Care Quality Commission

Methodist Homes Trembaths

Inspection report

Talbot Way,
Letchworth,
Hertfordshire,
SG6 1UA
Tel: 01462 481694

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection was carried out on 9 June 2015 and was unannounced.

Trembaths provides accommodation and personal care for up to 51 older people and provides nursing care. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 25 June 2014 we found them to not be meeting the required standards and they were in breach of regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulations 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that they had met the standards.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on

Summary of findings

what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People thought that overall their needs were being met. There was some feedback relating to staffing and waiting times. However, during the inspection we found that people's needs were met in an appropriate timeframe.

Staff had received training and had regular supervision. The home followed robust recruitment procedures. The manager was new to the home and was working through a plan to continually improve the service. Staff felt they were approachable and were positive about their leadership.

Risks to people's safety and welfare were assessed and staff were aware of their individual needs. Medicines were managed safely and people had regular access to health care professionals. Care plans contained clear guidance for staff to follow on how to support people and people's individual preferences were reflected in these plans. Privacy was promoted and people felt that they were listened to. Staff were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff were clear on their role. People and staff were positive about the manager and their leadership.

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 not always safe.

People were supported to ensure their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

The staffing arrangements required improvement to improve communication and organisation.

Requires Improvement

Is the service effective?
The service was effective.

Staff received regular supervision and training relevant to their roles.

People were supported appropriately in regards to their ability to make decisions.

People were supported to eat and drink sufficient amounts.

Good

Is the service caring?
The service was not always caring.

People felt that at times, communication in the home needed improvement.

People who lived at the home were involved in the planning and reviewing of their care and staff knew them well.

Privacy was promoted throughout the home.

Requires Improvement

Is the service responsive?
The service was not always responsive.

People who lived at the home and their relatives were confident to raise concerns, and that they would be dealt with appropriately.

People told us they did not always receive care that met their individual needs.

The provision of activities did not always ensure it suited people's individual needs.

Requires Improvement

Is the service well-led?
The service was well led.

There were systems in place to monitor, identify and manage the quality of the service

People who lived at the service, their relatives and staff were positive about the management team.

Good

Summary of findings

Leadership on one of the units needed further improvement.

Trembaths

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 9 June 2015 and was carried out by an inspection team which was formed of three inspectors. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. Before the inspection, the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service which includes the service does well and improvements they plan to make.

During the inspection we spoke with 11 people who lived at the service, two relatives and visitors, 10 members of staff and the registered manager. We received feedback from social care professionals. We viewed five people's support plans. We viewed three staff files. 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 due to complex health needs.

Requires Improvement

Is the service safe?

Our findings

When we inspected the service on 25 June 2014 we found that the service was not meeting the requirements in relation to safeguarding people from the risk of abuse. At this inspection we found that they had addressed this shortfall and staff were aware of how and when to report allegations of abuse.

People told us that they felt safe at the service. One person said, "I feel safe living here. I have no problems at all."

There was information displayed which raised awareness of abuse and stated who people, their relatives and staff could call if they were concerned about their own or others safety and welfare. Staff were clear on how to recognise and respond to abuse. Staff told us that unexplained bruises or injuries were reported through the safeguarding process and they were aware of the whistleblowing policies. Some staff quoted the 'No Secrets' document. We saw that safeguarding and reporting concerns were a regular part of team meetings and supervisions. One staff member said, "I have not had concerns about safeguarding here." Another staff member said, "I report it to the person in charge. I document everything."

People had the appropriate risk assessments carried out and staff were aware of what people's individual risks were. For example, mobility, falls and nutrition. They were able to describe to us how they supported people to maintain their safety and welfare. For example, monitoring a person's food intake or ensuring they had the correct mobility aid. We saw that he manager reviewed all accidents and incidents each month to ensure all the appropriate action had been taken and to identify any trends. Accident forms recorded immediate action taken following an accident or incident to help ensure people were safe and minimise the risk of a reoccurrence.

Call bells we heard sounding were answered promptly, although at times staff informed the person they were supporting someone else and would come back shortly. Some people who lived at the home and most of their relatives told us that they felt staffing numbers were sufficient to meet their needs. One person said, "I think the [staff] numbers are about right." A relative told us, "People are never just left." However, some people told us, and in particular on the nursing unit, that they felt the staffing numbers needed reviewing. One person told us that the day before the inspection during the evening they waited 45 minutes for staff to help them onto the commode. They said, "I complained about this before and I was told they are not short staffed." Another person told us, "Sometimes I have to wait on the toilet or to use the toilet because the carers [staff] see to somebody else."

Staff on the ground floor unit told us that there was usually enough staff. One staff member said, "Usually there are enough staff. We are two down today." Agency staff had been brought in to cover and staff did not like working with agency staff as they felt they did not know people well. Staff on the nursing unit told us they felt they needed more staff. One staff member said, "We didn't do baths this morning and we are still late. It is 12:10 and not everybody is up." Staff gave us reassurance that everybody had breakfast in bed, drinks and people were supported to reposition regularly but they said they could do with an extra person at least for a couple hours. We saw that when we arrived several people on the nursing unit were dressed and put back to bed. We asked staff about this and they told us this was to help the day shift out or they would not be able to get people up in time. It was unclear if it was people's preference to get dressed at this time. One staff member said, "They do it to help us out, it's too early to hoist them at that time so they leave them in bed until we come on."

We observed that staff were busy moving from one room to the next during the morning to support people with getting washed and dressed. Staff told us that this was generally through preference of time to get up but everyone required the assistance of two staff for this and several people needed support to eat. They told us that they ensured people had their breakfast and wen back to them to help them get up afterwards. However, we noted that one person received their breakfast at 11.30am and then was served their lunch at 12.30pm. On both occasions they needed support and staff eventually returned to assist them. We also noted that staff took breaks during the lunchtime service further impacting on the support people received. This is an area that requires improvement to ensure that people consistently receive the support they need in a timeframe that suits their needs.

People were supported by staff who had undergone a robust recruitment process. This included a thorough

Requires Improvement

Is the service safe?

interview process, criminal record checks, proof of previous qualifications and written references. This helped to ensure that staff employed were fit to work with people who were vulnerable.

Medicines were managed safely. We observed staff worked in accordance with guidance and safe practice while administering medicines to people. Records were completed consistently and stocks of medicines were accurate to the records held and numbers which had been dispensed. We saw that medicines were stored securely and people were asked if they required pain relief.

Good

Is the service effective?

Our findings

Most people felt that staff were appropriately skilled for their role. One person said, "They are definitely well trained." However, another person told us, "Some staff seem to be more experienced and skilled than others." They gave an example of in the morning when they got into the en-suite they sat naked whilst staff run in and out for items of clothing.

We observed that staff provided care in accordance with their training. This included moving and handling, infection control and respecting people's dignity. Staff told us that they felt they received appropriate training for their role. One staff member said, "We have refreshers every 6-12 months. The organisation is supportive of training." Staff told us that they received an induction when they first started working at Trembaths.

Staff received regular supervision from their line manager. We saw that these sessions covered a number of subjects. One staff member said, "I do feel supported." Staff also told us they attended regular team meetings where they could raise any issues.

People told us that they were asked for their consent and their choices were respected. We saw staff giving choice and explaining what was happening next while supporting people. For example, where they were going in their wheelchair and what they wanted to eat or drink. Staff demonstrated a good understanding about MCA & DoLS. One staff member said, "We need to give people choices and time to respond, in their best interests." We saw that where people had been assessed as not having the capacity to make their own decisions, best interest decisions were recorded and a relative was listed as being their contact. The manager had made the necessary DoLS applications and was waiting for an outcome. However, they practised the least restrictive option and this was recorded in care plans. For example, in regards to the key coded door, they ensured people had access to the community and the different areas of the home.

People were had mixed opinions about the food. One person told us, "I like the food, in general the food is very good." And another said, "The food is fine." other comments included, "I would like a poached or a boiled egg but cannot have it in the mornings." And, "Food is appalling, no variation, always cold, what's on the menu is not always available." They told us they had raised complaints about the quality and temperature. We saw that the manager had been reviewing this and had purchased additional hot trolleys. The main meal was served in the evening and lunch was a mix of soup, sandwiches and jacket potatoes. People were given the option at the meal time and given time to choose where possible. However, we noted that some people required more support and this was delayed as staff were supporting other people. We also saw that one person had gone for 12 hours with only a small amount of fluid and nothing to eat. Staff told us this was due to the fact that they were sleeping. However, the person was identified at the morning handover as showing signs of reduced fluid and staff had not reacted to this sufficiently to encourage adequate fluid intake. We raised this with the manager to follow up and ensure the appropriate action was taken.

People's weight was monitored and where they had lost weight, staff recorded what they were eating and drinking. Where there were concerns they were referred to a healthcare professional for advice and support.

The home was supported by visiting healthcare professionals which included GPs, physiotherapists and the mental health team. One person told us, "A doctor comes when I need one." We saw that the staff made referrals to additional services, such as the wheelchair service, when needed. The home also had a visiting chiropodist, hairdresser and optician.

Requires Improvement

Is the service caring?

Our findings

People who lived at the home and their relatives were mostly positive about the staff. They told us most staff were kind, caring and respectful. However, three people told us that not all staff were the same, in particular they found the staff who worked at night more difficult to get along with. One person told us, "I feel generally staff are caring and they are not rude, most of them are quite pleasant." Another person told us, "Generally staff are polite just some aren't." "I prefer it here to living on my own. I was pleasantly surprised." People also told us that they had developed relationships with other people who lived at the service and with the staff. One person said about another person who they were sitting with, "We are both very happy. We have become friends."

We observed interactions between staff and people were caring and appropriate to the situation. Staff demonstrated and understanding of how to meet people's needs and, on the dementia care unit, how to manage difficult behaviour. They spoke with empathy about people living with dementia and the importance of recognising what they were trying to communicate. However, we noted that on the nursing care unit, at times the care was more task orientated than personalised care. For example, we noted one person had food left around their mouth, another had debris around their eyes and another person, who was noted as, and also told us that they enjoyed a daily shave, was unshaven. We also saw one person sitting with their hands in their soup and staff did not notice. Staff were always polite, kind and courteous in the approach to people but they did not always meet people's whole needs and this meant that their dignity was not always promoted. We brought this to the attention of the manager who told us that they would focus on these issues to ensure they were addressed.

People's privacy was promoted. We observed bedroom doors were open or closed depending on people's preferences. We saw that while personal care was being delivered, staff turned a card on the door stating 'Do Not Disturb'. This helped to ensure that visitors or other staff members did not intrude when a person may be undressed. We also noted that when people were offered the toilet this was done so discreetly.

People were involved in planning their care. One person said, "Staff do ask me for my opinion." We saw that people had been asked for their preferences and these were recorded. Where they had been unable, relatives had been invited to complete life history booklets to help ensure important events and views were available to enable staff to get to know the person they were supporting. The manager told us as part of their plans to develop this, there was to be a new system implemented which kept this important information as the forefront of the staff's minds. This included having a bullet pointed list in people's room in a place staff could easily access.

Requires Improvement

Is the service responsive?

Our findings

People gave mixed views about the care they received and of the staff who supported them. Positive comments included, "I feel my needs are met here.", "I have a call bell to ring if I need anything and they will come.", and, "The staff look after me very well." Relatives were positive about the staff who knew people well. One relative said, "The long term staff here are fantastic." However, we also received comments including, "Some of them [staff] exceptional, some have a cannot care less attitude.", and, "The nurse on today is very nice and the other one as well, just the carers are hit and miss. You don't get anything during the night." We brought these views to the manager who told us they would follow up these comments.

We observed that staff were attentive. For example, we saw a person ask staff for a jumper as they were feeling cold. This was promptly accommodated and staff also checked the heating.

People told us that staff made them comfortable. One person said, "They are nice they gave me this cushion to rest my leg on and it doesn't hurt so much now."

People's care plans included up to date information to enable staff to support them appropriately. We saw that areas were detailed and described individualised care. For example, stating what strengths a person has in relation to tasks such as brushing hair and how to communicate effectively with people. A relative told us, "I find the staff very good. They have got to know [relative] well." They went on to say that their relative had complex needs and, "There are instructions for staff in [their] care plan." The information recorded demonstrated people and where appropriate, their relatives had been involved in the planning and reviewing of their care. One relative told us, "Reviews are not very structured. You can ask for one at any time but they are scheduled about every six months." They went on to say, "I can discuss issues with staff."

There was an activities schedule displayed at the home. People had access to a range of activities seven days a week such as sing-a-longs, a church service, a discussion group, music therapy, pampering, cooking and games. On the day of inspection we saw seven out of a possible 50 people participating in baking in the downstairs lounge area. However, on the dementia care unit, although staff did not miss opportunities for engagement, there was not time for one to one activities and people watched TV or listened to music while staff continued to support people with care needs. On the nursing unit there were no activities on the day of inspection.

People who were able to speak with us told us there were sufficient activities offered. One person said, "I read the paper and watch TV. My family visit." Another person told us, "There is just the right amount going on. It suits me not to do too much." However, people who were bed bound or had limited ability to communicate sat throughout our observations which interaction only when care or support with mealtimes was given. Staff were throughout the day providing support for people with care so were unable to sit and chat with people or provide an activity. These people were at risk of boredom, loneliness and lack of stimulation. The manager told us that there was a second activities organiser who was currently on induction but they would be available to ensure that more activities were carried out, in particular for those who do not leave the units to join in with group activities or religious services.

People told us that they knew how to make complaints and felt confident to do so. One person said, "If I have a complaint I think is [manager] the head one I will be talking to and [they are] pleasant." People told us where they had made complaints, these had been responded to appropriately. For example, the food being cold. As an action the manager purchased new food trolleys to help maintain the foods temperature. However, we were also told that some issues, for example in relation to clothes going missing in the laundry, they were still on going. People felt confident that the manager who was relatively new in post, was going to address these issues. We viewed the complaints log and saw that all complaints had been responded to formally and in accordance with the homes policy.

The manager was due to send an annual survey out to people, their relatives and professionals. They had been using feedback from reviews, complaints and meetings for gaining people's views and experience of the service provided. We saw from meeting notes, and the manager told us, that they had received feedback about the mealtime experience needed improving, which also included the quality of the food. This prompted for a food survey to be completed and the menus to be reviewed. Also, we saw where there had been feedback received relating to the organisation of shifts, allocation sheets were

Requires Improvement

Is the service responsive?

introduced to help resolve these issues. We noted that when an individual issue had been raised this was communicated with the staff team at handovers and 'take ten' meetings to raise awareness. For example, we saw a particular request relating to a person's bath detailed in the diary for the unit leader to pass on to the team.

Good

Is the service well-led?

Our findings

People told us that the home was well led. They told us that they knew the manager who regularly walked around the home. We were told, and we saw from records, that the manager carried daily walk rounds the home to check on people, staffing and the environment. Issues identified during these checks were addressed at the time. For example, ensuring that accurate records were kept of people's fluid intake and addressing it if they had not consumed sufficient quantities. We found that although the manager had not been employed at the home for many weeks, they already knew people and the staff well as they could describe people, their needs and any on going issues to us. This demonstrated that the manager was invested in getting to know the home.

The manager had been in post for nine weeks at the time of our inspection and had been working on developing teams and systems to maintain and improve the quality of the service. This was done through providing support on the floor, daily 'take ten' meetings, improving handover and allocation systems and identifying staff strengths and areas where they required development. The manager told us that ensuring all areas were to the standard they expected was not going to happen in such a short time but felt that things had already improved. The manager said, "The home is calm and caring, staff are kind and the company is supportive." They told us they felt these key points would ensure the service continued to improve.

People who lived at the home gave a mixed view of leadership across the two units. While all feedback in relation to the ground floor unit was positive, feedback regarding the nursing care unit was not always positive. We observed practice on the unit and found that at times it was disorganised and this impacted on people and the staff providing support. For example, a delay in some care tasks being completed and unclear communication between staff in regards who had eaten. We found that the two units were both different and the nursing unit required further attention in relation to guidance and clear leadership by the most senior person working on the unit. The manager had already identified this as an area for improvement and was working on plans to resolve the issues and help the team work more consistently.

The manager told us they were well supported by their line manager and the provider. They told us this would help ensure they achieved their planned goals for the home. These goals included a united and highly functioning team and a more homely environment on the nursing unit. These issues had been identified through their own observations but also through quality assurance systems.

The provider had recently carried out a full home audit which the service had scored well in. There were actions developed in relation to care planning, staff training and some environmental issues that work had begun on to resolve them. Internal audits and checks carried out since the manager's appointment included medicine audits and kitchen checks for cleanliness and dining experience. The manager had developed action plans for any shortfalls and this had been relayed to the staff team. For example, to improve mealtime experiences for people, a nurse was to oversee the lunch and dinner to ensure expected standards were met. However, during the inspection, on the nursing unit, the nurse did not oversee the lunch service. We relayed this to the manager who told us they would monitor this to ensure their directions were followed.

Staff were positive about the manager and leadership. One staff member told us, "It has improved over the last couple of months." Another staff member said, "I'm happy with the new manager. We are having meetings more often." They went on to tell us that the manager was holding staff meetings monthly which they felt would help resolve the issues that we had identified at our inspection. All staff felt that the manager was approachable and they could go to them if needed.