Methodist Homes

Emmandjay Court

Inspection report

Valley Drive
Ben Rhydding
Leeds
West Yorkshire
LS29 8PF

Date of inspection visit:
08 March 2016

Date of publication:
14 April 2016

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 inspection took place on 8 March 2016 and was announced.

Our previous inspection of this service took place in May 2014. The service was found to be compliant with all of the legal requirements inspected at that time.

Emmandjay Court provides a personal care service to people living in their own flats. This enables people living at the Emmandjay Court private housing complex to maintain their independence and stay in their own home. The main office is situated on the ground floor of the housing complex which is situated in the village of Ben Rhydding, close to Ilkley town centre. On the day of our inspection 17 people received personal care from this service.

The registered manager had been in post for several years. 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.

Records and procedures for the safe administration of medicines were in place and being followed.
Risks to people's health and wellbeing were assessed and plans were put in place to try and reduce such risks. The provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

Action had been taken to address the staffing issues which had affected the consistency of care for people between July and September 2015. People told us things had now significantly improved and at the time of our inspection we found sufficient numbers of staff were deployed to ensure people received punctual and consistent care.

Staff received effective training and development to ensure care was delivered by suitably skilled and experienced staff.

People's individual dietary needs and preferences were planned for and met. Staff worked in partnership with a range of health professionals to ensure people maintained good health.
Staff sought consent from people and had a good awareness of the people they supported and their capacity to make decisions.

Care records contained appropriate information to ensure staff could provide people with safe and person centred care. Staff had a good knowledge of the people they supported which demonstrated they had read and understood people's care plans.

People told us staff were kind, caring and treated them with dignity and respect. Staff actively sought

opportunities to help promote people's independence.

People were regularly asked for their views in relation to how they preferred their care and support to be delivered. We saw people's wishes and preferences were respected and where people raised concerns or complaints they were listened to and staff tried to make improvements to the quality of care provided.

Systems were in place to monitor the quality of the service. This included regular audits, care plan reviews and seeking people's feedback. When areas for improvement were identified action was taken to address any shortfalls.

People and staff spoke positively of the registered manager and the leadership they provided. Staff had a good awareness of how they translated the provider's values into their day to day work. The entire staff team demonstrated a philosophy of care which put the people who used the service first and were passionate about delivering high quality, person centred care.

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.

Records and procedures for the safe administration of medicines were in place and being followed.

Plans were in place to identify and manage risks to people's health and wellbeing.

Appropriate arrangements were in place to help protect people from the risk of abuse. People told us they felt safe when staff visited them.

At the time of our visit we concluded there were sufficient staff employed to provide punctual and consistent care.

Is the service effective?

Good

The service was effective.

Staff were provided with effective training and development.

Staff supported people to maintain good health and to consume an appropriate and varied diet.

Staff had a good knowledge of the people they supported and their capacity to make decisions.

Is the service caring?

Good

The service was caring.

People told us staff were kind and provided them with the care and support they needed. They also said staff respected their privacy and dignity.

People were provided with numerous opportunities to express their views in relation to their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care and staff responded to people's changing needs and requirements.

A system was in place to log and respond to people's complaints or concerns. Where people raised issues they were listened to and staff tried to make improvements to the quality of care provided.

Is the service well-led?

Good

The service was well- led.

Systems were in place to monitor the quality of the service. This included regular audits, care plan reviews and seeking people's feedback.

People and staff spoke positively of the registered manager and the leadership they provided. Staff had a good awareness of how they translated the provider's values into their day to day work.

Emmandjay 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.

This inspection took place on 8 March 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service so we needed to be sure that someone would be available at the office.

The inspection team consisted of two inspectors.

Before our inspection we spoke with the local authority commissioning and safeguarding teams. They did not have any information to share with us as all of the people who use this service are privately funded. However, they had no other concerns or complaints about this service. We also reviewed the information we held about the service. This included reviewing the information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also asked people who used the service and their relatives to complete questionnaires about their experience of using the service. We received responses from seven people who use the service and two relatives. One staff member also responded with feedback about the service. The results of these questionnaires were analysed and helped us to plan our inspection.

During our inspection we reviewed four people's care records and other information regarding the running of the service, including policies, procedures, audits and staff files. We spoke with four people who used the service. We spoke with two members of care staff, a health professional, the administrator and the registered manager.

Good

Is the service safe?

Our findings

Safeguarding procedures were in place. The registered manager demonstrated a good understanding of safeguarding and how to identify and act on concerns. Staff had received safeguarding training and the staff we spoke with had a thorough understanding of how to identify and respond to any concerns they had about people's wellbeing. This showed us the training they received was effective. Safeguarding procedures were discussed during staff meetings to ensure staff were aware of current best practice and to refresh their knowledge and understanding. People who used the service were also regularly asked if they had any concerns about the service through quality assurance questionnaires and informal contact with the registered manager and office staff. This provided people with opportunities to report any concerns they had. This demonstrated that the provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

None of the people we spoke with raised any safety related concerns with us and 100% of the people who responded to our questionnaires told us they felt safe when their care worker visited them. One person told us, "I am perfectly safe and secure here." We asked staff to describe what actions they would take in response to a person becoming acutely ill or needing emergency care. The answers we were given demonstrated staff were able to competently deal with a range of common emergency situations and that they were aware of the action to take to ensure people were kept safe.

Risks to people's health and safety were assessed. For example, moving and handling risk assessments were put in place to guide staff on how to safely assist with moving and handling tasks. Falls risk assessments were in place where people had been identified as being at risk of falls. Where falls had occurred, these were documented and clear actions put in place to reduce the risk of a reoccurrence and in some cases referrals had been made to the local district nursing team for a full falls assessment. In one case where a person had fallen in the community the preventative action had been to encourage this person to use their walking aid. However, this person now refused to use their walking aid and it was not clear from the records what alternative action staff should take when assisting this person in the community. Staff were able to describe what action they took, however the registered manager agreed that in this case the records should have been more robust.

We saw the provider had a written medicines policy, to which staff had access. Records and procedures for the safe administration of medicines were in place and being followed. Training records confirmed staff had received training in the safe management of medicines. Records showed the level of support people required with their medicines was assessed at the point they began to use the service. This was regularly reviewed and we saw the level of support was amended to reflect people's changing needs and preferences.

We saw medicines were consistently and accurately recorded on medicine administration record (MAR) sheets. Staff had adequate information available to ensure 'as necessary' (PRN) medicines could be administered in line with the prescribing GP's instructions. We saw where people had not taken their medicines the reasons were recorded on the MAR sheet. People told us they received their medicines on

time and received the level of support they needed to take them.

We conducted a small audit of medicines in use for two people, including one person's controlled medicines. We found all stock levels were correctly accounted for. Our review of records, observations and discussions with people who used the service and staff indicated that people received their medicines as prescribed.

At the time of our visit we concluded there were sufficient staff employed to meet people's needs. Staff told us they did not feel rushed and had sufficient time to provide people with the support they needed. However, the information we received from completed pre-inspection questionnaires, our discussions with people, staff and the registered manager showed this may not have always been the case. The registered manager was open and honest and said they had experienced approximately six permanent staff members unexpectedly leave. This had meant between July and October 2015 they had to rely on agency staff to ensure people received their visits. They said this meant people had not always been provided with the consistency of care they would usually have received. The people we spoke with confirmed this. People told us things had significantly improved in recent months and they now received consistent care. The registered manager explained all vacancies had now been filled and they had a stable staff team. They said some agency staff were used to cover where a staff member was on long term sick. However, they used the same agency worker. The staff rotas and timesheets we reviewed confirmed this. One person who used the service also explained, "We still get a few agency staff but they are now familiar faces who know me well." A staff member we spoke with told us, "We have been through a difficult time but have learnt from it and have come out the other side. Things are much improved and people are provided with an excellent standard of care." The registered manager assured us they now had contingency plans should such a situation arise in the future.

Effective recruitment procedures were in place to ensure staff were suitable for the role and safe to work with vulnerable people. This included obtaining a Disclosure and Barring Service (DBS) check before staff commenced work and obtaining written references. We spoke with a member of staff who had recently started work at the service, they confirmed that the provider's recruitment procedures had been followed and they were not allowed to commence their role until the appropriate checks on their suitability to work had been completed.

Good

Is the service effective?

Our findings

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions were present within care plans to help staff be aware of people's healthcare needs. Care records provided evidence staff liaised with a range of health professionals to help ensure people's healthcare needs were met. This included district nurses, community matrons, occupational therapists, physiotherapists, GP's and mental health services. Records showed staff made referrals to other health professionals when they noted a change in people's needs or were concerned about someone's health. We spoke with a health professional who worked with Emmandjay Court staff to provide care and treatment. They raised no concerns about the service and said their advice was passed on to the relevant staff. They also said staff listened to their advice and made timely referrals for support to ensure people maintained good health. The people we spoke with told us staff supported them to access health professionals as they needed them.

Staff had a good knowledge of people's dietary preferences and the level of nutritional support people required. Most people supported themselves with their meals. Where staff support was required we saw information within care records which detailed people's dietary needs, preferences, likes and dislikes. This ensured staff were provided with the information they needed to provide people with foods and drinks they enjoyed. The housing complex had a bistro where many people chose to take their meals. In some cases staff brought these meals up to people's flat for them. These were paid for on an individual basis. Where people were at nutritional risk an assessment had been completed, detailing the level of risk and what actions staff should take to reduce the risk. For example, one person had diabetes which was controlled through their diet. We saw information within this person's care records to prompt staff to encourage them to choose low sugar foods where possible. The staff we spoke with were aware of this risk and how they helped this person to manage it on a day to day basis. This showed us people's individual dietary needs and preferences were being planned for and met.

We looked at a random sample of four staff training records and found staff had access to a comprehensive programme of training. Mandatory training was provided on a number of topics such as safeguarding vulnerable adults, manual handling, health and safety, first aid and medication awareness. Additional training was provided on topics such as infection control and dementia awareness. Staff had access to a range of policy and procedure guidance about how to carry out their work. We saw a high level of compliance with the annual training programme.
We spoke with a member of staff who had recently started working for the service and they told us the induction was "excellent" and helped provide them with the skills they needed to provide safe and effective support.

We saw evidence of annual appraisals and regular supervision meetings designed to support staff and maintain a high quality of service delivery. Staff we spoke with confirmed supervision and appraisals were an appreciated feature of working at the service and an opportunity to plan for their development.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principals applied to their role and the care they provided.

People's capacity was regularly assessed as part of the care planning process. Staff had a good knowledge of the people they supported and of their capacity to make decisions. They provided clear examples of how they sought consent from people prior to carrying out any care task. The people we spoke with confirmed that staff sought their consent prior to providing support.

Good

Is the service caring?

Our findings

People told us they received a good standard of care and staff were kind, respectful and met their needs. One person told us, "The care is first class and now staffing shortages during last year have been attended to I feel much happier". Another person told us, "Whilst I would have liked to have continued living in the family home it was not possible and this place is a very good alternative. Also my family are much happier that I am safely cared for." Staff told us they felt people received a good standard of care and would recommend the service to others.

Care plans contained a range of personalised information about how people liked their care to be delivered. This showed us they had been developed in conjunction with people and their relatives. Our discussions with people who used the service and our review of daily records indicated that people consistently received care and support as outlined in their individualised care plan. The information contained within care plans also encouraged staff to help people maintain their independence. For example, one person's bathing plan detailed which areas they were able to wash themselves and which areas they needed staff support. We spoke with staff about this person and they could tell us this information. We also saw people had control over their daily routines and wherever possible staff worked to amend their schedule to meet people's changing needs. For example, on the day of our inspection one person said they were tired and wanted a "lazy morning." We saw staff altered their schedule to accommodate this and ensure this person could have a restful morning.

Staff told us that whilst they would always follow the individual plan of care for each visit they were guided by what each person wanted on a day to day basis. They said they would always ask people's views about how they would like their support to be delivered because they recognised this could change and some people were not as confident in expressing their needs as others. This flexible approach enabled people to retain control over their lives and involved them in regularly making decisions about the care and support they received.

We asked staff to tell us about specific people they supported and found their knowledge and understanding of the person was reflective of the information within the care records. Staff provided examples of how they used this information to deliver person centred care and support. During our time speaking with people we also saw staff put this information into practice through engaging people in topics of conversation which were of specific interest to the person.

We accompanied staff as they carried out some visits. We saw staff were mindful to protect people's privacy and were respectful of the person's home. During the morning of our inspection staff spoke with people to ask whether they wanted us to visit them in their flat. When we arrived at a person's flat we were asked to wait whilst staff asked the person if we could enter. Staff told us they were mindful that although people lived within the housing complex, their flat was their own private home and they therefore ensured they respected people's property and way of living. Staff showed us each person had an assessment which detailed how the person preferred staff to enter their property. We saw some people asked staff to walk straight in, others preferred staff to ring their doorbell and wait to be let in, whilst others asked staff to

knock, wait for answer and then enter. It also included practical information such as what staff should do if the person was out and a parcel was delivered. Staff told us they found this information helpful to ensure they delivered appropriate support. We saw staff followed these plans during our visits with them.

We observed staff speaking with people in a dignified and respectful manner. Staff asked for consent and gave people time to respond. People spoke positively about support workers attitudes and said they were treated with dignity and respect. We spoke with one person regarding access for their friends and relatives to visit. The person told us visiting was no different to when they had been in their previous family home. Another person told us they liked the fact staff were there for "when they needed them" but they were otherwise "able to get on with my life as I want to."

We asked people whether they were given a choice regarding the gender of the staff that supported them. On two occasions people told us that whilst they were happy with the current arrangements they did not know whether they could specify the gender of the staff that supported them. The registered manager told us this was discussed with people as part of the pre-admission assessment and people's wishes were always respected. However, they said they would consider how they could ensure this was discussed with people once support had commenced.

People were regularly asked for their feedback on staff and the quality of care provided both on an informal and formal basis such as through their six monthly care reviews and annual quality questionnaires. This ensured that the registered manager and provider could ensure staff provided people with appropriate care and support. We saw people's relatives often attended care reviews and were involved in planning people's care. However, staff were clear that whilst the involvement of relatives was important to many people, it was always the views of the person who used the service that were the most important. All of the people we spoke with and 100% of the people who completed a questionnaire told us they felt involved in making decisions about their care.

Good

Is the service responsive?

Our findings

The registered manager explained that prior to commencing support people were provided with details of the services they could offer and given time to decide whether the service was right for them. Some people chose to use other care agencies or a combination of care agencies. The registered manager was clear it was people's own choice whether they employed this service to support them with their personal care. Once people had decided the service was right for them a full pre-admission assessment was completed. This covered areas such as pre-existing medical conditions, issues affecting daily living and people's aspirations for their future. This helped to ensure staff could meet people's needs and delivered appropriate care. Care plans were then put in place and provided staff with clear instruction on the tasks they needed to complete at each visit. These contained appropriate details to ensure staff provided personalised care, such as instructions of what people could do for themselves and what they needed assistance with to promote their independence. This included the required support with personal care, moving and handling, food, and medication.

Daily job cards were produced for each shift to help ensure effective care planning and resource allocation. These provided each staff member with details of the visits they needed to make and the tasks and support people required for each visit. We looked at the job cards for the day of our inspection and found they were well organised and realistic. This system ensured staff had a current description of the care and support people needed for each visit and were also clear about what their responsibilities were for each shift. Staff were provided with internal telephones and we saw they used these to keep in touch with one another throughout the shift to share information. The staff we spoke with told us staff worked together as a team to ensure all visits were made. We saw that support was planned and delivered in a person centred way. For example, one person required support when they wanted to access their commode. The registered manager explained that rather than plan a specific time for this they were led by the person's needs. Arrangements were in place so the person pressed their buzzer to alert staff when they needed to be supported to access their commode and staff then liaised between them to ensure this support was promptly provided. This led us to conclude that although care was planned in a structured way, staff had the flexibility and support to ensure that they could respond to people's needs.

Daily records were completed and evidenced care had been provided in line with people's care plans. However, in one case records did not always reflect the care which had been provided. For example, a person had their catheter bag changed on a specific day each week. Staff explained this person often changed the day they wanted this doing. However this was not always reflected in the daily notes to evidence which day the bag had been changed. We spoke with this person and they told us they received the support they needed and were in control of making decisions about what support they received and when this was delivered. However, the records kept did not always support what was happening in practice. During our inspection the registered manager put a note in the staff communication book and had put this on the agenda for the impending team meeting to ensure this was addressed.

People told us that when a number of staff had left the service in July 2015 they had not always received consistency of care as a large number of agency staff were being used to cover the vacant posts. However,

people and staff told us this had significantly improved in the past five months and they felt they now received support from regular staff who they felt knew them well.

The records we reviewed confirmed this. We tracked the times of staff's visits for two people in February 2016. The records we saw indicated support was delivered in line with people's individual needs and preferences. The times of people's visits were consistent and people were supported by regular staff. Where there was variance in the times of visits this was explained in the daily notes. For example, in one case a person was assisted with personal care during their early evening visit. They told staff they were tired and wanted an early night. Staff therefore extended their early evening visit so they could be supported to get ready for bed. This showed us people had control over their daily routines and staff, where ever possible, would amend their schedule to respond to people's current needs and preferences. This was confirmed during our discussions with people who used the service. The people we spoke with told us support staff arrived when they should and stayed for the length of time they expected.

We looked at the provider's policy for dealing with complaints and receiving compliments. This was displayed in the entrance to the home and the registered manager explained people were provided with the policy as part of their welcome pack. Despite this, only 60% of the people we surveyed told us they knew how to make a formal complaint. This showed the provider needed to ensure people were reminded of the complaints policy and how they could access it. However, the people we spoke with and surveyed told us staff responded positively when they did make a complaint. During the past year we saw 19 complaints or adverse comments had been recorded. Of these only three were related to matters of care which reflected people's concerns during the staffing difficulties from July to September 2015. The remaining complaints were all around tenancy or maintenance issues which fall outside of the Commission's remit. However, on all occasions we saw complaints were promptly investigated and responded to.

Good

Is the service well-led?

Our findings

The registered manager assessed and monitored the quality of the service through a programme of checks and audits. This included health and safety checks, infection control assessments and audits of care plans and medicines. Each audit we reviewed had a corresponding action plan which detailed what measures would be taken to address any shortfalls in service provision and which staff member was responsible for addressing them. This enabled the registered manager to keep track of any outstanding actions. We saw evidence that audits were effective in identifying and addressing areas for improvement. For example, we looked at the outcome of the February 2016 medicines audit and found these reflected our observations. We spoke with the manager about the printed MAR sheets which we found were not accurately aligned, risking staff confusion about the correct place to record information. The audit had identified the same issue which the registered manager assured us had already been brought to the pharmacy's attention to help reduce the risk of potential errors.

We saw evidence the registered manager was proactive in identifying areas for improvement and demonstrated that they promoted a culture of continuous improvement. For example, we identified many audits were not always appropriate to an extra care housing scheme setting and were more relevant to a care home environment. For instance, a number of the questions on the infection control audit were not applicable to this location. The registered manager had identified this and had raised the issue with the provider who was looking to review their audit formats to ensure they were tailored to the individual needs of this specific service.

We saw the provider had their own programme of audits to assure the checks completed by the staff and registered manager were effective. For example, even though the registered manager completed their own monthly health and safety checks, the provider also completed their own quarterly health and safety checks and also employed an external contractor to complete an annual check of health and safety at the service. We also saw that the provider completed an annual quality standards assessment of the service. This was a full inspection of the service which was usually unannounced and was aligned to the Commission's way of inspecting. This meant all aspects of the service were reviewed, from care records to medicines management, nutrition, safeguarding and policies and procedures. During the provider inspection, feedback was also sought from people who used the service. The last quality standards assessment took place over two days in November 2015 and the service received an overall score of 91%. An action plan was in place to address areas of identified improvement and the registered manager had to demonstrate they had taken action to address these areas as part of their supervisions.

The people we spoke with all told us the service delivered either good or excellent care. They all told us they were satisfied with the service and could not think of any improvements that were needed. We saw people's views about the service were sought in a number of ways which meant people were provided with various opportunities to suggest ways the service could be improved. This included resident's meetings, registered manager's surgeries and annual quality questionnaires. We saw the results of the last quality questionnaire completed in May 2015 had been analysed by the provider and a plan had been put in place to address the issues raised. The provider had written to each person who used the service with the results and these were

also displayed in the entrance to the home for visitors to see. The feedback provided was mostly positive and most of the areas for improvement were not to do with the provision of personal care. However, the response of the provider to try and address the issues raised demonstrated their commitment to ensuring people who used the service were consulted and involved in how the service was run.

The provider conducted an annual staff survey which was last completed in January 2016. The results were collated at head office and we saw most of the feedback provided was positive. We saw the results were discussed during a staff meeting and an action plan was developed to identify the measures which were needed to make improvements. This showed us staff were consulted and involved in making improvements to the running of the service.

Staff we spoke with all said they felt well supported by the registered manager and that they enjoyed their job. They told us they were confident that if they approached them with any concerns about the quality of care or support it would be promptly addressed. From our discussions with the registered manager and staff it was clear they were all fully committed to the vision and values set by the provider and this was reflected in the culture of the organisation and their day to day work. The entire staff team demonstrated a philosophy of care which put the people who used the service first and were passionate about delivering high quality, person centred care.