included, stimulated and understood the choices and options available to them. Staff helped people to retain their independence where ever this was possible.

People were encouraged to provide feedback and this was used to help improve the service and care provided. A complaints process was in place and advertised to people who used the service. Where people had made a complaint this was investigated and the provider listened to and responded to people's views.

People spoke highly about how the home was run and said they were satisfied with the quality of the service provided. Effective governance processes and audit systems were in place and were used to improve the service and the quality of care provided.

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 safe. Risks to people's health and wellbeing were assessed and managed appropriately. People received their medicines in a safe and proper way. The premises was safely managed. There were sufficient numbers of staff to ensure people could be safely cared for.

Good



Is the service effective?

The service was effective. People's health and nutritional needs were being met. Staff sought consent before providing care and support and worked in line with the requirements of relevant legislation such as the Deprivation of Liberty Safeguards (DoLS). Staff had appropriate training and support to enable them to deliver effective care.

Good



Is the service caring?

The service was caring. Staff had a good understanding of people's individual needs and used their knowledge to deliver person centred care. People were treated with respect and dignity. Staff involved people in making decisions about their care and supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive. Care records provided sufficient detail to ensure the care provided was responsive to people's current needs. Staff engaged people in a variety of appropriate activities. People's feedback was sought and used to help improve the quality of care provided. A complaints process was in place and being followed.

Good



Is the service well-led?

The service was well led. The feedback about the management team and how the service was managed was positive. Systems and processes were in place to ensure the provider could monitor and make improvements to the standard of care provided. Accidents and incidents were analysed and action taken to try and prevent re-occurrences.

Good



Glen Rosa & Kitwood House

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 27 July 2015 and was unannounced. The inspection team consisted of 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. In this case the expert by experience had experience of dementia care.

Before the inspection, we reviewed the information we held about the provider such as notifications and any information people had shared with us. We also spoke with the local authority commissioning team to ask them for

their views on the service and if they had any concerns. We reviewed the information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Glen Rosa and Kitwood House. This included reviewing six people's care records and medication administration records. We also reviewed a number of other records relating to the running of the service, such as policies, procedures, audits and staff files. We spent time observing the care and support provided to people and spoke with eight people who used the service. We also spoke with the assistant manager, cook, seven members of care staff, the administrator and a visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Care records contained assessments of potential risks to people's health and wellbeing. Where risks were identified care plans were in place which detailed what action staff should take to ensure the risk was safely managed. This included; pressure care, moving and handling, nutrition and falls. Discussions with care staff showed us they were aware of the importance of following risk assessments in order to deliver safe care and monitor people's wellbeing.

Staff told us they had received safeguarding adults training and demonstrated a good awareness of how they would recognise and report any allegations of abuse. The provider had clear safeguarding and whistleblowing policies in place and information about how concerns could be raised were readily available for staff and people who used the service. Staff told us they felt able to speak with the registered manager if they had a concern and were confident appropriate action would be taken to respond to any issues raised. We saw appropriate arrangements were in place for reporting and reviewing safeguarding concerns and incidents that affected people's wellbeing and safety. These were analysed by the registered manager to identify any trends or patterns to reduce or remove the risk of re-occurrence.

We looked at how the home was staffed. We looked at the rota's that covered the eight weeks prior to our inspection and saw staffing levels were consistent with what staff had told us the required numbers of staff were to keep people safe. Our observations and discussions with staff and people who used the service demonstrated that there were adequate numbers of staff to meet people's needs. The assistant manager showed us how they managed the rota system to ensure that experienced staff were always on each shift. This helped to ensure the staff team had an appropriate level of skill and knowledge at all times. In addition, the assistant manager explained that usually either they, the registered manager or deputy manager would provide management cover during the day. When a manager was not on duty staff were provided with an emergency number to ring out of hours to speak with a senior manager for advice.

We found appropriate recruitment procedures and checks were in place to ensure prospective staff were suitable to work with vulnerable people. For example, Disclosure and Barring Service (DBS) checks had been carried out prior to

new staff commencing work. DBS checks are a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults.

People told us they felt safe living at the home and felt comfortable when staff supported them. One person told us, "I think it's great living here" and, "I'm safe here, no problems at all I am well looked after." On one occasion we saw staff supported one person to move in their wheelchair. The lap belt was unfastened and trailed behind the wheels of the wheelchair, which could have posed a potential hazard. We raised this with the assistant manager and they said this would be addressed. Overall our observations showed us that staff supported people in a safe way and took appropriate action to reduce potential risk.

We found people's medicines were stored and administered in a safe way. We checked a sample of medicines in stock against the medication administration records (MAR) and found these were correct. We observed staff asked for people's consent before giving medicines and provided them with drinks as appropriate to ensure they were comfortable in taking their medication. Our findings indicated that people had been administered their medicines in line with the prescriber's instructions. We saw people's medicines were subject to regular review by their GP. A risk assessment recorded people's agreement and wishes around support with medicines. One person self-administered their medicines. Plans were in place to enable them to do this safely. As and when required medicine (PRN) was monitored by staff and procedures were in place that supported this practice. Some prescription medicines contain drugs controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained. The giving of controlled medicines was checked by two appropriately trained staff.

We completed a tour of the building and found the premises to be safely managed. We felt the temperature of water from taps in both bathrooms and people's bedrooms and found them to be comfortable. Inspection of the maintenance files showed that the hot water temperatures were regularly checked and thermostatic valves recalibrated as necessary. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of

Is the service safe?

obstructions. We saw that upstairs windows all had opening restrictors in place to help reduce the risk of falls from windows. We found all floor coverings were appropriate to the environment in which they were used. We inspected records of the lift, gas safety, electrical

installations, water quality, pest control and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

Is the service effective?

Our findings

People's needs were assessed prior to moving into the home and a care record was created with input from relevant health and social care professionals. This helped to ensure people received care and support in accordance with their individual needs and wishes. Care records showed that arrangements were in place to ensure people's health and social welfare was protected. We saw evidence staff had worked with various agencies and made sure people accessed other services and received input from other health professionals in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, speech and language therapists and dentists. We spoke with a visiting health professional who told us, "I have no concerns about the care they receive".

We observed lunch and breakfast during our inspection. Staff worked well as a team to ensure meals were a positive and important occasion for people. Tables were set with table cloths, matching crockery, serviettes, condiments and jugs of juice. People were encouraged to move to the table to eat and staff turned the television off and put relaxing music on which created a pleasant and calming atmosphere for people to enjoy their meal.

For breakfast people were offered a choice of cereals, prunes, toast and a cooked breakfast. For lunch people were offered cauliflower soup, a selection of sandwiches, salad and crisps. Sauces and pickles to accompany the meal were offered to each person and a jug of cream was provided for staff to fortify the soup for people at risk of malnutrition. For pudding there was a choice of yogurt, fruit salad and cream and a home baked cake. We saw where people required assistance or prompting to eat their meal this was done discreetly and in a sensitive manner. We saw one person refused to eat the first two plates of food staff provided. However staff patiently provided different choices and options for this person until they found something they enjoyed. During the service of the lunchtime meal in Kitwood House, kitchen staff communicated a delay in bringing the food trolley through. We saw staff promptly explained this to people and apologised for the delay to ensure they did not become anxious or confused when waiting for their meal. When the food arrived it looked nutritious, appetizing and there was plenty available. The food was served in an efficient but

relaxed manner so people could eat at their own pace. We saw that staff adopted various methods of alternative communication to ensure people who lived with dementia understood the choices available to them, such as showing people the available food options.

People who used the service told us the food was of a good standard and there was always plenty of choice available. We spoke with the cook and they demonstrated a good understanding of people's dietary needs and preferences and how to cater for them. They said they were always open to suggestions about how the menus could be improved and would often try new dishes out, however they were mindful that most people had a traditional taste in foods. We saw care and kitchen staff worked well as a team to ensure people received a varied and balanced diet. People's nutritional status was assessed to check if they were at risk of malnutrition. There were care plans in place and people's weight was being monitored. In the records reviewed we saw people's weights were stable.

We spoke with staff about their training. They told us they completed mandatory subjects such as, moving and handling, infection control, food hygiene, health and safety, medicines, and safeguarding. The training records we saw confirmed this. Records also showed staff attended regular supervision meetings and had an annual appraisal. In these meetings staff discussed their training needs and on-going learning. We spoke with a member of staff who had recently started work at the service. They explained they completed an in-depth induction which included a mix of shadowing experienced staff and completing mandatory training. We asked people if they thought staff had the right skills to support them and they told us they did. This showed us the service had effective systems in place to ensure staff received appropriate training and support.

We asked staff what they did to make sure people were in agreement with any care they provided on a day to day basis. They told us they always asked people's consent before they provided any care and continued to talk to people while they assisted them so they understood what was happening. Staff told us they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes. The people we

Is the service effective?

spoke with told us staff always asked their permission and preferences before they provided support. Throughout our inspection we observed staff obtaining people's consent before providing care and support.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We found the provider to be meeting the requirements of DoLS. We

looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Our review of people's care records demonstrated that all relevant documentation was securely and clearly filed. Staff told us they received training in the MCA and DoLS and demonstrated a good understanding of their role in protecting the rights of the people they cared for.

Is the service caring?

Our findings

We spent over eight hours observing care, support, activities and interactions between staff and the people who lived at the home. We found a relaxed, welcoming, warm and homely atmosphere throughout all areas of the home. Staff were compassionate, kind and patient when speaking with people and providing support. We saw lots of appropriate fun and laughter between people and staff which showed us staff had developed meaningful relationships with the people they supported. We saw staff approached people in a way which showed they knew the person well and knew how best to assist them.

People appeared to have had their hair brushed and appropriately styled, men were clean shaven and all of the people we saw appeared clean and were dressed in appropriate clothing and footwear. This demonstrated staff had taken time to assist people with their personal care needs.

The feedback from people and relatives about the service, staff and standard of care provided was consistently positive. All of the people we spoke with told us staff were kind and helpful. One relative told us, "I really can't speak highly enough of this place, they are simply marvellous." Another visitor to the home told us, "They do their best, sometimes it can be difficult but they manage very well in my opinion."

We saw staff treated people with respect and dignity throughout our inspection. We observed staff made eye contact, knelt down when speaking with people who were sat down and took time to listen to and understand what people were telling them. Where people who lived with dementia appeared confused or were unable to vocalise what they wanted, staff provided reassurance, used shorter sentences, visual prompts and took time not to rush the person so they could establish what the person was saying. We also observed staff respected people's privacy by knocking on bedroom doors before entering and being discreet when asking people if they wanted support with personal care. The people we spoke with confirmed what our observations showed. They told us staff treated them with respect and helped maintain their dignity. One person told us, "The staff are helpful without being obvious."

We observed staff regularly consulted people, offered choices and encouraged people to give their opinions to ensure the care and support provided was in line with people's preferences. We saw care staff were careful to ensure people who lived with dementia understood the choices available to them. For example, we saw they showed people the food options available to enable them to make informed choices during mealtimes. People's care records further demonstrated that people, and their families, had been consulted about and involved in making decisions about how their care and support was provided. For example, we saw documentation to show that people and their families were invited to review meetings at least every six months where they could discuss their care and any changes they wanted to make.

We found evidence that staff helped people to retain their independence where ever this was possible. Care records contained information about what tasks people could still do for themselves and guided staff about how they could safely assist people to retain control over important aspects of their daily lives, such as moving, eating and dressing. We saw examples of this in action during our visit. For example, during the medicines round we saw staff explained to people what their medicines were for and what the risk of not taking them may be to their health and wellbeing. Staff were then respectful of people's choices of whether or not they wanted to take them. Staff also told us about one person who had recently moved into Kitwood House because the dementia they lived with was advanced. Staff had supported them to develop their independence and learn to confidently manage their dementia. This meant they had been able to move over to live in Glen Rosa to be with their partner. The service also helped people to maintain their cultural and religious beliefs. A church minister visited the home weekly to lead a service and another person told us how staff supported them to attend their local church most Sundays.

Visitors told us staff made them feel welcome and encouraged them to participate in daily routines. One relative told us they visited several times a day which helped them retain a good relationship with their loved one. Another visitor described how they were regularly invited to social events and said they felt, "part of the Glen Rosa family." This showed us the service encouraged people to maintain relationships with friends and relatives.

Is the service responsive?

Our findings

Care records contained a range of care plans to help staff meet people's individual needs. These included mobility, eating and drinking and pressure care. Where specific needs were identified individual care plans were put in place. Care records also contained detailed and clear information about people's health, social background, preferences, choices, behaviours, communication and how they wanted their support to be given. Our observations and discussions with staff demonstrated staff had accurate and detailed knowledge about people, which showed us the information within care records were being used to deliver person centred care.

From our observations, discussions with people and staff we concluded the service was responsive to people's needs. Our observations throughout the day showed that whilst staff worked effectively to ensure people received timely and appropriate support they were not governed by routines and structure. We saw this enabled staff to take prompt and effective action to respond to people's current mood. For example, we observed one person became anxious about what medication they had taken. We saw a staff member took time to re-assure the person and explain what had happened that morning. This helped to calm this person and enable them to continue enjoying the activities they were engaged in. Most people we spoke with told us staff were responsive to their needs. Two people said there were some occasions when staff were sometimes too busy "doing jobs, to help." However, overall our discussions with people and observations during the inspection showed us staff were responsive to people's needs.

We saw staff worked hard to ensure people received appropriate interaction and stimulation. On Kitwood House we saw that every person received regular and meaningful interaction with staff. Staff worked hard to ensure everyone received regular stimulation that was appropriate to their needs and the dementia they lived with. For some people this meant staff spent time engaging them in group activities such as playing ball games, making sandcastles, singing and participating in arts and crafts. However, for those who did not wish to participate in group based activities, we saw staff were mindful to spend time with people on a one to one basis chatting, reading books, looking at pictures, discussing newspaper articles and using sensory hand muffs. One person told us they liked to

"keep busy" and had enjoyed being a homemaker. We saw they wore an apron and staff regularly asked them if they wanted to help with day to day tasks such as washing up and setting the table. They also provided this person with a box of scarves which they spent time folding. They smiled throughout doing these tasks which showed us they enjoyed them. Staff provided them with regular encouragement to let them know they were being helpful and doing a good job but also ensured they encouraged them to take regular rests.

On Glen Rosa we noted there were not as many activities, especially during the morning of our inspection. Staff explained this was because most people who lived on Glen Rosa preferred a quieter life. The people we spoke with confirmed this, one person told us they preferred to relax and didn't want "too much going on." A relative also told us, "They are always doing something, keeping mum busy." We observed the activities coordinator spent time doing arts and crafts and armchair exercises with people during the afternoon and a therapy dog visited people on both units during our inspection. We also saw that where people preferred to spend their time in their bedroom, staff made time to go and chat with them on a one to one basis.

A complaints policy was in place and there was information in the entrance to the home to tell people how they could raise a complaint. Records showed six people had complained in June 2014 about the provider's proposal to change the upstairs lounge into a bedroom. There were no details in the complaints file about how this complaint had been managed. However, the assistant manager explained this was because it was a corporate issue so the provider's head office had dealt with and responded each person who had made a complaint. We saw from the residents meeting minutes that staff at the home had kept residents and relatives informed of the provider's response to this issue. The assistant manager also explained that the provider had listened to what people had told them and decided against converting the upstairs lounge.

The provider used a variety of methods to seek people's feedback. We saw evidence this feedback was then used to improve the quality of care provided. This included two monthly resident and relative meetings, individual care reviews and annual quality questionnaires. We also saw feedback forms were situated in the manager's office which people could complete at any time. These forms included a freepost envelope for people to send their review back to

Is the service responsive?

an independent company who posted them online. We checked the feedback provided for this home on the website and saw the comments were positive. All three reviews left in the past year said they were 'extremely likely' to recommend the home to others.

People provided examples where they had raised issues with staff, both informally and formally, and told us these had been acted upon. For example, one relative described how their family member had not been choosing

appropriate clothing. They told us staff arranged for additional prompting and support when their relative was dressing to help them make more appropriate choices. They told us this made them feel "listened to" and "still important" and felt staff's response helped their family member to retain control over an aspect of their life that had been important to them. This showed us the service listened to people and took action to address issues they raised.

Is the service well-led?

Our findings

The home had a registered manager. We saw evidence they had notified the Commission of events and incidents that occurred in the service such as notifications of service user death and serious injury. All of the records requested could be provided despite the registered manager being on holiday on the day of our inspection. The records we saw were up to date and kept in good order and policies and procedures were reviewed regularly to ensure the information was current and in accordance with 'best practice'. This assured us the registered manager had systems in place to ensure the service was well led in their absence.

People spoke highly about how the home was run and said they were satisfied with the quality of the service provided. One person told us, "I like the manager, she listens to me." We also received positive feedback from staff who told us the registered manager was "supportive." Staff told us a positive feature of the service was its open and transparent culture. They said the management team encouraged staff to positively challenge practices and used team meetings to share information and highlight what was going well and any areas for improvement. An annual staff survey was organised by the provider which enabled them to assess staff morale and where improvements may be needed. The collated results from the last staff survey showed that the feedback about overall job satisfaction was mostly positive. We found the staff on duty were calm, relaxed and confident in describing and performing their role and responsibilities. This showed they had received effective support from the registered manager in order to perform their duties and be accountable for the care they provided.

The management team completed monthly analysis of accidents and incidents which occurred at the home. This included falls and incidents of behaviours that challenged. This enabled the service to identify themes, patterns and triggers so that action could be taken to reduce risk and prevent incidents from reoccurring. We found the accident analysis form could have been more robust, for example to have included the location and staff involved in incidents. We raised this with the assistant manager who said they would ensure this was addressed as an immediate priority.

The service had a number of systems in place to monitor the quality of care provided and take action to make improvements where required. A timetable was in place which detailed when audits were due so the management team and provider could monitor and allocate these checks to ensure they were completed. We saw the audits in place included checks of; care plans, complaints, monthly weights, pressure ulcers, staff training, supervisions, care reviews, infection control, health and safety and medication. Where audits identified issues or concerns a clear plan of action had been developed. This set a timescale and detailed how the issues would be addressed and who had responsibility. We saw evidence the findings of these audits were used to help enhance systems, reduce risk and improve the quality of care provided. For example, we looked at the training and development audit. This identified new staff members needed to have Mental Capacity Act (MCA) training. The induction check list had been amended to include MCA training to ensure this was completed and records showed all staff had completed MCA training.

The operations manager visited the home on a monthly basis to perform a full audit of the service. They produced a full report of their findings which included a plan of action for the management team to work towards. This enabled the provider to gain assurance the home was being effectively managed and that high quality care was being provided.

The Provider Information Return (PIR) stated the service used dementia mapping to help improve the experiences of people who lived with dementia. Dementia care mapping is an observational tool which helps to capture the experiences of people who live with dementia so that the service can understand how to meet their needs. The assistant manager explained they and the registered manager were trained in dementia care mapping. They explained they had just returned to the home after being on secondment and it was their intention to ensure dementia care mapping was incorporated into the governance processes and used to help improve and adapt the philosophy of care for people who lived with dementia.