

Methodist Homes Southcroft

Inspection report

33 Psalter Lane
Sheffield
South Yorkshire
S11 8YL






Date of inspection visit:
11 April 2019
12 April 2019

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28 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Southcroft is a specialist 'extra care' housing scheme that was providing personal care to 16 adults at the time of the inspection.

People's experience of using this service:

People spoke positively about the staff. One person told us, "This is a wonderful place, all the staff are lovely. I feel lucky to live here."

Staff did not receive regular supervisions and yearly appraisals in line with the provider's own policy and procedure. Staff told us they would like more support.

There were enough staff available to ensure people's needs were met. The provider had safe recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Procedures were in place to make sure people received their medicines as prescribed.

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 told us they enjoyed the food served at Southcroft. People were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services as required.

There was a range of activities available to people.

People and staff were asked for their opinion of the quality of the service via regular meetings and annual surveys.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

There were effective systems in place to monitor and improve the quality of the service provided.

More information is in the full report.

Rating at last inspection:

Good (report published on 14 October 2016). The overall rating has dropped to Requires Improvement at this inspection.

Why we inspected:

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

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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 adult social care inspector.

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.

People using this service lived in flats within a purpose built building. Not everyone living at Southcroft received support with personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 16 people supported with their personal care at the time of this inspection.

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. The registered manager was not available to speak with during this inspection.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

Inspection site visit activity started on 11 April 2019 and ended on 12 April 2019. We visited the office on both days to see the covering manager, talk with people and staff; and to review care records and policies and procedures.

What we did:

Before this inspection, we asked the provider to complete 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 used this information to help with the planning for this inspection and to support our judgements.

Before this 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. For example, where a person who uses the service has a serious injury.

Before this inspection we contacted staff at Healthwatch, Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with seven people who lived at Southcroft. We met with the covering manager and area manager. We spoke with five members of staff. We spent time looking at written records, which included six people's care records, five staff personnel files and other records relating to the 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.

Good means: 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 living at Southcroft. One person said, "Yes, I feel safe here. I am very happy living here."
- Staff we spoke with confirmed they had received training in safeguarding adults from abuse. They were able to tell us what possible signs of abuse could look like. They were confident any concerns they raised with management would be taken seriously and dealt with appropriately.
- The provider had up to date safeguarding and whistleblowing policies and procedures. This meant staff were aware of how to report any unsafe practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to help staff keep people safe.
- The provider had an electronic system to record accidents and incidents, which escalated more serious issues to senior managers within the organisation. This meant the provider had an overview of what was happening at each of their services.
- Prior to this inspection we reviewed any safeguarding concerns we had received about the service within the last 12 months. There was one in total. We saw this had been investigated.
- We saw people had risk assessments on their care records. The risk assessments identified any risks to the person, such as falls. There was guidance for staff on what action to take to reduce the risks.
- Risks to people's safety in the event of a fire had been identified and managed. For example, there were records of weekly tests of the fire alarms.

Staffing and recruitment

- Recruitment practices were safe. Staff files contained references to confirm their suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have.
- There were enough staff employed to meet people's needs in a timely way. People's care and support needs were assessed by the registered manager or senior care workers to identify the amount of support they required.
- In addition, everyone living at Southcroft paid a weekly service charge to the provider, which included the cost of a well-being officer. The covering manager told us there was always a well-being officer on duty, including throughout the night. Their main roles were to offer reassurance to people and assist with activities.
- Everyone living at Southcroft had a pendant alarm they could wear, and fixed alarm pull cords in each room in their home so they could always summon assistance if required.
- People told us staff responded to any calls they made in a timely way.

Using medicines safely

- Care staff we spoke with confirmed they had received training in medicines administration and we saw there were checks undertaken by managers of their ongoing competency in this area.
- When we visited people in their flat who had been assessed as requiring support to manage their medicines we looked at their Medication Administration Records (MARs). Care staff were expected to sign the person's MAR to confirm they had given the person their medicines. All the MAR charts we looked at had been properly completed in line with the provider's own policies and procedures.
- Some people's medicines were stored in a locked box in their flat, which meant they were unable to access their own medicines. It was not clear from the care records we looked at why this restriction had been put in place. We spoke with the area manager who was already aware of this issue and had a plan in place to rectify the problem.

Preventing and controlling infection

- Staff told us they always had access to personal protective equipment (PPE), such as plastic aprons and gloves. We saw supplies were also kept in people's homes.

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.

Requires Improvement means: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff told us they completed an induction to their jobs. This included undertaking mandatory training such as safeguarding adults, and safe moving and handling techniques. Where staff were new to the role of care they were also expected to complete The Care Certificate within three months. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff also shadowed more experienced members of staff as part of their induction.
- Staff told us they received regular training, this was a mix of eLearning and classroom style teaching for more practical subjects, such as first aid.
- Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The provider's 1:1 review [supervision] policy stated, 'For all staff it is essential that a minimum of four 1:1 review meetings and a formal appraisal take place annually.' However, the staff files we looked did not contain records of supervision or appraisals taking place with this level of frequency. Some staff we spoke with told us supervision was infrequent and they would have liked the opportunity to meet with the registered manager on a regular, more formal basis. Comments from staff included, "I have not had supervision as much as I need to" and "I do have 1:1s with [Name of registered manager], but not frequently enough. I would like more [support]."

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

- Southcroft had a kitchen and dining area called, 'The Bistro'. The provider employed a cook to provide a meal for people to purchase at lunchtime every weekday, if they wanted to. Fish and chips were ordered in on Saturdays for people who wanted them. Care staff also delivered these meals to people in their flats when requested.
- We saw part of the lunchtime service in The Bistro. The food looked appetising and was well presented.
- People told us they enjoyed the food served at Southcroft. Comments included, "The food is nice, I can't grumble" and "The food is lovely, the cottage pie was delicious today."
- We saw on people's care records some people needed support with meal preparation, eating and drinking. We saw their likes and dislikes were clearly documented and guidance was given to staff on how to encourage people to eat and drink, if required.
- The cook knew people well and was aware of their preferences and any dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The care records we looked at showed people were supported to access to a range of health and social care professionals, where required. Professional network contact details were included in people's care records.

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.
- The service was working within the principles of the MCA.
- Staff we spoke with confirmed they had received training in this area.
- We saw people had signed their consent to receive care and support from the provider on their care records.

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

- We saw evidence on people's care records the registered manager or senior carer had visited people at home to assess their care and support needs to ensure they could provide an appropriate service. A comprehensive care plan was then developed with people which included their support needs and personal preferences.

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 means: 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

- People were predominantly positive about all the staff working at Southcroft. Comments from people included, "I couldn't fault anyone of them [staff]", "They [staff] are all very good to me. They always wave and say hello when they see me", "They [staff] treat me with respect, no problems at all. They are a good lot" and "All the staff are excellent, you couldn't wish for nicer people." One person did share some concerns regarding new and therefore potentially less experienced members of staff. We shared these concerns with the area manager.
- Staff told us they enjoyed their jobs. One member of staff told us, "I love working here [Southcroft]. It is very rewarding when people say they are happy."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. Our observations of care, review of records and discussion with people and staff showed us the service promoted people's rights. People were asked for their views in this area through care planning and reviews.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff clearly knew people and their likes and dislikes very well. We heard friendly conversations between people and staff. We saw people were treated with dignity and their privacy was respected. Staff spoke respectfully about the people they supported.
- Staff were able to tell us what it meant to treat people with dignity and respect. One member of staff described this as, "Dignity is about keeping doors closed, not opening curtains until people are dressed and asking before applying creams."
- We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw records were locked away when not in use.

Is the service responsive?

Our findings

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

Good means: ☐ 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 a copy of their care record in their home and a copy was held in the office. At the front there was an overview of the person's care and support needs. This detailed the times and length of each call the person received and a summary of what was expected to be completed during the calls. We saw these reflected the support needs people told us they had. They would be easy to follow for a new care worker unfamiliar with the person.
- More detailed information followed, covering all aspects of daily living, such as eating and drinking. The care records we looked were person centred and contained information about the person's social history, and likes and dislikes.
- People told us staff usually turned up as planned and stayed for the allocated time. One person told us, "Some mornings I do have to sit and wait [for support with showering]. But I don't worry as I know they [staff] will come to me first if I am going out."
- At each visit staff completed the person's daily notes which were part of the care record kept in the person's home. This recorded the date and time of the visit and the support given. We saw these were audited when they were completed and returned to the administrator for secure storage.
- There were a range of activities available to people living at Southcroft. These included themed nights, arts and crafts sessions and a dominoes club. People told us they enjoyed some or all of what was on offer. One person told us, "Most days there is something going on and they [staff] leave equipment out so I can paint and draw anytime." We saw there was also a computer available for people to use in the communal lounge.
- The service employed a part time Methodist chaplain. However, they supported anyone who needed them regardless of their faith or personal beliefs. They had developed good relationships with local churches and people were supported to attend services as required. Some people told us they were part of the choir at the church next door to Southcroft.
- The service met the Accessible Information Standard as we saw the provider had systems in place so people with a disability or sensory impairment were given information in a format that they could understand and use.

Improving care quality in response to complaints or concerns

- The provider had effective systems in place to respond to people's complaints.
- We saw the provider had an up to date complaints policy and procedure in place. This was displayed in the reception and we saw there was also information on how to complain held in people's care records in their own homes.
- We saw the registered manager had kept a monthly record of any complaints, their response and the outcome. The registered manager had recorded two complaints so far this year. We saw these had been responded to appropriately.

- Most people we spoke with told us they had never had any cause to complain. One person said, "[Name of registered manager] is marvellous. I have never had a reason to complain, but I would go to [Name of registered manager] if I did."

End of life care and support

- We saw staff had received training in 'The Final Lap. Supporting End of Life Care.'
- Care records included a section on people's needs and preferences for the end of their life. The chaplain was also available to meet with people to discuss their wishes.

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.

Requires Improvement means: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had systems in place to ensure registered managers submitted notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received. However, during this inspection we were made aware of a recent safeguarding concern referred to the local authority. At the time of the inspection CQC had not been notified of this.
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their website, if they have one. We saw found the service had met this requirement.

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

- Quality monitoring and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.
- The covering manager told us they had a yearly audit plan produced by the provider. This meant every month each registered manager was aware of the areas they needed to audit. This varied depending on the required frequency of each audit. We saw audits were undertaken for all areas of service delivery, such as medicines safety, staff files, and hospitality and dining. We saw any actions required as a result were recorded. The provider also undertook their own audit. We saw this had picked up on the issues we had identified regarding staff supervisions and appraisals and an action plan was in place.
- The provider had a comprehensive set of policies and procedure relating to all aspects of service delivery. We saw these were reviewed and updated to ensure they reflected current legislation and good practice guidance. Staff could access these via the intranet or look at paper copies held in the office. When there were any significant changes or updates we were told these were discussed at team meetings. Staff were also expected to read any amended policies and procedures and then sign to confirm their understanding.

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

- The provider had systems in place to regularly ask people and staff for their views on the service so they could continually improve.
- Staff told us there were regular team meetings and minutes were made available to anyone who could not

attend. One member of staff told us these meetings were usually held monthly, but there had not been one for a while.

- 'Resident's meetings' were held every month. The dates of forthcoming meetings were displayed in the reception area. We saw minutes from these meetings which showed people's views and needs were considered.
- The provider conducted annual satisfaction surveys with people and staff. We saw the results were published and displayed in the service.
- We saw there was a 'Suggestion and Feedback' box in the reception area, which we were told was emptied monthly and any issues were discussed at the next resident's meeting.
- The provider produced a newsletter covering events and updates across all their services. This was available to everyone living and working at Southcroft.
- The chaplain also led a support group with elected representatives from people living at Southcroft. This meeting took place three or four times a year, as needed and we were told the main purpose was to manage the amenity fund.

Working in partnership with others

- Staff had attended meetings 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.