

Methodist Homes

Moor Allerton Care Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 8 October 2015 and was unannounced. At the last inspection in September 2013 we found the provider was meeting the regulations we looked at.

Moor Allerton Care Centre provides support with personal care to people living in an extra care housing complex. There are two sets of flats, Yew Tree Court and Rosewood Court. At the time of the inspection, the service had a registered manager. 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.

People we spoke with told us they were happy with the care they received and were complimentary about the staff who supported them. They told us the service was well managed. People felt involved with the service in a meaningful way, and communication with care workers and managers generally worked well. The service had a programme of activities which included trips out but some people felt the range of activities could improve.

Summary of findings

People were involved in planning their care and, in the main, care and support needs were assessed and plans usually identified how care should be delivered. People's care records clearly identified where people had capacity to make decisions about their care and support, and staff we spoke with understood that people needed to consent to care and were confident they were supported to make decisions.

People received assistance with meals and healthcare when required, however, they were not always protected against the risks associated with the administration, use and management of medicines.

People told us they felt safe. Staff understood how to keep people safe and told us any potential risks were identified. Staff felt well supported and received appropriate training. The registered manager was in the process of updating staff supervisions to ensure all staff received appropriate structured support.

Staff spoke positively about the management arrangements and told us they were happy working at the service. All staff had worked at the service for at least 18 months so were familiar with routines and people's individual needs. Staff were sometimes very busy. The provider had reviewed the staffing arrangements and was increasing the number of care staff that worked on a morning. Safe recruitment practices were followed.

People we spoke with told us said they had no complaints and when they did raise any issues, they were dealt with quickly and appropriately. The provider had systems in place to monitor the quality and safety of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

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 not consistently safe.

People were not protected against the risks associated with the unsafe management of medicines.

People told us they felt very safe. Staff knew what to do to make sure people were safeguarded from abuse.

There were enough staff to keep people safe. The provider had reviewed staffing arrangements because staff were sometimes rushed.

Requires improvement



Is the service effective?

The service was effective.

Staff felt well supported and received appropriate training.

People consented to care and support.

People made decisions about their meals and healthcare. The service provided support when required.

Good



Is the service caring?

The service was caring.

People were very complementary about the staff and told us their experience was positive.

The service achieved a good balance between ensuring people maintained their independence and were appropriately supported.

Staff knew the people they were supporting well and were confident people received good care.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were assessed and plans usually identified how care should be delivered.

People had opportunity to socialise. The service had an activity programme although some people wanted to see more activities provided.

Systems were in place to respond to concerns and complaints.

Good



Is the service well-led?

The service was well led.

People told us the service was well managed.

Good



Summary of findings

People who used the service and staff could express their views.

The provider had systems in place to monitor the quality of the service.

Moor Allerton Care Centre

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.

Before the inspection, we sent out surveys to 40 people who used the service. Eight were returned and we have included their responses in the inspection report. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted health and social care professionals, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This inspection took place on 8 October 2015 and was unannounced. Two adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in older people's services.

At the time of this inspection there were 67 people living at Moor Allerton Care Centre although not everyone received personal care. We only asked people who received personal care about their experience. We spoke with 12 people who used the service, six visitors, eight staff and the registered manager. We spent time looking at documents and records that related to people's care and support and the management of the service. We looked at three people's care and support plans.

Is the service safe?

Our findings

We looked at how people's medicines were managed and found staff did not handle medicines safely and people did not always receive their medicines as prescribed. We noted there were some gaps on the medication administration records (MARs) even though the prescriber's instruction stated the medicine should have been administered.

Some people were prescribed medicines to be taken only 'when required', for example, painkillers, which needed to be given with regard to the individual needs and preferences of the person. We found there was not enough information to guide staff as to how to give people their medicines. One person was prescribed co codamol tablets for pain relief 'when required' and another person was prescribed laxatives to help manage constipation. The MAR stated 'one or two' tablets to be taken but there was no information available for staff to follow to enable them to support people to take these medicines correctly and consistently.

One person's medicine was stored in a locked cabinet in their bathroom, which can be a humid environment. The directions stated it had to be stored 'below 25 degrees in a dry place'. There was no thermometer available to ensure the temperature remained below 25 degrees.

We looked at medication stock and found it was not possible to account for all medicines, as staff had not always accurately recorded when new medicines were received and the number of medicines in stock was not being recorded. One person had seven boxes of painkillers in their medicine cabinet and staff were using stock from five different boxes.

We noted two people had been prescribed paracetamol but their MAR did not include this medicine. We looked at one person's daily record from the beginning of September 2015 and found there was only one entry which stated paracetamol was administered. They had been prescribed 100 paracetamol tablets at the beginning of September 2015 and only 49 tablets were remaining. No other record was made that the tablets had been administered. We concluded staff had not made a record when they had administered the pain relief. Another person was prescribed paracetamol a few days before the inspection and there was reference to this being administered in their daily record. However, there was no MAR. The provider's

medication policy clearly stated medicines must be recorded on an approved MAR. The provider medication policy stated that 'only staff who have undertaken the required training can administer medicines'. This was usual practice, however, we noted that one member of staff had recorded in the person's daily notes 'left two paracetamol to the cleaner to give at 10:30'. We discussed our concerns about medicine management with the registered manager. They agreed to review the issues promptly to ensure all staff were following the provider's medicine's policy.

We concluded the registered person was not managing medicines safely. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People who used the service were safeguarded from abuse. They told us they felt very safe. Comments included: "I'm very safe here. No threats at all", "I feel very safe here", "I've never been hurt and abused in any way here. It's lovely and safe", "I feel very safe here". Everyone who returned a survey told us they felt 'safe from abuse and or harm from their care workers'.

Staff had received safeguarding training. Staff we spoke with understood their responsibilities in relation to safeguarding people from abuse and said they would always report any concerns. Staff knew the principles of whistleblowing and assured us they would make use of whistleblowing procedures if necessary. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. They told us the management team had an open approach and were confident that any concerns would be dealt with promptly and appropriately.

The registered manager demonstrated a good understanding of safeguarding vulnerable adults and told us they had no on-going safeguarding cases at the time of our inspection.

A range of systems were in place to help keep people safe. Each person's care file contained a range of risk assessments such as personal emergency evacuation plans, falls and moving and handling. These showed that risks to people were usually identified and managed. We noted in one person's file that they had recently had a series of falls and this was clearly documented in their file. A referral had been made to the falls team a few months

Is the service safe?

ago, and they reviewed the person and then they were discharged, however, there was no recent referral even though there was a noted increase in the number of falls and heightened risk.

In their accommodation, everyone had an emergency call system fitted. People also had pendants so they could request assistance when they were out of their accommodation. Staff we spoke with said they always responded promptly when people requested assistance. In our survey we asked people if their care and support workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons): 88% agreed 12% disagreed.

Staff we spoke with told us any potential risks were identified. They said systems were in place to manage risk and any changes to people's needs were assessed promptly. Staff said they knew what to do in an emergency situation and had received first aid training. Training records confirmed this.

A social care professional told us, "They are customer focused and work towards the most effective support for the customer, keeping them safe with empathy to the customer's needs."

People told us they knew the care workers who visited them and did not raise any concerns about their visit times. Everyone who returned a survey told us they received care and support from familiar, consistent care workers. 88% said their care workers arrived on time and 75% said they stayed the agreed length of time.

We got a mixed response when we asked people if there were enough staff. One person said, "I think they're short

staffed. But having said that the staff always come quickly if I need them." Another person said, "They're understaffed and overworked. They've hardly got time for breaks." A visiting relative said, "They could do with having more staff. That said it's not bad enough to have negatively interfered with my relative's care. It's just that some years ago I noticed staff had more time to sit and chat with residents. Now they've got no time to chat and instead encourage residents to go downstairs to meet other residents instead."

Staff we spoke with said the staffing arrangements for allocating work worked well. They said they were given work schedules at the beginning of each shift and always knew what they were doing. Most staff said there were enough staff to keep people safe but some felt they did not get enough time with people when they were providing assistance. One member of staff said they were often very busy and sometimes had to rush so were not always confident people were safe.

The registered manager told us they had a very low turnover of staff, and all staff had worked at the service for at least 18 months so were familiar with routines and people's individual needs. They had identified that staff were busy and struggling meet the required visit times. As a result they had agreed to increase the number of care workers on a morning from six to seven. The registered manager was confident this would address the staffing issues. We looked at files for two staff that had been employed in the last two years and found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home.

Is the service effective?

Our findings

People we spoke with were complimentary about the care workers that supported them and felt they cared for them properly. In our survey we asked people if their care workers had the skills and knowledge to give them the care and support they needed: 75%- agreed 12%- didn't know 12%- disagreed. A visiting relative told us, "Just before [name of person] was about to come here I was really worried about her. She'd lost weight and I honestly thought I was losing her. But you know they got her eating again, putting weight back on and she's become much more like herself again."

Staff we spoke with said they were well supported. They said they received appropriate training and felt equipped to do their job well. They all said the management structure worked well and they knew how to get support and advice when they needed it. Staff said they received 'supervision' with their supervisor. Supervision is structured support to help staff develop their understanding and improve their practice.

We looked at the training matrix which identified the type and frequency of training staff should complete. This showed staff had, in the main, completed the required training, which included fire training, infection control, moving and handling, equality and diversity and handwashing. The training matrix highlighted where staff needed to receive refresher training.

The service did not have a matrix for supervision or appraisal so we could not establish what percentage of staff had received regular supervision and an annual appraisal. We looked at four staff files which showed staff had received between two and four supervision sessions in 2015. The registered manager said they were behind with these sessions but were in process of updating them and would ensure all staff received appropriate structured support.

People who used the service told us they made decisions about their care and treatment. We looked at care records and saw people had signed consent forms for key holding, access arrangements and photography for activity displays/newsletters. The management team said that as part of the initial assessment they discussed people's

involvement in their care and their ability to make decisions about their care and support. They said they involved family members and health professionals where appropriate.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA). People's care records clearly identified where people had capacity to make decisions about their care and support, and staff we spoke with understood that people needed to consent to care and were confident that they supported to make decisions. The registered manager said where they experienced any problems around people's capacity and consenting to care they referred them to the local authority. The registered manager discussed an example where they had done this recently and also two examples where they had involved advocates to people with decision making.

Training records showed staff had completed MCA training although most had not done this recently. Some staff we spoke with could not recall doing the training and said they would benefit from a refresh. The registered manager said they had MCA leaflets which they would reissue to staff and arrange refresher training.

People made decisions about their meals. The service had a cafeteria which opened for lunch. People generally ate their breakfast and evening meal in their accommodation and lunch in the cafeteria. On the day of our visit we observed that people who ate in the cafeteria had a pleasant experience at lunchtime. It was well organised and people enjoyed the company of others. They had a choice for each course and were served in a timely manner. The food was well presented and looked appetising. We got a mixed response when people told us about the food served in the cafeteria. Comments included: "The food's ok. It's alright", "The foods overcooked and all the nutrients are gone", "The foods good", "Sometimes I don't like the food. It's not cooked properly."

Where people required assistance with meals this was clearly recorded in their care plan and daily records evidenced that staff were providing appropriate support. Staff told us when they visited people in their accommodation they checked people had access to food and drink.

People experienced positive outcomes regarding their health. A visiting health professional said, "The staff are fantastic and I've been coming here about 11 years. What's

Is the service effective?

also good is that they know the limits of their competence in supporting residents who are ill, or need specialist treatment. Because of that I trust them and know that if they are in any doubt they will always ask me to pop in and have a look at a particular resident.”

People’s care records showed their health needs were assessed and reviewed. Staff we spoke with knew people’s health needs and said good systems were in place to make sure referrals were made promptly to services when people’s health needs changed.

Is the service caring?

Our findings

People we spoke with were positive about the service they received at Moor Allerton Care Centre. Comments included: “The staff are so friendly and caring”, “Overall they’re pretty good. But the staffs caring only goes so far. After that you’ve got to pay for it”, “I’ve got three carers. One’s okish, one’s very lovely and humorous and the third is brilliant”, “The staff are really helpful and overall the care is quite good”, “The staff go the extra mile for people here”, “The staff are very nice on the whole. There’s always the odd one or two mind”, “The staff are very friendly. They talk to me. The other residents are nice too. I like getting on with people. Yes I’m quite satisfied”, “The best thing about this home is the carers”, “I never feel lonely here. I’ve got my family and friends”, “The staff are not only caring but helpful in other ways too. I needed a pole put up to hang my new curtains on. The maintenance man was so helpful. He not only put it up but polished the pole too and generally made it all work and look lovely.”

Our survey results showed everyone felt care workers always treated them with respect and dignity and care workers were caring and kind. One person made additional comments in their survey. They told us, “I would like to think that I am a lucky fellow and the ticks would indicate this. I am as comfortably housed and as well fed and I have the benefit of friends available and a common room to enjoy company.” A social care professional told us, “The customer is given a choice and made to feel a part of the service.” A visiting health professional said, “I’d retire here myself. It’s brilliant.”

We observed, during the inspection, staff were caring. When assisting people they were respectful and patient. People told us the service achieved a good balance which ensured they maintained their independence and were appropriately supported. We observed a situation where a member of staff was encouraging a person with their mobility. They took time and gave the person personal control whilst ensuring they were safe. The person was happy with the support they received. One person told us, “I like my independence and the staff give me that. But I know they are there if I need them.” In our survey we asked people if the support and care they received helped them to be as independent as they could be; 100% agreed.

People’s care plans contained information about their likes and dislikes, and included information about the specific support they required at each visit. People had signed their care plans to confirm they agreed with the care and support arrangements.

All the staff we spoke with were confident people received good care. One member of staff said, “People get really good care. They know us, trust us. Staff have been here a long time and that makes the difference.” Another member of staff told us, “It’s excellent. Standards are very high. It works well because people are independent but help is at hand.”

Staff knew people’s preferences and how to provide support to make sure their individual needs were met. Staff were able to explain and gave examples of how they maintained people’s dignity, privacy and independence. One member of staff said, “There is a good culture here. Staff are respectful. You see staff knocking before they go into people’s flats; it’s standard practice.”

Is the service responsive?

Our findings

People told us the care they received met their needs and in general they were happy with the service they received. Our survey results showed everyone was happy with the care and support they received: 88% said they were involved in decision making about their care and support needs; 12% said they didn't know; 86% said if they wanted them to, the care agency would involve the people they chose in important decisions; 14% didn't know. A social care professional told us, "I have found the service is responsive to the needs of the customers I have referred." They said staff had helped people settle when they moved into Moor Allerton Care Centre. One person was visiting the service with their relative, who told us they were trying "it out to see if they liked it enough to want to live there". A visiting relative said, "It's simply wonderful here. My [name of relative] has never been happier. This offers everything she needs. In fact there's not one thing I feel it could do any better. I've got no worries about my relative. She is in good hands."

People's care and support needs were assessed and plans usually identified how care should be delivered. The care plans we looked at contained information that was specific to the person and identified the support they required. However, we noted there were some information missing from some people's care plans which could lead to inconsistencies in how care was delivered. For example, one person's medical history section stated they were diabetic but there was no reference to this and how it should be managed in the 'dietary needs' section.

People talked about their daily routines and felt they had good opportunity to socialise. Some people told us they would like to see more activities provided. One person said, "The trips are ok. I get fed up sometimes. I wish they'd do a bit more with us. I get a bit bored." Another person said, "The two activity coordinators are both very good but overall I think there's a need for more activities." Another person said, "There isn't much activity. We could do with more things to do." A visitor said, "I notice they don't do as much activities as they used to with residents. They had more time then and also had more volunteers to help run it." Others told us they were satisfied with the activities provided. One person said, "There's things to do here. There's talks, films and trips." Another person said, "The trips are alright. We went out to a canal."

We looked at the activity programme for the week which included a quiz, beauty sessions, a 'Halloween' coffee session, Sunday service and a trip to Leeds. Two sessions were cancelled so there were gaps in the programme. We observed an activity session where six people attended. The member of staff carried out the session at a gentle pace, added humour and involved everyone. It was well co-ordinated and people were stimulated and enjoyed the session.

In communal areas we saw there were mounted photographs of people engaged in various activities. The photos were good quality and showed people having a good time. However, almost all were of events between 2009-2012 with very few in more recent years. The registered manager said they were aware these were dated and were planning on refreshing the displays.

Information about the complaint's procedure was displayed in the entrance. The registered manager told us everyone was given a 'guide to services' which contained information about how to make a complaint, and when they discussed tenancy agreements they also explained that people could raise issues or a complaint with any member of the management team.

People we spoke with told us they had no complaints and when they did raise any issues, they were dealt with quickly and appropriately. One person said, "Any issues or complaints and the staff sort it out. The staff make a plan and carry it out." One person told us they had raised concerns and did not feel they had been responded to appropriately.

Our survey responses from people who used the service showed 83% felt care workers and office staff responded well to any complaints or concerns they raised. 67% said they knew how to make a complaint about the care agency. Everyone who returned a survey told us they knew who to contact in the care agency if they needed to.

The registered manager told us they had not received any formal complaints in the last 12 months. We looked at the complaints and compliments files and saw the service had received several compliments. Comments included: "We can't thank you enough for all your care, patience and kindness", "Thank you so much for the care while mum has been with you", "They [the staff] showed the real meaning of care", "Your professional team as always made it so perfect".

Is the service well-led?

Our findings

People who used the service and visitors we spoke with told us the agency was well managed. Comments included: “Oh yes I’d fully recommend this place. It’s very good”, “It’s alright. I can’t think of anything that could be improved”, “It’s very good. I’ve got no complaints”, “It’s pretty good here”, “It’s lovely here. I’ve only been here a year or so but I’m really settled. I love it”, “You’d go a long way to find a place as good as this”, “The manager is great. You can go to her for anything”, “The manager is very nice”, “I’m satisfied. There’s nothing not to like here”, “The manager is very good. I went through a bad time when my husband died and she was wonderful”. One person told us they didn’t get on with management. A social care professional told us, “The service is well led.” Everyone who returned a survey told us they would recommend the agency to others.

Staff spoke positively about the management arrangements and told us they were happy working at the service. They said a member of the management team was always available. Staff told us they knew what was expected of them and understood their role in ensuring people received the care and support they required. We looked at a recent staff meeting record which showed the team had discussed topics relating to quality of care and safety. One member of staff said, “Staff turnover says it all; we’ve had the same staff for ages. No one wants to leave, we have no vacancies.” Another member of staff said, “It’s a good team. If we’ve got any concerns we run it by the senior but we’re comfortable going to the assistant manager or manager.”

We looked at a number of different records that showed the quality and safety of the service was monitored. The management team had completed different audits which included medication, care plan, food safety and infection control. The service manager, who managed the registered manager, had completed quarterly health and safety audits.

Staff told us they always recorded any accident and incidents and reported these to a senior member of staff.

Accident records we looked at contained a good level of detail and showed what had occurred, actions taken at the time and actions to prevent repeat events. The registered manager did not have a system for collating information about the number and type of accidents and incidents that happened at the service, which helps identify trends or patterns. They agreed to introduce this straightaway.

People who used the service told us they could express their views. From discussions with people who used the service and relatives it was evident that they felt involved with the service in a meaningful way, and communication with care workers and managers generally worked well. Some people however, said they put forward ideas for alternative activities but these had not been included in the activity programme. We also received the following comments when we asked people about resident meetings and feedback surveys: “They hold meetings with residents but I never bother going”, “I think they do surveys here. They send them out but I don’t take much notice of them” “The staff give out questionnaires and I fill them in but it doesn’t make a difference. Nothing much seems to happen.”

The registered manager told us they held resident meetings but generally there was a poor turn out, therefore, they were going to review these and look at how they could encourage more to attend. We looked at the meeting minutes from June and August 2015 which showed different topics were discussed and had included meal times, activities and trips out. The previous resident minutes were July 2014.

The provider had sent out surveys in May 2015 and had analysed responses. They provided positive feedback, for example, 69% said they were very satisfied with the politeness of care givers and 28% were satisfied: 53% said they were very satisfied with the skills of care givers and 38% were satisfied. The survey included all the provider’s services and results were received from 1309 people. There was no breakdown of feedback from individual locations so it was not possible to establish people’s views in relation to Moor Allerton Care Centre.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have systems for the proper and safe management of medicines.</p>