

Methodist Homes







Alexandra Court

Inspection report

Marine Parade
Dovercourt
Essex
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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

Alexandra Court is a purpose built extra care complex of 14 flats which may be privately owned or rented. Personal care is provided to people in their own homes via private funding and as requested by people on a day to day basis.

This was an announced inspection and was completed on 30 March 2015. The service was given 24 hours' notice because the location provides a domiciliary care service. When we inspected there were 11 people who lived at the service.

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

There were systems in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Staff had received appropriate training which enabled them to deliver care and support to people who used the service safely and to an appropriate standard. Formal arrangements were in place to ensure that newly employed staff received a comprehensive induction.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of staff who were well trained and supported to meet the needs of the people who used the service.

Care workers had good relationships with people who used the service. People were treated with kindness and consideration by staff. Staff demonstrated a good knowledge and understanding of the people they cared for and supported and personal care and support was provided in a way which maintained their privacy and dignity.

Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People's healthcare needs were recorded and there were instructions recorded for staff about how to meet these. People's care plans reflected current information to guide staff on the most appropriate care people required to meet their needs and appropriate referrals were made when required to health and social care professionals. Where staff had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Information relating to people's ability to consent to their care and support was recorded within their care plan and where appropriate included the involvement of their relative or those acting on their behalf.

There were systems in place to deal with people's comments and complaints and these showed how actions, decisions and outcomes of concerns raised had been addressed.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The provider and registered manager had an effective quality monitoring and assurance system in place which ensured that the service performed safely and to an appropriate standard so as 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 understood how to recognise abuse or potential abuse and how to respond and report these concerns.

Appropriate arrangements were in place to manage risks to people's safety.

There were enough staff to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

People and their relatives were involved in making decisions about their care and these were respected.

People were supported to maintain good health and had access to appropriate services which ensured they received on going healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

People were treated with kindness and consideration by staff.

People's privacy, independence and dignity was promoted and respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



Summary of findings

The service had a robust quality monitoring system that managed risks and assured the health, welfare and safety of people who received care. Identified shortfalls were addressed promptly. As a result the quality of the service continually improved.

Alexandra Court

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 30 March 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including notifications received from the provider. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service, three relatives or those acting on people's behalf, three members of staff and the registered manager. We also spoke with two healthcare professionals by telephone.

We reviewed four people's care plans and care records. We looked at the service's staff support and recruitment records. We also looked at the service's arrangements for the management of medicines, safeguarding alerts, complaints and compliments information and quality assurance and audit information.

Is the service safe?

Our findings

People we spoke with confirmed that they felt safe with the staff. One person said, "This is my own home and my own front door but it makes me feel safe having the comfort from knowing I can call someone to help me if I need it." Another person told us, "It's very secure here." One relative told us, "It's peace of mind really while [relative] is here for us as well. [Relative] is very independent but I feel they are safe."

Staff told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. Care workers understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. Discussions with the registered manager and records showed that where there had been concerns and safeguarding issues raised about the care provided action was taken to reduce the risks of issues happening again.

People's care records included risk assessments and guidance for care workers on how these risks were minimised. These included risk assessments associated with moving and handling, medicines administration and the safety in people's own flats/homes. People were involved in the planning of the risk assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. Staff conducted wellbeing checks on people twice a day and recorded this. People and relatives told us that these were undertaken regularly in the morning and in the evening. One person told us, "Sometimes they are too conscientious with these, as sometimes I like to lay in." another person told us, "The times can vary sometimes but generally I don't need them as I am very independent."

The registered manager and staff told us that they felt that there were sufficient numbers of staff to provide care to people. We saw the rota which correlated with the staff on duty. The complex is directly adjacent to the residential home owned by the same provider and people were noted to be able to contact the office there if required. The manager told us that they continued to recruit staff to ensure any visits would be covered and that there was an active presence in the complex 24 hours a day.

People were protected by the service's recruitment procedures which checked that staff were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before staff were allowed to work in the service.

No one was noted to require assistance with their medicines at the time we visited. People told us that they were happy with their independent arrangements. One person said, "I take my own tablets, always have, but should I ever need assistance I would ask for help." One person's relative told us, "All [relatives] tablets are taken by them. I just help with picking up their prescription for them sometimes."

People's records provided guidance to care workers on the support people required with their medicines where appropriate. Records showed that, where people required support, they were provided with their medicines when they needed them. The records were audited to check that they were appropriately completed. Where shortfalls were identified these were addressed, for example, providing supervision and further training for care workers. A previous safeguarding issue regarding medicines administration had occurred and as a result of this appropriate actions were taken to minimise the risks of the same or similar incidents happening again.

Is the service effective?

Our findings

People and relatives told us that they felt that the care workers had the skills and knowledge that they needed to meet people's needs. One person told us, "They know what they are doing, and although I don't need any help at the moment, I would be happy for them to help me." One person's relative told us, "I feel they are all good at their job, they seem well trained and good at their jobs."

People and their relatives told us that people were cared for by a regular group of staff to provide a consistent service. One person said, "We have the same staff every day pretty much." Another person told us, "It's lovely to see the same faces, we know them and vice versa." One person's relative said, "The staff are all very good, pleasant and polite." The registered manager told us that they tried to make sure that people were provided with a regular group of staff who were known to them.

Staff told us that they were provided with the training that they needed to meet people's needs. This included an induction which consisted of formal training and shadowing more experienced staff. There were systems in place to make sure that the training was regularly updated. This meant that the staff were provided with up to date information on how people's needs were to be met.

In addition to the formal training staff were provided with formal guidance and one to one supervision meetings. The service guidance and policies and procedures in place provided staff with information about their roles and responsibilities. Staff told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that staff were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice. These systems provided care workers with the support and guidance that they needed to meet people's needs effectively.

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us that staff asked for their consent before they provided any care. One person said, "I only see the staff when I go to the dining area but they always ask if I am well and how I would like things." One person's relative commented, "Before doing anything for [relative] they always ask for [relative] to respond before proceeding."

People's records included their capacity to make decisions and we saw historical records whereby people had signed their records to show that they had consented to their planned care. Where people did not have the capacity to make their own decisions there was guidance on how decisions were to be made in people's best interests.

Staff had training in and understood their responsibilities under the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people. Care workers were provided with further guidance on the MCA in the provider's policies and procedures. These also included guidance on how people's consent for care and treatment should always be sought.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. The complex had a communal dining area where the majority of people came for their meals. One person said, "We have a menu and we can choose from that. The food is not always as you would cook it at your own home but it's nice." Another person told us, "I don't always like what is on the menu so they prepare me something else. It saves me having to do it myself." One person's relative told us that, "Although everyone has their own flat here it is nice that they can all get together over lunch in one communal space."

People's records identified people's requirements regarding their nutrition and hydration and the actions that care workers should take if they were concerned that a person was at risk of malnutrition or dehydration. Where people were at risk of malnutrition we saw that staff were provided with the information that they needed to make sure that people were provided with a healthy and balanced diet. Staff were provided with training in food hygiene and further guidance was available to them in the service's policies and procedures.

People were supported to maintain good health and have access to healthcare services. We were told that people generally did this independently. One person said, "I had to contact my doctor once so I rang the office. We would usually do it ourselves but I needed help so rang and they contacted them on my behalf."

Staff understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified health professionals had been contacted

Is the service effective?

with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People told us that the care workers always treated them with respect and kindness. One person said, “Oh the staff are lovely and very polite.” Another said, “Although I live in my own place and can spend time there it is nice to just come out and see a friendly face every day.” One person’s relative said, “The staff seem very caring and kind and if we are visiting and in the large communal lounge we are invited to have tea as well.”

Staff understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. Staff knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. People’s care records identified people’s specific needs and provided guidance to staff on people’s preferences regarding how their care was delivered. This included information about people, their history and experiences, such as their preferred form of

address, their hobbies and interests and their former occupations. This provided staff with information about the individual and items they could talk about when providing care.

People told us that they felt that the staff listened to what they said and acted upon their comments. One person said, “If I need anything I only have to ask or call.” Another person told us, “When they check on me in the morning they always check if I need anything.” Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken if required and where people’s needs or preferences had changed these were reflected in their records. People’s comments were listened to and respected by the staff at the service.

People told us that the care workers promoted and respected their independence. People’s records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

Is the service responsive?

Our findings

People told us that they were involved in decision making about their care and support needs and that the service was responsive to their needs. One person said, "I am a private person but I still feel looked after here." Another two people told us, "We are happy here, if we asked for anything they would help. Once we needed to call them and they were here very quickly." People's records confirmed that people were involved in decision making about their care.

Staff told us that the care plans provided them with the information that they needed to support people in the way that they preferred. People's care records included care plans which guided staff in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. People who had fallen ill had also been admitted to the adjacent care home if their needs required it for short term care and where people required social interaction to reduce their feelings of isolation, this was also included in their care plans.

Care review meetings were held which involved people and their relatives, where required and appropriate. These

provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. People and relatives knew about their care plans and when the care reviews were planned. Changes or concerns were reported by care workers to the service's senior team and the manager told us any reviews of care were brought forward if needed.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints and information was available on the noticeboard and left in their homes. One person said, "I would not hesitate to make a complaint if I had to." Another person said, "I have not had to make a complaint but know how to do it and who I would speak to."

Records showed that people's concerns and complaints were investigated, addressed and responses were sent to the complainants. The outcomes to the complaints investigations were used to improve the service and reduce the risks of the same or similar happening again.

Is the service well-led?

Our findings

People told us that they felt that the service was well run and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said, “I see the manager sometimes and meetings are held where we can discuss things. Not everyone chooses to come to those though.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that recent survey questionnaires had been distributed regarding the meals in the service. The registered manager told us that they were in the process of collating the results of these. They were to be sent out to people who used the service and used to make improvements.

Staff told us that they felt valued and were supported in their role. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to. Records showed that staff meetings were held regularly. These provided a forum to update staff on any changes in the service, and where they could discuss the service provided and any concerns they had.

The manager maintained oversight of staff performance. Records showed that internal spot checks were undertaken on care workers. These included observing staff when they were caring for people to check that they provided a good quality service. Where shortfalls were noted a follow up one

to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training. This was confirmed by staff who told us they were well supported.

Discussions with the registered manager and records showed that the service had systems in place to identify where improvements were needed, and the actions taken to implement them. The registered manager told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service. They felt that they were supported by senior management. The registered manager also told us that the provider was in the process of making some changes with regard to the management of the service. At present the manager managed both the service and the residential home next door. We were told there were plans to develop the service with a separate manager. A meeting was planned with residents to consult with them on the future proposals regarding this. The registered manager told us that overall they felt supported in the role and understood the provider’s values and aims to provide a good quality service to the people who used the service. Staff told us the manager was very supportive and was readily available.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medicines (when required), people’s daily records, complaints and incidents. Where shortfalls were identified action had been undertaken to introduce changes to minimise the risks of similar issues reoccurring.