

Methodist Homes

Maidment Court

Inspection report

47 Parkstone Road
Poole
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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

Maidment court is a retirement living community where people have their own flats and domiciliary care is provided to people who require support with personal care or activities of daily living. At the time of the inspection 24 people were receiving a personal care service at Maidment Court.

We undertook an announced inspection of Maidment Court on 20 and 25 April 2017. We told the registered manager two working days before our visit that we would be visiting because the location provided a community care service for people in their own homes and we needed to be sure the registered manager would be available.

There was a registered manager 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 told us they felt safe living at Maidment Court. Safeguarding systems were in place to protect people from the risk of abuse. There were robust recruitment procedures and sufficient staff on duty to meet people's needs safely.

Staff received training and had regular supervision (one to one meetings) to make sure they had the right skills and knowledge to effectively support people.

People had their own kitchens and could also choose to use the communal bistro restaurant. People told us meals were varied and of a high quality.

People told us staff were caring. Our observations and discussions with staff showed they were interested in people and concerned about their welfare. Records promoted respect for people providing staff with guidance about how people wanted to be supported. People told us staff respected their wishes.

People's needs were assessed prior to them receiving a service and people told us staff were flexible and responsive.

There were wide ranging individual and group activities that people enjoyed for both groups of people and individually dependent on people's choice.

There was a complaints procedure in place. People knew how to make a complaint and were confident they would be listened to.

People felt the service was well managed and quality assurance mechanisms were in place to ensure people received a high quality service.

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.

People were protected from abuse as staff were aware of their responsibilities for safeguarding people.

People were protected from avoidable harm. Accidents and incidents were reported and investigated to minimise the risk of reoccurrence.

Medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

People felt staff had the right skills and knowledge and staff told us they supported by effective training and regular supervisions.

A variety of meal options were offered and people told us they enjoyed the food.

People were supported to remain as well as possible and access healthcare as and when they needed to.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who knew and understood them as individuals.

Staff treated people with dignity and compassion.

Is the service responsive?

Good ●

The service was responsive.

People needs were assessed prior to receiving a service and care plans ensured staff had guidance on how people wanted or needed to be supported.

People told us there was enough to do. There were a variety of activities on offer and staff were committed to promoting people's independence.

There was a complaints procedure in place and people were confident that any concerns or complaints would be listened to and acted upon.

Is the service well-led?

The service was well-led.

People told us they felt the service was well managed and that staff acted upon their suggestions.

Staff felt well supported and listened to.

Quality assurance mechanisms were in place including the use of audits to check the service delivered safe, effective and responsive care and support.

Good ●

Maidment 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 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.

The inspection took place on 20 and 25 April 2017 and was announced. The inspection team comprised of an adult social care inspector for both days and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case care at home services.

We spoke with 13 people using the service to learn about their experiences. We also spoke with four family members or visitors, seven staff including the registered manager and one health care professional. In addition, we made observations around the building and reviewed records. The records reviewed included four people's care records, medicines administration records, two staff files, training records and other records relating to how the service was managed.

Before our inspection we reviewed the information we held about the service. This included the Provider Information Return (PIR). A PIR is a form in which the provider gives some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People told us they felt safely cared for.

People were protected against the risks of potential abuse. Staff had the knowledge and confidence to identify safeguarding concerns and knew how to report these. Information about abuse and how to deal with it was displayed for people and staff to refer to.

Where risks had been identified, staff had guidance to protect people. For example, one person's skin was at risk and their risk assessment identified what staff needed to do to make sure the person remained as well as possible. Environmental risk assessments were also undertaken to identify and mitigate any risks posed to people within their home. There was a door entry system with a camera so that people could see who was ringing their door buzzer.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Accidents and incidents were recorded and the records signed off by the registered manager once they had reviewed them for any further actions that were needed to ensure people's safety. Audits of accidents and incidents were completed to ensure any patterns or trends were recognised. These were overseen by the provider to make sure people were protected from foreseeable harm.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. During the day there were generally four to five staff on duty and at night there was two members of staff. Staff confirmed they were able to support people safely within these staffing levels. They said the registered manager were frequently present and could also be called upon at other times if needed.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role, including criminal records checks with the Disclosure and Barring Service. Staff files included application forms, full employment history, records of interview and appropriate references.

People's medicine support needs were assessed and planned for at the start of their service and there was a system in place to make sure the storage, administration and disposal of medicines was safe. Staff completed medicines management training and their competency to administer medicines was checked on a regular basis.

People told us their medicines were managed safely. Some people managed their medicines independently. One person said, "They check and that's good, they checked yesterday. It's in that bubble pack. As long as I have my glasses, I can do it myself. I could hand over my medication, but it's good to be in charge and then I don't feel I'm losing out". Another person told us, "I do my own. They make sure I've got enough". Other people had their medicines managed by staff. One person told us, "They keep the medication in that locked cupboard. They give it to me every day" and another individual said, "They make sure you've got it and they

stay when you take it".

Is the service effective?

Our findings

People told us staff were skilled and that they had confidence in their ability to provide care or support. One person told us, "They are very competent" and another individual said, "They are good staff, we are lucky".

Staff told us they received sufficient training to make sure they understood how to care or support people effectively, and in the way people wanted. The organisation had recently changed how they delivered training. One member of staff said the training was now, "Much better, I am learning lots of new things" another told us, "It's much better and you can relate to it" and a third staff member said, "You can relate it to things when you see it. Afterwards, there were questions and answers; it really worked". There was a training matrix and development plan in place. This showed staff had training in areas including, first aid, person centred support, nutrition, risk assessing, dementia, infection control, moving and handling and fire safety. The matrix enabled the registered manager to easily see when new or refresher training was required.

Staff told us they felt very supported by the manager. One said, "[The registered manager] listens and helps us". There was a new supervision meeting format in place. These enabled staff to reflect on areas including their well-being, what aspect of their work had made them feel proud and what help or training might further support them. Records showed staff were using the new style of reflective supervisions to think about their work. For example a supervisor had thought about the organisation values and how they thought a staff member had used them in their role. They wrote that the staff member, 'Provides person centred personal care whilst promoting independence'. Another staff member had reflected on what made them proud. They had written, 'Encouraging [the person] to spend more time away from their room by creating opportunities for [them] to engage in his hobby'. Writing about the support received, one staff member said, 'I feel supported 100% by my manager'.

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.

The registered manager told us that everyone they supported had mental capacity to make day to day decisions and records showed people had signed their tenancy agreement, consented to photography and sharing information held about them, and been involved in the development of their care plan. People told us that staff always checked with them before they helped or supported them. They said staff listened to people's instructions and acted upon them. One person said, "They pop in to see if I'm OK, I've given them the right to just pop in" and a relative told us their family member had, "Got into a habit of staying in bed late, they try to persuade him to go downstairs but they don't put on any pressure. They remind him, but he's not made to do anything". A member of staff told about how they sought consent and said, "We need to respect their wishes; it's their choice".

People can only be deprived of their liberty (DoLS) so that they can receive care and treatment when this is

in their best interests and legally authorised under the MCA. The registered manager understood where someone might be at risk of being deprived of their liberty and understood their responsibilities.

There were different meal options for people and everyone had a kitchen in their flat. Some people chose to manage their meals and drinks independently, whilst others used the bistro restaurant. Observations showed a conversational and enjoyable atmosphere during mealtimes. The restaurant was airy and bright with nicely laid out tables that supported a positive mealtime experience. There were high chairs available for people so that family meals could include younger children. The registered manager told us, "I want it to be family friendly". We asked people what they thought of the meals offered in the restaurant and received a range of comments including, "I've no complaints" and, "The food is nice, lovely. There's a lot of choice, two for the main and for the sweet. It's lovely" and, "I've got no complaints, it's sufficient in quality and quantity" and, "Very good. I enjoy virtually all of them; I'm very keen on the cooked breakfast to start the day".

People told us they were supported to remain as well as possible and access health care support when they needed to. Records showed people had been supported to see their GP, nurse, optician and occupational therapist. Where people had been poorly, records showed staff had been quick to respond, had contacted their GP and later sought out of hours medical support. We spoke with a visiting healthcare professional who told us staff sought their advice appropriately and followed their instructions. They added, "They are excellent, the girls are lovely, we have a very good relationship".

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care.

We asked people if staff were caring and received a range of comments including, "I think in the main, they are" and "The staff are absolutely lovely, very pleasant, always smiling. We have a laugh" and, "It's better than I thought possible, it's lovely that I've got the care and the independence. I feel at home and the carers are so caring. They are so sweet, all of them some have been here years" and, "They are very helpful. People's temperaments are not all the same, but I can't complain about anyone".

Compliments about the care provided by staff included, 'Thank you for the love and attention you gave to [the person] throughout their time at Maidment Court' and, 'From the moment [they] arrived you made [them] feel so welcome'. The registered manager told us, "It's all about the person".

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Observations showed staff talked about sensitive things discreetly, records promoted a respectful approach, such as 'I do not like people to touch or remove my paperwork' and, 'I would like staff to knock on my door, call out my name and enter my home'.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Some people who received a service had a religious faith. There was a chaplaincy service and regular faith based activities. People told us, "There are religious activities, but there's no pressure to attend. I can take it in small doses" and, "There are quite a lot of services. You have a choice; I don't go to all of them. I'm not a Methodist; I'm only Church of England. I like the chaplain. She's a lovely person, you can talk to her".

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs thoughtfully. One person was a passionate supporter of a football team and staff had sought out a signed programme of a match. Another person liked steam engines and staff helped them to watch programmes about steam engines on a large projector screen in the activities room. They told us the person really enjoyed this.

People's records included information about how they wished to be supported. For example, records included people's preferred name, how they wanted to be supported with personal care and activities of daily living. One person sometimes liked to be quiet. Their records stated, 'I sometimes like to be quiet and not to talk very much. Please respect this'.

Staff told us that people were encouraged to be as independent as possible. We received a range of comments including, "This is assisted living, people are free to come and go as they please" and, "It's nice that we have progressed to more independent living. The residents are doing what they want to do" and, "They have more independence; it's their own home. They have company, it's a very social setting" and,

"They do a lot more together, go for a walk in the park; it's helped with their independence having the different amenities". In the main lounge area there was a communal jigsaw and we saw people and visitors enjoying conversations as they stopped by the jigsaw and chatted together. The registered manager told us this had brought people and visitors together, who might not usually have got to know one another.

People were given the information and explanations they need, at the time they needed them. For example, one person was struggling to use their telephone. The registered manager immediately offered assistance, explaining how the phone worked and supporting the person to check it was working properly.

People were kept updated about activities, and local events or updates through a monthly newsletter. Activities were thoughtfully positioned within communal areas to attract people for a chat who may not have usually attended group sessions. People's independence and involvement was further supported through activities of daily living such as folding leaflets or changing flowers. The activities worker told us one person had led a quiz and other people lead religious services.

Information about advocacy services was available to people.

Is the service responsive?

Our findings

We received a range of comments about the responsiveness of staff. Some people felt staff were very prompt in responding to their requests for assistance. Comments included, "They don't pressure you to have it at any time. They don't object to you saying it's not convenient" and another individual commented, "Oh yes. They are very obliging" and, "They come quickly. They say 'Don't hesitate to ring'" and, "Well that depends on what's involved or who they're involved with. Usually it's OK".

Other people felt staff did not respond as quickly as they would have liked. We received two adverse comments about staff responsiveness. One person said, "I press the buzzer and sometimes they say 'Please try later' which is very annoying and I can't hear what they say very well. They think 'oh she can get on with it, she's independent', but it's nice to have help. Especially to put on my socks and shoes" and, "Sometimes they don't come. They say they've got lots of others to see to. I don't care about that; I want it when I want it. If something bad happened, what would you do?" We discussed this with the registered manager. They agreed to check people understood the role of the domiciliary care agency including their scheduled visit times, and when they wanted to receive assistance outside of a scheduled visit.

People's needs were assessed prior to receiving a service. Their assessment formed the basis of care plans which were outcome based. For example, one person wanted to 'Continue to have an active social life'. Their care plan explained some of the things they enjoyed and on the second day of the inspection we saw they were doing some of things identified in their plan.

Another person needed equipment to safely move from their bed to a chair or wheelchair. They had a plan that provided staff with accurate guidance on how to support them.

Other people had medical conditions that staff needed information about in order to safely support them. On the first day of the inspection we found some of the information about these areas was not contained in their plans. However, on the second day of the inspection the registered manager had addressed this and developed an action to ensure people's needs were fully planned for.

People were supported to do the things they wanted to and there were lots of opportunities for people to either continue with their hobbies or engage in new activities they might enjoy. People told us, "I don't get involved very much. It's available if I want it, I'm happy with my own company" and, "They have bible reading and carpet bowls. I'm younger than some of them, there's not much for my age group. I'd prefer to go out" and, "There's plenty going on". Information about activities was publicised on each floor of the building. There were bookshelves on each floor so that people could exchange what they had been reading and plenty of small seating areas where people could rest or chat. The registered manager told us that outdoor areas including patios, and upstairs garden terrace and the ground floor garden were well used.

There were extensive activities on offer. A large projector screen was used to show films or listen to music including hymns. The activities worker wrote to us and told us one person had arrived, 'specifically early for the Sunday service as a staff member let [them] know that they had hymns playing on the screen. This

resident will not come out of [their] room for much else so it was good to hear [they] had spent more time down here'.

The registered manager told us about a special event held for a person who was celebrating their 99th birthday. A family member arranged for an ice-cream van to attend with '99' ice-creams. Staff decorated the entrance area with bunting and balloons.

There were family and friends events to bring together people, their friends and relatives for social occasions and the activities worker also told us about other events such bowls matches, teas, a world prayer day and arts and crafts days.

There was also chaplaincy support for people who wanted it. This included coffee time, chatting with people individually, and helping people do the things they wanted to, such as writing cards or letters and end of life support.

There was a complaints procedure and this was publicised in a communal area of the home. The registered manager told us they had not received any complaints. They were developing a system to enable to capture comments or concerns people raised to make sure they could easily detect any patterns or trends in the quality of service people received. People told us they knew how to make a complaint and felt they would be listened to. One person said, "I wouldn't mind, if I felt it was necessary" and another person told us, "I would speak to a member of staff, they're easy enough to speak to". The registered manager showed us a number of written compliments received from people and their families including, 'I could not have wished for them to be any better cared for than you did. I find it quite remarkable that in all that time, I never had a single reason to raise a concern, let alone a complaint, about anyone or anything'.

Is the service well-led?

Our findings

People told us they felt the service was well led. We received a range of comments including, "It runs very smoothly" and, "Very good" and, "I think it's managed very well" and, "I think so, it's as good as a hotel".

We asked people if they were happy with the quality of service they received. People commented, "I've got no complaints at all, I don't think I've moaned about anything" and, "This is the best place I could be" and, "It's absolutely wonderful. I can't fault it. I feel perfectly happy and content".

People and their relatives told us their feedback about the quality of service they received was sought through meetings and surveys. One family member had completed a survey about meals. They said, "Well, I filled one in for him because he said he wanted more fish. They did take notice. Now they have kippers about once a fortnight". Another person told us about resident meetings. They said, "Yes, they're useful, but only two went last time. It's an opportunity to complain to her. Residents and carers need time to adjust to assisted living" and "I always go and so does my daughter. You can speak your mind if you want to. If it's the food I don't like, I just say at the time".

The registered manager told us staff and people surveys were being undertaken at the time of the inspection. They confirmed that the findings would feed into an annual development plan to improve the quality of services people experienced. They told us about changes that had been made following feedback such as serving vegetables at mealtimes in individual dishes.

We asked people whether staff were available to discuss their service or any concerns they might have. We received a range of comments including, "Yes, they always talk to us, they don't set themselves apart. Why should they? We're the customers" and, "There's always someone there, particularly the lady in the office would arrange it if I needed something".

The registered manager regularly worked alongside staff which gave staff further insight into person centred care and new ways of working with people to promote their rights and independence. Staff valued the registered manager. They told us the registered manager was 'hands on' and always willing to help them. One staff member described the registered manager as, "Brilliant" and another commented that the registered manager was, "Lovely, [The registered manager] has learnt a lot very quickly. Always listens if you have a concern". The registered manager told us they attended the daily morning handover. They explained this was to understand about people and any new problems or issues they were experiencing and to spend time with staff including the night care team.

There were links with the local community. For example the manager wrote to us and told us, 'We currently have one student from High School who visits weekly to conduct an activity and four Health and Social Care Students from Poole College on Work Experience. The residents love to see younger people and chat at length with 'the helpers' – it is good for them to see fresh faces and to help build relationships between the generations.

Staff meetings enabled information and updates to be shared and a 'read and sign' folder was used to share information about provider policy, quality and safety updates.

Staff completed a range of audits to check the quality of people's experiences. These included audits of medicines, care plans, health and safety of the building, mealtime experiences and food safety, and activities. They acted on the findings. For example in an activities audit one person had mentioned they would enjoy historical activities. Staff were working with a local museum to try to arrange this. There was also a quarterly provider audit and staff acted on any issues raised such as including information on allergens in the restaurant to make sure people were able to make informed decisions.

The registered manager completed a monthly report to the provider detailing any issues or concerns they had. This enabled oversight of aspects of the service including staff issues and training, safeguarding, complaints and health and safety matters. Written feedback from relatives also reflected the quality of services, for example, one family member wrote to staff saying, 'The quality of your care has been exemplary'.