

Methodist Homes

Adlington House - Wolstanton

Inspection report

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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

Adlington House – Wolstanton is an extra care housing scheme for people living in their own flats or in flats with a tenancy. The provider of the service is registered to provide personal care to people who live in Adlington House. At the time of the inspection Adlington House had 64 people living in flats within the scheme and 11 of the people were in receipt of personal care.

People's experience of using this service and what we found

People were protected from the risk of harm or abuse by staff who were trained to deliver safe care and knew about action to take if they felt people were at risk. People and their relatives expressed confidence in the care and support provided by staff who they found to be reliable and caring. Staff recruitment processes were safe and robust to ensure people were supported by suitable staff of good character.

People and their relatives said staff safely supported them with their individual mobility equipment when they needed assistance to move, and any administration of medication by staff was well managed.

People's care and support needs were assessed and regularly monitored to ensure they were current and being met. People's choices, and legal rights were promoted and protected by staff who had received up to date training which the staff felt equipped them well to deal with any issues.

People were supported to have maximum choice and control of their lives and staff advised they had been trained to support people in the least restrictive way possible and in their best interests. People made positive comments about the care and support they received from staff.

People were supported to join in a wide range of activities that were arranged in the service to support their well-being and maintain or develop relationships and interests.

People and relatives said the staff responded well to changes in how people were to be supported. Agreed plans of care reflected the full care and support needs of people.

People and their relatives expressed confidence that any concerns or complaints would be properly addressed. People and their relatives knew the registered manager and regarded them as approachable.

Concerns or complaints were responded to in line with the providers policy and procedures.

The provider had regularly sought feedback on the quality of the service using questionnaires and surveys with people. The registered manager had plans in hand to improve how information from the analysis of the questionnaires was shared. The quality of care provided was regularly checked by the registered manager to ensure standards were maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (report was published in August 2017).

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Adlington House - Wolstanton

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation for each person is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to be sure there would be people at the service to speak with us.

Inspection activity was undertaken on 25 February 2020 when we visited the office location and met with

some people in the office.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior team leader and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of paper and computer held records relating to the management of the service, including policies, procedures, daily records and training records were reviewed.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were procedures and guidance which were followed by staff to ensure people were safeguarded from the risk of abuse. Staff knew how to recognise issues of concern and raise an alert.
- Staff training also covered whistle blowing; one staff member said, "Training has covered whistle blowing and I know the procedures to follow and report any concerns." (Whistle blowing is a process where staff are protected from any repercussions if they report any bad practice.)

Assessing risk, safety monitoring and management

- Risk assessments had been completed in respect of each person related to their care and support needs. The detail had been shared with staff to ensure they provided consistent and safe care in line with the person's needs.
- Staff had undertaken risk assessments related to the environment and use of equipment used by people and staff to help keep people safe.
- One person said, "The staff are really well trained and skilled at using my lifting equipment."
- Plans for each person to be safely supported in the event of a major incident such as a fire were in place and regularly updated.
- Some people chose to have a personal alarm pendant which they used to summon help in the event of a fall or a similar urgent issue. One person said, "When I had a fall they responded quickly; they always respond day or night if they are called."

Staffing and recruitment

- Full checks were undertaken on staff before they started work with the service to make sure they were suitable to work with people in their own flats.
- There were enough staff rostered on each shift to meet the needs of people as had been agreed with them. One relative said, "They are usually very timely with their visits which does provide reassurance."

Using medicines safely

- Staff received training in how to safely administer medication to people following clear procedures.

People received as much help with their medication as they needed.

- Medication was stored in each person's own flat and records were maintained detailing what medicines had been administered to people.

Preventing and controlling infection

- Staff were provided with personal protective equipment including gloves and aprons as needed to reduce the risk of cross infection when supporting people.
- A main meal was served on each day in the service which some people chose to have. The last inspection of the food service awarded a 5 star rating for food hygiene.

Learning lessons when things go wrong

- The registered manager advised they always reviewed and followed up on any incidents or occurrences to check staff had taken appropriate action, and to identify any lessons to be learnt.



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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were regularly reviewed and reassessed. The initial assessments of people were detailed and involved relatives in line with people's wishes. The registered manager advised they were commenced before people commenced using the service.
- The assessment information had been used to inform individual care plans. Care plans were clear and contained information about how the person liked to be supported. One staff member said, "The care plans are well organised and information easy to find. We have good communication from other staff and there are daily handovers. We always find out about any changes if people are unwell or have changed support needs." Staff advised there were daily duty sheets for each member of staff detailing who they were to support and indicating what the care needs were.

Staff support: induction, training, skills and experience

- Staff received an induction before commencing employment with the service. Most staff had worked in the service for long periods of time which helped to ensure people were supported by staff who knew their support needs well. One person said, "When they have had new staff they have worked alongside the experienced staff until they know how I like to be supported." Another person said, "The staff are timely, skilled and know how to use my equipment."
- There were clear records detailing training which had been provided for staff, alongside plans of training due to be provided. One staff member said, "The training is good, and there are reminders provided when training needs to be repeated."
- The registered manager advised there was funding available for care staff to undertake additional training to NVQ level 2 and 3 with good support also provided to managers who undertook additional training.

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

- Staff ensured people who needed support to maintain a balanced diet were served food and drink in line with their care plans. One relative said, "Staff keep a check on how much food and drink is being taken so we can look after [relatives name] health."

- There was a main meal served each day in the communal dining room which was enjoyed by a number of people. The registered manager liaised with catering staff in respect of the choices available for people.

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

- The registered manager advised staff had experience of liaising and working with healthcare professionals such as district nurses when needed to help people to keep well and continue living safely in the service.
- One person said, "Staff remind me about getting my eyes checked."
- The registered manager had encouraged all people using the service to make full use of the regular health checks and immunisations which were facilitated by use of a room in the premises. Staff advised when they felt it was needed, they would ask the person to make an appointment to see a doctor or if requested they would do this for the person. People usually went to the local surgery for doctors appointment's which was within walking distance of the premises. Staff provided support to people who were attending the doctor.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found no one was subject to any restriction on their liberty at the time of the inspection.
- Staff had a good understanding of the need to ensure people were involved in making decisions about their lives, with their rights fully respected.
- Staff provided people with opportunities to make choices in all aspects of their care and best interests decisions were made involving families and professionals whenever possible.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Each person's preferences about how they were to be supported was detailed in their care plans and staff said they liked providing continuity of care. One person said, "The staff are extremely pleasant." A staff member said, "All staff have good relationships with people living here. The staff team are amazing and without reservation I would work with anyone here."
- People commented positively about how the staff supported them. One person said, "They are well trained and respectful staff. They are so helpful."
- A chaplain visited people regularly and held a mass in one of the communal rooms every two weeks which was attended by some of the people living in the service. The minister was well known to all people in the service and had also visited people regularly when they were in hospital helping to ensure they remained in contact.
- People living in the service were from a broad range of cultures and staff had ensured a range of information was available for people, including the providers information for the LGBT community. Translated copies of the providers information was made available on request in community languages.

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

- The registered manager had ensured people's rights were upheld in how the care and support was initially planned to be delivered by staff. As well as being involved in agreeing the care plan, the registered manager or a member of senior staff was involved in the regular reviews of care when the care and support was discussed.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who upheld each person rights to have their privacy and dignity respected." One person said, "Staff are really good at maintaining my dignity when they are helping me."
- Staff encouraged people to maintain their independence within their flats and the scheme as a whole. For example, to keep active some people had joined a 'walking group' in the scheme where a small number of

people walked twice around each floor daily to maintain their mobility.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a personalised care and support plan which reflected their preferences and wishes in respect of how their care needs were to be met.
- Care and support was provided by staff who knew people. When staff absences occurred, the absences were covered by other trained staff working in the service.
- Staff ensured care and support provided considered the changing needs of some people and care plans were updated accordingly. One person said, "Staff anticipate when changes [to the care plan] are necessary and mention it to me. I can compare it to a service I used before and I know this care is very good."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person's care plan was shared with them in a format they found accessible. There was reference on the care plan form about the format to be used when sharing the plan and other information with each person.
- Easy read posters and leaflets in large font were available on request providing details about events activities and general information. There was signage in the service informing people about what was available. In addition, the providers brochures were also available in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered a range of activities on a regular basis which had been developed and identified in line with the interests of people using the service. People spoke positively about the benefits they gained from the activities. There was a committee of residents who were actively involved in organising events.
- Some staff took lead responsibilities for arranging and supporting some of the activities within the service

and these varied in line with the interests of people.

- All staff were keen to ensure people were encouraged to join in and socialise with others to avoid isolation and to improve their well-being. Some people joined in numerous activities whilst other people chose to only join in occasionally. One person said, "The activities are good and film night is very good."
- People and staff participated in fund raising activities for charities, and valued opportunities to fund raise for specific causes. One annual charitable event was a fashion show organised by people living in the scheme.
- In addition to the activities organised in the service, there were evening events held with cultural themes.
- The service had joined the National Activity Providers Association (NAPA) with a view to promoting and providing additional meaningful activities for people.
- People were supported to maintain contact with their families and friends. Staff had developed good links with the families of people using the service and ensured the service was supportive of relationships, welcoming and greeting people who visited.

Improving care quality in response to complaints or concerns

- People and relatives expressed confidence in the management about complaints they raised. One person said in respect of complaints, "The manager is very good, and I would approach them." A relative said, "Without hesitation I could approach any member of staff about a complaint or concern and I know they would respond."
- Staff were very clear about how they would deal with any complaint raised and expressed confidence that the registered manager and senior staff would respond appropriately. There was a written procedure for receiving and dealing complaints which was accessible in the service. One staff member said, "I would go to [registered manager's name] and I know they would deal with a complaint. If they didn't, I would go higher [in the organisation]."
- Everyone knew who the registered manager was and from interactions seen it was clear they spoke with them regularly.

End of life care and support

- No one was receiving support for end of life care at the time of the inspection.
- The registered manager advised when providing of end of life care they had ensured specific wishes were agreed and recorded in care plans.
- Staff had received training related to providing end of life care; this was one of the core training topics for staff.



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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People commented on the involvement of the registered manager; one person said, "[Registered manager name] attends the tenant's meetings when they can, and you can raise anything and speak up."
- The registered manager advised they met with people during their daily work and maintained a visible presence in the service. One person said, "They are always available and willing to listen at any time." The registered manager advised they usually had their office door open so people could speak with them easily whenever they wished.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were open and transparent throughout the inspection process.
- The registered manager advised regular contact was maintained with relatives and people who used the service. There was a process in place to share information with relatives and others should any incident occur.

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

- The registered manager was clear about their responsibilities and the regulations related to the service. The registered manager had notified us of any accidents and incidents as required including incidents or deaths.
- The registered manager and senior team leader had a clear focus on regularly checking the quality of all aspects of the service. Direct checks on the quality of the care provided included audits and observations of care practice for all staff.
- Staff had regular supervision meetings with either the registered manager, senior team leader or senior

staff. The format of the supervision meetings was delivered in a coaching style with staff contributing to the agenda, so the supervision meeting met their needs. In addition, to four supervisions each year, all staff had an annual appraisal. The registered manager had monitored the impact from the supervision style adopted and noted there had been positive outcomes for people who used the service in respect of fewer days staff absence on sick leave and a lower turnover of staff which contributed to good continuity of care.

- Staff were very clear about their responsibilities to report and act on issues to protect people using the service. One staff member said, "We have had training about whistleblowing, and I would be confident to raise any concerns and speak up if I saw bad practice."

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

- People participated in an annual tenant's survey with an additional survey carried out with people in receipt of personal care and support. The findings from audits and checks along with survey results were used to identify when changes were needed in the service.

- Monitoring of response times to call bells and personal pendant alarms were also monitored confirming staff were timely and prompt when responding to people.

- Survey results were analysed and shared with people and were presented in accessible formats. The registered manager advised they were keen to further develop ways in which analysis was shared and provided.

- The service produced regular newsletters for people and took the opportunity to share information of interest to people. Consideration had been given to the format of the newsletters and they were available in other formats on request.

- The registered manager advised they were supported by their own line manager to undertake training to further develop the service. Requests for training from all staff were well received and responded to.

- People were involved in producing art work as part of the group activities promoted by NAPA. There was a folder of the work undertaken by people available in the main entrance for people to reflect on or to encourage people to participate in..

Working in partnership with others

- Links had been developed between the service and other establishments which were of interest or benefit to people. These included a local nursing care home and a sheltered housing complex operated by the same provider where some former tenants had moved to. A local school organised performances and visits by arrangement and there were some coffee mornings open to invited members of the local community.

- The provider and registered manager had ensured the service was up to date with information of benefit to people using the service and was a member of an association specifically for retirement communities (ARCO).

- The registered manager advised they had opportunities to meet regularly with managers from the provider's other services to share information about good practice and developments which could be used in the service to benefit people.