

Methodist Homes Aigburth

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

About the service

Aigburth is a residential care home providing personal care for older people. The care home is purpose built and accommodates 56 people across three floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

At the time of the inspection 55 people were using the service.

People's experience of using this service and what we found

People were safe, they were supported by staff that had a good knowledge of the risks associated with providing care, including the risks of infection control.

Safe recruitment practices were followed, and staff received induction and on-going training to ensure people's individual care needs were continuously met.

People received care from staff that were kind, caring and compassionate. People and relatives were very complimentary about the care they received from the staff. People had built strong relationships with the staff and volunteers that worked at the service. People's diversity was respected and embraced. Staff were respectful and open to all cultures, faiths and beliefs and people's individuality, privacy and dignity was respected.

The service provided person centred care. Staff took time to find out about people's individual hobbies and interests, and a wide variety of group and one to one activity's were available for people to choose from. People's end of life preferences and wishes had been considered. People knew how to raise a concern or make a complaint and felt confident they would be dealt with appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People were supported to receive a nutritious and varied diet and to attend healthcare appointments as required.

Feedback was sought from people and relatives about their experience of using the service to ensure any issues were promptly addressed. At the time of the inspection the new manager had been in post for two weeks, and already had a good oversight of the service.

The management team were dedicated to providing person centred care. Established quality assurance systems and processes enabled the manager, supported by the area manager to quickly identify any areas for further improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Published 24 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service remained effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.
Details are in our well-led findings below.

Good ●

Aigburth

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an assistant inspector.

Service and service type

Aigburth is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. The previous registered manager de-registered on 26 March 2019. A new manager had been appointed, and had been in post for two weeks. They confirmed they had started the registered manager process and had submitted the application to CQC. This means that once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We sought feedback from commissioners, other professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed information received about the service since the last inspection and used information the provider sent us in a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people using the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, deputy manager, senior carers and care staff, the activity person and two volunteers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and medicines records. We looked at three staff files in relation to staff recruitment and supervision. We also reviewed a variety of records relating to the management of the service, staff training, quality audits, complaints and compliments.

After the inspection

We spoke with one relative and received written feedback from two relatives who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from avoidable harm and abuse. Everyone we spoke with told us they felt safe and family members told us their relatives received safe care.
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us they were confident the management team would address any concerns and make the required referrals to the local authority.
- The manager was aware of their responsibilities for promptly reporting any safeguarding concerns to the local safeguarding authority and to the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm.
- Risk assessments were in place for individual risks identified. For example, accessing the community independently, falls, skin damage, nutrition and hydration, behaviours that challenge, and specific health related risks.

Staff had the skills to provide individualised support to ensure identified risks were safely managed.

- Safe moving and handling practices were observed when staff supported people to change position and mobilise.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. They were up to date and reflective of people's current communication and mobility needs.
- Equipment to manage people's health needs was regularly serviced in line with the manufacturer's guidance. Environmental checks were routinely completed to ensure a safe living environment was maintained. The building was purpose built for the people that used the service.

Staffing and recruitment

- People said there were enough staff available to meet their needs. On the day of the inspection we observed staff responded to people's needs promptly. Although some staff said the mornings were very busy. One member of staff said, "I think we could do with an extra member of staff in the mornings until about 11am, rarely does the call bell turn out to be a priority call, we cannot leave someone vulnerable in the shower. We do as much as we can for people, but also try to encourage independence." Another member of staff said, "We use our own bank staff, there is never a day we don't have enough staff cover."
- Safe recruitment checks had been undertaken. They included checks through the Disclosure and Barring Service (DBS), which helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- The systems to manage medicines were organised, and people received the right support to take their medicines as prescribed.
- Staff received training to administer medicines, which included having their competency to follow the medicines administration policy observed and assessed. We observed staff safely administer medicines to people taking into consideration people's choice and preferences for taking their medicines.
- Medicines were securely stored, and stocks were checked to ensure all medicines had been given as prescribed.

Preventing and controlling infection

- The environment was clean and well maintained. People and their relatives told us the service was always clean and pleasant.
- Staff used personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care and handling food. Hand sanitizer dispensers were available for people entering and leaving the building to help reduce cross infection risks.

Learning lessons when things go wrong

- Accident and incident forms were completed by staff and reviewed by the local and management team to identify trends, patterns and any learning from incidents. These were also reviewed at an organisational level and any learning was shared throughout the organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The information from pre-admission assessments was used to develop individualised care plans.
- People's care was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- New staff completed induction training, which was based on the Care Certificate. This is a set of standards nationally recognised in the care sector that staff are expected to follow. New staff initially worked alongside experienced members of staff, to allow time to get to know people using the service. One member of staff that had recently started working at the home said, "My induction training was very thorough, I had to complete all the induction training before I started providing care for people." Another said, "I had a named buddy for help, they eased me in gently and explained a lot."
- Staff told us they felt supported by the management team; they could approach them at any time and they received regular training updates.
- Staff had regular opportunities to formally discuss their development, and any support needs during one to one supervision meetings with their supervisors. Staff said outside of these meetings informal supervision was always available to provide continual support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were consulted about the meal provision and based on their feedback a light lunch was provided midday and a cooked meal in the evening, except for Sundays when people had a roast dinner midday. People said they preferred this, and the staff said it had, had a positive impact of reducing the number of falls. One person said, "The food is excellent, I think I am putting on weight." Another person said, "There is always a good choice of other meal options if you don't fancy what's on the menu."
- We observed people receiving the lunchtime meal of soup, and bacon, egg and beans on toast. One person requested burnt toast, which a staff member provided for them. People having soup were asked if they would also like a sandwich as well.
- People with visual impairments were supported to eat and drink independently. For example, when placing a plate of food on the table, the member of staff said to the person, "Your salad is at six o'clock, and the sandwiches are at 12 o'clock." referring to the position of food on the plate. People said they enjoyed the meals available. They commented any requests for meals 'off menu' were accommodated. A relative said, "I am particularly impressed with how the staff spend time with [name] at meal times. Especially at breakfast, they sit and have a chat with [name] over a cup of tea and toast."

- People at risk of not receiving enough nutrition and hydration had their food and fluid intake closely monitored. People were offered specially prepared drinks, fortified meals and snacks to assist with weight gain, and dietary health advice was sought if people continued to lose weight. Staff knew the people that needed extra support with eating and drinking and this was provided. One staff member said, "We do milkshakes with double cream, most people have good appetites. We give people choices, different drinks and snacks cake and biscuits."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked alongside health community services to support people to maintain their physical and emotional health and wellbeing.
- Staff knew people well and recognised when people needed additional healthcare support. They raised concerns about people's health and wellbeing to the appropriate healthcare professionals and supported people to attend appointments as required.

Adapting service, design, decoration to meet people's needs

- The environment was decorated to a high standard. People were involved in choosing the décor of the home and had been supported to bring in personal belongings to personalise their bedrooms. There were various areas available throughout the home for people to spend time with their families and visitors, or to spend time alone. We observed people spending time with their relatives in the lounge, garden, their bedrooms and the café.
- The home was designed to meet the needs of older people with dementia and similar conditions. The layout was spacious and sensory cues supported people to orientate their way around the home.
- Picture frames were placed on the wall outside bedroom doors, which contained old family photos and small objects, which were individual to the person using the bedroom. These visual aids helped people living with dementia to orientate and identify their bedrooms. One person showed us their bedroom, which was very personalised with photographs, cuddly toys and dolls, and it was evident the person took great comfort in having these objects around them.
- The garden was immaculately maintained by a dedicated team of volunteers and provided pleasant outdoor seating areas.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood and worked within the principles of the MCA. People told us staff always offered them choices and we observed

this in practice.

- When people no longer had the capacity to make decisions about certain aspects of their lives, staff consulted with people's representatives to ensure care was always provided in their best interests'.
- DoLS applications had been made to the local authority to ensure people were not unlawfully deprived of their liberty. Where DoLS conditions were in place, staff supported people according to the conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff had developed caring relationships and we observed a relaxed, and warm atmosphere throughout the home. All the people and relatives spoken with complimented the caring attitudes of staff. One person that had recently moved into the home said, "It is wonderful, I was in another care home before, this home is so much better, it's much nicer here." Another person said they had chosen to live at the home on the recommendation of a friend and that they had friends that lived in the local area.
- Staff knew about people's lives, their occupations, hobbies and interests and took time to sit and chat and reminisce with people. A relative said, "[Name] was able to bring their [pet] with them, which was fantastic, as they have had the [pet] as a companion for many years. The maintenance person makes sure it is being well cared for. We are immensely grateful for this, it has really helped [name] to settle into their new home."
- People's diversity was respected and embedded in practice. Staff were respectful to people of all faiths and beliefs.

Supporting people to express their views and be involved in making decisions about their care

- The service used creative ways to help support people communicate their wishes and make decisions.
- People were encouraged to be involved in sharing feedback to develop the service. Regular resident meetings took place.

Respecting and promoting people's privacy, dignity and independence

- Staff were always mindful of respecting people's privacy and dignity. We observed doors to be closed when people were being supported with their personal care. Staff knocked on people's doors to seek permission to enter.
- Staff encouraged independence, to maintain people's skills and well-being. We observed staff were kind in their approach to supporting people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question had remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans and associated care records were regularly reviewed with the involvement of people and their relatives.
- Staff understood the importance of providing care that was centred around people's individuality, and this was embedded in day to day practice.
- People and the staff team had built positive relationships and enjoyed spending time together. Staff took the time to find out about people's backgrounds and what was important to them.
- People remained in control of their lives as much as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. Information could be translated to people's first language or larger print if required.
- Staff were observant of people's body language and identified when communication was initiated through non-verbal means.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- All the people and relatives we spoke with very complimentary of the activities provided and the support people received from the activity person. One person said, "Oh [activity person] is excellent, there is always something going on, we have films on a Saturday." One relative said, "[Activity person] is a real asset to the home, [name] goes over and above to ensure there is always plenty of things going on to keep people stimulated and occupied." Another relative said, "[Name] chose this home for the number of activities on offer for residents." A third relative said, "There seems to be activities going on all the while, it's difficult to know when to visit, as [name] is always busy!"
- We saw photos of a variety of activities people had been engaged in. One in particular was of a person that used to be a midwife who examined a member of staff who was pregnant measuring the size of the baby. The member of staff said, "She got it spot on!" The person said, "It was wonderful to have the opportunity to practice again, after 30 years!"
- Each person was given a daily copy of the activity programme and pictorial activity timetables were visible on notice boards throughout the home.

- Visitors were warmly greeted by staff and relationships with relatives and friends were promoted. One person said, "I look forward to receiving a phone call every evening from my son that lives in Australia."
- Staff respected people's needs in relation to their cultural, religious and spiritual beliefs. Faith leaders visited the home, and people were supported to attend their preferred place of worship. The provider employed a chaplain who supported people and staff in meeting their spiritual needs.

Improving care quality in response to complaints or concerns

- Information was available for people and relatives on the complaints policy and procedure. One person said, "I did complain once, the previous manager responded well, and it was dealt with quickly." Another person said they were dissatisfied with some of the meals. The staff thanked them for raising the issue and did not make the person feel awkward for raising the issue in front of them.
- Records showed that complaints had been thoroughly investigated and resolved to people's satisfaction in line with the company's policy. People and their relatives told us, should they have any concerns they would not hesitate to raise these with the management team and they felt sure they would be dealt with appropriately.

End of life care and support

- People's wishes for end of life care was detailed within their care plans and people were supported to remain at home at the end of their life if this was their wish. We saw records of compliments received from relatives thanking the staff for the end of life care they had provided. One read ' We were very impressed by the end of life care. [Name's] final days went very peacefully.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The newly appointed manager was supported in their role by a deputy manager and a team of senior carers. They also had support from an area manager. The manager said, "I am receiving excellent support from the deputy manager, the area manager and all the staff team, I feel very fortunate to have such good support."
- People were at the centre of everything the service did. The manager and the whole of the staff team ensured people were fully involved in all decisions about their care. One person said, "The new manager is a 'people person' they come by to say hello." A staff member said, "The staff morale is good, all the seniors are very supportive. It is a nice environment to work in, if you have a problem they [management] listen and help you."
- The manager and deputy manager held 10 minute 'flash' meetings each morning with staff representatives from the care, catering, admin, and maintenance teams. The meetings were used to share plans for the day and communicate information on people's changing needs. A staff member said, "The meetings are very helpful, especially when have been away for a few days. They help us know what has been going on and where to start in our work for that day." This ensured all staff teams were fully involved in providing a high standard of care for all people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed when things went wrong the service had followed the 'duty of candour' to learn from mistakes and make improvements. People and relatives told us, the management team were very open and honest in all communications with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records showed that statutory notifications had been submitted to the Care Quality Commission (CQC) and the rating from the previous CQC inspection was on display, both within the home and on the provider website.
- The service received regular support and advice from the organisations quality assurance team to continually monitor the quality and standard of the service.
- All the people, relatives and staff gave positive feedback regarding the management team.
- Staff said they took pride in working at the service and they felt valued and involved in driving

improvement of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff said they would recommend the service to others.
- Resident and relatives' meetings were held regularly.
- The service had strong links with the local community and had secured funding from local businesses to further enhance people's care experience.

Continuous learning and improving care

- Systems were in place to seek feedback from people, relatives and staff. The feedback was used to continually drive improvement of the service.
- Staff took on the role of champions for different areas of care such as end of life care, dementia and dignity, they took on the responsibility of overseeing and enhancing these areas of practice.
- There were clear lines of responsibility and accountability within the service.

Working in partnership with others

- The manager worked closely with commissioners and other health and social care professionals, to enhance the health and well-being of all people using the service.