

Methodist Homes

Archers Court

Inspection report

Elmside Walk
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Archers Court provides care to people living in specialist 'extra care' housing. Archers Court comprises a mixture of one or two bedroom apartments in a shared site or building for single or couple habitation. The accommodation is leasehold and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. 2 people received the regulated activity of personal care at the time of this inspection.

- People who used the service told us they felt safe. One person said, "I feel very safe, very safe indeed."
- Risks to people's safety and welfare were regularly assessed, reviewed and safely managed.
- Staff knew how to keep people safe from harm, and when to raise concerns they may have. People's medicines were safely managed and given to them when they needed them.
- People were cared for by enough staff who met people's needs safely. Staff were employed following robust procedures to ensure they were appropriate for the role they were employed for.
- Staff received appropriate training, they felt supported in their role and could discuss their ongoing development.
- People received care from staff in a dignified and sensitive manner. People told us how staff were kind and caring and treated them with kindness and respect.
- People were supported to have choice and control of the care and support they received. We saw examples of how people were supported to retain and increase their independence.
- People were supported to engage in social activities that met their interests.
- Complaints received were managed well.
- There was a registered manager in post however they were not available at this inspection. The deputy manager was managing the service at the time of this inspection. Systems were in place to monitor the quality of care provided to people.

Rating at last inspection:

At the last inspection on 18 February 2016 the service was rated as 'Good.' The report was published on 19 July 2016. The service has remained rated Good in all areas and Good overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at 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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Effective.

Details are in our Effective findings below.

Is the service well-led?

Good ●

The service remained Well Led.

Details are in our Well Findings below.

Archers Court

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.

Service and service type:

This service is an extra care service. It provides personal care to older people living in their own flats within a supported housing complex.

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. However, the service was being managed by the Deputy Manager since 01 February 2019. This was because the registered manager had been placed on long term absence by the provider.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit. This was because the service was small and the manager is often out of the office. We needed to be sure they would be in and people would be available for us to talk with.

What we did:

- We reviewed information we had received since the service registered. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.
- We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make.

- We sought feedback from the local authority commissioning and safeguarding teams.
- We spoke with one of the two people who used the service. We spoke with two staff, the deputy manager and the area manager. We also spoke with a visiting health professional.
- We looked at two people's care records and files relating to the management of the service including recruitment, training and records relating to the governance and quality management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe, very safe indeed."
- Staff knew how to keep people safe from harm and identify when people may be at risk. Staff had received training and could tell us what they would do if they thought someone was at risk.
- Staff were aware of whistleblowing and knew who to report any concerns to including CQC or the local authority safeguarding team directly.
- Records showed that incidents were reported appropriately and investigated and where necessary, appropriate action taken.
- There had been no safeguarding concerns raised within the service for the previous twelve months.

Learning lessons when things go wrong

- The deputy manager told us incidents were discussed in staff meetings as a learning exercise. They were able to demonstrate where they had discussed a particular person's changing needs, which resulted in referrals to health professionals for a review.
- Staff confirmed they reviewed incidents daily through handover. They discussed and agreed various approaches to manage particular incidents.
- Minutes of meetings confirmed that the culture of the service was to openly discuss incidents and learn how to reduce the likelihood of recurrence.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were identified and assessed as people's needs changed. Records showed these were in areas such as, skin integrity, nutrition, falls, and moving and handling. One person confirmed they were involved in discussing these risks. "I had a fall a little while ago, but [Deputy manager] came to see me and we talked about it, now I feel better about walking about now."
- Accidents and incidents were recorded and analysed. The deputy manager was able to demonstrate where they used themes and trends emerging to identify where they may need to review people's care.
- People used a telephone system and pendant alarm to request support from staff. The pendant enabled them to get help in an emergency. People were aware of how to use these systems.

Staffing and recruitment

- Staff were recruited following robust procedures and appropriate checks were carried out to ensure staff were suitable for the role they were employed for.
- People told us there were enough staff available to meet their needs safely. One person said, "There are always staff to help, they will even sit with me in the afternoon when I have a nap in case I wake up in a panic."

- Assessments of people's care needs were carried out and the deputy manager staffed the service according to those hours. We saw when people summoned assistance staff promptly responded. Care was carried out in an unhurried manner and staff confirmed they were given enough time to properly support people. One staff member said, "Nobody waits, we can answer straight away. We can provide care at the times they want and be able to do all the other bits as well, we can do extra bits like shopping or escort them on trips."

Using medicines safely

- People told us they received their medicines on time and records confirmed this.
- Medication administration records [MAR] were completed when medicines were given to people, and daily stock checks were completed. Physical stocks tallied with the stock records meaning people had received their medicines as prescribed.
- Staff were trained appropriately, and regular competency assessments were completed by the management team.
- Staff supported people with regular medicine reviews with the GP. When amendments were made to people's medicines these were actioned by staff.

Preventing and controlling infection

- Appropriate measures were in place to protect people from the risk of infection.
- Staff had access to personal protective equipment.
- Regular checks were completed to ensure people lived in a clean environment and that personal care was delivered in line with best practise.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Initial assessments to the service included where necessary health professionals alongside people and their relatives. People's needs were assessed prior to agreeing a care package.
- Assessments of people's needs were completed, and care plans developed before care was provided. Assessments were reviewed regularly and followed guidance from health professionals to ensure care was delivered in line with best practise.

Staff support: induction, training, skills and experience

- People were supported by staff who received a comprehensive inductions and regular ongoing training in key areas. Training completed included safeguarding, moving and handling, values, food hygiene and skin care.
- People told us they thought staff were trained to support them effectively. One person said, "They [Staff] are all very, very good. Nothing is too much trouble, they are comfortable with whatever they need to do for me."
- Staff told us they felt supported by the deputy manager. Staff provided examples where they had sought support and advice and said they received regular supervisions. Staff said they knew the deputy managers door was always open and felt confident in seeking guidance from them. One member of staff said, "[Deputy manager] has done a really good job, they stepped in as the manager and I think everyone sees them as the manager. [They] are very approachable, is out and about with the residents, we know they has an open-door policy. I feel supported, if there is training we need they offer it, if we need time off, [they] will cover it."

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.
- Staff had received training in relation to consent and demonstrated a good understanding of capacity and consent issues.
- None of the people using the service were considered to lack capacity at the time of our inspection.
- People had signed their consent to care being delivered and for their information to be shared with people they authorised.

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

- Staff prompted people to meet their nutritional and fluid intake needs as needed. One person was prescribed supplementary milkshakes to promote their weight gain, and staff actively encouraged them to eat a balanced meal in addition to this.
- Staff supported people to live healthier lives through exercise and a balanced diet, but also respected people's choices when deciding what to eat and drink.

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 access healthcare professionals appropriately and in a timely manner. We saw staff were quick to call the GP when a person reported they felt unwell.
- People told us they could see any health professional they wanted, and staff readily organised this. Records showed GP's, district nurses, dietician, chiropodists and mental health teams had been involved in supporting people alongside others.
- Staff reviewed people with healthcare professionals and actions or instructions were documented and people's care records updated.
- One health professional told us, "Staff are quick to ask for us to come, everything is ready with all the information to hand and they follow instructions carefully."

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- One person told us they were happy with the care they received. They said, "All the staff are my friends, none more than any others. They are all very caring and kind and treat me very nicely indeed."
- All the staff we spoke with spoke about people in a compassionate and caring manner.
- Staff clearly knew people well and were friendly, caring and respectful. Staff were aware of people's cultural or religious needs and how to meet these.
- We heard staff talking to people and saw they were patient, talking to them in a low voice and showing a genuine concern for their wellbeing. Staff encouraged people to manage what they could telling us they only intervened in a minimal way to help protect people's dignity.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity and understood the importance of this. Staff told us they always explained what they were doing and encouraged people to do as much as they could for themselves. The person we spoke with confirmed this and told us they had never felt uncomfortable or in a compromising situation.
- People's independence formed part of the initial assessment and ongoing reviews. We saw that staff encouraged people to manage as much of their care as they could. For example, one person was encouraged to manage their own medicines. Staff told us it was important for this person to remain independent and provided further examples where they supported them with this.
- Documents were locked away and computers were password-protected, to prevent unauthorised access to personal information.

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

- People and their relatives where appropriate were asked for their views and supported to make decisions about the care and support they received.
- People were encouraged to make decisions about their care based upon staff presenting them with the full range of options. One person said, "They ask me so many times what I want, can they do things different, yes they keep me very involved."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had been involved in the development of their care plans. One said, "My care plan, yes I have one. It tells [staff] how to look after me, like an instruction book."
- Staff were aware of how to support people to meet their preferences and care records demonstrated this. One person's morning routine clearly instructed staff to gently wake them, tell them the time, then leave them for a period of time to rise gently. Staff were instructed to then go back as they may have drifted back to sleep, or may require assistance getting dressed.
- Both care records clearly recorded people's life histories, preferences, interests and important relationships. The person we spoke with confirmed the care they received met these areas.
- Care staff worked closely with well-being staff from the housing association, who owned the building, to enable people to access activities and to socialise. People attended events such as coffee mornings, suppers, day trips, exercise classes and knitting to support people to avoid isolation. One person told us they enjoyed socialising where they could and that having people around them meant they did not feel lonely.

End of life care and support:

- At the time of our inspection no one using the service required end of life support.
- End of life training was available for staff through external training providers if required.

Improving care quality in response to complaints or concerns

- Where concerns had been raised these had been managed well. Two complaints had been raised in the last twelve months due to changes within the management team. The complaint had been escalated to the provider who provided both explanation and reassurance regarding ongoing stable management of the service.
- The person we spoke with told us they would raise any concerns with staff or deputy manager. Complaints were monitored by the provider to ensure they were effectively investigated and responded to.
- The deputy manager held a monthly residents committee meeting where concerns or complaints could be raised. Actions arising were documented and feedback provided at the following meeting. We saw the deputy manager was responsive to addressing any issues raised.

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

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; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post. However, they were on long term absence since February 2019. Leadership and support was provided by the deputy manager, supported by other local managers and the provider. We found the management team open and they demonstrated a commitment to making a genuine difference to the lives of people using the service.
- People and staff told us the deputy manager was supportive, visible, approachable and open. One person said, "[Deputy manager] started as a poppet, they have worked their way to the top." They went on to say, "[Deputy manager] is very good I would say, they look after us and the staff and we couldn't ask for better."
- Quality assurance systems were in place to monitor the quality and safety of the service. These included checks of documentation and medication, observations of staff practise and audits of incidents, staffing and training. These were then reviewed by the provider regularly.

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

- There was an open and transparent culture in the service. Staff told us they received good levels of support from the deputy manager.
- The deputy manager understood the regulatory requirements. CQC had been informed of the only notifiable event as required
- The deputy manager and staff were clear about their roles and responsibilities and all demonstrated the same commitment to providing high quality, safe care and support.

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

- Staff meetings were held which staff told us they found useful and said they were encouraged to express their opinions and ideas. Minutes of staff meetings showed how information was shared. One staff member said, "[Deputy manager] tells us what is going on with the company. We put forward ideas, talk about the residents."
- A committee meeting was in place with people taking on the role of chair, secretary etc. In addition to discussing matters relating to the building the committee was able to hold to account the management team. Issues relevant to the running of the service were discussed, and actions arising were reviewed at later meetings.
- Staff had undergone a period of instability of management since the departure of the previous registered manager. However, they were very positive about the support provided by the deputy manager and felt

supported by them.

- People's views about using the service had been sought regularly, and a survey to capture staff views was shortly going to be completed. We were told that the results would be reviewed and where improvements were required these would be implemented.

Continuous learning and improving care

- The deputy manager was beginning a manager's training and development program. They also communicated with managers from similar services to share information, best practice and to learn from each other's experiences.

Working in partnership with others

- The service worked in partnership with other organisations to help promote quality within the service.