Methodist Homes

Langholme

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

Langholme is a care home which provides care and accommodation for up to 39 older people, some of whom are living with dementia. It is part of the MHA group, a Methodist charity and housing association providing a range of care services for older people On the day of the inspection there were 38 people using the service. We carried out this inspection on 8 March 2017. The service was last inspected in June 2015. At that time we were concerned the arrangements for the management of medicines were not robust and we found the service was in breach of the regulations.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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.

The service was split into two units. People who were living with dementia lived in the ground floor unit. People who required residential care had their accommodation on the first floor unit. Each unit had a dining and lounge area and a small kitchen where drinks and light snacks could be prepared. A larger kitchen was used to prepare meals for both units.

People told us they were happy with the care they received and believed it was a safe environment. One person told us; "I tell them if I need anything at all." A relative said; "My [relative] is well cared for. They are considerate and make allowances for people. They do what they can to assist."

The service was consistently staffed in line with the staff numbers identified as necessary. Staff told us people's needs were increasing and it was becoming more difficult to deliver care in line with people's preferences with the staffing levels in place. We have made a recommendation about this in the report. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge for their role.

New staff completed an induction before starting to work directly with people delivering personal care. Training was updated and refreshed regularly. Staff told us the training they received was good and equipped them to carry out their roles effectively. Staff had received safeguarding training and knew how to recognise and report the signs of abuse. They were confident any concerns would be dealt with.

People received their medicines on time. Medicines administration records were accurate and consistently completed. Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians.

People were assessed in line with the Mental Capacity Act (2005) where relevant and the management team followed the legislation to help ensure people's human rights were protected. Best interest meetings were

held when people had been assessed as not having capacity to make specific decisions. These involved other professional and family members to help make sure people's voices were heard.

Care plans were up to date and relevant and staff told us they were a useful and accurate tool. Any risks in relation to people's care and support were identified and integrated into the care plans. Risks specific to people's individual health and social needs were identified. People had regular opportunities to contribute to their care plan with the support of their families if they wished.

An activity co-ordinator was employed to organise planned events. The care staff were supported by additional staff who worked with people to support their emotional and spiritual needs. People told us they were able to make day to day decisions about how and where they spent their time. Care plans and risk assessments recognised the need to support people to maintain their independence.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff told us they felt well supported and had confidence in the management team and the higher organisation.

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. There were robust systems in place for the management and administration of medicines.

The service was staffed according to the staffing levels identified as necessary for the service. However, staff reported that, due to people's increased needs, more staff was needed to deliver care according to people's preferences.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People had access to a varied and healthy diet.

Staff worked in accordance with the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff recognised and respected people's diverse needs.

Staff had a good understanding of people's backgrounds and were compassionate in their approach to people.

People were protected from the risk of social isolation.

Is the service responsive?

Good

The service was responsive. Staff were aware of people's changing needs.

Care plans were informative and reviewed regularly.

People had access to a range of activities.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility in place which were understood by all.

The staff team worked well together to help ensure people's needs were met.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Langholme

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 unannounced inspection took place on 8 March 2017. The inspection was conducted by one adult social care inspector, a pharmacist 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.

Before the inspection we reviewed information we held about the service and any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with thirteen people who were living at Langholme. We looked around the premises and observed care practices on the day of our visit. We spoke with the registered manager, nine members of staff and six visitors to the service.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and other records relating to the running of the service.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in February 2015 we had concerns in relation to the administration of medicines. We carried out a focussed inspection in June 2015 to check on the systems in place for the management of medicines and found the provider had taken action to address some of the concerns. However, we found the systems in place for recording when medicines, including creams, had been administered were still not robust. Creams were not dated on opening which meant staff might not have been aware when the cream became ineffective or at risk of contamination.

At this comprehensive inspection we found there had been improvements to the way medicines were managed. People received their medicines in a safe and caring way. We watched some medicines being given at lunchtime, and saw that people were asked if they needed any medicines that had been prescribed for them on a 'when required' basis, for example pain relief. Staff were knowledgeable about people's medicines, and the way they liked to take them. There was information and protocols available for 'when required' medicines for each person, so that staff would know when it was appropriate to give them if necessary.

People could look after their own medicines if they wished. There were clear policies and risk assessments in place to make sure this was safe for people. There was lockable storage provided in each room so people could store their medicines safely.

Medicines were given by senior staff who had received training, and were regularly assessed to make sure they gave medicines safely. There were clear records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. There had been improvements to the way that the application of creams or other external items were recorded. There was clear guidance for staff as to where and how to apply external preparations and records were clearly completed. Staff who applied these preparations were also checked to make sure they could do this safely.

Policies and procedures were available to guide staff, and information was available for staff and residents about their medicines. The manager completed medicines checks and audits to help make sure that medicines were managed safely, and the supplying pharmacy also visited to do medicines audits and checks. Any medicines incidents or issues were reported, dealt with appropriately and suitable actions taken if necessary to reduce the chances of them occurring again.

Medicines were stored securely. There were suitable arrangements and records for some medicines that required additional secure storage, and those needing cold-storage. Room and refrigerator temperatures were monitored to make sure medicines were stored correctly so that they would be safe and effective.

People told us they were happy with the care they received and believed they were safe at Langholme. Comments included; "I feel safe, staff are very good. Two carers come to help me" and "If I need help in the night they come and help." Due to people's health needs not everyone was able to tell us their views of the

care and support they received. However, we observed people were relaxed and at ease with staff.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures within the service. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff were less confident about how to report concerns outside of the organisation. However, they were able to tell us where they would go to find this information and were clear they would do this if they felt it was necessary.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered issues such as risk of falls, use of bedrails, poor nutrition and hydration, skin integrity and pressure sores. Risk assessments were developed with people's agreement where they were able to give this. For example, one person had signed their care plan to indicate they agreed to being weighed monthly and for staff to check on the condition of their skin when giving personal care. There were also risk assessments in place which had been developed to meet people's specific needs. One person could become distressed at times. There was clear guidance for staff on how to support them at these times. For example, "Stay calm and focus on what [person's name] is able to do well."

Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move from one area of the premises to another using the correct handling techniques and aids. We observed staff supporting people to move using the appropriate equipment. They spoke to people throughout the process, continually explaining what they were doing and offering gentle reassurance.

Staff were effectively deployed throughout the building to help ensure there were always staff available. During the day two staff worked on each unit with a fifth member of staff working as a 'float' across both floors. They were supported by a senior care worker on each floor with responsibility for running the shift and administering medicines. At 2:00pm the care staff team dropped from five to four. From 8:00pm to 8:00am there were three care staff on duty who were trained in the administration of medicines. Rotas showed these staffing levels were consistently adhered to.

Staff told us people's needs had increased over time and it was becoming more difficult to deliver care in a way which suited people's individual preferences and needs. One commented; "Recently the workload is very, very difficult. The residents needs have changed." Some people required two members of staff to support them with personal care. This impacted on the support available to others, particularly at key times of the day. Staff described to us how they worked in pairs in the mornings to support people who required two members of staff to assist them to get up, washed and dressed. They did this at a time when the 'float' member of staff was on the floor so they could be confident anyone else needing support would have access to a care worker. This meant people might not have received the care and support they needed at a time which met their preferences and in line with their preferred routines.

We recommend the provider regularly reviews staffing levels to take into account any changes in people's support needs.

The care staff team were supported by a team of domestic and kitchen staff, a maintenance worker and administrative assistant. A gardener had recently been employed and part of their duties would be to support the maintenance worker when there was less to do in the garden.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and

knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Personal Emergency Evacuation Plans (PEEPS) were in place. These contained information for emergency responders and staff to use if they needed to support people to leave the building in the event of a fire. Evacuation sledges had recently been purchased. These are designed to help transfer people who otherwise couldn't travel from one storey to another in the event of an emergency. Training for staff on how to use these safely had been delivered by the supplier and incorporated into the providers moving and handling training up dates.

The service held some personal monies for people. This was kept safely with the appropriate security arrangements in place. Any receipts of expenditures were kept and records made of on-going balances. We checked the financial records for three people and found these tallied with the cash held.

Good

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the organisation's policies and procedures and, staff completely new to care were required to complete the Care Certificate. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

Training in areas identified as necessary for the service was updated and refreshed regularly. A new system of training had recently been introduced which used videos and case scenarios. Staff told us this was an improvement on the previous on-line training. Comments included; "You remember it so much better" and "This works much better for me." There was also training in place to help staff meet people's specific needs. The activities co-ordinator was the service dementia champion and delivered face to face training in this area. Other areas of training, which was delivered face to face, included moving and handling and safeguarding. There was a robust system in place to alert staff when any training was due to be updated. One told us; "The training is bang up to date."

Staff told us they felt well supported by the management team. They received regular supervisions and appraisals. This gave them an opportunity to discuss any working practices and highlight any training or support needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately. One person had a DoLS authorisation in place with conditions attached. These conditions were being met.

Where appropriate mental capacity assessments had been carried out. Best interest meetings were held when people were found to be lacking capacity to make certain decisions. Relevant professionals and family members were involved in the process. This helped ensure people's human rights were protected.

The premises had been arranged to meet people's needs. Bedrooms were arranged over two floors and all

had wet rooms. There were various areas in the building for people to sit including some quiet areas. There was a large garden to the rear of the property which staff told us was used regularly in the warmer weather.

People's bedrooms had their names and pictures which were meaningful to them on the doors. This helped people to find their own rooms without support from staff. Bedrooms were decorated to reflect people's personal tastes and preferences.

We observed the lunchtime period. The dining rooms were welcoming environments and the lunch time experience was a social occasion. Tables were laid with tablecloths and napkins and there was fresh fruit available on each table. People had a choice of meals and we observed a member of staff arranging an alternative to one person who did not want either of the main courses on the menu. Staff assisted and encouraged people to eat as necessary. Drinks were provided with lunch and throughout the day. People told us they enjoyed the food and one commented; "I am looking forward to today. We are having roast lamb. I always look forward to the meals here, they look after me."

Some people had specific dietary requirements and kitchen staff had a good knowledge of people's needs. One person had been prescribed supplementary drinks to help them maintain a healthy weight. Their relative told us; "At the last review three weeks ago we discussed her loss of weight. She doesn't eat well. As soon as this was mentioned, they arranged for her to see a dietician who recommended nutritious drinks. I notice now when I visit she always has a container of the nutritious drink by her side."

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. We discussed one person's changing needs with the registered manager. They were making arrangements for them to see the GP and community psychiatric nurse (CPN) to investigate any likely underlying health issues which might be affecting the person's well-being. This demonstrated arrangements to see other external healthcare professionals were made in a timely way.

Good

Is the service caring?

Our findings

People and relatives were positive about the care and support they received at Langholme. Comments included; "I couldn't think of anywhere better for my [relative]. I say this from the heart. I find them incredible here" and "If I had to come in here, I would be happy. I admire all staff and their patience." A thank you card read; "A huge thank you to you and your amazing staff on the way my mum has been loved and cared for by you all."

During the inspection visit we found the service had a friendly and warm atmosphere. When people asked for assistance the response from staff was kind and attentive. A member of staff told us; "It's a happy content home. I feel quite proud to work here."

Staff worked to support people to maintain their independence. Risk assessments and care plans emphasised the need for people to be allowed and encouraged to do as much for themselves as they were able. Some people had access to key codes for internal and external doors. This meant they were able to move around independently as they wished.

Care plans contained details about people's life histories and family background. This is important as it helps staff to understand who people are and supports meaningful engagement and conversations with people. Staff clearly knew people well and were able to describe to us their interests and preferences as well as outline their personal histories and backgrounds. They demonstrated an understanding of people's needs and were compassionate in their approach. For example, one person would sometimes decline personal care and could become distressed and angry if staff tried to encourage them in this area. A member of staff explained; "She has always been very independent and worked hard in life to achieve what she did. If I told you it was time for a shower you wouldn't like it. That's what it feels like for her."

A chaplain was based at the service to offer spiritual support to people. They told us; "We are there for people of all faith and people with none." This demonstrated the provider acted to help ensure people's diverse needs could be met. An activities co-ordinator, reflexologist and music therapist were also employed. The registered manager told us one person responded particularly well to music therapy reducing their need for medicines to decrease their anxiety.

On the day of the inspection a volunteer from the local Age Concern Befriending Service was visiting. They told us they visited weekly to chat with people. They commented; "I speak to a mixture of people, this is a good place, good social activities and events. The staff are lovely and friendly and they respect people's privacy."

There were systems in place to help ensure people's dignity was respected. We observed the laundry worker delivering clean and freshly ironed clothes to people's rooms. The clothes were neatly hung on a wheeled clothes rack and care had evidently been taken to make sure they were given back to people in a nice condition. One person told us; "They do all the laundry, they are very good. It is very rare if any clothes get mixed up. They know what clothes I have got. There is a big bag and they collect laundry every morning." A

relative said; "All her laundry is laundered overnight. They are spotless here."

People told us they were able to make day to day decisions about how they spent their time and the routines they followed. For example, people told us they got up and went to bed when it suited them. Comments included; "I go to bed at 10pm or I ask if I am tired and they always help me" and "I can choose when I go to bed. I get up very early. I've always done so." A relative told us; "She takes decisions and has choices about going to bed although she gets up in the night and they take care of her." Call bells which could be worn around the wrist like a watch were available for people to use. This meant people were able to access the outside areas independently and still be able to call for support if they needed it.

Some people chose to spend much of their time in their rooms. Staff, the activity co-ordinator and the chaplain were all aware of who these people were and made sure they visited them regularly. This meant people were protected from the risk of social isolation.

Good

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed, before moving in, to help ensure the service was able to meet their needs and expectations.

Care plans were detailed and informative. The files contained information on a range of aspects of people's support needs including mobility, communication and nutrition and hydration. Staff told us the information in care plans was up to date and relevant. Staff signed the care plans to evidence they had read it.

Care plans were reviewed monthly to help ensure they reflected people's current needs. 'Holistic Days' were held for each person once a month. These were organised according to people's room number. On these occasions the persons care plan and any associated risk assessments were reviewed. They also had their weight checked if this was appropriate. Staff told us the system worked well and both staff and the person involved were always aware of when the reviews were due to be carried out. Relatives were invited to take part in people's care plan reviews if this was in line with the person's wishes.

Some people's health needs meant they needed regular interventions and monitoring in order to help ensure their health did not deteriorate further. Records showed this was being carried out as stipulated in the care plan. All bedrooms had room sensors fitted which were used, if people agreed, at night or when people were confined to bed. These would pick up any movement and alert staff if people got out of bed.

Daily handovers took place to help keep staff informed if people's needs changed and provide them with clear information. An internal phone system meant staff were able to contact each other for support quickly if necessary. Staff kept daily records detailing the care and support provided each day and how people had spent their time. These were completed consistently at various points throughout the day and were detailed giving a good overview of people's health and emotional well-being. Staff told us they were aware when people's needs changed.

An activity co-ordinator was employed at the service. In house activities were arranged including craft groups, singing groups and exercise sessions. Information about the weeks planned activities were available on tables in the dining rooms and in people's rooms. On the day of the inspection the chaplain was holding a session on reflecting on Lent. Six people were participating in the group. Other activities which took part on the day included a quiz, bowling and a chapel service. One person told us; "I love the music. They have a lovely band. I like to go to Chapel." The weekend before the inspection people had celebrated St Piran's Day and we saw Cornish flags were displayed in shared areas of the building. Care plans contained details about how people liked to spend their time. For example, one stated; "[Person's name] would like to continue her walks in the garden and keep her mind active by being informed of activities in the home."

People and their families were given information about how to complain. Relatives and people told us they knew how to raise a concern and they would be comfortable doing so. There were no complaints on-going at the time of the inspection.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager and, at the time of the inspection, a registered manager was in post. They were supported by two assistant managers and five senior care workers. There was also an 'acting senior' position. This was held by an experienced long standing member of staff. They were available to cover any leave or unexpected absences in the senior staff team. Staff told us the service was well organised and the management team were supportive. The registered manager told us they started work before the night shift finished to give them an opportunity to meet and make sure they were available to them if they had any concerns they wished to discuss.

In our discussions with the registered manager and members of the senior care team it was clear they had a thorough understanding of the day to day running of the service and knew people well and understood their needs. They talked to us about individuals and displayed a depth of knowledge about their individual circumstances.

Senior carers had responsibility for leading shifts and administering medicines. They also gave supervisions to the care staff team. Care staff told us the seniors were supportive. Comments included; "The seniors are always on hand if you need them" and "The senior staff are a great support to us." Some members of staff had additional defined areas of responsibility such as dementia, incontinence and health and safety. This meant one member of staff had oversight of this particular area.

The service used a key worker system where individual members of staff took on a leadership role for ensuring named individuals care plans were up to date and arranging any appointments. People had photographs of their keyworker on the back of their bedroom doors. This meant they and their families had a named point of contact if they had any concerns or wished to discuss their plan of care.

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. As well as full staff meetings there were also meetings for groups of staff such as supervisors or senior care workers. This meant meetings were relevant to staff. The registered manager received quarterly reviews and monthly quality assurance meetings from MHA.

Staff were positive in their approach to their jobs and displayed a pride in the quality of the service they provided. Comments included; "We are well known as a home people want to come to" and; "It's a lovely home. The organisation is really good here and the staff work well as a team."

The service had established links with the local community. The local university and church visited. A 'Grans and tots' group was held weekly. This was a session where a few children from a local toddler group came into the service and met with people. The registered manager told us this was a particularly successful group that people got a great deal of pleasure from.

MHA held regular manager meetings and these were an opportunity for managers to share any learning and

examples of good practice. Any changes in legislation or news concerning the care sector were communicated at these meetings. MHA communicated with the staff team using newsletters and email updates.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. MHA carried out regular audits looking at various aspects of the service. These were supported by the hospitality director helping to ensure the areas looked at took into account people's experience of the service.

Regular maintenance checks were carried out including checks of beds, mattresses and bed rails, wheelchairs and hot water checks. Weekly and monthly fire checks were carried out appropriately.