

# Methodist Homes Southcroft

## Inspection report

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Date of inspection visit:  
13 October 2020  
14 October 2020  
15 October 2020

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27 October 2020

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Southcroft is a specialist 'extra care' housing scheme. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Southcroft comprises 37 one bedroom apartments, seven of which are for couples. Southcroft was built within the grounds of Psalter lane Methodist Church. At the time of the inspection the service was providing personal care to 14 adults living at the scheme.

### People's experience of using this service

At the last inspection we found staff had not received regular supervisions and did not feel well supported. We also found we had not always been notified of significant events in line with the Health and Social Care Act 2008. At this inspection we found improvements had been made. Staff told us they were well supported and received regular supervision. The registered manager has submitted notifications in line with the act.

At this inspection we found the service was consistently managed and well-led. The service promoted high-quality, person-centred care. People and relatives spoken with made positive comments about the quality of care provided and the staff. Comments included, "If [family member] needs help, she just pulls the cord and the staff are there. They are brilliant," "The manager is a breath of fresh air. She is a lovely outstanding person" and "The staff are all good, but there are some special ones."

Support was provided by the same core group of staff, which promoted good continuity of care. Staff were recruited safely, and appropriate checks were carried out to protect people from the risk of being supported by unsuitable staff. Systems were in place to safeguard people from abuse. Medicines were managed safely at the service. Staff had received infection control training and COVID- 19 training.

People were consulted and listened to about their care and support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. There was oversight of people at risk of malnutrition or dehydration. People were supported to maintain good health and have access to health and social care services as required.

There were effective systems in place to monitor and improve the quality of the service provided. The service actively engaged and sought the views of people, their relatives and staff to improve service delivery.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 May 2019). At this inspection we found improvements had been made.

### Why we inspected

We undertook this focused inspection to check the service had improved. This report only covers our findings in relation to the key questions, safe, effective and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southcroft on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Southcroft

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (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 short notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 October 2020 and ended on 15 October 2020. We visited the service on the 15 October 2020.

#### What we did before the inspection

We reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered

provider is legally required to send us about significant events that happen within the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During this inspection

We spoke with five people and three relatives by telephone about their experience of the support provided. We spoke with the registered manager, a senior support worker and administrator at the service. Two care staff also provided feedback by email. We looked at four people's care plans and two staff files. We also reviewed other records relating to the management of the service, such as accident and incident records.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- We reviewed four people's risk assessments. We found the risk assessments were relevant to the individual and promoted their safety and independence.
- Risk assessments were regularly reviewed or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.

### Staffing and recruitment

- People told us staff responded to any calls they made in a timely way and they had not experienced any missed calls. One relative said, "If mum needs help, she just pulls the cord and the staff are there. They are brilliant." One person said, "I've got a buzzer to ring and someone [staff] will come up to see if I need help."
- There were enough staff deployed to ensure people's needs were met. Support was provided by the same core group of staff, which promoted good continuity of care. A well-being officer was also available during the day and night to offer reassurance to people.
- Staff were recruited safely, and appropriate checks were carried out to protect people from the risk of being supported by unsuitable staff.

### Using medicines safely

- Medicines were managed safely at the service. People told us they received their medicines on time.
- Staff were trained in the safe management of medicines and their competency was checked.
- People's medication records were regularly checked by the registered manager.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. People spoken with did not express any concerns about their safety. Relatives spoken with felt their family member was safe.
- Staff had been trained in their responsibilities for safeguarding adults. So, they knew what action to take if they witnessed or suspected abuse.
- The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. These were reviewed by senior managers within the organisation. This meant the provider had an overview of what was happening at the service. So, lessons could be learnt when things go wrong.

### Preventing and controlling infection

- Staff had received infection control training and COVID- 19 training. The service had a good supply of Personal Protective Equipment (PPE). Staff were using PPE in line with the current national guidance to help keep people and staff safe from COVID- 19.
- People and relatives did not raise any concerns about infection control. Relatives comments included, "The place is spotless and they even disinfect [family member]'s newspaper" and "I feel they [staff] are doing the utmost best for the residents, which is keeping them safe and free from COVID. I feel confident that [family members] are safe."



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection we found staff had not received regular supervision in line with the provider's own policy and procedure. Staff told us they would like more support. At this inspection we found improvements had been made. Staff told us they received regular supervision and felt well supported. They told us the registered manager was very supportive.
- Staff received the training they required to meet people's needs. For example, moving and handling and health and safety.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.

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

- People's physical, mental and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- People and relatives spoken with were satisfied with the quality of support and care provided. They also made positive comments about the staff. Comments included, "The staff are all good, but there are some special ones," "Only saying what my [family member] says, she says it's the best place she can be at the moment, the standard [care] is good" and "If they [staff] think she's [family member] not quite right we get a phone call, we feel we [family] are supported as much as they are."

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

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. There was oversight of people at risk of malnutrition or dehydration.
- Southcroft had a kitchen and dining area called, 'The Bistro'. At the time of the inspection 'The Bistro' was not open, but people could still purchase a meal to be delivered to their apartment.
- Some people told us they were looking forward to when 'The Bistro' would reopen as they enjoyed meeting other people.

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

- People were supported to attend appointments or contact healthcare professionals when required.
- Details of people's key healthcare contacts were recorded in their care plan such as their GP and optician.

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 with appropriate legal authority. 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.

- The service was working within the principles of the MCA. Staff had received MCA training. The registered manager was aware of their legal responsibilities under the MCA.
- People told us they were fully consulted in all aspects of their care and their choices were respected. This was reflected in the feedback received from relatives.
- People's care plans held signed consent forms.

# 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.

Planning and promoting person-centred, high-quality care and support with openness; 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

- At the last inspection we found the systems in place to ensure the registered manager was submitting notifications in line with the Health and Social Care Act 2008 required improvement. At this inspection we found improvements had been made. The registered manager had submitted notifications in line with the Health and Social Care Act 2008.
- The registered manager promoted an ethos of honesty. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection we found the systems in place to ensure staff received regular supervision and annual appraisal required improvement. At this inspection we found improvements had been made. Staff told us they received regular supervisions and annual appraisal.
- People's care plans and medication records were regularly checked by the registered manager to identify where improvements could be made.
- People and their relatives knew who the registered manager was and knew they could ask to speak with them if they had any concerns.

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

- The service was consistently managed and well-led. The registered manager and staff promoted high-quality, person-centred care. Staff spoken with were proud to work for the service.
- People and relatives told us the service was well run. One relative said, "The manager is a breath of fresh air. She is a lovely outstanding person."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives spoken with told us their family member was fully consulted in all aspects of their care and their choices were respected. There was a 'Suggestion and Feedback' box in the reception area, which was emptied monthly and any issues were discussed in communications with people living at the service.

- Since the beginning the pandemic the service had been sending newsletters and information relating to COVID-19 to people and relatives. We shared feedback from one relative on how communications relating to COVID-19 could be improved.
- There were regular staff team meetings which included an action plan for staff to complete. Staff told us the registered manager was very approachable and fully considered their views and feedback.

#### Working in partnership with others

- Staff worked in partnership with other health and social care professionals to discuss changes and updates to people's care and support needs.
- The service had developed community links with local churches and schools.