

Methodist Homes

# Ladyslaude Court

## 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

Ladyslaude Court provides care and support to people in their own homes. The service is provided within a supported living environment, next to another Methodist Homes service within Bedford. At the time of our inspection, care and support was being provided to three people.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction and on-going training. They had attended a variety of training to ensure they were able to provide care based on current best practice when supporting people. They were supported with regular supervisions.

At the time of the inspection no one was receiving support to manage their medicines. However, there were policies and procedures in place to enable this to be carried out safely when required.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

At the time of the inspection, no one required support with their meals

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Ladyslaude Court

## 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 checked 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 comprehensive inspection took place on 26 October 2017 and was announced.

We gave the provider 48 hours' notice as we needed to ensure staff would be available to speak with us and to access records.

The inspection was carried out by one inspector.

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. We checked the information we held about this service and the service provider. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in July 2015.

During our inspection we spoke with two people who used the service and two people who lived in the service but did not access the regulated activity. However, they paid a welfare fee which enabled them to access the regulated activity if required. We also spoke with the registered manager, the housing and support manager and the area manager.

We reviewed two people's care records, one medication record, two staff files and records relating to the management of the service, such as quality audits.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "I know I am safe here." Staff told us, and records showed, they had received appropriate training with regards to safeguarding and protecting people. The housing and support co coordinator said, "I would report any suspicions to safeguarding." There was information on what constituted abuse and how to report it on the notice board in the entrance hall.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan which covered a variety of potential issues including; flood, power failure and complete evacuation. This was to ensure people would still receive the care and protection they required.

Staff were recruited following a robust procedure. Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the service required.

At the time of the inspection no one was receiving support to manage their medicines. However, there were policies and procedures in place to enable this to be carried out when required.

## Is the service effective?

### Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One person said, "The girls who help me know exactly what they are doing." Documentation we saw confirmed all staff had completed training appropriate to their role.

The housing and support co coordinator told us she was well supported by the registered manager and received supervision. We saw records which showed staff received regular supervisions and competency observations.

Consent was gained before any care and support was given. People we spoke with confirmed consent was always gained. One person said, "Oh yes, they always ask me if I want my bath. They never do anything without asking first." People had also signed consent forms in their care plans for care, and taking of photographs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. We found the requirements of the MCA were being met by the service.

At the time of the inspection, no one required support with their meals. The housing and support coordinator was able to tell us about the way they had supported people in the past and what they would do if they needed to again. The complex had a communal dining area where people could enjoy meals, or they could eat in their own homes. People could also enjoy meals in the neighbouring residential service. The housing and support coordinator told us they had been having a fish and chip lunch where orders were taken and a local fish and chip shop delivered it to the service and they all ate together.

People were supported to maintain good health and have access to additional healthcare services, for example, GPs and district nurses. The housing and support coordinator told us that although people were generally supported to do this by their families, if required they would also offer support. Records showed that where concerns in people's wellbeing had been identified, health professionals had been contacted.

## Is the service caring?

### Our findings

It was obvious from our observations that people were treated with kindness and compassion. The housing and support co coordinator said, "I love working here, everyone gets on and we all love our residents." She was able to tell us about individuals, for example, their likes and dislikes, background and family. There was light hearted banter between staff and people using the service, this was enjoyed by both.

People had been involved in planning and reviewing their care and support needs. One person said, "My file is there, I know what is in it. You can have a look." Care records we viewed showed the person had been involved in discussions about how they wanted to be supported.

The registered manager told us that there was an advocacy service available for anyone who needed it. Information about this was displayed in the entrance hall.

People lived in their own flats which they were able to keep locked and private. We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately and using their preferred name.

We saw a number of visitors on the day of the inspection. Visitors were made to feel welcome. One visitor said, "I have a great relationship with the staff, they are always so welcoming."



## Is the service responsive?

### Our findings

People had been involved in their assessments. The deputy manager told us that they carried out assessments on people to ensure they were able to support the person with their required needs. Care plans we viewed showed a full assessment had been completed prior to care and support being started. These had been followed by a complete care plan which showed people's strengths as well as the support required, life history completed with the person and family where appropriate and likes/dislikes.

Care plans had been written in a personalised way for each individual and had been reviewed regularly.

Most people were active and able to access their own activities. A variety of activities was available on a daily basis, along with visiting entertainers and sing-a-longs at the adjoining care home. A weekly planner was on the notice board and one put through everyone's letter box each week so they knew what was on offer. One person said, "There are a lot of activities but I do not go to many." The housing and support co coordinator told us that some people had organised an 'escape committee.' The members organised a monthly activity. They had recently been to two different restaurants, and they had invited staff to join them. The housing and support co coordinator told us it had been a very nice evening and had been enjoyed by all.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw that there had been small number complaints since the last inspection which had been dealt with according to the provider's policy.

The provider used annual questionnaires to gather people's views. We saw the results for the year. There were a lot of positive comments. Where negative comments had been made the provider had responded. They had analysed the results and used these to improve if required.

## Is the service well-led?

### Our findings

Staff told us they were involved in the development of the service. The housing and support coordinator told us they were supported by the registered manager who was always available and management at provider level.

The housing and support co coordinator told us that they held regular staff meetings and residents meetings. This meant people and staff were able to voice their opinions and they were kept informed if any information needed to be passed on. They told us these were useful and if they make any suggestions they were listened to and acted on. We saw minutes for both types of meetings and they showed suggestions were acted on.

There was a registered manager in post who met their CQC registration requirements. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was aware of the day to day culture of the service. We observed them interacting with people, staff and visitors. There was a good rapport between them all and it was obvious they knew all of the people who used the service and staff well.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place.