

Methodist Homes The Maples

Inspection report

Goldhay Way
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Tel: 01733370022

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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

The Maples is registered to provide personal care to people living in their own flats within an extra care housing complex. Care and support was being provided to 12 people. However, there were four people receiving the regulated activity of personal care from the service when we visited.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility, personal care and prescribed medicines.

There were sufficient numbers of suitably trained staff to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were employed to provide care and support to people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005. People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and procedures in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The registered manager and senior staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as choosing the meals and drinks they wished to have. These choices were respected and actioned by staff.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily personal care needs and daily routines.

People received appropriate support to maintain a healthy diet. People were assisted to have access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service and what was expected of them. Staff provided people with compassionate care in a dignified and respectful manner.

There were processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives, and staff were provided with the opportunity to give their feedback about the quality of the service provided.

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 was safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures showed that only staff suitable for the role were employed. Staffing levels ensured care was provided to meet people's assessed needs.

People were assisted to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

An ongoing training and supervision programme was in place to ensure that staff had the support, knowledge and skills to care for people who used the service.

Staff were acting in accordance with the Mental Capacity Act 2005 to ensure people were not at risk of unlawful restrictions being placed on them.

People's health and nutritional needs were being met.

Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued and promoted by staff.

People were involved in reviewing their care needs and were able to express their views and make changes to their care.

Is the service responsive?

Good ●

The service was responsive.

Reviews were carried out on a regular basis to ensure people's care and support needs were being met.

People were supported to pursue activities and interests that were important to them.

People were aware of the complaints procedure and felt confident that their complaints and concerns would be dealt with thoroughly.

Is the service well-led?

Good ●

The service was well-led.

Procedures were in place to monitor and review the safety and quality of care and support being provided.

Staff were supported and felt able to raise concerns and issues with the manager.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

The Maples

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 was the first inspection of the service since being registered on 27 July 2015. This inspection took place on 3 August 2017 and was announced.

The inspection was carried out by one inspector. We gave the provider 48 hours' notice of this inspection. This is because the registered manager is often out of the office supporting staff and we needed to be sure that they would be available. We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection we visited the service's office and spoke with four people, two senior carers, two care support workers, the administrator and an area manager. We looked at four people's care and support records, records in relation to the management of the service and staff recruitment and training records.

We also contacted healthcare professionals including a practice manager from the local surgery and a community psychiatric nurse to obtain their views about the service provided at The Maples. We looked at records relating to care and support, management of risk, medicine administration, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "The care staff look after me very well and I feel very safe when they are here." Another person said, "Yes I feel safe and the care staff are cheerful and never rush me and take time and have a chat with me." A relative told us that, "I feel that [family member] receives safe care and the staff are careful when providing the care." Another relative said, "The care and support is excellent and my [family member] is very happy with the care. I feel that their care is safely delivered."

We saw that there were safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received safeguarding training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns regarding any allegations of harm with the registered manager and/or the local authority safeguarding team. One member of staff said, "If I saw any poor care I would be confident in reporting it to my manager without any hesitation." This showed us that there were processes and procedures that helped reduce the risk of harm to people.

We saw that there were daily notes which were completed by care staff detailing the required care and support that they had provided during the care visit. This showed that the expected care to be given had been provided. There were risk assessments in place to ensure care was safely delivered and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Examples of risk assessments included; moving and handling, assistance with medicines and any environmental risks of falls.

People's care plans included information on the level of support that people required with their medicines and also whether the person would be responsible for the administration of their medicines. One person said, "They [staff] always make sure that I receive the tablets that I need to have during the day and in the evening." We saw that staff had received training and that their competency was checked to ensure that they safely administered medicines. One of the senior carers told us that where any errors regarding medicine administration had occurred, this was immediately followed up with the member of staff. Where required further training would be given to ensure their safe practice.

People that we spoke with confirmed that staff were punctual and stayed for the expected time of the care visit and completed the required care/support. One person said, "I look forward to seeing the carers (staff) and they never rush me and always take their time and have a chat with me." The area manager told us staffing levels were monitored on an ongoing basis to ensure that people's care and support needs could be safely met such as when additional care calls had been required.

There was an effective recruitment procedure in place. Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Staff confirmed they had supplied relevant documents including completing an application form, a criminal records check via the Disclosure and Barring Service (DBS) and satisfactory references. All checks were completed before staff commenced

working at the service Staff confirmed that they had received a thorough induction and completed shadow shifts with experienced staff before they provided care on their own. This showed that the provider only employed staff who were deemed suitable to safely provide care and support to people using the service.

Is the service effective?

Our findings

People spoke positively about the care staff and were very pleased with the care and support they received. One person told us, "The [care staff] are very good and help me with whatever I need." Another person said, "The carers [care staff] are really cheerful and they make sure everything has been done before they leave and they are very careful and considerate." Another person said, "The staff help me with having a wash and I look forward to seeing them." Relatives we spoke with told us they all felt that the care and support provided by care staff met their family member's needs. One relative said, "My [family member] has a number of needs and the staff really understand and take time to help them in a kind and effective way."

The senior carer confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that the training they needed to meet people's needs had been provided. Examples of training included; safeguarding, dementia awareness, food hygiene, and safe moving and handling. Staff we spoke with were positive about the dementia training they had received which had given them greater insight when providing care for people living with dementia. This showed that staff were supported to have ongoing training to refresh and improve their knowledge and skills.

Staff told us they felt supported by the registered manager and senior staff. They said they received regular supervision where they had the opportunity to discuss the support they needed and any training and development needs. This meant there was an effective system to support and monitor staff so that they were delivering effective care for people.

We saw that staff had received an induction and training when they started work to ensure that they followed safe working practices. Staff we spoke with also confirmed they had completed or were completing the Care Certificate. (A nationally recognised qualification for care staff).

People told us that where meals and drinks were provided staff had consulted them regarding their individual needs and preferences. We saw that assessments of people's dietary needs and preferences had been made and that these were recorded in their care plan. One person said, "The care staff are very kind and make me breakfast and always make sure that I have chosen what I would like to eat." We saw that people also had access to meals provided by the onsite catering service in the extra care housing complex. We observed that these were social occasions and staff had assisted people in getting from their flat to the communal dining area where required.

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. 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.

We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff during their induction and on an ongoing basis regarding the Mental Capacity 2005 (MCA). Staff we met confirmed that they had received MCA training. We saw that no one was currently being deprived of their liberty and staff were aware of the relevant contact details and local authority procedures to follow regarding this area.

People told us that they were able to access a range of healthcare services. One person said, "The staff help me to see my doctor when I need." A relative said, "The staff contact me if there are any health changes to my [family member]." This demonstrated to us that people were assisted to access healthcare professionals when needed.

Is the service caring?

Our findings

All of the people we spoke with, including their relatives, told us that care staff respected their privacy and dignity. For example, one person said, "They help me with everything that I need and make sure that everything has been done before they leave and we have a laugh and chat together." Another person said, "The care staff are superb and kind and respectful towards to me and always knock on my door before entering - they know what they are doing." People also said that they were able to talk to the staff and have a chat and social time together.

A relative said, "The staff are excellent and always make sure my [family member] is well looked after." Another relative told us, "The care staff who support my [family member] are very kind caring and helpful – we are so pleased and reassured that our [family member] is receiving such good care."

When we visited people in their flats we observed that staff knocked on the door before entering and introduced themselves. We observed that people were comfortable with the staff who spoke with them in a warm, friendly, caring and respectful manner. Staff used peoples preferred names and demonstrated an attentive and affectionate attitude when speaking with people.

People told us that staff had taken time in talking with them about things which were important to them during their day. The staff we met spoke with a great deal of warmth and enthusiasm about their work and the people that they were providing care to. One staff member said, "I love my job and enjoy providing the best care to people living here." Another member of staff told us, "I really enjoy my work and making a difference to people's lives and helping them remain as independent as possible." One person said, "The staff provide an excellent service and treat me so well."

Records showed that staff received training regarding equality and diversity and how to promote and maintain respect and dignity for people. Staff were knowledgeable about people's needs and how they met their needs in a caring way including assisting people living with dementia. Care and support plans reflected people's wishes and preferences and how staff should support them. We saw that the registered manager and staff had ensured, as much as possible, that they were able to meet people's preferences including their preference for being assisted by female staff. This showed us that people's equality and diversity was considered and acted upon.

The registered manager told us that people were provided with information as required so that they could access local voluntary and advocacy services whenever they wished. Advocates are people who are independent of the service and who support people to make decisions.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. For example, one relative said, "My family member's care is reviewed and any changes to calls are made as necessary." One person told us, "They [staff] know me well and really help me with what I need - I am very happy with the care indeed." Another relative said, "They know [family member] really well and I am very happy with the care they give."

People and their relatives confirmed that they had been regularly consulted and were involved in reviews of the care provided. One relative said, "The care is brilliant and I have been involved in discussing my [family member's] support needs with the staff." We saw five care files and we saw evidence that people were consulted about their care and support needs.

Assessments had been undertaken prior to the commencement of care packages to ensure that people's needs could be safely met. In the care plans that we saw there were signed agreements to confirm that people had agreed the care to be provided. We saw that the management team and care staff had regularly reviewed people's care plan with the person using the service and their relatives where necessary. The senior carer stated that care plans were also updated where people's needs had changed such as following a change to a person's medicines or a health care issue. Care plans were monitored each month as part of the quality assurance procedures.

We saw five people's care plans during our inspection. There were guidelines in place about the care and support that was to be provided during each visit. We saw details in place regarding the person's background, family contacts and personal preferences as to how care and support should be delivered. Individual preferences were recorded and were written in a 'person centred' style about what was important to the person and how they wished their care to be provided. Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medicine, domestic tasks and social and welfare calls.

We saw samples of the daily notes completed by care staff detailing the care and support that was required during each care visit. People told us that staff had been responsive and flexible to their needs such as visiting them earlier or later to meet their individual plans during the day.

People and their relatives were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I ever have any concerns they [registered manager and staff] are very good at sorting it out for me." A relative told us that, "The manager [registered manager] and staff are very good and deal with any issues or concerns quickly and efficiently."

A copy of the service's complaints procedure was included in people's information packs kept in their flat. We saw that the complaints policy/procedure contained guidelines for people on how to make a complaint. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. This was confirmed in the records and correspondence in the complaints

file that we saw.

Staff worked in partnership with health care professionals. The service was in regular contact with local surgeries and people had access to appointments with their GP and received visits from district nurses when required. We received positive comments via a local surgery regarding the staff at the service who had contacted them about people's changing healthcare needs.

Is the service well-led?

Our findings

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 2008 and associated Regulations about how the service is run.

People, relatives and staff told us the registered manager and management team were approachable and listened to what they had to say. One relative said, "The manager [registered manager] and staff communicate well with us and keep us up to date about any changes." One person told us, "The staff are easy to talk with and are always around to chat with and help me."

The registered manager and staff were dedicated in providing a good service and were enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. Staff told us that the care and support was well organised and that the management team were approachable and supportive. The registered manager and senior staff worked alongside staff to monitor the service, which helped them to identify what worked well and where improvements were needed. Examples included where people's needs had increased and additional care visits had been organised in agreement with the person and their family where appropriate.

Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being respected and met. We saw that staff received ongoing supervision to provide them with an opportunity to discuss their work and development needs. Staff also confirmed that the management team carried out spot checks to monitor their work practice.

One member of staff said, "I really love my job and it's a really good service to work for." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another staff member told us, "Fortunately I have not had to raise any concerns but if I saw or knew about any poor care or bad practice I would report it to my manager [registered manager]. I would be confident that it would be acted upon without any hesitation or delay."

The management team carried out a regular programme of audits to assess and monitor the quality of the service. Examples included audits of medicines, staff training, care planning and recruitment. Where any shortfalls were identified; records demonstrated that these were acted upon promptly and improvements made.

We saw surveys had been completed in 2017 to obtain feedback from people using the service and they contained positive feedback about the service provided and the staff and the management team. We found that notifications had been submitted to the Care Quality Commission when this had been required. This showed us that the registered manager and staff were aware of their legal responsibilities.