

Methodist Homes

Heather Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heather Grange is registered to provide accommodation and personal care for up to 70 people. There were 56 people living in the home at the time of the inspection. Accommodation is provided in single occupancy rooms, all of which had an ensuite shower facility.

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

People told us they felt safe living in the home, and they were happy with the service provided. Improvements had been made to the management of medicines and people received their medicines safely. Staff had received safeguarding training and had access to the provider's policies and procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective procedure for the recruitment of new staff. Individual and environmental risks had been assessed and managed. People were protected from the risks associated with the spread of infection. The premises had a good standard of cleanliness throughout the building.

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

The management team carried out a series of audits to check and monitor the quality of the service and ensure records were completed accurately. The registered manager provided clear leadership and considered the views of people, their relatives and staff in respect to the quality of care provided.

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

Rating at the last inspection and update

The last rating for the service was requires improvement (published 9 November 2021) and there was a breach of a regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 5 October 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of medicines.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to

calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heather Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heather Grange

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector and 1 expert by experience undertook the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector visited the service on the second day.

Service and service type

Heather Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heather Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 9 people living in the home, 3 relatives, 8 members of care staff, a housekeeper, the administration manager, an activities coordinator, the deputy manager, the registered manager and the area manager. We also spoke with a visiting healthcare professional.

We carried out a visual inspection of the building with the registered manager and reviewed a range of records. This included two people's care documentation, two staff files and a sample of people's medicines records. We also reviewed a range of records relating to the management of 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 requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 12

- Medicines were stored and managed safely. Staff administering medicines received training and had their competency checked to ensure their practice remained safe.
- People told us they were satisfied with the way staff managed their medicines.
- The staff maintained appropriate records for the receipt, administration, and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.
- We noted there were some omissions in the records for the administration of topical creams. The registered manager was aware of this issue and was working with the staff to ensure the records were complete and up to date.

Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and managed. Risk management strategies were included in people's care plan documentation and there was guidance for staff to follow to support people safely.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The premises were purpose built and decorated and furnished to a good standard. All people had a single occupancy room with an ensuite shower room.
- The provider had arrangements to carry out routine maintenance and safety checks on the installations and equipment. All safety certificates seen were complete and up to date.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances.
- Personal emergency evacuation plans had been developed for all people living in the home.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. We observed there was an appropriate number of staff on duty to meet people's needs during the inspection.
- People told us there were usually enough staff to attend to their needs in a timely way. One person said, "They [the staff] always have time for me - they're all so kind" and another person commented, "It suits me very well here. I think there are usually enough staff and they always come if I need them."
- The provider operated an effective recruitment procedure. We looked at two staff files and found appropriate regulatory checks had been carried out prior to employment.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had established systems and processes to safeguard people from abuse. Staff had access to appropriate policies, procedures and training and understood how to raise any concerns about poor practice.
- People told us they felt safe and were happy with the care and support they received. One person told us, "I am very happy here and feel very safe." Relatives had no concerns about the safety of their family members.
- We observed sensitive and caring interactions between the staff and people living in the home throughout the inspection.
- The registered manager and staff had maintained a record of accidents and incidents and made referrals as appropriate to other organisations and professionals.
- The registered manager had carried out a detailed analysis of the accident and incident data to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

Preventing and controlling infection

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the registered manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home had a good standard of cleanliness throughout.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families.

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 requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff morale was good, and they felt valued and supported.
- The management team carried out a number of audits and checks covering all aspects of the service. Action plans were drawn up to address any shortfalls and arrangements had been made to ensure the actions were fully implemented.
- The registered manager was supported by the area manager, who visited the home on a frequent basis. The area manager carried out a series of checks and audits. Action plans were developed to ensure the necessary improvements were made in a timely manner.
- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were able to raise issues or concerns within the meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- People were supported in a sensitive and kind manner. Feedback from people living in the home was positive. One person told us, "The staff really care about everyone."
- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.

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

- Staff involved and engaged people in the life of the home and considered their equality characteristics. The registered manager encouraged people to express their opinions through different forums to ensure their views were heard. We saw residents' and relatives' meetings had been held quarterly. The registered manager agreed to increase the meetings to monthly.
- People living in the home, staff and relatives were given the opportunity to participate in satisfaction

surveys. We saw there was a 'You said, we did' board in the reception area, which had been developed in response to any suggestions for improvement.

- The provider and the registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the registered manager, staff and people who lived in the home and their family members.