Methodist Homes

Callin Court

Inspection report

Grey Friars
Chester
Cheshire
CH1 2NW

Tel: 01244315252
Website: www.mha.org.uk/hs16.aspx

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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

Callin Court is an Extra Care Housing service for people aged 55 and over. 50 self-contained apartments are occupied under an agreement which gives exclusive possession of a home with its own front door. The property is designed to enable and facilitate the delivery of personal care and support to people, now or when they need it in the future. The personal care service can be provided by the staff based at the site and there are staff based at the scheme 24/7 who can deliver care in an emergency. There are a number of communal facilities, including a restaurant, lounge and gardens where people can choose to meet and relax.

Our last visit on 19 December 2014 identified that improvement was needed in person centred care planning. Because of this, we rated the responsive domain as 'requires improvement'. Despite this, the rating for the service had been assessed as good overall. This inspection identified that improvements had been made. The service met the all the relevant fundamental standards and the rating remains Good.

Improvements had been made to ensure that records better reflected and identified the needs, wishes and preferences of individuals. People received care that was personalised. Medicines were sometimes administered by staff and in these instances people received their medicines as prescribed.

People said the support from staff was "Second to none" and they were treated with dignity, respect and kindness. People continued to receive their care from a consistent group of staff who knew them well and met all their physical, emotional, spiritual and social needs. People were supported by the staff to participate in social activities or to have meals together.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There were processes in place to monitor the quality and safety of the service to ensure that all shortfalls were identified and acted upon. The registered provider had sent a quality questionnaires to everyone who received a service and positive feedback had been received. Meetings were held monthly with people who used the service to seek their opinion and keep them informed of any proposed changes. People knew how to make a complaint and were confident in this being responded to.

Safe recruitment procedures were followed and staff had the relevant checks from the Disclosure and Barring Service. Staff had received, or had planned, supervision and appraisal. People had received training and direct observations to ensure that they were skilled and competent. The policies and procedures to support staff in their work had been updated and were accessible for on-going guidance.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has improved from Requires Improvement to Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Callin 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 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.

This was a comprehensive inspection.

The inspection took place on the 19 and 20 April 2017 and the first day was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed 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 in the future.

We also reviewed the information we held about the service, including data about safeguarding, complaints, questionnaires and statutory notifications. Statutory notifications are information about important events which the registered provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with ten people who used the service. We also spoke with the registered manager, one member of administration staff and five staff who performed other roles including delivering personal care.

We reviewed ten people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service, including quality audits to ensure that the service had good oversight of all aspects of service delivery.

Good

Is the service safe?

Our findings

All of the people we spoke to confirmed that their support was delivered in a safe manner and that they were cared for. One person told us, "All my carers treat me kindly. They give me lots of support and make sure I stay safe". Another said, "I feel very safe here as I know staff are here 24 hours a day, even if I don't need them."

The staff had a good understanding of safeguarding and whistleblowing procedures. We saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required. They also submitted information to the local authority on a monthly basis in regards to incidents where care or welfare had been compromises for example: repeated falls, medication errors or situations where a care plan had not been followed..

Accidents and other incidents were reported to the registered manager. Staff were aware of what should be reported and to whom. The registered manager reviewed these matters for lessons that could be learnt in order to further reduce risk of harm. We found that people had been referred to the falls clinic or have been provided with additional equipment or support as a result of further risk assessments.

Risk assessments were in place to address areas of risk within a person's life, for example moving and handling, falls, and nutrition. These were regularly reviewed and updated as required. Risks to staff were also considered in regards to working within a person's home environment, the use of equipment and lone working at night. This helped to ensure the safety of staff and people using the service.

There were sufficient numbers of staff in place to keep people safe. People told us that staff were consistent and reliable. They always rang with an explanation if they were going to be late. There were sufficient staff to cover the shifts required and staff were prepared to cover for each other in order to ensure that agency staff did not have to be used.

Some people were able to administer their own medication whilst others could not. People received varying levels of support with ordering, taking and disposing of their medication. One person said "I could do it myself but I feel much safer letting the staff take on this responsibility as I can get muddled at times". Staff had undergone medication training and competency checks to monitor the quality and safety of their practice. Medication Administration Records (MAR) were kept which showed the quality, type, route and dosage of medication.

Staff had training in infection, prevention and control. Appropriate actions had been taken during a recent 'outbreak' of the norovirus. Staff had adequate supplied of Personal Protective equipment and were seen to use this. This meant that the risk of cross infection was minimised.

Safe recruitment practices were followed. The staff files reviewed included a fully completed application form, a record of a formal interview, two verified references and personal identity checks. Staff had also had a full Disclosure and Barring Service (DBS) check prior to working to ensure that they were of suitable

character.

The care provider was also the housing provider. Appropriate checks were carried out for the health and safety of the premises. There was an emergency plan accessible that indicated the location of the electricity supply, mains gas, and the water valves in case of an emergency. This meant that the premise was adequately maintained.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to support people with a wide range of needs effectively. People said that they had confidence in the staff and that they all "Know what they are doing". Another person told us that new staff always consulted with them to find out how best to safely provide their support.

There was an induction programme for new staff to equip them with the basic knowledge and skills to enable them to work at the service. Staff shadowed more experienced staff until they felt confident and competent. There was an on-going training programme for staff that was a blend of online and face to face training. Staff had the opportunity to attend training though the local authority or health partners and felt that this was a valuable source of support and knowledge sharing.

Staff received one to one supervision from senior staff and a record of the discussion was kept. Staff were encouraged to reflect upon their performance at work and identify things that would help them improve further. Staff also stressed that they could go in to the office and talk to the senior or manager whenever they needed to. The registered manager kept up to date with best practice guidance and this was shared with staff.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection. The staff we spoke with all had an understanding of MCA and the Deprivation of Liberty Safeguards (DoLS). Records confirmed that a person's capacity to make decisions, choices or take risks were considered. There was a MCA assessment in place where it was thought that a person may lack in capacity and decisions made in their best interest. There was a record of where a person had a legally appointed attorney to make decisions around their finances or care and welfare.

People were supported to maintain a healthy and balanced diet. Some people were supported within their apartments to cook and prepare food. Others were supported to go to the bistro where a variety of meals were on offer. Documentation on dietary needs was available within care plans and records kept to enable the monitoring where diet or fluid intake was deemed to be of concern.

People were supported to manage their own healthcare needs and to gain access to other healthcare professionals as required. People's health and medical needs were recorded in detail within their files. We saw that staff had facilitated, with a person's consent, appropriate referrals to health care such as occupational therapy or the falls prevention team. This helped to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. People said that the staff were "Caring", "Considerate", "Kind" and "Like family". People said of the staff "They are always aware that they are coming into my own home". Staff recognised that although people lived in a communal setting, they had a right over who came into their property and when. Staff were observed to knock-on somebody's front door and to wait for a person to come to open it for them.

Staff were aware of people's individual needs and preferences and it was apparent from our conversations with people that this was the case. One staff member had introduced Life Story books into the communal activities and to help them get to know people and develop positive relationships with them.

People were supported to be as independent as possible. People told us that staff took time to talk to them and to get to know them well. They said they were reliable and trusted them. One person commented: "It's good to know they are in the building, and due soon". Some people had periods where, due to mental or physical frailty, they became more anxious. They told us that the staff were "Reassuring". People saw this support as being invaluable and central to their ability to manage in their own accommodation.

We were told that advocacy services were available should people require them. Information on how to access other forms of advice and support was displayed within the building. At the time of our Inspection, no one was using the services of an advocate.

People felt involved in their own care planning and had a choice in how this was provided. All the staff we spoke said that they were led by the people they were supporting, and always involved people as much as possible in their own care through asking questions, reviewing care, and recording any changes.

People told us their privacy and dignity was respected by staff. All the staff we spoke with felt they understood the importance of respecting a person's privacy and dignity. People had been consulted about the gender of their carer and this was respected and adhered to in the planning of their support. Records were kept securely within locked cupboards and were available only to those people that required them. Staff ensured that the office door was locked when they left it to go somewhere in the building. Care plan records were kept within a person's own home. This helped ensure people's confidentiality was protected.

The service was part of the Methodist Homes Association (MHA) and part of the ethos is to support a person's spirituality. A chaplain visited the service. Their role is to offer individual pastoral care and an opportunity for those people who wish to engage in worship and faith-based activities. A number of people we spoke to said this was very important to them. Others were supported to get ready to attend local churches or to receive ministry within their own homes.

Good

Is the service responsive?

Our findings

People said that the support their received met their needs and was flexible and responsive. Comments included "I get what I need, when I need it" and "Staff are very flexible".

Improvements had been made in the information that was contained within care plans so that staff could deliver safe and responsive care. All the people we spoke with told us that staff encouraged them to do things for themselves where possible. We saw that care plans were written in a way that made it clear to staff what was required of them, and what a person could do for themselves.

People had a support plan that indicated at what times of the day they would receive their support, what tasks would be completed and the duration of their call. Care plans were laid out as a series of tasks to be accomplished as an easy reference guide for staff. A more detailed care plan provided more information and took into account of people's personal preferences or routines. Information was available on aspects of a person's physical or mental health that could impact upon the support they required.

There was a policy in place for the recording and investigation of complaints. None of the people that we spoke to had had cause to raise a formal concern or complaint about the service. However they were aware of how to do this and told us would have no hesitation in doing so.

People could choose to receive support from other agencies in the area. In some cases, staff at Callin Court worked alongside them .One person said that they had kept their previous care provider for a while but, through joint working and building trust, they had now moved to receive all of their care "In house".

The service recognised that people were at risk of social isolation and loneliness. Staff understood the importance of social contact and companionship. The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. People were notified of activities and events that were happening within the scheme or in the local community. This was done via staff communication, newsletters edited by tenants, meetings, use of the notice board or leaflets and posters.

Good

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was and felt that she was easily contactable, organised and very approachable. People told us they would recommend this service to other people. One person said "If I were you, I would reserve your room now. I fell on my feet to come here, I feel really blessed".

There was a registered manager who had been at the service since August 2011. 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.

The consistency of the leadership team reflected positively on the quality of service provided. A staff member told us "Everyone here is really approachable, you need help then you get it." Another staff member said, "I am very well supported".

Our conversations with the registered manager showed us that she was very knowledgeable about both the individual needs of the people receiving support, and the strengths and skills within the staff team. The registered manager was also able to point out areas in which she hoped to continue to improve the service.

The service had a clear structure and lines of accountability in place. This included the registered provider, a registered manager, training officer, care coordinator, administration staff, team leaders, senior carers and carers. All the staff we spoke with were aware of the visions and values of the service and felt positive about working there.

Quality monitoring had been implemented. The registered manager maintained detailed audits across the service and was able to oversee what other senior staff were auditing. The registered manager was able to feedback to the staff team on any areas of improvement that were needed. We saw that feedback questionnaires were sent out to people using the service.

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed recording and included a description of any incident, or injuries sustained, medical attention required and action to be taken. Themes and trends were reviewed at a local and regional level so that remedial action could be taken to minimise risk of harm.

The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This meant that we would monitor occurrences that affected the health and welfare of people who used the service.

We saw that the service encouraged open communication with all the staff team and monitored the staff member's progress and welfare. The registered manager used staff meetings and to update all staff

members' about the service. This enabled positive relationships to be maintained between management and staff around sickness levels and general welfare of staff.

Team meetings were held which meant that discussions could be centred on the people that were being supported, as well as addressing any issues that the staff in that team may have had. We saw minutes of meetings to show that they had been taking place.

The previous CQC rating was displayed within the service and on the registered provider's web site in line with CQC requirements.