

Methodist Homes Victoria Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Victoria Court on 23 March 2016. This was an announced inspection. We gave the provider 48 hours' notice because we needed to be sure the registered manager would present. The service was last inspected in October 2013 and found to be meeting the regulations at that time.

The service comprises of 50 apartments with communal areas which include a library, atrium and a bistro. The service is registered to provide personal care to older people in their own apartment if they require this.

The service had a registered manager. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Safety checks of the building and equipment had been completed appropriately.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices.

There were risk assessments in place for people who used the service. The risk assessments and care plans had been reviewed on a regular basis, but at times the care plan had not been updated following a change in need. Recognised tools to assess risks around nutrition and pressure care were not being used.

The registered manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. We found capacity assessments and best interest decisions were not always recorded in people's care records.

Systems were in place for the management of medicines so people received their medicines safely. The audit process did not check frequently enough people's medication charts which meant errors were not highlighted in a timely way.

There were enough staff employed to provide support and ensure people's needs were met. Effective recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work.

Staff told us the registered manager was supportive. Staff had received regular and recent supervision and most had received an annual appraisal. Staff training was up to date.

People and families told us staff treated people with dignity and respect. Staff showed compassion, were patient and gave encouragement to people.

People told us they had access to a wide range of activities and people told us they enjoyed them.

People were provided with their choice of food and drinks which helped to ensure their nutritional needs were met.

Staff at the service worked with other healthcare professionals to support the people. Staff worked and communicated with social workers, occupational therapists, hospital staff as part of the assessment and on-going reviews. Care plans did always contain robust health needs information.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture

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 knowledgeable in recognising signs of potential abuse and said they would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Systems were in place for the management and administration of medicines. Medication chart audits were not always frequent enough to ensure errors were noted.

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff training was up to date, they had received regular supervision and most people had received an appraisal. This helped to ensure people were supported by skilled and supported staff.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and had received training. However not all care plans had MCA assessments and best interest decisions recorded where people lacked capacity.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good ●

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in

making decisions about their care.

The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were in place. Some care plans did not describe changes in people's needs which had been identified.

People told us they had a wide range of activities available to take part in and they enjoyed them.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided. The service had an open, inclusive and positive culture.

The service supported and empowered the people who use the service through various committees and associations to voice their ideas and suggestions; which had led to improvements for people who live in the service.

Victoria 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.

We inspected Victoria Court on 23 March 2016. This was an announced inspection. We gave the registered provider short notice (48 hours) we would be visiting. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) prior to our visit. 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.

At the time of our inspection visit there were 18 people using the service who received personal care support.

During the inspection we spoke on the telephone with three people who used the service and four of their family members/ representatives. We also visited an additional three people in their own apartment. We spoke with the registered manager and five staff members.

We looked at four people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us "Yes on the whole I do. I feel safe." And a family member told us "He is safe there, I have no worries at all. If he presses the buzzer they are there within three minutes."

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. One staff told us "If I had any concerns I would be able to report it to managers and safeguarding, [Name of registered manager] I can definitely approach." Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. Records we saw confirmed this.

The registered manager was aware of local safeguarding protocols. Records looked at confirmed the registered manager had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service.

People who used the service and the family members we spoke with during the inspection were aware of who to speak with should they need to raise a concern. We found the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone.

We looked at the system in place to ensure people received their medicine safely. Staff we spoke with knew the correct policy and procedure to handle medicines safely. Each person had a locked cupboard within their apartment where their medicines were stored. Staff were allocated time on their job card to assist people with their medicines where needed at appropriate times.

The service audited 10% of the medication administration records (MAR) in use each week to check for errors. We saw staff had not signed for one dose of medicine on one person's MAR which had not been highlighted by the weekly audits. We raised this with the registered manager during our visit. They told us they would audit MARs more frequently. They told us following the inspection that a weekly MAR check has now been implemented.

We saw where errors had been noted in the past, thorough investigations had taken place and actions to minimise a repeat error had been taken. Staff had been trained in medicines management and they had been observed administering medicines to ensure they were competent to do so. People who used the service told us they were happy with the way staff helped them with their medicines.

We were shown records which confirmed appropriate safety checks of the building and equipment had been completed. This included safety checks within people's apartments where they had consented and communal areas. We saw each apartment had a video entry system to support people knowing who was trying to gain entry to the building at the main entrance.

Staff and people who used the service confirmed regular fire alarm checks and evacuations practices had been completed. We saw documents to confirm this. The fire risk assessment in place was up to date and a fire safety audit had been completed.

There were risk assessments in place for people who used the service which had been reviewed regularly. These covered areas such as moving and handling, medications and personal emergency evacuation plans. We saw the service had not used a recognised tool to assess nutrition and pressure area care safely. The registered manager immediately sourced appropriate tools and told us they would implement these in people's care plans.

The registered manager told us the service was provided to people who required support as per the agreed number of hours to meet a person's needs. Staff were available also to be called upon 24/7 if people needed support in an emergency. The registered manager told us when people's needs changed and more or less hours of support were required; then a review meeting was held to look at the agreed support package with relevant people, including the person and their family members/ representative. All the agreed hours were mapped onto staff job cards to ensure people received support.

On the whole this system worked for people. A family member told us "As far as I know they turn up on time and stay as they should. In fact they often pop in just to see how [Name of relative] is." A person told us "They do stay the full time, but we found the care is very quick and we weren't using all the time we were paying for. They asked if there was anything else they could do, so I asked if they would do some ironing for me."

Staff told us they followed their job cards which outlined the times they needed to visit people and what support the person needed. They explained at times they were delayed but they tried to tell people they might have to wait.

During the inspection we looked at the records of three newly recruited staff to check the registered provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service checks (DBS) and reference checks had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

People and their families told us at times there had been a lot of new staff. They told us new staff were supported to shadow more experienced staff but the volume of new staff had been unsettling for them as they had to get to know lots of new staff members. We discussed this with the registered manager and they told us there had been lots of new starters because the number of hours of support they provided had increased quickly. Staff had also left for varying reasons but the volume of leavers was not out of the ordinary. The registered manager was aware they had to support new workers to learn their role and the impact this had on people. They told us they always try to reduce the impact as much as they possibly can for people who use the service.

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge to support people with their specific needs. One person told us, "I do feel safe with them. They do seem to know what they are doing. If there's anyone new they come first to shadow. They cope very well I have no complaints. A family member told us when new staff start they felt the induction into people's specific needs could be better, they felt at times new staff did not know people's needs and care plans as well as they should have done. Another family member told us "They all have such good knowledge of [Name of person]. Even people who work in the office, if I speak to them they clearly know her and tell me if they have seen her, what she's been doing."

Staff we spoke with told us they had received a full induction. This included reading policies and procedures, completing an induction workbook and shadowing other experienced staff whilst they provided care and support to people. One staff member said, "The induction was good. It included medication, moving and handling, fire safety and some online training."

The registered manager showed us staff training information which detailed training staff had undertaken. We saw from the matrix all staff training was in place. The registered manager told us staff who started employment were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care which are expected. Staff confirmed the quality of the training was good and provided them with the skills and knowledge to do their job.

Staff told us they felt well supported and received regular supervision. One staff said "We have supervision regularly, sometimes I say Eh! Already, it is quite often but useful, I feel supported and if I had concerns I can say them." We looked at the records which confirmed staff were receiving regular supervision from their line manager and most staff had received an annual appraisal.

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 staff and registered manager were able to tell us how they offered people choice and gained consent for day to day decisions when supporting people. We saw during the visit staff did work in a way which ensured they had consent from people before delivering support.

MCA was used inconsistently in people's care plans to evidence consent where people did not have capacity. Some people had agreed best interest decisions in their file, but not for all decisions. One person we saw had not had their capacity assessed and staff told us they felt the person did not have capacity due to them living with dementia.

We discussed this with the registered manager and they told us they would look to use the MCA better when

care planning to evidence capacity and best interest decisions was documented in future.

The service had a bistro area on the ground floor. This part of the service is provided by an outside contractor and they provide the chef and hospitality staff who serve people's meals. Where people choose to eat in their own apartment this is arranged for them.

We made observations during lunch and saw everyone enjoyed their meal in a relaxed atmosphere. The environment was set with condiments and a menu on each table. People were chatting and catching up with friends during the meal. One person told us "I like going to the dining room for the social aspect, we have a good chat."

People who use the service are very involved with mealtime provision and menus. We saw minutes from the catering committee who had influenced change in menus and service. One person told us "We have a catering committee which we formed because at first the food was awful. We talk to the chef about the food, and he really appreciates it. We keep them on their toes. We have special evenings, a French evening where we had French food and wine if you wanted it, and a Chinese evening when they brought a take away in. That was down to the catering committee."

The chef knew people's preferences and specific needs with regards to food. The chef and some of the catering team had recently completed dementia training and they were keen to use their new knowledge to adapt the menus to make the language easier to understand for people living with dementia.

We received mixed feedback on the quality of food and choice available. However we could see people were very involved and their views were listened to and acted upon.

We saw nutritional assessments in people's care plans, however this assessment relied on the person telling staff if they had lost or maintained their weight. We saw the service worked with district nursing teams where concerns had been noted about people's weight and nutrition. However no recognised tool was being used to highlight a referral to the GP or district nurse was needed. We discussed the service using a recognised tool such as the malnutrition universal screening tool (MUST) to ensure they evidenced robustly people's weight and nutrition where required. The registered manager told us MUST would be implemented.

The registered manager told us they worked with other healthcare professionals to support people, and communicated with social workers, occupational therapists and hospital staff as part of the assessment process and on going care. The care plan documents did not always clearly identify people's health needs and protocols to support people. The manager told us this was an area of development for them.

A family member told us "They are very good at getting the doctors, in an emergency they get the paramedics and they always stay with him until they come. They have a good relationship with the doctors and the pharmacy. They keep me up to date and informed."

Is the service caring?

Our findings

People we spoke with as part of the inspection process were complimentary about the care and service received. One family member said, "I can see [Name of person] really warms to them [staff]. They are lovely individuals, very caring. I know she gets continuity, which wasn't the case with other services she has used." One person told us "We have very good relationships [staff]; there is a large number of them so you get to know them. People do leave but it is not every day." A family member told us "They spotted when [Name of person] was upset by the death of a friend, which isn't really like them. I wouldn't have spotted that."

During one of our visits to the apartment of a person who used the service we saw how the staff member and person who used the service engaged in friendly banter which the person clearly enjoyed.

Care files contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care and to form meaningful relationships with people.

Staff made clear that values around privacy and dignity underpinned the work they carried out with people. One person who used the service told us how staff maintained their dignity and privacy, they said, "Yes, they are very respectful and sensitive that you are in the room naked, being helped to have a shower. It's not easy but they do it well." Another person told us "I don't like to have a male carer, not because I don't think they can do their job but because it's embarrassing. It's in my care plan. I got a male carer on my rota last week and I went to the office. By then time I saw the manager something had already been done to make sure it didn't happen again." And a staff member told us "We make sure we ring the bell and make sure the door is closed when we are doing personal care."

The registered manager told us there was a person centred approach to the support and care people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One staff member told us "They [Residents] are the bosses." This was evident in care plans as people and their family members were fully involved in assessment and review of people's support. A person told us "I have a regular review, every 6 months or so. We go through the whole thing; we talk about whether there is anything I need or anything that can be taken off. They do know about my work and life through chatting. It all helps make personal care relaxing." A family member told us "It's not possible to discuss [name of person]'s care with them, I sign off the care package once per year I think."

Staff told us about how they support people to be as independent as possible. They gave examples of how they have organised adapted cutlery so people can maintain independence when eating. Also an example of how they promoted a person washing themselves where they can and they did not take over and only did what the person was unable to do for themselves.

Is the service responsive?

Our findings

People told us there was a good range of activities available to take part in. One person said "There are plenty of things to do and join in with. We have bingo once per fortnight and when it is not bingo it's a quiz. We have a hairdresser comes, a beautician and a chiropodist. They do day trips." Another person said "I love the quiz night."

Staff we spoke with told us there was a wide variety of activities. They told us about arranging a sewing group for a person who used to sew in their past. A part time activities worker helped to organise activities. People also had visits from leaders of different religions so they could follow their faith. Staff told us about how they encourage all residents to join activities to prevent social isolation and this included them reminding people who were reluctant at times to join in or would forget events were happening.

Staff told us there was a real sense of community in the service. The Atrium area which was inside but recreated the feel of being outdoors through design and temperature, we saw had seating areas and outdoor activities such as plants and outdoor games. People told us they used the upper floor of the atrium to have exercise through walking.

During our visit we reviewed the care records of three people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records also described the support needed at each of the visits by staff. Care records we looked at during the inspection were person centred and described how the person wanted their support to be delivered and when. For example; we saw in one person's care plan a very detailed description of the person's breakfast routine which included the person's preferences for food but also how the person liked to sit, where to place the person's food so they could reach it and what radio station they liked to listen to, including the volume level. This showed us the service was committed to providing person centred support to people.

Care plans were reviewed regularly and audited to check they were of a good standard. We saw any actions the registered manager had noted to be done were not always signed off as complete. We also saw at times where people's needs had changed this was reflected in the review and not on the main care plan description. For example, one person had recently suffered a number of falls and the risk assessment had been reviewed but the care plan still stated the person had never fallen. We told the registered manager about this and they explained they would use the feedback to improve standards in the future.

The registered manager told us the service had received complaints in the last 12 months. We saw the complaints had been fully investigated. We looked at the complaints procedure, which contained clear information about how concerns were managed. We saw on the day of the visit the complaints process was publicised in the service.

People told us they felt listened to and they felt confident in approaching staff or the registered manager. People and their families told us they did see improvements after they raised concerns to the registered manager.

One person said "I'm someone who won't wait; I'll just go and say what's on my mind. I think the proper process is written down somewhere. I would just go and see the manager and tell them what it is. There is always someone around. They listen and they act on what I say." A family member told us "They have told us how to complain. If it's formal you go to [Name of registered manager], there are leaflets all around the place telling you how to make a complaint. The residents can also ring a confidential number if they want to make a complaint anonymously."

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection visit. People who used the service, families and staff we spoke with during the inspection spoke highly of the registered manager and registered provider. They told us they thought the service was well led. One relative told us "We made the right choice. There is a great deal of positive about Victoria Court."

One person said, "She [the registered manager] dots 'I's and crosses the 'T's. She has paperwork for everything. The way I see it is that we become like a family, we all work together to make the service work for everyone. We all care about everyone else. That's how it should be. [Name of registered manager] is a very good manager. She has the support of the residents." A family member said "[Name of registered manager] is brilliant and responds quickly when issues are highlighted." A staff member told us "[Name of registered manager] is definitely a really good manager, she listens whenever we have a problem, you feel 100% confident and she always sees things through work or personal for you."

Staff told us they were kept up to date with matters which affected them. We saw records to confirm staff meetings took place regularly. We saw the staff survey action plan was developed in a recent meeting to aid continuous improvement and health and safety was a standing agenda item at meetings. Staff told us their meetings were useful to them.

We found there was a culture of openness and support for all staff, people who used the service and their family members involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision.

We spoke with the registered manager who told us there were clear lines of management and accountability, and all staff who worked for the service were very clear on their role and responsibilities. Staff told us the registered manager had an open door policy, so staff had access to support from them. Staff told us the registered manager was an effective role model and this resulted in strong teamwork, with a clear focus on working together. One staff member said, "I feel supported by [name of registered manager]. She is very efficient which is good. We are a good team, when new staff come in we are supportive and helpful. It is a positive culture, people seem to get on."

We saw audits were carried out on all aspects of the service. This included the auditing of care plans, meal time experience and medicine. We saw the registered provider also audits the service to check for quality. This had been done by the area manager and quality team. All of the audits carried out had resulted in action plans to make improvements where needed and we could see where actions had been completed by the service.

We saw some audits such as the care plan and medicine chart audit specified the percentage of people's records to be checked. We saw it meant not all people's records would necessarily be looked at frequently enough over a twelve months period with this approach. The registered manager immediately recognised this and changed the approach to ensure they checked each person's records frequently within a 12 months

period.

We looked at the results of a survey carried out in 2015. These evidenced positive feedback, which had been collated and shared with people who used the service. For those areas requiring improvement an action plan had been developed detailing how and when the improvements would be made.

The registered manager told us people had opportunity to provide feedback during their own review, and there was an active residents association with various sub groups such as catering committee and residents committee. The registered manager was actively involved in the groups and sought to improve where feedback was received. The registered manager told us people had recently been involved in updating the resident's handbook and through residents groups a new shed had been purchased in the atrium for residents use.