Methodist Homes

Priceholme

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

Priceholme is owned and managed by Methodist Homes and provides personal care and support for up to 33 people who are elderly and may be living with a dementia. There were 31 people living at the service when we visited. Priceholme is a 'care home'. 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.

We inspected the service on 15 and 21 February 2018. The visit on day one was unannounced and the second day of inspection was announced.

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

People we spoke with told us they felt safe, respected and well cared for. Staff showed a good understanding of the processes required to safeguard adults who may be vulnerable from abuse and they were able to explain to us what they would do if they had concerns. We observed staff knew the people they supported well and were able to recognise any changes to people's physical and emotional health.

People we spoke with were complimentary about the management and staff of the organisation. We found evidence of complaints being made to the service and we saw that these were dealt with in a proactive manner. The service received a number of compliments and commendations which praised the staff and the service delivery.

The registered manager and provider was responsive to people's needs and regularly sought their opinions. This helped ensure people's rights and diverse circumstances were respected.

Risks to people's health and safety had been identified and risk assessments were in place to identify and evaluate risks which are then managed with guidance for staff through associated 'support plans'. Regular servicing of equipment, environmental safety checks and checks of services such as gas took place. People's medicines were managed safely.

Robust recruitment practices were in place which included obtaining references and completing Disclosure and Barring checks. This ensured only suitable people were employed.

We observed sufficient staff were deployed throughout the service to meet people's needs. Staff received appropriate training and support to carry out their role Staff received regular supervisions and appraisals from senior staff or management and they told us the manager was approachable and supportive.

Staff worked within the principles of the Mental Capacity Act when providing support to people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Best interest decisions involved people's representatives when required.

People told us they enjoyed the meals provided and were supported to eat a healthy balanced diet. Where needed, people's nutrition was monitored by staff. People had good access to healthcare professionals to support all of their health needs.

The environment supported people's needs and their personal space reflected their preferences and personalities. People's choices were taken account of when planning their care and they could choose how that care was delivered. Their end of life support needs were considered and planned for with the involvement of the person and their next of kin.

People's needs were assessed and care plans reflected their care preferences and how they liked to spend their time. People were supported to engage in activities and where they had friends or family they were supported to maintain those relationships in a meaningful way.

Regular checks of all areas of the service were completed by the registered manager. There was good oversight from the provider who completed unannounced quality assurance checks to ensure the safe running and quality of the service.

We received consistently positive feedback from people who used the service, their relatives and friends, and visiting professionals.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-Led.	**Good**

Priceholme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 21 February 2018. The first day of inspection was unannounced; we announced our visit on the second day of inspection.

The inspection team consisted of one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for older people.

Before our inspection, we reviewed all the information we held about the service. We examined notifications received by the Care Quality Commission. Notifications contain information about changes, events or incidents that the provider is legally required to send us. We spoke with the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document had been completed prior to our visit and we used this information to inform our inspection.

During the inspection we walked around the home and observed communal areas and, with permission, looked in people's bedrooms. We observed interactions between staff and people who used the service including at lunchtime and during activities.

We reviewed three people's care files and three medication administration records. We looked at three staff files relating to recruitment and training and a range of records relating to the management of the service. We spoke with six people who used the service and two relatives of people who used the service. During the inspection, we spoke with four care staff, the activities co-ordinator and the registered manager.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, "I am safe here, there is always someone popping in and out. I never feel alone" and "I feel very safe here, I can move around more safely then when I was at home. I feel very secure in this room."

We looked at the environment and found the premises were well maintained and in good decorative order. Records we viewed showed that appropriate checks were made to ensure the safety of the home and any equipment used. Regular fire drills took place throughout the service Refurbishment of communal areas was underway when we visited and plans were in place to renovate other areas in the building.

The provider had a safeguarding policy in place to guide staff on how to identify and respond to safeguarding concerns. Staff we spoke with demonstrated they understood their responsibility to identify concerns and report these to the manager. We found safeguarding referrals had been made to the local authority for further investigation when required and this had been appropriately recorded.

People were supported to take prescribed medicines and a medicines policy was in place. We observed staff administering medication in a safe manner and regular medication audits were completed. Medicines were stored securely and at the correct temperature

Robust recruitment processes were in place to ensure that only people who were suitable to the role were employed. Disclosure and Barring Service (DBS) checks were made and references were in place prior to employment commencing.

The service was clean and free from any unpleasant odours. Staff wore gloves and aprons to minimise the risk of cross contamination when providing support with personal care. Hallways were kept clear and free of trip hazards and this enabled people to move safely around the service.

We looked at how the provider managed risk and prevented people being harmed. Care files contained detailed risk assessments which were specific to each person's needs. These were reviewed on a monthly basis or when people's needs changed. Personal emergency evacuation plans were in place to provide guidance on the level of support people would need to evacuate the service in the event of a fire.

We observed staff were routinely available in communal areas to monitor and respond to people's needs. We saw care and support was provided in an unrushed manner and people's call bells were responded to promptly. Staff we spoke with told us they felt there were enough staff on duty and staffing levels were safe. We observed people who used the service were relaxed and at ease throughout our inspection and acted in a way which showed us they felt safe and comfortable in staff's company.

Good

Is the service effective?

Our findings

People and relatives told us they felt staff were well trained and had the skills needed to provide effective support. Comments included, "The carers know what they are doing, they help me dry after my shower" and, "The staff are very confident when they do things for me, they always know what they are doing and that makes me feel safe."

The provider had a list of training which they deemed mandatory, this included areas such as medicines, moving and handling and first aid. Mandatory training was well managed and the registered manager ensured staff were up to date. Staff who were new to the service completed a comprehensive induction programme. Staff were supported in their role through regular supervision and annual appraisals.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the provider was working within the principles of the MCA. The provider was meeting the requirements of the deprivation of liberty safeguards and people's human rights were recognised and protected.

We observed lunch being served. We saw people were offered a choice of meals and the food served was well presented. It was clear staff knew what people liked and disliked and meals were prepared to meet people's individual needs and preferences.

Staff documented when people were referred to, or were visited by healthcare professionals. Records confirmed staff were proactive in identifying concerns and seeking advice. People who used the service were regularly seen by their doctor, the district nurses, dentist and opticians. One person told us, "The carers are very, very good. I know that they will call a doctor if I am not feeling well."

The environment was arranged and presented in a way that supported people with a cognitive impairment. We observed people freely moving around the service confidently and independently. Signage throughout the service was clear and included pictures, as well as words. This supported people to orientate themselves, for example, to the location of the toilet facilities. Décor throughout the service had been chosen specifically to ensure a 'dementia-friendly' environment. There were quiet spaces available to people if they needed a less stimulating environment. Access was provided to a secure garden if people wanted to spend time outdoors.

Good

Is the service caring?

Our findings

People we spoke with told us, without exception, that they were well cared for and treated with dignity and respect by all staff. Comments included, "Staff are very kind, caring and considerate. They always ask if you are ok", "The staff are excellent, I can't fault any of them" and, "The staff here are truly lovely. They take such good care of me, and everyone else who lives here. They are an absolute joy, all of them."

We observed interactions throughout our visit and saw staff were kind and caring towards people who used the service. We saw staff made an effort and went out of their way to engage people in conversation. Staff spoke with people in a kind and compassionate way demonstrating they cared about how people were feeling. We observed staff chatting and joking with people in communal areas and, as they went in and out of people's bedrooms. We saw people responded warmly towards staff showing us they enjoyed staff's company and the conversations they shared.

The manager and staff demonstrated a caring, considerate and flexible approach when providing care. The care delivered was person centred, diverse, supported equality and met people's individual needs. The organisation worked with people in a way that empowered them to make choices and maintain control of their lives, which in turn enhanced their wellbeing. For example, people were involved in planning their own care and were supported by the staff to express their views about the care they received.

Staff had developed positive caring relationships with the people who used service. It was evident that the people who used the service really felt valued and included. A person who used the service told us, "I am always asked my opinion about things that affect me. The staff are wonderful, its just like home from home."

People's privacy, dignity and choice was respected by staff who supported people to maintain their independence. One person who used the service told us, "Staff always knock on the door before coming in, and close the door if they are taking me to the toilet. My privacy is always maintained and they always treat me with respect." Another told us, "Initially I needed help with a lot of things, but I manage myself now. When I go to the dining room or the lounge I walk with my frame. If I am a bit tired the nurses will take me in my wheelchair."

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

Good

Is the service responsive?

Our findings

Staff provided people with personalised care which was based upon their individual assessed needs and personal preferences. Information contained in care files was personalised to the individual receiving the support and clearly documented people's wishes and needs. A relative of a person who used the service told us, "Yes, I was fully involved in planning my [relative's] care; the manager asked lots of questions about what he likes and what he doesn't like. The manager recently came to see my [relative] and chatted to him about the new meal times."

Information recorded personal history, current and past interests and things the person liked to do. Care plans included information on the person's next of kin, important contacts and information on any allergies.

People were involved in a review of their care on a regular basis. This ensured that the care they received was meeting their needs. Where people's needs changed, for example due to a medical reason, there care files were updated accordingly. People's dreams and aspirations were also taken into account. We saw one person had stated that they would like the opportunity to ride a large motorbike. This was put into place for them as part of a 'Seize the Day' initiative where a team of 'bikers' were brought in to take the person out on a ride with them.

The staff were pro-active in working with the people to alleviate loneliness and social isolation. People were supported to access community activities if they wished. We observed people being supported by staff to go out for a walk and to the local shops and trips to local areas of interest were organised regularly. We found the service had good links with the local community. Children from a local school visited to do reading classes and a church service was held regularly to support people's spiritual needs.

We saw evidence that concerns, complaints and compliments were received and responded to in a timely manner. The provider had a complaints policy in place which detailed how people who used the service could raise a complaint and also stated the timescale of the complaint being answered. One compliment stated, "Thank you very much for allowing me to be part of your Christmas celebration. There was a lovely atmosphere and you all worked so very hard."

The service worked closely with people and their families to ensure their end of life wishes were respected. Where people wanted to plan for their end of life we saw 'Final Wishes Care Plans' were in place. These plans covered areas such as, where the persons wished to be at the end of their life, what they would like to wear for their funeral and what music they would like playing. We found that these plans were compiled with sensitivity and were only in place where people agreed.

Good

Is the service well-led?

Our findings

People told us the service was well-led. Comments included, "Yes, I know who the manager is; she seems nice", "The manager is new. I don't see much of her but she is very nice" and, "The new manager is visible and approachable, she is a dear. She is doing her best; she has only been here a couple of months."

There was a registered manager in post who registered with CQC in February 2018. 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. The registered manager was supported by senior staff who were deployed throughout the service.

The manager had a clear understanding of their role and the regulatory requirements. Before the inspection we checked and found they had notified the CQC of certain important events as part of their registration.

Staff told us they would feel confident reporting any concerns or poor practice to the registered manager and felt that their views would be taken into account. One member of staff told us, "The manager here is great. I feel really well supported and I know I can go to them with any issue that I have and they will sort it out."

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. A combination of hard copy files and electronic records relating to staff and people who used the service were in place. Policies and procedures were up to date and comprehensive.

There was an effective quality assurance system in place which included surveys, audits and meetings. We saw a number of internal audits, including medicine management, spot checks on staff performance, moving and handling and daily notes. The results of audits were discussed in team meetings and records showed that any improvements identified were acted upon. We observed a transparent and open culture within the service. The manager monitored care delivered closely and ensured it remained person-centred and was responsive to people's needs.

The registered manager welcomed feedback from people who used the service and the staff that they employed. The manager held regular team meetings and people who used the service had regular 'residents meetings'. The service also sent out regular memos to keep the staff and residents updated on any changes and to share important information. The staff we spoke with told us they had regular supervision and they felt supported in their role.