

Methodist Homes The Paddock

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

About the service

The Paddock provides personal care support and practical assistance to people with a mental health condition, physical disability, sensory impairment, dementia and older people who live in self-contained flats owned by Methodist Homes. The service has 26 flats and can provide personal care support to up to 26 people. At the time of the inspection, five people were receiving personal care support.

People's experience of using this service and what we found

People told us they liked their flats and felt safe living at the service. People received care at their preferred and agreed time. People were supported by staff who knew how to safeguard them from the risk of harm, abuse and neglect. People received safe medicines support. They were supported by suitable and sufficient staff. People were protected from the risk of the spread of infection.

People's needs were assessed before they moved to the service and started receiving care. People were supported to live healthier lives and access ongoing healthcare services. People told us their needs were met by staff who felt supported and received appropriate and regular training and supervision.

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

People told us staff were caring and treated them with dignity and respect. People were supported by staff who treated them as individuals and supported them without discrimination. People's care needs in relation to most of their protected characteristics were recorded and met. People were encouraged and assisted to maintain their independence as much as possible.

People told us they received care that met their personal needs. People were supported by staff who knew their wishes, likes and dislikes. People and relatives were encouraged to raise concerns and told us they knew how to make a complaint.

People, relatives and staff told us they found the management approachable. The provider had systems in place to ensure the safety and quality of the service.

People and staff were asked for their feedback to improve care. However, the provider did not proactively engage relatives to seek their feedback. We have made a recommendation about engaging and involving relatives to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 13 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Paddock

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Paddock provides personal care support to people who live in self-contained flats. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager and two care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality monitoring records and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider consider current guidance in relation to safeguarding procedures and to update their practice. The provider had made improvements.

- The provider followed appropriate safeguarding procedures to ensure people were safeguarded from the risk of abuse, neglect and poor care.
- Staff were trained in safeguarding. They demonstrated a good understanding of types and signs of abuse and knew how to escalate concerns. Staff told us they would blow the whistle if the registered manager did not address the concerns of abuse or poor care.
- There had not been any safeguarding concerns since the last inspection.

Assessing risk, safety monitoring and management

- People and relatives told us they were safe. One person said, "Yes, I feel safe here." Another person told us, "Oh absolutely, I trust [staff]." One relative said, "Yes, [person] is safe, wears one of those little buzzers that is connected to the loud speaker. [Person] feels very safe with the staff."
- The provider identified, assessed and mitigated risks associated with people's healthcare needs. People's risk assessments were comprehensive, reviewed and gave staff enough information to provide safe care.
- The risk assessments were for areas including moving and handling, falls, nutrition and hydration, personal care and medicines. People's care files also had individualised personal emergency evacuation plans.
- Staff knew risks to people and the actions they were required to take to minimise the risks.

Staffing and recruitment

- The provider followed appropriate recruitment procedures to ensure people were supported by staff who were suitably vetted, of good character and skilled. Staff files had all necessary recruitment records to confirm they were safe to support people.
- People and relatives told us they did not have to wait for staff's help. One person said, "I can't remember an occasion when [staff] were late or made me wait." However, some people and relatives said the staffing was not enough in the evening. One person said, "I feel there could be more [staff]." A relative told us, "There is only one [staff member] in the evenings. It is a lot of responsibility for that [staff member] on duty."
- We received mixed feedback from staff regarding staffing levels. One staff member said, "There are enough staff on shifts." Another staff member told us, "In the afternoon we work on our own. It is worrying to be working on your own."
- One healthcare professional told us they were not reassured by the evening shift staffing levels in

comparison to the level of people's needs.

- Staff rotas showed the day time shift was covered by two care staff. They were supported by the wellbeing officer and the registered manager when required. The evening shift, 6pm to 10pm was covered by one staff member. The registered manager told us the staffing levels were based on people's assessment of needs. Records confirmed this.

- We found there was no evidence to show people's evening care had been affected due to evening staffing levels. People told us their needs were met promptly during the day and in the evening. Based on the evidence reviewed we were reassured by the current staffing levels and they met people's needs safely.

Using medicines safely

- People were provided with safe medicines management support.
- People and relatives told us staff met their medicines needs safely.
- Staff were trained in medicines administration and their competency assessed. Staff we spoke with and training records confirmed this.
- The medicines administration records were appropriately completed by staff and there were systems in place to identify any issues and gaps. The records showed the registered manager had taken appropriate actions when any issues were identified.

Preventing and controlling infection

- People were protected from the risk of spread of infection.
- There was an infection control policy in place and staff were trained in infection prevention and control.
- Staff were knowledgeable about the infection control procedures. They wore appropriate personal protection equipment to prevent contamination and the spread of the infection.

Learning lessons when things go wrong

- The provider had processes and systems in place to learn lesson when things went wrong.
- The accidents and incidents records showed the provider took appropriate actions to ensure people's safety.
- The records contained information about the incidents, actions and the outcomes.
- Following the last inspection, the provider introduced accidents and incidents analysis summary which included follow up actions and lessons learnt.
- Lessons learnt were shared with the staff team during staff meetings, handovers and one to one supervision meetings. This enabled staff to apply the learning across the service to minimise the recurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed thoroughly before they started using the service.
- The assessment of needs form contained information about people's medical history, needs and abilities related to their physical and emotional health, what support they required, identified risks, communication, spiritual and social care needs, and their wishes and choices.
- People and relatives told us staff provided effective care. One person said, "I was never a breakfast person and [staff] have eased me into it which is good." A relative commented, "Yes, [my relative's] needs are met. Staff know how to support [my relative]."
- The assessment process enabled the registered manager to establish if they were able to meet people's needs and outcomes.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, relevant training, regular supervision and an annual appraisal to enable them to provide effective care. Records confirmed this.
- Training records showed staff were provided training in areas including moving and handling, safe food handling, fire safety, person-centred care, hydration and nutrition including special diets, dementia, falls and managing risk.
- Staff told us they found training and supervision helpful. One staff member said, "[Registered manager] is very hot on training, asks us what type of training we want to do. I am happy with the training here. Since the last inspection, my [supervisions] are helpful and good."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people requested, staff supported them to maintain a balanced diet.
- Most people chose to have their main meal of the day delivered by the service. Some people chose to eat their main meals in the shared dining room and others preferred to eat at their flats. Staff respected people's choices and supported them as per their wishes.
- People's care plans contained information about their likes and dislikes. They told us they liked the food and staff met their individual dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well as a team, with healthcare professionals and other agencies to ensure people received consistent and timely care.

- People were supported to live healthier lives. Staff encouraged and supported them to follow healthcare professionals' recommendations to improve their health and wellbeing.
- People's care records contained detailed information about healthcare professionals' visits, recommendations, follow up actions and outcomes.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's care plans stated whether or not people had mental capacity to give consent and make decisions regarding their care.
- Where people had appointed legal representatives to make decisions on their behalf in relation to their finances, and health and welfare, relevant information was recorded in their care folders.
- People told us staff asked their permission before providing care and gave them choices. A person said, "I get on well with [staff]. They ask me before assisting me."
- Staff were trained in the MCA and knew the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring. One person said, "Staff are very caring and friendly." Another person commented, "[Staff] are very good. They listen to me."
- Relatives told us staff treated people well. A relative said, "[Staff] are always very kind and gentle, made [my relative] feel at home. They are lovely."
- Staff provided care without discrimination. A staff member said, "People have the right to live the way they want. I respect their needs and wishes, and don't discriminate." Another staff member told us, "Since the last inspection, we have been trained on how to support lesbian, gay, bisexual and transgender people. I would support them as they would like to be supported."
- People's care plans gave information about their ethnicity, religion and culture, and any needs in relation to them. However, the care plans did not record people's needs in relation to their sexual orientation and gender expression.
- We spoke to the registered manager about this. They told us the provider was in the process of updating their forms to ensure people's protected characteristics and needs in relation to their sexual orientation and gender expression were recorded.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were encouraged and supported to express their views. They further said they made decisions about their care and staff followed their instructions. One person said, "I feel involved in my care."
- The registered manager involved and included people's relatives, where necessary in people's care planning process. Records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. A person said, "[Staff] respect my privacy and they do treat me with dignity."
- Staff knew how to provide dignity in care. One staff member said, "I respect people's wishes, protect their dignity, give them choices such as shower or wash, ask them how they would like to be supported."
- People told us they were generally supported by the same staff. However, one person told us they did not always know who was going to support them and would prefer continuity of care.
- We fed-back the person's lack of continuity of care comment to the registered manager. They told us they would review staffing for this person to ensure the continuity of care.
- Staff promoted people's independence. A person said, "[Staff] let me do most things myself if I tell them I

want to do it." One staff member said, "This is an independent living service, so we promote [people's] independence. Encourage them to do things by themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure people's complaints were appropriately received, handled, recorded, investigated and responded. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The provider had improved their complaint's processes to ensure people and relatives' concerns and complaints were addressed appropriately and responded to in a timely manner.
- The service had received two complaints since the last inspection and the complaints' log and records showed these were addressed and responded to in a timely manner.
- The provider displayed their complaint's policy and procedure for people, relatives and visitors' easy access.
- People and relatives told us they knew how to raise concerns and felt comfortable in making complaints. One person said, "I would say something if not happy or feel something needs altering. I would speak to [registered manager]." One relative told us, "I will approach [registered manager] if not happy about something. But have never made any complaints."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff provided care as per their needs and preferences. They said staff supported them at their preferred time and were flexible. They further said if they were not ready to receive care support, staff would come back later at their preferred time.
- People's care preferences and choices were recorded in their care plans. The care plans were comprehensive, reviewed regularly and updated following changes in people's care needs.
- The care plans contained information about people's life stories, medical history, healthcare needs, likes, dislikes and how they would like to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's care plans identified and highlighted their individual communication needs and instructed staff on how to communicate effectively with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider offered a range of stimulating group activities including quizzes, coffee mornings and film nights. People were encouraged to participate in the activities and their choices respected.
- People told us they liked taking part in various activities as it enabled them to keep fit, meet other people and engage in social interactions.

End of life care and support

- The provider had systems in place to meet people's end of life care and palliative care needs. Staff were trained in end of life care.
- The provider discussed with people and where required, their relatives about people's preferences and choices in relation to end of life care. Where people had disclosed their end of life care wishes, these were recorded in their care plans.
- Where people had signed 'Do Not Attempt Cardiopulmonary Resuscitation' forms, copies of these were kept in their care plans and their flats.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to effectively operate auditing and monitoring systems to ensure the health and safety of the service and accurately maintain records in respect of people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the provider had improved their monitoring and audit checks to identify issues and gaps in people's care records including care plans and risk assessments. The provider had systems in place to rectify any identified issues in a timely manner.
- The registered manager had a good understanding of their role in providing care and a service that met the legal requirements and the standards set by the provider. They were knowledgeable about the statutory notifications they needed to submit to us by law.
- There were clear records of internal audits including care plans, risk assessments, medicines administration records, staff files, complaints, accidents and incidents, and safeguarding. These were up-to-date and showed actions had been taken when issues were identified.
- Staff were clear of their roles in delivering care that met people's outcomes. They told us if they were not sure about something they would ask the registered manager who they described as "very knowledgeable" about the sector.
- This meant the registered manager had a good oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they were happy with the service and it was well-managed. One person said, "The [registered] manager is very good and manages [the service well]." Another person commented, "It is a very good place."
- Staff told us they liked working with the provider and were treated fairly by the registered manager. One staff member said, "Staff here are from multicultural backgrounds and [the team is] very diverse, and [we are] not discriminated. It is good place to work."

- Staff were encouraged and supported to work with people, their relatives and professionals involved in people's care to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour. They said it was about identifying mistakes and errors, admitting and acting on them. They further said they were transparent and liaised with relevant parties about the concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged and involved people and staff to seek their feedback about the quality of care, improvements and changes in the service, and the management of service. People, staff, and records confirmed this.
- The provider engaged people formally via monthly meetings. Records confirmed this. One person said, "At the meeting you can bring up things that can be improved, that sort of thing, [the management] do listen."
- Staff told us the registered manager was approachable. One staff member said, "[Registered manager] is the best manager we have had so far in this place. [Registered manager] listens to us and I feel comfortable to approach her and give her my suggestions."
- Staff expressed their views and their opinions were considered. A staff member said, "I recently visited a dementia day centre. I was really impressed by their service and suggested to [registered manager] to visit [the service] to observe the practices. she said yes. We chat about everything and how to improve service and care."
- Relatives were encouraged to speak to the registered manager if they wanted to make suggestions for improvements. However, the provider did not formally seek relatives' feedback. Survey records, relatives and the registered manager confirmed this.

We recommend the provider consider current guidance in relation to engaging and involving relatives to drive improvement.

Working in partnership with others

- The registered manager worked collaboratively with the local authorities, safeguarding teams, social workers, and healthcare professionals such as occupational therapists, and specialist services such as the falls and rehabilitation team to improve people's physical and emotional wellbeing.
- The registered manager regularly attended provider's managers meeting where they shared best practices and lessons learnt. This enabled them to improve people's experiences.