Review of compliance

Methodist Homes Horfield Lodge	
Region:	South West
Location address:	Kellaway Avenue Horfield Bristol BS7 8SU
Type of service:	Care home service with nursing
Date of Publication:	August 2012
Overview of the service:	Horfield Lodge is a location of Methodist homes which provides accommodation for up to 75 people. The accommodation is purpose built and is arranged over three floors.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Horfield Lodge was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC inspector joined by an Expert by Experience (people who have experience of using services and who can provide that perspective) and a practising professional.

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. During our visit we spoke with seven people who lived at the home.

When we visited the home we were told that the home had been open for almost a year. During that time the number of people living at the home had increased to the 66 people that lived at the home when we visited. Most people told us that they liked living at the home and others told us they were still getting used to living in the home and staff were supporting them with this.

People we spoke with told us that they liked the staff and they understood their support needs. One person told us "The staff work very hard and are very good". People told us that they felt safe at the home. One relative told us 'Mum is safe at the home and the worry and stress of caring for her had been lifted since she moved into the home".

Most of the people we spoke with told us that they liked the food at the home. One person said "the food is excellent most of the time". The home had introduced a new menu and ordering system. We observed that some people in the home found the process of ordering their food difficult. We saw evidence that the manager was monitoring the system and was in the process of developing it further to ensure that everyone at the home was able to choose their meals effectively.

Throughout the day we observed staff addressing people by their name and knocking on doors before entering people's rooms. Staff we spoke with were clear about promoting people's dignity and treating people with respect.

We saw that people were involved in making decisions about their care and support. One person told us that they had an assessment before they moved into the home. However, we found that people's involvement was sometimes not recorded in their care records.

What we found about the standards we reviewed and how well Horfield Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People told us that they liked living at the home and that staff treated them with dignity and respect. One person told us that staff used their first name when talking to them and would always knock on their door before coming in. People we spoke with told us that staff asked them when they would like to have support with their personal care.

We asked people who lived at the home if staff spoke to them about their care and support. One person told us that they didn't want to be involved in meetings about their support and that their spouse dealt with this. They confirmed that their spouse was invited to meetings about their support at the home. Another person told us that they were involved in an assessment of their needs before they moved into the home. This showed that people expressed their views and were involved in making decisions about their care and treatment.

Two people told us that they had residents meetings at the home. However, some people we spoke with were unaware of any residents meetings. We spoke to the manager about this who told us that they have residents meetings every three months and showed us the minutes of these meetings.

Two people we spoke with said that they enjoyed weekly activities outside of the home.

These activities were held in the community and a volunteer from the community group provided transport for them. One resident told us that the home does not provide any activities outside of the home. However, we were told that another person went swimming at a local pool with a volunteer from the home on a weekly basis.

Other evidence
Is people's privacy and dignity respected?

Throughout the day we observed staff addressing people by their name and knocking on doors before entering people's rooms. Staff we spoke with were clear about promoting people's dignity and treating people with respect. This was reflected in people's records which showed that clear use of language and respectful terms were being used.

During meal times we saw staff supporting people in a respectful way. We saw that staff sat down next to people to support them with eating.

People were given a choice of whether they wanted to eat in their rooms or in the dining room. The majority of the people in the home chose to eat in one of the dining rooms. We noted that the dining rooms were small for the number of people eating in them and staff needed to ask people to move their chairs when they brought the food trolley through to the serving area. The manager had identified this issue and was looking at ways of creating additional dining space.

The manager informed us that staff were taught about how to promote privacy and dignity within their induction training. The issue was also discussed in staff meetings and at staff supervision meetings. The manager had carried out observations around the care home at regular intervals and we saw evidence of these observations and actions take from them. The manager said that they spoke to staff as soon as possible after witnessing poor practice. This would then be followed up in supervision meetings and monitored. This showed that the manager had suitable procedures in place to ensure people were being treated with dignity and respect by the staff working at the home.

We saw that people's rooms were personalised and that all the rooms had en-suite facilities which promoted people's dignity. We saw that people were able to have a key to their room if they wanted it. Staff interviewed said they and their colleagues were always respectful when talking to the residents and their families.

Are people involved in making decisions about their care?

We looked six people's records in detail and found that care plans were in place and there was evidence that these were being reviewed on a regular basis. However, the monthly review forms although signed by the staff did not evidence that people had been involved in this process. Some of the care plans we looked at were signed by the person, others were signed by their relative and some were not signed. People who lived at the home and their relatives told us they were involved in making decisions about their care and support. Staff confirmed that they spent time talking to people about their thoughts and opinions, which then informed the support they were offered. The provider may find it useful to note that when people are involved in making decisions about their care and support needs, this should have been recorded in their

records.

One relative told us that the home held relatives meetings, as they lived a distance away from the home they were unable to attend. They told us that the home kept them informed by sending minutes of the meetings and letters explaining any issues going on at the home. This relative knew who the key worker was for their relative and said that the communication from the home and the key worker was excellent.

Our judgement
The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People told us that they had two choices of meals in the evening and a vegetarian option. One person said "the food is excellent most of the time". Another person told us the food was "so, so". After the evening meal all the people we spoke with told us they had enjoyed their meal.

Two people we spoke with told us that there had been a recent change to how the meal choices were given. They said that they used to have to choose their meals a day in advance but now they choose their meals on the day. One person said that this was a much better system. The other person told us they preferred it before because they could guarantee their choice. This person said "Sometimes they run out of the food you choose because it is the most popular."

People told us that their water jugs in their rooms were changed regularly. Two people we spoke with told us that staff encouraged them to drink plenty of water and recorded in their notes how much they had drunk.

One person we spoke with told us that she cooks for herself in her flat on the third floor. She said "I want to keep my independence for as long as possible." This person told us that they ate a meal with the other residents once a week and that was their choice.

Other evidence
Are people given a choice of suitable food and drink to meet nutritional needs?

The home had two dining rooms and we observed both the lunchtime meal and the

main meal which was served in the evening in both dining rooms. At lunch we observed staff supporting people living with dementia to choose their food from a menu. We noted that staff needed to explain to people several times what the options on the menu were. We saw that when the food was served some people asked staff if they could have what other people were having. They were told by staff that they had the food they had ordered. However, staff liaised with the kitchen staff to ensure that people had an alternative if they did not like what they had ordered.

We were told by the manager that the new menu system had only just started and that staff were still getting used to the system. The manager told us that she had been observing the meal times regularly and would continue to do this and feedback to staff on her findings. Staff confirmed that the manager had regularly observed meals at the home. During lunch we observed the manager asking people for feedback on the new menu. Several people said that they did not like the variety of soup that was served. The manager thanked them for their feedback and told them that this information would be fed back to the chef.

The assistant manager told us that the new menu had received input from the providers chef trainer. We were told that the new menu also included more choice. The manager told us that she would continue to gather feedback from both people living at the home and the staff. This would then be used to further develop the menu on an ongoing basis. The manager also showed us a photo system that the home had been developing to assist people living with dementia in choosing food from the menu.

We saw that food preferences were recorded in people's notes prior to admission and this information was passed on to the kitchen department. Staff interviewed were knowledgeable regarding people's food preferences or dietary needs and knew where to find the information if they were not. Relatives that we spoke with told us that the quality of the food was very good.

We saw that there were kitchenettes on the ground and first floors so that residents could make snacks and drinks throughout the day if they desired. Staff interviewed were of the opinion that the quality of food was good and of sufficient quantity.

The home had opened a coffee shop in the reception area of the home. This was open to the public and the people living at the home. People told us that the coffee shop was well used and we saw people living at the home meeting with relatives and enjoying the cakes that were on offer in a relaxed setting.

Are people's religious or cultural backgrounds respected?

Staff interviewed were very respectful when talking about people's individual backgrounds. We saw that religious preferences are recorded in people's notes and none of those impacted on any specific food preferences/dietary needs. The manager told us that the home would ensure that cultural or religious needs in relation to nutrition would be met when needed.

Are people supported to eat and drink sufficient amounts to meet their needs?

We saw from people's records that nutritional needs were assessed and identified before they moved into the home. There were nutritional assessment charts in place

and information from these was transferred into current care plans and risk assessments. Food and fluid charts were in use where a risk was identified. Any changes were communicated to staff through handovers meetings.

Staff told us that people's care plans contained information about the level of support the person needed with regards to eating and drinking. We observed that staff were knowledgeable about the amount of support that people required at mealtimes. Staff ensured that people had the special aids they required to enable them to eat independently. For example some people used adapted crockery or cutlery to reduce the amount of support they needed with eating and drinking. Staff told us that they would ensure any changes they observed in people's abilities were communicated to the key worker. Changes would then be made to the person's care plan. This would then be communicated to other staff through the handover meeting and the communication book.

One relative we spoke with who was visiting the home told us that their relative had gained weight since moving into the home (which they needed to do). This person said that their relative received excellent support and encouragement from staff at meal times. We observed staff encouraging people appropriately to eat and drink. We noted that staff spoke to people in a way they could understand and adapted their communication style to meet individuals needs.

Our judgement
The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us that they liked the staff and felt safe at the home. People told us that they knew how to make complaints at the home. One relative told us that their "Mum is safe at the home and the worry and stress of caring for her had been lifted since she moved into the home".

Other evidence
Are steps taken to prevent abuse?

Staff we spoke with were able to describe the various types of abuse they could come across and were able to tell us different ways of minimising the possibility of it happening. Staff at the home confirmed that they had received training in safeguarding, this was reflected in the training records of the home. The manager told us that allegations of abuse are taken seriously and are reported to the local safeguarding authority, Care Quality Commission and if necessary the police. We reviewed incident forms at the home and saw that all incidents that needed to be reported had been reported to the relevant authorities. We also saw that actions were being taken to ensure that these incidents were less likely to happen in future.

Do people know how to raise concerns?

Staff we spoke with felt able to raise safe guarding concerns to management. They also felt confident to raise matters outside the service, through appropriate channels, if they were not satisfied with the actions taken by the home.

The home had a clear policy and procedure on action to be taken if abuse was suspected. Staff we spoke with were aware of the policy and knew how to access it.

Are Deprivation of Liberty Safeguards used appropriately?

We saw that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We were told that nobody at the home was subject to a Deprivation of Liberty Safeguard (DoLS). The manager showed a good understanding of what constituted a DoLS situation and was able to give us examples of situations in which they would apply. The manager was aware that they needed to submit an application for a DoLS to the local authority. The manager was aware that they needed to inform us if this situation changed in the future.

The manager told us about a best interest meeting that was arranged for a person who was living at the home. We saw that the capacity of this individual had been assessed and that relevant professionals and relatives of the individual had been invited to the meeting.

Our judgement
The provider was meeting this standard

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
One person told us that when they first moved into the home they had lots of different staff coming into their room to support them. This person told us that they often had to remind staff about their personal care needs. However, this person said that since the new manager had started staff now worked in a specific area of the home. This person told us that this had improved things and staff who supported them were now regular and aware of their needs.

Another person we spoke with told us that they had regular staff and that the staff were very good. This person told us that they were able to have their personal care when they wanted it and there were staff around to support them with this.

Other evidence
Are there sufficient numbers of staff?

We reviewed that staff rotas and the manager told us that the staffing was worked out at one staff member to five people. However, the manager said that this would be reviewed if people's dependency levels changed. On the day we visited the manager told us that there were 66 people living at the home and they had recruited additional staff who were due to start the week following our visit. The home was registered for 75 people and the extra staff would ensure that staffing levels were maintained as more people were admitted.

Staff we spoke with said that generally, they felt there were sufficient staff on duty at the

home. They confirmed that they now worked in one area of the home and this made it easier to build relationships with people living at the home.

We saw that at mealtimes on the whole there was adequate staffing to support people's needs around nutrition. We saw that staff spent a long time supporting people to make menu choices which meant that people were waiting a long time in the dining room before their meal was served.

Five people we spoke with told us about the length of time it took for staff to answer call bells. One person said it took up to half an hour at times for staff to attend when the call bell was pressed. We spoke to the manager about this issue. The manager acknowledged that there had been problems with responding to call bells. They informed us that they had installed a system which monitored the length of time it took for staff to answer each call bell. From this information the manager had addressed issues with the staff team and we saw that response times were now at acceptable levels.

The manager had also used the information from the call bell monitoring system to identify times of the day when there was a higher number of call bells being pressed and had adjusted staffing accordingly to meet these needs. In this way the manager said that she was trying to pre-empt call bells by ensuring that there are enough staff around to meet people's needs at peak times.

Do staff have the appropriate skills, knowledge and experience?

We observed staff and spoke with six staff in detail. We saw that they had suitable skills and knowledge to support people living with dementia and to treat people with dignity and respect. Staff had been supported to do this through the provision of a range of appropriate training such as dementia care, end of life care and values in care to meet people's religious and cultural needs and choices.

It was noted that although some staff had received recent training in nutrition in their previous roles, staff at the home did not receive training specific to nutrition. However, staff we spoke with understood the importance of nutrition and hydration. They were able to explain to us how they supported people at the home to ensure that nutritional needs were met. We spoke with the manager who said that she was aware of the lack of training in this area and was in the process of sourcing appropriate training for the staff team.

A relative we spoke with at the home told us that the staff at the home were excellent .

We saw that assessments of people's needs around nutrition were completed before people moved into the home. These were completed by the qualified nurse in charge of the area of the home that the person was moving into. We saw that these were reviewed regularly and when people's needs changed. The staff interviewed appeared to be skilled and confident in their roles. This was reflected in what we observed on the day that we visited the home.

Our judgement
The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
People we spoke with told us that their records were kept discreetly in their rooms. One person told us that at night the records were moved into the hall way to prevent people being disturbed in the night.

Other evidence
Are accurate records of appropriate information kept?

We reviewed the records of six people at the home. The files were well organised, information was current and clearly written. Pre-admission documentation around nutrition was clearly presented and was reflected in people's nutritional support plans. The nutritional support plans described both the type and amount of support the person needed to meet their needs. There was clear evidence that people's records were being reviewed regularly and that care plans and risk assessments were updated when people's needs changed. This ensured that people's personal records including medical records were accurate and fit for purpose.

We saw that fluid and food monitoring charts were in place for people who were identified as at risk from dehydration or malnutrition. These charts were being completed and monitored appropriately and that procedures were in place to contact health professionals where concerns were identified.

The records also contained a section called 'Life Stories' which contained information for support staff about a person's life and things that had been important to the person throughout their life. We saw that information from the life stories section was reflected in people's care plans and risk assessments. This means that staff had taken account of people's preferences when developing people's care and support plans.

Are records stored securely?

We saw that most people's records needed for daily care were kept in their rooms. Some individuals had chosen not to have their records in their rooms and these were stored appropriately in locked cabinets. We also saw that records for people which were not used on a daily basis such as financial records were stored in locked cabinets in the office.

It was unclear on how privacy of documents at night was maintained. One person told us that their records were placed outside their room at night to enable night staff to maintain records without disturbing them. We spoke to the assistant manager about this who told us that records were collected up by night staff and taken to a central storage area. Records could then be completed and were then replaced in people's rooms in the morning. The provider may find it useful to note that night staff should be reminded of this practice to ensure that they were following the correct procedure and maintaining the confidentiality of people's records.

Our judgement
The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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