

Methodist Homes Engelberg

Inspection report

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Date of inspection visit:
05 June 2019
06 June 2019

Date of publication:
24 June 2019

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:

Engelberg is a residential home. It provides accommodation and personal care for up to 34 people. At the time of the inspection, there were 31 people using the service.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Staff understood the needs of the people they supported and their communication needs. Staff we spoke with told us that providing people with a quality lifestyle was their objective. Staff told us they provided person centred care and we observed positive relationships between people and staff in a calm environment.

Risks of abuse to people were minimised because the service had robust safeguarding systems and processes. Staff understood safeguarding reporting processes. The registered manager had an oversight of current and historical safeguarding matters and communicated with external agencies when needed.

There were effective systems that ensured the service was safe. Health and safety checks, together with effective checks of the environment were carried out by dedicated staff. Some staff told us that although people's needs were met this was not always timely. Plans to increase staffing numbers were already in process.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood their role and were confident when performing it through a continual training package. Staff at the service worked together with a range of healthcare professionals to achieve positive outcomes for people and followed professional advice to achieve this. Healthcare professional feedback we received was positive.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice. Staff understood the Mental Capacity Act 2005 and applied the principles of the Act when performing their role. There were effective systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service. There were effective systems at both service and provider level to share key events and incidents to reduce the risk of recurrence. Staff felt activity provision could be increased and recruitment for a new activities member of staff to achieve this had already commenced.

People and their relatives gave us positive feedback about the quality of care people received. The feedback on the leadership of the service and the registered manager was positive. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment to ensure people

received optimal care.

Rating at last inspection: Good (Report published November 2016)

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

Engelberg

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was completed by one 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.

Service and service type: Engelberg is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 34 people. At the time of our visit there were 31 people using the service.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The inspection was unannounced.

What we did: 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, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about.

During the inspection we spoke with 10 people who lived at the service and five people's relatives. We also spoke with nine members of staff, this included the registered manager, administrative staff, a chef and care staff. We also spoke with two visiting healthcare professionals. We reviewed four people's care and support records. We also reviewed records relating to the management of the service such as incident and accident

records, meeting minutes, training records, policies, audits and complaints.

After the inspection we contacted healthcare professionals who had a contract with the service to obtain their views of the service provided. We received one response.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One commented, "They're [staff] gentle and kind, they help me as much as I want to be helped." Relatives also said they felt people were safe at Engelberg.
- People were protected from potential abuse and avoidable harm by staff that had received training in safeguarding and knew about the different types of abuse and reporting procedures.
- Staff were confident any concerns they reported would be listened and responded to promptly.
- There were appropriate policies in place and the service had notified safeguarding concerns to the Care Quality Commission (CQC).
- There was reporting guidance for both staff and visitors in the entrance foyer on how to report abuse or suspected abuse to the local authority.

Assessing risk, safety monitoring and management

- People had current individual risk assessments. We reviewed examples of risk management in relation to falls, skin breakdown and nutrition. Identified risks had guidance for staff in reducing the possibility of harm.
- We identified improvements could be made in providing risk identification and management into health conditions such as diabetes and epilepsy. The registered manager told us they would review this.
- Staff understood the known risks of the people they supported and explained the measures they took to reduce these risks.
- The service environment and equipment was well maintained and records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported to evacuate in the event of a fire.

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People and their relatives did not raise any significant concerns with us about staffing levels.
- One person commented, "I feel safe because there are always people around me, staff I mean." A relative told us, "There are fewer carers at the weekend, this makes them slower to respond." However, when asked the relative felt the service was safe and people's needs were met, just not always timely at weekends.
- Staff told us people's needs were met, however not always timely. Staff said at times people had to wait. They felt people's needs had increased but staffing levels had not reflected this.
- The registered manager told us staffing levels were due to be increased in the immediate future to reflect staff feedback and ensure people's needs were met consistently timely. Two new staff had been recently employed to facilitate this and the service were awaiting pre-employment checks.
- A dependency scoring aid was used alongside observations and feedback to determine appropriate staffing. Staffing levels had previously been increased following survey feedback.

- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

Using medicines safely

- Medicine systems were efficient, and people received their medicines as prescribed.
- Medicine administration records were accurately completed. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Specific staff were trained in medicines management. Continual staff competency assessments were completed to ensure safe practices were maintained.
- Medicines requiring additional security and recording were stored correctly and a check of stock balances identified no discrepancies.
- Medicines management audits were completed to ensure storage of medicines and administration records were complete and accurate.
- Protocols for the administration of 'As Required' medicines were completed. Body maps and protocols supported the application of topical creams.

Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was clean and odour free. People and their relatives did not raise concerns around cleanliness.
- One relative we asked about the cleanliness commented, "It's nice and clean here and they keep it tidy too which is great."
- The service had dedicated housekeeping staff to maintain the service environment.
- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as gloves and aprons when required.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends.
- The registered manager used significant events that had taken place at the service or other services run by them, as an opportunity to learn and help ensure there was no re-occurrence of the event.
- We reviewed examples of where learning had been shared by the registered manager. This included learning in relation to an identified medication error and when a person had fallen.

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

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

- People were assessed prior to moving in to the service. This assessment process ensured a comprehensive care plan that detailed guidance for staff on how to meet people's needs was completed on admission.
- Assessments of people's needs were comprehensive. Nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition or obesity were used within care plans.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice. Records showed where advice and guidance had been followed.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet people's needs. Staff commented positively on the training and support they received.
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported.
- Staff were well supported in their work. Regular one to one supervision was completed, and staff had opportunities to discuss people's care needs, receive feedback, and discuss any further training and development needs.
- New staff received a provider level induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.
- People and their relatives spoke positively about the competence and care provided by staff at the service. Comments included, "The carers know the residents well and are responsive to their needs."

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

- People and their relatives commented positively on the food provided at the service. We observed staff supported people where needed with nutrition and hydration.
- There were menus available for people to choose their meals. People were observed being offered choices in the morning for the lunch.
- People were well supported with hydration. We observed people were continually offered drinks throughout the day. Tea and coffee making facilities were available for people to use.
- People's weights were monitored using a nationally recognised tool. Where a concern was identified, these were escalated to the appropriate healthcare professional.

- Information about people's nutritional needs, for example a diabetic or gluten free diet, were recorded in the kitchen and the chef was knowledgeable about people's needs.

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

- People had individual rooms and had access to communal bathroom and toilet facilities. Some rooms had an en-suite facility.
- The service was spacious with wide corridors to support freedom, grab rails were in place to support people who required assistance with their mobility. There were two communal lounge areas and a large dining area.
- We observed two people in the dining area being unable to read the small clock due to their visual impairment and neither could read the time. This was fed back to the registered manager.
- People had access to outdoor spaces. There was a seating area for people to use and a large outdoor garden area.
- The registered manager advised us that internal communal areas of the service were shortly to be given a refurbishment.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare services and professionals according to their needs.
- People were registered with a GP and records showed the service regularly escalated health concerns with the relevant GP.
- People's relatives were confident the service would seek and receive care from external professionals when needed.
- Care records evidenced advice had been sought from professionals such as speech and language therapists, where needed and advice and guidance was recorded.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met. At the time of our inspection, there was one person at the service with authorised DoLS and three pending applications.

- The authorised DoLS for one person did not have any conditions attached to it the service was required to meet.
- We observed people were consulted prior to any care and support interventions and their consent was sought.
- Where restrictive practices were in place for people who lacked capacity to consent, for examples bedrails, we found a best interest decision processes had been followed and the service had explored the least restrictive options available to support people.
- The service ensured that as part of the pre-admission process they had ascertained if people had an appointed Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not

have capacity to do so.

- Where an LPA was in place, the service had ensured they had seen or produced a copy of the relevant record on file and consulted the relevant people when needed.

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

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 received care from staff who developed positive, caring and compassionate relationships with them. Staff we spoke with told us achieving positive outcomes for people was their priority.
- People told us staff knew their preferences and cared for them in the way they liked.
- A health professional told us, "There is always a nice atmosphere in the home with staff appearing friendly and chatting to residents."
- The atmosphere was homely, we saw people using the service had developed friendships and spent time together discussing current affairs. A relative commented, "It's a happy atmosphere. No one seems to be concerned, they (staff) always make you feel at ease."
- The service had received very positive feedback on a national website, with nine of the 10 reviews rating the service as, 'Excellent' saying they would be "Extremely likely" to recommend the service to others.
- A selection of compliment cards reviewed echoed the website feedback, with examples given where a relative wrote, "We just wanted to thank you so much for all of the love and care you gave to [person's name]."

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

- People's views were regularly sought through day to day interactions. Staff spoke with people about what they wished to do and gave options and choices. People were observed responding well to this.
- Comments from people included, "The new manager is good, my medication is ok. They ask permission before doing things and respect our privacy" and, "Everyone here is so lovely."
- Staff spent time with people. We observed staff members checked with people if they were comfortable. Staff continually checked on people in communal areas and engaged with them in a meaningful way. There was an evident strong bond between people and staff.
- Staff comments about the people they supported reflected our observations. One staff member said, "I try and make it a happy place for people here. We all really care and it's about making every day better for them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. The service management monitored and observed staff carrying out care provision. Staff gave examples of how they promoted privacy and dignity during personal care.
- People were encouraged to do as much for themselves as possible. We observed examples of staff providing encouragement to people but still ensuring people knew support was available if needed. A staff member commented, "I encourage and reassure people to do as much as much as they can on their own."

- Throughout the inspection visit we saw many positive interactions between people and the staff and management. During the use of mobility aids, for example the use of a hoist, people were communicated with well and offered reassurance.
- The lunch service for people was a positive experience, where people's choices were respected if they wished to wear an apron or not to support their personal preference and dignity.
- The observed interactions we made between the staff and people's visitors evidenced they knew each other well and they had a good relationship. Visitors told us they were always made welcomed into the service.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's information and communication needs by assessing them. Communication needs were recorded in care records and staff understood them.
- People's care records were detailed about their individual needs and preferences and were regularly reviewed and updated as their needs changed. We spoke with staff who told us the care plans were accessible.
- People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- One person had the service menu put into picture format to help them select their meals. We highlighted to the registered manager that others may also benefit from this aid.
- The service recognised the importance of maintaining community links and supporting people to maintain contacts with family and friends. Relatives we spoke with were positive about their involvement in care planning and the communication they received from the service.
- Community links with a local school had been developed over the Christmas and Easter periods. There were strong links with the local Methodist community and a 'Friends of Engelberg' organisation supported amenities funding.
- The service had volunteers who attended to read to people with a visual impairment and the local 'Beacon Centre for the Blind' supported two people with supplying audiobooks and audio news.
- A garden party was scheduled for August 2019 where people and their relatives, members of the local community, the local school, staff, their family and children attend as a gathering and fundraising event.
- People could partake in a variety of hobbies and leisure pursuits and were encouraged to participate in their local community. The service had a designated activities member of staff to facilitate activities.
- Some staff feedback indicated there should be an increase in activities for people at certain times of the afternoon and evening. The registered manager was currently recruiting an additional member of activities staff to increase activity provision.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- People we spoke with commented positively about being able to raise matters. Comments included, "I'd talk to [registered manager] with any concerns, he'd sort it out for me I know he would."
- Relatives we spoke with told us they felt confident the registered manager and staff would address any

complaints of concerns they had. One commented, "It is clean and well run by caring people. If I have any questions or concerns I talk to [registered manager], they are very helpful."

- The registered manager held a record of any concerns or complaints raised, the action taken and the resolution. Records evidenced any matters that had been previously raised had been responded to as required.

End of life care and support

- People's end of life care wishes were recorded within their care records and were explored during pre-admission or shortly after admission to the service.
- End of life care records were detailed, showing personalised information such as where the person wished to die, who they wished to be with them and specific detail such as what music they would like playing, or if they would like to have the hand held.□
- At the time of the inspection one person at the service was receiving end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with, their relatives and staff told us they had confidence in the leadership at the service.
- We spoke with the registered manager who understood the provider's values and aimed to achieve the best possible outcome for people. Staff told us the registered manager was pro-active in helping with care provision when required. Daily staff handovers were monitored.
- A daily meeting was held at 11am for senior personnel. This meeting discussed any new or ongoing events within the service that may have any impact on people or the facilities in which people were being cared for and any concerns around people's care needs. This ensured key matters were communicated.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. The services most recent CQC rating was clearly displayed in the entrance foyer.
- When accidents or incidents had occurred, people and their relatives were informed as soon as possible. Relatives we spoke with confirmed this. This demonstrated their ability to follow the duty of candour regulation.

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

- The registered manager led a dedicated team of staff. Staff understood their roles and responsibilities and were accountable for their practice. There was clear management structure.
- All of the staff we spoke with expressed a high level of satisfaction in their employment. One staff member said, "[We are a] very good and reliable team here, all work well together. This is one of the best homes and teams I have worked with." Another said, "[Registered manager] is a very good manager and is always there for you."
- The registered manager had a range of effective quality monitoring arrangements in place. Audits of care records, medicines management, and regular health and safety and infection control checks were undertaken, with continuous improvements made in response to findings.
- Provider level governance was in place. There was a Quality Business Partner role who conducted compliance reviews against Care Quality Commission regulations and a regional director attended the service twice annually to review the service.

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

- People participated in the day to day running of the service and were consulted at meetings. Meeting

minutes showed discussions into the home decoration, staffing and how to raise concerns took place.

- A survey of people, and their relatives or those acting on their behalf, had been completed which evidenced mainly positive results. Where action could be taken following the survey, a plan to achieve this was made.
- Staff we spoke with told us they felt valued and said that if they suggested any ideas that may improve the service they would be listened to and taken seriously.
- People's comments in relation to being involved were positive. A relative told us communication was good and said, "They phone me with any news about my mum, they are really good like that. There are activities all the time, we get involved too, such as at Christmas we all were in the play."
- Staff meetings ensured key messages were communicated. Staff confirmed meetings occurred and supporting minutes showed training, positive feedback from local authority visits and activities were amongst topics discussed.

Continuous learning and improving care and working in partnership with others

- The registered manager met regularly with the provider's senior management team and other managers to share experiences, tools and good practice ideas.
- The registered manager told us they received supervision and felt supported by the provider. There was a system to share key communications between all services run by the provider.
- We asked staff whether they could identify any areas for further improvement. Staff suggested additional staff were needed at key times and activities provision could improve. Plans for staffing increases and the recruitment of activity staff were underway.
- The registered manager used specific events which took place at the service or provider level as an opportunity to learn and change practice where necessary. Such events were raised at staff meetings and in supervision with specific staff.
- Healthcare professionals that visited people at the service told us they had no concerns about the service provided or the staff ability or in meeting people's assessed needs. They told us the registered manager and staff worked well with them.