

Methodist Homes The Limes

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 

Overall summary

This inspection was carried out on 22 September 2015 and was announced.

The inspection was carried out by one inspector.

'The Limes' is a domiciliary service operated by 'Methodist Homes' in a large purpose built complex that includes 'Westbury Grange' care home. The domiciliary support service provided by staff from 'The Limes' enables people to live independently in their own flats within the complex and not as residents within the separately registered and inspected care home. At the time of our inspection nine people were using the service.

Some people in the complex were receiving domiciliary support from other regulated agencies external to 'The Limes', but these agencies are subject to their own separate inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, to support the people with their needs.

Effective recruitment processes were in place and followed by the service.

People were assisted with ordering and taking their own medication.

Staff received a comprehensive induction process and on-going training. They were supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff always gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professionals when required.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People had been involved in the planning of their care and support.

People's privacy and dignity was kept at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support the person with their needs.

Staff had been recruited using a robust recruitment process.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

There was an on-site restaurant which could be used by people. Staff assisted people to prepare meals when required.

People had access to health care professionals to ensure they received appropriate care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their care and support.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Good



Is the service well-led?

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback on the service provision.

Quality monitoring systems were in place and were effective.

Good



The Limes

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 22 September 2015 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection the provider completed a 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 checked the information we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in October 2013.

During our inspection we observed how staff interacted with people who used the service.

We spoke with three people who used the service. We also spoke with the registered manager, a senior and two care staff.

We reviewed three care records, three staff files, two medication records and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People who used the service felt safe. One person said, “I am very safe here.” Another said, “I have no worries about being safe.”

Staff providing care and support had a good understanding of what constituted abuse. They were able to tell us how they would recognise it and how they would report it. One staff member said, “I would report it to the [registered] manager or duty manager immediately.” Another said, “We can always report it to the safeguarding team, there are numbers on the board.” The provider had policies in place which we reviewed.

People who used the service had risk assessments in place to enable them to be as independent as possible. They included using the bath and the temperature of the water and moving and handling. There were risk assessments also in place for the service including the environment.

The service had emergency plans in case of evacuation, these included floor plans and personal evacuation plans for each flat and each person. Within this file was also a flow chart with the procedure to follow depending on the amount of staff on duty.

Staff members we spoke with were aware of the provider’s whistleblowing policy and procedure and told us they would not hesitate to use it, feeling they would be supported by the registered manager.

Accidents and incidents were recorded and monitored. Copies of these were sent to the health and safety department of the providers head office for review and analysis. We saw records of these which were completed correctly in line with the provider’s policies.

Equipment used to assist people was suitable and serviced regularly to ensure it was safe to be used.

There were adequate numbers of trained staff to support people. One staff member explained, “We always have enough staff.” The registered manager told us she never used agency staff as most staff worked part time and would work extra hours. They also had their own team of bank staff. We saw staffing rota’s for three weeks.

We found safe recruitment practices had been followed. One staff member said, “I had to get references and provide identification etc. before I could start.” We looked at staff files and found that they contained copies of appropriate documentation. These included copies of an application form, a minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

People who were assisted with medication had a locked box in their apartment to keep their medication in. Staff kept the key in a key safe in the office. One person we spoke with told us, “I do not have to worry about my tablets, the staff see to them for me.” All medication was supplied in ‘blister packs’. We checked the medication for two people. Medication Administration Records (MAR) were printed by the pharmacist and completed by staff. There were no gaps or errors. We carried out a stock check and this was correct. There was a medication file which contained the medication policy, emergency contacts for the pharmacy and out of hour’s contacts for medical assistance and sheets where staff signed if they accepted any delivery of medication on behalf of anyone who used the service.

Is the service effective?

Our findings

People who used the service told us staff were well trained. One person said, “They know exactly what they are doing.”

Staff members we spoke with told us they had attended a variety of training. They said, “We do a lot of training to make sure we know what we are doing.” The registered manager told us the provider had a large amount of training to choose from, she was able to request any amount for the staff. Copies of certificates were in staff files. Training included; medication, fire safety, infection control and nutrition. Some of the staff had completed a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) at levels two or three. The registered manager was enrolled on the level 5 Diploma. We reviewed the training matrix which showed completed and planned training for the year ahead. This was to ensure all staff received up to date training in a timely manner.

Staff told us they received regular supervision and support from the registered manager. One staff member said, “She is very supportive.” Another said, “We have supervisions regularly, but we can speak with [registered manager] any time.” Copies of supervision records and annual appraisals were in staff files. A supervision matrix was on the notice board with dates of planned supervisions and appraisals for the whole year. The registered manager told us they received support from the provider.

The registered manager and staff showed a good understanding of consent and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). They

were able to explain what it meant and how they would progress if they thought anyone was being deprived of their liberty. At the time of our inspection no one at the service was being deprived of their liberty.

People who used the service told us that staff asked consent each time they visited. One person told us, “They always ask how I want things done.” We observed staff and the registered manager knocking on people’s flat doors and waiting for them to be let in. We also heard other people being asked for consent for a variety of things, for example if they were ready for lunch and for the person who used the service to speak with us.

People who used the service told us that the complex had a bistro where they could go for lunch if they wished, and that it operated every day. They told us the meals were very good. Some people were able to go out and do their own shopping, others told us family did it for them and staff assisted with the cooking of meals. The registered manager told us that the complex restaurant had just been awarded five stars from the local authority food hygiene rating scheme. We saw documentation to support this. The registered manager told us that if they had concerns about anyone with regards to nutrition they would contact specialist support.

People we spoke with told us that they called the doctor and went to appointments themselves, but the registered manager or senior would call the doctor if they were poorly. The registered manager told us that they would make sure people had access to healthcare professional if required.

Is the service caring?

Our findings

People told us that staff were very kind. Many people made comments regarding the kind and caring approach of the staff. One person said, “They [the staff] are wonderful.” Another said, “I can’t think of anything that is better than here.”

Staff were able to tell us about the people they supported. They were able to discuss how individuals were cared for and their differences. It was obvious from our conversations that they knew the people well and had a good rapport with them. We observed positive interactions between staff, the registered manager and people who used the service. Staff were seen talking with people about things of interest to them.

People told us they had been involved in the planning of their care. One person said, “Staff talk with me about the help I need and it gets written down.” Care plans we reviewed showed full involvement of the person and relative if appropriate.

The registered manager told us that people were supported to express their views, along with their family or representatives, and they could speak to staff or the manager at any time. People we spoke with confirmed this and this was observed during the inspection.

The registered manager told us that they did not have anyone who used an advocacy service as all the people who used the service had relatives who supported them, however, she was aware of them and knew how to access an advocate if one was required.

People told us they were treated with privacy and respect by the staff. One person said, “Even when helping with personal things, they keep my dignity and I do what I can.” This showed dignity and respect, but was also assisting with keeping people’s independence. We observed staff treating people with respect. We observed staff and the registered manager knocking on doors or ringing door bells, and asking if we could speak with them and look at their care plans.

The registered manager told us that staff were provided with training on how to promote people’s privacy and dignity and their practices were regularly observed to ensure this was being carried out effectively.

Is the service responsive?

Our findings

People who used the service told us they had been involved in their care plan if they had wanted to be. There was evidence in the care plans we looked at that people or/ and their relatives had been involved.

Staff told us they knew the people they provided care for, but used the written care plan to confirm there had been no changes to their assessed care and to keep up to date.

Care plans we looked at were comprehensive and were written in a person centred way. They included; pre assessment paper work, risk assessments, and a full up to date plan of care. These had been reviewed regularly. We noted that through a review one person's care hours had been increased, this involved meeting with the person and their relatives as well as care staff and the registered manager. Staff kept daily notes for each person which were added to the main care plan. It was obvious from the documentation that the people had been involved and had signed their care plan.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected.

The registered manager explained that the complex had a residents committee. They organise a lot of activities for themselves. One person told us, "There is plenty going on if

you want to join in." Another told us how useful it was having the shop to enable them to purchase extras. On the notice board was advertised; a choir, a knit and natter group, bible fellowship, games night and cinema evening. The complex has an internal bowls green, a large garden chess set and full sized table tennis table. The registered manager explained the committee had arranged for an external person to carry out an exercise group. On the day of our inspection a computer lesson was being held. Within the complex was a beauty salon where a hairdresser and manicurist worked, and a shop carrying a range of groceries and provisions.

There was a complaints procedure in place. People we spoke with knew how to complain if required. Few complaints had been received but they had been responded to following the procedure and both parties satisfied with the outcome.

The registered manager told us that annual surveys were used to ensure people who used the service were given an opportunity to give feedback. We saw the results from last year which were mostly positive. Where there had been a negative comment, we saw action had been taken to resolve it. Staff were also invited to complete an annual survey. The registered manager explained that this was carried out by an independent company and results sent to the organisation. This year's survey had recently been sent.

Is the service well-led?

Our findings

People who used the service told us they saw the registered manager on a regular basis and could speak with them at any time. The staff members told us that they had been included in many decisions regarding the service. They said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. They also said they could contact them and ask for a meeting if they wanted and they would meet with them as soon as possible. They also had contact numbers for more senior staff within the organisation.

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information. The people who used the service told us they knew who the registered manager was and saw her regularly. It was obvious that the registered manager knew the people who used the service, for example, as we were walking around the complex, people were stopping and chatting and the registered manager was asking appropriate questions and people were relaxed in conversation.

Staff meetings were held on a regular basis. Staff members told us they were well attended and gave them an opportunity to discuss anything. There were also residents

meetings held. We saw minutes which confirmed suggestions were taken forward and acted on. There had also been regular residents meetings. Suggestions had been acted on.

The registered manager told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident report records were seen. They had been completed in accordance with the provider's procedure.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. This included; audits of care plans and medication. The maintenance person carried out checks of the emergency systems, lighting and alarms and call system. All of the checks were carried out following a time table, some were weekly others monthly or quarterly. We saw records to confirm this. The provider carried out regular quality audits of the service. Records of these were available, which included action plans where required.