

Methodist Homes

Aurelia Branch

Inspection report

Aldersgate
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Warwickshire
CV11 5TR

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10 June 2019
11 June 2019

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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:

Aurelia Branch is a purpose-built "housing with care scheme" and is registered to provide personal care to people in their own homes. Aldersgate consists of 34 flats across two floors, a passenger lift provides easy access to the ground floor communal lounge and bistro-style dining restaurant. There is also a communal garden. Care and support was provided to people, in their own flats, by care workers at pre-arranged times. People have access to call bells for care workers to respond whenever help is required. At the time of our inspection visit, 11 people were supported with personal care.

People's experience of using this service:

People felt safe living within the housing scheme flats because a member of staff was always on call if needed. People felt well supported by kind, caring and considerate staff. Staff supported people to maintain their independence, such as making their own decisions and doing the things they wanted to do.

People were funded by the local authority, or self-funded packages of care to meet their support needs. People told us staff always arrived at the agreed times to undertake agreed tasks, such as support with washing and dressing. Risks were assessed, and staff respected people's choices in positive risk taking. People could choose to contribute to a 'social fund' and this funded group activities. People were involved in pursuing personal interests and hobbies.

Staff's focus and attention to detail was evident. Staff knew people well, and how they liked to be supported.

There were enough staff to undertake the agreed care calls to people. A 'wellbeing' staff member was available at night time to respond to people's call bells.

Records supported safe care and risk management. People were involved in the planning and review of their care. Care plans contained detailed information for staff about the tasks to be undertaken during care calls. Personalised information was included, such as dietary information.

People received their medicines safely from trained and competent staff. Regular checks and safe medicines management ensured any errors were kept to a minimum. Lessons were learned to reduce risks of reoccurrence when an incident had occurred.

Staff received training and understood their own and other roles and responsibilities, such as safeguarding people from poor practice. Staff understood the importance of gaining consent from people and worked within the principles of the Mental Capacity Act 2005.

Quality assurance systems were effective. Team leaders undertook health and safety, infection control and fire safety checks and the registered manager had oversight of these to ensure they were regularly

completed.

Rating at last inspection: The service was given a rating of Good. (The last report was published on 27 July 2016).

Why we inspected: This was a planned inspection based on the rating of the last inspection. We found the service met the characteristics of a "Good" rating in five areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

Aurelia Branch

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team: One inspector carried out this inspection. The inspector had a telephone conversation with the registered manager on 10 June 2019, so they could arrange for staff to be available to speak with us the following day. On 11 June 2019 we undertook our inspection visit at Aldersgate.

Service and service type: Aurelia branch is a purpose-built "housing with care scheme" that is registered to provide personal care to people in their own homes. There are 34 flats and CQC regulates the personal care provided to people.

The service did have a manager registered with the Care Quality Commission (CQC). A registered manager, as well as the owner and provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection visit was announced. We gave the provider 48 hours' notice because they provide care and support to people in their own home. We needed to be sure staff would be available to speak with us and let people know of our arrival.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We also sought feedback from the local authority and professionals who work with the service. We assessed the 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 improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit we spoke with eight people. We spent time with people in the communal lounge and observed staff interactions with people. We visited two people in their own flats with a staff member. We

spoke with two care staff, two team leaders, the administrator and the registered manager.

We reviewed a range of records. This included three people's care records, and one person's medication records. We also looked at records relating to the management of the service. These included systems for managing complaints, staff training, 'resident' meeting minutes and staff meeting minutes. We also looked at the provider's checks on the quality of care provided that assured them they delivered a safe and quality service.

Is the service safe?

Our findings

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

Good: People were safe and protected from risks of avoidable harm. Regulations were met.

Assessing risk, safety monitoring and management;

- People's needs had been assessed to identify any risks to their health and wellbeing. Staff knew people well and how to safely meet their care needs.
- One person told us, "I had a fall during the night time recently and when I pressed my call bell, the staff came to me and phoned for an ambulance. I feel safe here because staff are about." Staff had taken actions to minimise this person's risks of further falls. For example, referrals had been made to healthcare professionals to obtain specialist support.
- Environmental and health and safety checks were completed. Staff had completed fire training, and they understood the importance of supporting people, in the event of an emergency, to a safe area.
- People had Personal Emergency Evacuation Plans (PEEPS). However, the list staff told us they would share with the emergency services was not correct. For example, listed a person who had since moved out of their flat. We discussed the implications of this with the registered manager and immediate action was taken to update the PEEPS list.

Preventing and controlling infection:

- Staff were trained in infection prevention and used Personal Protective Equipment (PPE) such as plastic aprons and gloves when carrying out personal care.
- Communal areas of the service were clean and odour free. One person told us, "I do my own housework in my flat to keep it clean, and the staff do the lounge, dining room and corridors, they are always clean and tidy."

Using medicines safely:

- Most people managed their own medicines. However, staff were trained to safely administer medicines for when this task was included in people's individual package of care. We looked at one person's medicine administration record and found staff had completed this as required.
- Where staff ordered and managed people's medicines for them, these were stored securely.

Learning lessons when things go wrong:

- The registered manager informed us learning had taken place from a medication incident. A medicine communication book had been implemented which ensured communication between staff about people's medicines.

Staffing and recruitment:

- Staffing levels met people's needs in accordance with people's agreed care calls. Other staff and on call arrangements were in place, should additional support be required.

- The provider's system for recruiting staff ensured staff's suitability to work there. We looked at two recruitment records for two new members and each reflected pre-employment checks had been completed before staff started work at the service.

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

- Staff were trained and knew about different types of abuse. They knew how to protect people from abuse and poor practice and were confident to raise any concerns with the registered manager or the provider. One staff member said, "I would report it straightaway" and added that if no action was taken, "I would go outside the company and whistle-blow to CQC."
- The registered manager understood their responsibilities in reporting specific incidents to us and the local authority.

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

Good: People's outcomes were consistently good and people's feedback confirmed this. Regulations were met.

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

- People had pre-admission assessments completed before they moved into a flat within Aldersgate, so the registered manager could be assured they could meet their needs.
- Pre-admission assessments were used to create more detailed plans of care, which people and their relatives were involved in and their agreement sought. For example, the times care calls took place and what tasks were included in their package of care and support.
- People's diversity was explored with them to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). For example, people confirmed their views on wide ranging subjects were supported and social opportunities were developed in line with their personal interests and goals.

Staff support: induction, training, skills and experience:

- New staff received an induction which included training and working alongside more experienced staff until they had been assessed as being competent to work alone.
- Staff had regular opportunities to meet with their manager and discuss their training and development needs.
- The training plan recorded staff training so the provider knew when refresher updates were due. Staff felt their training met their needs and told us they had the skills needed for their job role.

Supporting people to eat and drink enough with choice in a balanced diet:

- Some people met their own dietary needs. One person told us, "My family help get my shopping, I have a kitchen in my flat and can get what I want." Another person said, "Staff get my breakfast for me, they know what I like. They also make me a sandwich for teatime. At lunchtimes, staff always come to my flat to support me to the bistro (dining restaurant) and I have a hot lunch with my friends here."
- Where people were not able to meet their own dietary needs, staff understood the importance of ensuring food and drink was accessible to people.

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

- People had the option to request additional support from staff when attending healthcare appointments, such as hospital visits. Where people agreed for staff support, staff made referrals in a timely way, for example to GP's, occupational therapists and other supporting services.
- Staff monitored people's health care needs and informed relatives, each other, management and health professionals if there was any changes.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff followed the principles of the MCA. People had capacity to make their own decisions. Where people were supported with personal care, staff explained to the person what was about to happen before any intervention. We saw staff sought consent, for example, asking the person if they wished to be supported to their flat after lunchtime or spend time in the communal lounge.
- People had no restrictions on their freedoms or liberties. Staff respected decisions people made.

Adapting service, design, decoration to meet people's needs:

- Aldersgate was a purpose-built "housing with care" scheme offering 34 self-contained flats. Spacious communal areas enabled people to meet in the lounge or use the bistro dining.
- There was a pleasant garden, and people told us they enjoyed using this in good weather. One person pointed out raised flower beds and told us, "I like to get involved in keeping the garden nice."

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

Good: People were well-supported, cared for and treated with dignity and respect. Regulations were met.

Ensuring people are well treated and supported; equality and diversity

- Caring interactions took place between people and staff at the service, and people were respected. Staff acknowledged and engaged with people throughout the day.
- People made positive comments to us about how caring they found the staff. One person said, "I am happy living here, the staff help me during the care calls I have, they are always kind to me."
- Staff used touch as well as their voice to provide reassurance and encouragement to people.
- Staff were observant of people's needs. When one person was about to stand up from the dining table, a staff member saw their walking frame was not within their reach, so assisted the person so they could safely reach it.

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

- People told us they made up their own minds about what they did and where they spent their time. One person told us, "I prefer to stay in my flat, staff come and ask how they can support me, I never feel pressured to go to the (communal) lounge." Another person told us, "I like some company so come and chat with others in the lounge and have lunch together in the bistro."
- People felt involved in planning their care and support.
- People told us they took part in 'resident meetings' and could express their views in these, which were listened to and acted on by the staff team and registered manager.

Respecting and promoting people's privacy, dignity and independence:

- One person told us, "We have a communal laundry, I'm off to do my laundry this afternoon. If I get stuck working the washing machine or dryer, staff will remind me what to do."
- Staff supported people to maintain their appearance which promoted their dignity. For example, where staff supported people with personal care, they encouraged people to do as much for themselves as possible.
- Staff used language that was respectful toward people and showed they were valued.
- Staff knocked on people's flat front doors which respected their right to privacy.
- When a person's photograph was used by staff, for example, on their care plan so staff could easily identify them, not only was the person's consent sought, but the person decided which photograph of themselves were used. Staff told us this was important as it demonstrated respect and value toward people.

Is the service responsive?

Our findings

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

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

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

- People's care was personalised. Staff knew people well and how to meet their individual needs.
- Care plans provided sufficient detail to enable staff to safely meet people's needs. For example, they gave details of the tasks needed to be carried out during care calls.
- People's pastoral care needs were met. One person told us, "We have a new Chaplain and they visit once a fortnight when we have a church service in the lounge for anyone who wants to attend." Another person told us, "We have a Communion service once a month, but people can go out to local churches if they wish to as well."
- Activities took place to reduce risks of social isolation and were funded by a 'social fund' which people could choose to contribute to, if they wished to. People were very happy with the group activities that took place. One person showed us some pottery they had made and said, "The next session will be painting our creations."
- There was a stock of reading books and games in the communal lounge for people to use. One person told us, "I like to read in the lounge." Another person said, "In the afternoons, I go to my flat and do my knitting, crosswords and puzzles, I have plenty to do here."

Improving care quality in response to complaints or concerns:

- People had no complaints about the services they received. They felt staff and the registered manager were approachable, and should they need to raise concerns these would be addressed and resolved.
- The provider's complaints policy was on display.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Regulations were met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- People told us they were happy living at Aldersgate and said they got on well with everyone.
- There was a positive culture, where staff put people at the centre of the service. Staff felt proud of the care they provided
- Staff felt well supported by one another and by the registered manager. One staff member told us, "We work very well as a team here, it's a small staff team so we are mutually supportive of one another."
- Good governance was embedded into the running of the service with the provider having oversight of information shared with them. There was a framework of checks and audits to monitor the safety and quality of the service provided. Regular audits were completed by team leaders and the registered manager had oversight of these.
- However, effective communication between staff and the registered manager needed to be embedded. For example, during our inspection visit, the registered manager found a medication error report, dated April 2019, which staff had not previously brought to their attention. The registered manager assured us an investigation would be undertaken and actions taken to reduce risks of reoccurrence.

Working in partnership with others;

- Staff worked proactively with people's relatives and healthcare professionals when people living at the service wished for them to act on their behalf.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff had regular staff meetings, handovers and supervision and felt these helped them reflect on their practices and provide good care.
- The registered manager used previous mistakes as a way to learn and make improvement. For example, they had re-introduced a log book for staff to use about people's medicines, to ensure clear communication took place.
- The provider had not offered opportunities to people and their relatives to give feedback during 2018 or 2019. The registered manager explained this was due to senior managerial changes and a feedback survey was planned for Autumn 2019. However, people told us they could give feedback to staff at Aldersgate at any time and this was acted on.
- The rating from the provider's last inspection was displayed, as required, in the entrance area of the service.

