Methodist Homes

Woodlands

Inspection report

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Date of inspection visit:
04 June 2018
05 June 2018
02 July 2018

Date of publication:
04 September 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Woodlands is a care home located in Poynton, which is situated between Macclesfield and Stockport, and is part of Methodist Homes (MHA). 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. People who live in the home are accommodated on both floors of the two-storey building, access between floors is via a passenger lift or the stairs. Woodlands is registered to accommodate 80 people, at the time of the inspection 77 people lived at the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection the service was rated Good. At this we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating has not changed since our last inspection.

People told us that the food was good and that they had plenty to eat. The first and second days of the inspection were very hot. Although we could see that people had drinks with meals and afternoon tea, and that hydration stations were located on each of the units, we queried the availability of drinks for people who remained in their rooms. The management team provided additional guidance to staff regarding availability and recording of fluid intake.

Applications had been made under the Deprivation of Liberty Safeguards (DoLS) as required and detailed records were maintained. We found that when people received their medicines covertly (hidden) consideration had not always been given as to whether medicines administered this way resulted in a deprivation. When we returned on the third day of inspection the registered manager demonstrated that they had liaised with the relevant authorities and that action had been taken to address where necessary.

A wide range of training was available for staff including around specific health needs such as Diabetes although from the training matrix provided we found that some sessions were overdue for renewal. Champions had been nominated for specialist roles such as continence, dementia and end of life.

When agency staff were used the provider did not always obtain a profile or carry out an induction with the member of staff to ensure that safe recruitment checks had taken place and that the person had received training and had all of the information they would need.

We reviewed four staff files and saw that satisfactory recruitment and selection procedures were in place.

Records showed that the provider had generally followed the principles of the Mental Capacity Act 2005 and that, where appropriate, decisions were made in people's best interests.

There were effective and established systems in place to safeguard people from abuse and individual risk was fully assessed and reviewed. Accidents and incidents were recorded and appropriate actions taken.

Medicines management and administration processes were reviewed during the inspection and found to be safe.

Checks were made to ensure that the environment was a safe place for people to live. These included electric, gas, Legionella compliance and fire safety.

Policies and procedures were in place to prevent and control the spread of infection. We saw that staff used gloves and aprons appropriately. The home had undergone refurbishment since our last inspection.

We found that staffing levels were adequate to meet people's needs. A dependency tool was used to determine staffing levels and we saw that staff responded quickly to people when they needed attention.

People's needs were assessed before they moved to Woodlands and care plans were in place to inform staff of their needs and how they should be met. Staff worked with other health care professionals to maintain people's health and wellbeing.

People who lived at the home and their relatives told us that staff were kind and treated them well. During the inspection we saw that staff were attentive and treated people with dignity and respect. Staff were skilled in de-escalation techniques and quickly calmed people who had become upset.

There was a policy in place to ensure that people were treated fairly and without discrimination and consideration was given to protected characteristics such as sexual orientation and religion.

There was a policy and procedure in place to manage and respond to complaints. We saw that any received had been well documented, investigated and responded to in line with the policy.

Activities were provided by activity co-ordinators and care staff. Feedback around activities available was mixed and staff felt they would like to see more outings and trips.

We were told that the management team were supportive, approachable and fair to all staff.

There was a well-developed performance framework which assessed the safety and quality of the service. The recently implemented electronic care management system, Megabase, had further enhanced robust quality assurance procedures.

Staff spoke with enthusiasm about their roles and were clear about their responsibilities. There was an open and transparent culture and one relative informed us that they were impressed that they had been informed when things went wrong and therefore had confidence that actions were taken ins such circumstances. The registered manager was clear about their plans to continually improve the service.

People who lived at the home, relatives and staff could express their views in a variety of ways including regular meetings, questionnaires and directly to management.

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 remained safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

We found that although a wide range of training was available for staff, some sessions were overdue for refresher.

The service generally worked in line with the principles of the Mental Capacity Act 2005. However, consideration had not always been given to whether medication administered covertly (hidden) resulted in the need for consideration of Deprivation of Liberty Safeguards. When brought to the attention of management steps were taken to address this matter.

We discussed concerns about the availability of fluids for people who remained in their rooms.

People told us that the food was good and they had plenty to eat.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well-led.

Woodlands

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.

The comprehensive inspection took place on 4 and 5 June and 2 July 2018. The first day was unannounced, second and third were announced. The inspection team on day one consisted of one adult social care inspector, two assistant adult social care inspectors, one specialist advisor and two experts by experience; day two, two adult social care inspectors, one specialist advisor and one assistant inspector and day three by one adult social care inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor was a nurse.

Before the inspection we looked at the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority quality assurance team to gain their views and they told us that all actions identified during their last visit had been completed.

We used this information to plan how the inspection should be conducted.

We spoke with the registered manager, area support manager, deputy manager, 20 people using services, eight visitors, 17 care/nursing staff, maintenance person, chef, kitchen assistant and one housekeeping staff.

We looked at the care files of five people receiving support from the service, four staff recruitment files, medicines administration records and other records relevant to the quality of the service. We also observed the delivery of care at various points during the inspection.

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 to us.

Good

Is the service safe?

Our findings

People told us that they felt safe at Woodlands. One person told us "Nothing has made me feel otherwise". Visitors told us that they felt their relatives were safe and lived in a safe environment. One explained "I looked at 15 homes before I placed [relative] here".

We reviewed four staff files and saw that satisfactory recruitment and selection procedures were in place. The files we reviewed contained application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to check if employees are suited to working with vulnerable adults thereby supporting safe recruitment decisions. In one file we found no evidence that a gap in employment history had been explored during interview.

Policies and procedures were in place to protect people from the risk of abuse or neglect. Staff had received training to assist them with recognising potential abuse and how to raise any concerns including whistle-blowing (reporting to external organisations). Staff spoken with were confident in their responsibilities and the procedures they should follow. One staff member told us "None of us would stand for anything like it". The provider's and local authority safeguarding policies were available and staff knew where to find them. There was a system in place to oversee all safeguarding incidents and this ensured that appropriate actions were taken.

We saw that accidents were recorded and appropriate actions taken to reduce the risk of recurrence. Themes and trends were identified via the electronic management system, 'Megabase', and we saw evidence of lessons learned.

Individual risks to people's wellbeing were assessed, such as falls, skin integrity, nutrition and choking. Measures were put in place for staff to follow to enable people to stay safe. For example, we saw that a special mattress was provided for a person who was at high risk of pressure damage and that checks were carried out to ensure it remained at the right setting. The electronic management system identified people who were most vulnerable and a risk report was generated each month for review by the registered manager and area support manager.

Medicines management and administration processes were reviewed during the inspection and found to be safe. Staff completed training and their competency was checked to ensure they could administer medicines safely. A policy was in place to help guide staff practice. We observed medication rounds and found that staff were knowledgeable, followed correct procedures, sought consent from people and explained what they were doing. Medicines were safely stored.

Arrangements were in place for checking the environment to ensure it was a safe place for people to live. Safety checks were carried out, for example, electric, gas, Legionella compliance, lifting equipment and fire safety and these were in order. People had a personal emergency evacuation plan (PEEP) detailing the support they needed in the event of a major incident/emergency. We saw that staff were conscious of the safety precautions they needed to take, for example ensuring that fluid thickening agents were stored

securely and when entering or leaving the various units.

Policies and procedures were in place to prevent and control the spread of infection. We saw that staff used gloves and aprons appropriately. Since our last inspection extensive refurbishment had been carried out which included the creation of larger suites. The environment was visibly clean and tidy although we found that in some areas paintwork was chipped and a carpet on one of the units was badly stained and sticky under foot. We were informed that arrangements were underway for the carpet to be replaced.

During the inspection we found that staffing levels were adequate to meet people's needs. A dependency tool was used to help determine staffing levels and this was reviewed regularly. Staff were attentive and responded quickly to people when they needed attention.

We asked people who lived at the home and visitors if they felt there were sufficient staff to provide support when they needed it. Most people we spoke with felt there were sufficient staff to meet people's needs. Comments included "Yes there are, we have a bell if we need them. It is answered quickly". However, one person told us they felt there was not enough staff at night. Staff generally felt there were sufficient staff although there were busy periods. Staff told us that that staffing levels had been reviewed and increased on one unit following feedback from staff and that there was flexibility for staff to move between units to support when needed.

Requires Improvement

Is the service effective?

Our findings

People told us that they had plenty to eat and that the food was very good. Comments included, "The food is marvellous, plenty of it"; "It was lovely at dinner time"; "Food is hot enough and always fresh veg" and "It's very nice".

We looked at the training matrix provided and saw that training was provided in areas such as moving and handling, health and safety, fire safety, and safeguarding. The matrix noted that some topics should be refreshed every 12 months however we saw that several sessions were overdue.

When agency staff were needed the registered provider ensured that regular workers attended for consistent and effective care. We looked at a weekly rota and checked the agency file provided. The rota indicated that ten agency workers had carried out shifts. However, when we looked for corresponding profiles we found that there was none on file for eight of the ten named staff.

We found that there was no profile or induction record for an agency worker present on the first day of inspection. The deputy manager informed us that the worker had received a handover but not a full induction although we found this worker had also attended the previous week. The deputy manager confirmed that inductions had not been carried out for a few months. It is important that up to date profiles are obtained and that an induction is carried out to ensure that the agency worker is up to date with training, safe recruitment checks have been made and that they have the knowledge they require to carry out their allocated shift. We would recommend that the provider reviews and improves the process and procedures in place with regard to the use of agency staff.

The first and second day of the inspection were very hot and we checked whether people had ready access to fluids. At 11:00 am on the first day we observed 14 people seated in one of the lounges but only two people had drinks. We also saw that one person's family had raised concern that they had found their relative thirsty when visiting.

We saw that jugs and glasses were not routinely available in people's rooms. Drinks were provided with meals, from drinks trolleys and hydration stations located in each of the units which meant that people who were mobile could help themselves at any time. Visitors told us "I like the hydration station as it means [Name] can always have a drink", "[Person] has the juice and I take a cup from the hydration station for [Person] to have, I bring drinks".

People we spoke with, our observations and food/fluid charts reviewed confirmed that drinks were provided mainly at meal times. Staff told us "They get a drink with their breakfast, lunch, afternoon tea and dinner" and "[Name] has a drink at meal times". Although we could see that people who were mobile had ready access to drinks, we were concerned that several people who remained in bed did not have drinks available in their rooms.

On the third day of inspection we saw that fluids were more widely available however there were still people

who did not have drinks. During the inspection, the management team provided additional guidance to staff regarding availability and recording of fluid intake, including for people where drinks could not be left in their room safely, for example where fluids required a thickening agent. Measures were implemented so that staff provided ongoing observation to ensure that people had access to drinks and adequate fluid intake.

The lunchtime experience was positive and we saw that staff knew people, their needs, likes and dislikes well. There was a choice of menu and specialist diets were catered for, for example a soft option. To support people who may find verbal questions about choice difficult to respond to, staff showed plated options of each dish. This supported their understanding and enabled them to communicate their choice. Snack and night bite menus were also available. We spoke with one of the chefs who told us how cultural requirements had been catered for. Information about known allergens was retained in the kitchen.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There was a clear record of DoLS applications submitted and/or authorised which identified when they were due to expire and those which had conditions attached.

We saw that mental capacity assessments had been carried out to check whether people had the capacity to make specific decisions. This included for people receiving their medication covertly (hidden). However, we found that consideration had not always been given to whether the administration of medicines this way may have resulted in a deprivation. We discussed this with the management present on the second day of the inspection and when we returned on the third day the registered manager demonstrated that they had liaised with the local authority DoLS team and that action had been taken to address where necessary.

We saw that staff explained what they were doing for people and sought their consent.

Staff we spoke with felt they were well supported in their roles. They completed an induction when they started their role and records showed that staff had received formal supervision and appraisal. Staff said that these sessions were supportive, explaining "If you have niggly bits you can say"; "You are saying how you feel, you get the chance. It's two-way" and "Everything is documented, read back and signed".

Staff felt the training they received enabled them to carry out their roles effectively. They told us "Everyone is here to support you. If you ask it is made available". Additional training was provided around people's individual health and care needs, for example Diabetes, Behaviours that Challenge and management. An extensive list of 'Champions' had been nominated for specialist roles such as Continence, Dementia and End of life. Champions had agreed to undertake training in their specialist field and share their knowledge

There was a robust pre-admission process to assess people's needs to ensure that they could be met by the registered provider. Staff had a good understanding of people's needs and care was delivered in accordance with people's assessed needs. One person told us that they had been unable to walk when they came to live at Woodlands but were now completely mobile following the support they had received.

Care plans were in place to inform staff of people's needs and how they should be met. Information was

included about equipment they may need to ensure they received safe and effective care. For example, hoists, specialist mattresses, adapted seating, raised toilet seats and specialist baths.

Staff worked with other health care professionals to maintain people's health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals such as GP, who visits every Thursday, mental health team, tissue viability team, dietician and speech and language therapist. People's care plans showed that their health was monitored regularly, for example their weight.

People told us that staff arranged appropriate health advice if they needed it. Their comments included "If you're not well they'll do something about it". A visitor told us they were "delighted" that the doctor had reviewed their relative's medication on admission and that the decisions made had improved their quality of life.

We looked at whether the environment was suitable to meet people's needs. We saw that people's rooms were personalised, corridors were wide with handrails for people to use. Since our last inspection there had been extensive refurbishment to the premises and there were further plans for one of the units as noted in the Safe section of this report. Spacious suites had been created which included large bathrooms and a kitchenette area. The garden area was inviting and paths had been widened to accommodate wheelchairs.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were kind, caring and treated them well. Comments included "They are kind and stop to speak to me"; "Staff are very kind and very lovely. There is nothing to mither about" and "They are nice, they are cheerful". Relatives told us "They are marvellous" and "They hold their hands and sometimes give them hugs which is lovely to see".

During the inspection we saw that staff were attentive and treated people with dignity, respect and were aware of the need for privacy. It was clear from discussions that staff knew people well. When speaking with people who were seated staff ensured they were at their eye level and when people needed support this was provided discreetly. A visitor told us "They [Staff] treat clients with a lot of respect and kindness".

One person invited us into their room. We could see that their room was personalised and they shared their memories with us. They showed us a blanket with the logo of their favourite football team which had been given to them by a member of staff. They told us that staff were kind, knew them well and that they were happy. Their visitor, who was present at the time, told us that staff looked after the person well.

All staff spoken with, including the registered manager, said that they would be happy for a relative of theirs to receive care at Woodlands. Their comments included "Absolutely, hand on heart"; "Oh gosh yes, the atmosphere"; Yes, it's very homely. Staff are very supportive"; "Yes, the atmosphere, the carers" and "Some good staff here that try to get to know the residents, go the extra mile".

When people required support to make decisions and did not have friends or family to assist them, local advocacy services were contacted. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

We saw that friends and relatives visited throughout the inspection and all those we spoke with told us they could visit at any time and were made welcome. This helped people to maintain relationships that were important to people to prevent isolation.

One relative told us that people were encouraged to do things for themselves which helped to maintain their independence and that this helped them recover well from an injury.

Good

Is the service responsive?

Our findings

During the inspection we saw that staff were responsive to people's needs and de-escalated situations by using distraction techniques to calm people who were distressed. For example, one staff member got their guitar to play to a person who was upset, the person smiled and listened to the music which was calming to them. When another person became distressed during meal time and threw their plate, a staff member sat beside them and calmly dealt with the situation, offering reassurance and a solution which immediately settled the person. We heard staff repeat questions and simplify phrases when needed to assist people's understanding.

We saw that people's needs were assessed before they came to live at Woodlands which meant that the provider was sure they could give the care needed. One relative said "[Relative] was in a home before and kept falling out of bed. Here they have bedrails" and "They are particularly good with their blood sugar monitoring".

Following the inspection, the registered manager forwarded information from a relative who had not been present during the inspection. The person wanted their comments to be passed to the inspection team. Their feedback was positive and complimentary about Woodlands, the staff and care that their relative had received. This included how staff had minimised the risk of them falling by ensuring that their medication was reviewed and the use of a pressure mat to alert staff when their relative got out of bed at night.

We looked at people's care files and saw that they included care plans in line with their individual needs, choices and preferences. Care plans we reviewed were detailed and demonstrated the person's consent, or where appropriate that their relative/representative and relevant persons had been involved in decisions made in their best interests. Risks were assessed and support plans put in place. We saw that care plans were reviewed and evaluated regularly and that, where necessary, action was taken and the plan updated. These records, along with staff's daily written notes, meant that care files contained important information about the person as an individual and their specific health and care needs.

There was a policy in place to ensure that people were treated fairly and without discrimination. We saw that consideration had been given to people's diverse needs and protected characteristics such as religion, gender, race, sexual orientation, age or disability. Information was available for the Lesbian, Gay, Bi-sexual and Transgender community (LGBT) including about moving into a care home, living with dementia and the Silver Rainbows. The registered manger explained how all cultures were embraced and how diverse cultural needs had been met in terms of religious beliefs for example with visits from different church denominations and dietary needs.

At the time of the inspection there was no-one receiving end of life care although anticipatory medicines had been prescribed for one person. We saw from care plans that discussion had taken place regarding people's future wishes so that staff would be able to meet people's needs and preferences when the time came. Where required a do not attempt resuscitation (DNAR) instruction had been put in place and the electronic care management system provided instant access to this information.

There was a policy and procedure in place to manage and respond to complaints. We saw from records provided that 12 complaints had been recorded since January 2018 which had been robustly documented, investigated and responded to in line with the policy. Progress could be tracked using the Megabase system. Relatives we spoke with told us that their complaints had been resolved. One visitor explained that when they had raised a concern, observations took place and a plan put in place which addressed the issue. However, one relative said they did not feel a complaint had been dealt with very well.

During the inspection we made observations using SOFI. This method is used to observe the experience of people who may not be able to tell us their views. During our observations we saw that staff were cheery, encouraging, reassuring and attentive. They encouraged people to join in activities, offered to play a game and chatted about music. As a member of staff finished their shift they said goodbye to the people present. This helped people to understand which staff were on shift.

People told us that they could make daily choices such as what time to get up and retire at night and whether they would like a bath or shower.

The provider had employed a new activity co-ordinator who worked Monday to Friday and sometimes weekends. The former activity co-ordinator still attended one day each week and care staff also contributed to activities. We saw that details of activities taking place were displayed and photographs of previous events. One staff member explained that some people preferred one to one chats and one person just liked holding their hand.

Feedback about activities from people and relatives varied. Comments included, "I like the music"; "We've been walking out" and "They have lots of different things going on with visitors and music". However, one person said "It's very boring here, nothing to do. I do not really watch television so I just sit here looking out of the window." A relative said "I don't think they do very much". They had observed staff playing ball games with people during the inspection but felt that it was not a regular thing. Another felt there was "Nothing" going on. Several staff said they would like to see more trips and outings. However, the registered manager informed us that additional activities provision was commencing in September.

Good

Is the service well-led?

Our findings

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.

Staff told us they were supported by the management team and that morale had improved since the current registered manager had arrived. Comments included, "Staff morale is generally good" and "Staff morale good now, getting back on track".

Staff felt the management team were approachable and fair to all staff.

There was a well-developed performance framework which assessed the safety and quality of the service. We saw that where audits had identified that actions were needed, they had been carried out. The recently implemented Megabase system had further enhanced quality assurance procedures by the data, tracking and reporting processes it encompassed. Regional monthly checks were made using reports generated by the system. A wide range of policies and procedures provided guidance to staff regarding expectations and performance.

An electronic system allowed management to leave messages for staff. This recorded the time the message was created and read by the staff member. We saw that this was used extensively to cascade information and by the manager to thank staff for their efforts. The registered manager also carried out regular observations on each of the units. Findings were recorded and we saw that any issues were followed up.

Staff and managers spoke with enthusiasm about their roles and were clear of their responsibilities. All spoken with engaged with the inspection process and responded positively when questions were raised.

The registered manager was clear about their responsibilities in line with their registration. They had submitted statutory notifications in a timely manner and the ratings from the previous inspection were displayed as required, including on the provider's website.

The registered manager was clear about their plans to continually improve the quality of the service and staff were aware of the corporate visions, values and aims.

People, staff and relatives could express their views about the service in a number of ways. Regular staff meetings were held and staff told us that when they made suggestions they were listened to. Meetings were also held for people using services and relatives with minutes kept and displayed. We saw that open discussion took place. The registered manager attended regional meetings so that learning and good practice from the provider's other homes could be shared.

Satisfaction surveys were carried out, we saw that a recent one had sought views about food, all responses

were positive.