

Methodist Homes

Moor Allerton Care Centre

Inspection report

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13 April 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 April 2018. The inspection was unannounced on the first day. This meant the staff and provider did not know we would be visiting. The second day was announced.

Moor Allerton Care Centre is a domiciliary care agency a complex of two houses called Rose Court and Yew Tree Court. It provides a service to older adults. Not everyone using Moor Allerton Care Centre services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. At the time of our inspection, 40 people were using the service.

There was a registered manager at the service. 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.

Some people who used the service did not have capacity to make decisions. We found not all people had a completed mental capacity assessment in place when this was required. The registered manager had not received training on how to complete the assessment forms. We recommended the provider research the Mental Capacity Act 2005 to ensure best practice.

People were protected from avoidable harm and abuse. There was a safeguarding and whistleblowing policy which staff followed.

Accident and incidents were managed effectively and actions taken to avoid re occurrences. Risk assessments were in place to keep people safe and reviewed regularly.

Staffing levels were sufficient to meet people's needs and robust systems were in place to recruit new staff. Staff received training to ensure they can meet people's needs and completed regular updates. Staff told us they felt supported and had regular supervisions and annual appraisals.

Medicines were managed safely and protocols were in place for when 'as required' medicines were administered. Staff followed the provider's policy that ensured people always received their medicines and this was recorded.

People living in the home had positive relationships with the staff. They told us staff were kind and caring.

Care plans were person centred and individualised to meet people's needs. People's privacy and dignity was respected by staff and people were involved with their care planning. People using the service were given explanations by staff about their care and encouraged to be independent.

People were offered choices about their care and there was useful contacts available for advocacy services should people wish to have further support to help them make decisions.

People were supported with their nutritional needs and health care professionals were involved in peoples care when needed.

Complaints were managed effectively and people and staff told us they felt confident to raise any concerns and that they would be managed promptly. The provider had also received a number of compliments.

There was a registered manager in post who was visible and people knew who they were.

The provider had developed strong community links which gave people options of activities, access to places and reduced social isolation.

Surveys were provided to people, to gather their views of the service. The quality of care was monitored through governance systems and audits which highlighted where improvements were needed.

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 

This service was safe.

Medicines were managed safely.

People felt safe and were protected from avoidable harm. Effective systems were in place to manage safeguarding concerns.

All but one risk assessment we reviewed had been completed and updated regularly to reflect people's needs. Accident and incidents were managed and actions taken to prevent re occurrences.

Staffing levels were sufficient to meet people's needs and recruitment processes were robust.

Is the service effective?

Requires Improvement 

This service was not always effective.

Not all capacity assessments had been completed to show when a person lacked capacity.

New staff received an induction and staff completed regular training. Staff were supported with supervisions and annual appraisals.

People were supported to access health care services and received appropriate support with their nutritional needs.

Is the service caring?

Good 

This service was caring.

People were treated with kindness, dignity, privacy and respect.

Staff provided explanations to people about their care and involved them in decision making.

Care records detailed peoples wishes and preferences around their care and treatment provided.

People were encouraged to be independent as possible.

Is the service responsive?

Good ●

This service was responsive.

People's needs were assessed and appropriate care plans were in place. These contained information about people's individual needs and were regularly reviewed.

The provider offered activities to those receiving care to prevent social isolation.

Complaints were managed effectively with actions taken and lessons learnt.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke positively about the service and the care received.

People's views were sought annually and the provider had received positive feedback.

The service was monitored, when shortfalls were found action was taken to maintain or improve the service.

The provider had community links so people had access to other services and facilities.

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.

This comprehensive inspection took place 12 and 13 April 2018. It was unannounced on the first day and was carried out by one inspector and one Senior Qualitative Analyst. The second day was announced.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We also contacted the local authority, other stakeholders, and Healthwatch to gather their feedback and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with four people who used the service, one relative, three care workers, the deputy manager and the registered manager. We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at four people's care plans, medicine records, four staff personal files and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People told us they felt safe, comments included, "Yes, I feel safe and listened to", "Yes, they make sure I'm ok" and "Perfectly safe." The service had appropriate systems and procedures in place which sought to protect people who used the service from any abuse. Staff were aware of the different types of abuse and a safeguarding policy was in place with clear instructions for staff to follow should this be required. The provider also had a whistleblowing policy and staff told us they felt confident to raise any concerns. One staff member said, "If you think something is wrong then I would ring head office or speak to the manager."

Risk assessments were in place for those people that required them or when people's needs changed. For example, one person had a choking risk assessment in place as they had difficulties swallowing (Dysphagia). The risk assessment outlined instructions for staff to follow, this included a fork mashable diet to prevent possible choking. We saw the person had received input from health professionals including a dietician, nutritionist and speech and language therapist to support them with their needs. There was a 'Dysphagia' plan in place with instructions on how to support the person to swallow. Due to these risks the person received liquid medicines rather than tablet form to prevent the risk of choking.

Another risk assessment was put in place for a person due to their mobility needs. The person required support from staff to complete daily tasks including, showering. The instructions for staff were clear and stated, '[Name] requires two staff to assist with showering and dressing. Transfers completed with support of two staff with a standing aid.' The person also had a wheelchair for when they were unable to walk and a profiling bed to support their mobility needs.

We were told by one relative that the provider had been quick to respond to their relatives needs following a fall and supported the person to obtain a standing hoist to support and prevent future falls.

We did find one risk assessment which had not been completed for a person who had bed rails due to the risk of falling from their bed. We discussed this with the registered manager who immediately put a risk assessment in place before the end of our inspection. Other people who required bed rails did have risk assessments in place and these were checked on inspection.

We saw the provider had an emergency contingency plan in place for when urgent incidents or emergencies occurred. There was a list of contacts for staff to use when needed and the registered manager told us there was always one manager on call and available should staff need support during the night.

Accidents and incidents were managed effectively. Individual incidents had been recorded in peoples care files and the registered manager told us this was so staff could monitor for any trends or themes which may require further action. We saw actions taken to mitigate future risks when an incident had occurred. For example, we saw one incident where a person had displayed challenging behaviour towards staff. The provider acted immediately by contacting their general practitioner and obtaining input from the community mental health team. This ensured actions had been taken to reduce the risk of harm to others.

We looked at the rota's and the manager told us staffing levels were flexible depending on people's needs. We did not have any concerns about staffing levels when we reviewed the rotas and observed people's needs being met during our visit, this confirmed staffing levels were sufficient to meet people's needs. Staff said, "We get the time to spend with people" and "There is definitely enough staff, we all help out and work together." One person using the service told us, "I've not had to wait for staff, they come on time."

We looked at staff recruitment records which showed checks undertaken by the provider before staff began work. Checks included; application forms, interview notes, confirmation of identity, two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff have a criminal record or are barred from working with children or adults at risk. We looked at four staff files which followed the provider's policy relating to recruitment.

At the last inspection we found the provider did not manage medicines safely. At this inspection we found the provider had taken action to improve the management of medicines. Medication administration records (MARs) were used to record when medicines were administered. We found the MARs we look at had been all been signed, correct codes used if they were not administered and reasons given.

The provider had protocols in place for 'As required' medicines which were detailed and provided instructions for staff to follow. The provider had also reviewed and updated their medication policy to ensure staff had appropriate guidance to follow. Care files documented the medicines that people were prescribed and this was the same as written on their MAR's.

Topical MAR's were in place for when people required lotions or creams. Body maps were used to show staff where to apply the medicines, the dose required and the reason for application. For example, one person was prescribed a cream to protect against broken skin due to their skin being dry.

The provider had an infection control policy which was followed by staff. We saw people using personal protective equipment to protect against cross-contamination and infectious diseases. Equipment used by people was checked individually and staff ensured the equipment was safe before using.

Is the service effective?

Our findings

Not all of the people who used the service had the mental capacity to make informed choices and decisions about all aspects of their lives. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We discussed whether anyone in receipt of care from the service had an authorisation in place from the Court of Protection, to lawfully deprive them of their liberty in a community setting. The manager told us that to their knowledge none of the people they supported had such authorisations in place but should such authorisations be necessary in the future, they would pursue this with the relevant parties.

We checked whether the provider was working within the principles of the MCA and found not all capacity assessments had been completed for those who lacked capacity. For example, one person's care plan stated that they lacked capacity but we saw no evidence of a capacity assessment within the care file. We did not see any decisions had been made regarding this person's care however, should this be required a capacity assessment should have been in place.

Another capacity assessment had recorded the person's answers to questions asked about whether they were able to retain information however; no other details had been recorded. We discussed this with the registered manager who said they would complete the entire assessment to show whether the person lacked full capacity or not. The registered manager told us although they were trained in MCA they had not been provided with specific training on how to complete the capacity assessments used by the provider.

We also found one person's care file which stated a relative had power of attorney for a person's finances. There was no documentation to evidence that the relative had legal power of attorney therefore the provider could not be certain that the relative had the power to make any decisions. We did see power of attorney documents evidenced in other people's care files and the registered manager said they would obtain this information from the relative and ensure it was in their care file.

We recommend the provider researches the MCA 2005 and its application, to ensure best practice is followed and also that staff are trained so that they understand the MCA.

People's consent was obtained both verbally and recorded within care plans if people had the capacity to do so. People told us, "They always ask if there is anything we want" and "They explain what they are doing, it's all very good."

People and staff told us they felt they had the right skills and knowledge to meet people's care needs.

Comments included, "I have done all of my training, the first aid course that I went on was fantastic, the training is brilliant and interesting" and "Yes the staff get enough training."

An induction programme was in place for new staff. This included an induction booklet which included areas of focus for the new staff to learn such as, nutrition and hydration. The booklet also required staff to answer questions about what they had learnt to show that they had understood their training and were competent. Shadowing of experienced staff was also required for a minimum of two weeks and training completed. The registered manager told us new staff had a probationary period and their competencies checked before working independently, this was recorded in staff files.

Mandatory training was made available by the provider and we saw that the majority of staff had completed this. Refresher updates were also completed by staff. Some of the training courses included, moving and handling, health and safety, fire safety, safeguarding, MCA, Equality and diversity, nutrition and hydration, infection control and safe food handling. The registered manager had a matrix in place to show and monitor which staff had completed their training with 97.7% of staff completing MCA training and all others were 100% complete.

Staff told us they received regular supervisions and annual appraisals. Staff files recorded supervisions and appraisals which followed the provider's policy. Staff told us, management provided support and were approachable. One staff member said, "Yes, the manager is approachable and the deputy." The registered manager used a matrix to record to ensure staff had regular meetings to discuss work with staff and development of their skills and knowledge.

People were supported with their nutritional intake. One staff member told us, "We make some people breakfast or check if others have got enough food. We do shopping for some people. We offer people a choice; some people might want their food cut up. If a person was not eating we would encourage them to and give different options. We also offer drinks and snacks. If someone wasn't eating I would tell the senior and make a referral to the nutritionist, document their food and fluid and weigh them to check for any weight loss."

One person with a visual impairment told us staff supported them with their food intake by cutting all foods and placing this on coloured plates to make it easier for the person to see their food which helped the person remain independent with their eating.

Care plans detailed health care professionals involved in peoples care so that they could be contacted by staff and people using the service. Some of these included general practitioners, district nurses and mental health teams. One relative said that district nurses often attended to their relative due to the person having a pressure sore. One staff member told us, "We can help and arrange appointments or make referrals. We can get a social worker for someone to assess if they need occupational therapy input or if they need equipment for example, a walking frame, slide sheets or a different bed."

Is the service caring?

Our findings

People that we spoke to and their relatives told us staff were kind, caring and happy with the care provided. One person's relative said, "I would give it first class. We are fortunate, very happy and comfortable. They are very kind and caring." Comments from people using the service included, "I'm well looked after" and "Yes they are respectful. I get on with all of them, they are polite."

One person gave an example of how staff had gone above and beyond. Since moving from their own home into Moor Allerton Care Centre they had missed their garden. The provider took action to help the person and their relative by planting some of the flowers from their original garden into the grounds of their new home at Moor Allerton Care Centre so they could still see them every day. The relative of the person also said they once had to be admitted to hospital and the provider supported the person by increasing their visits to ensure their care needs were being met. The relative said, "It was fantastic, they looked after [Name] every day."

People were encouraged to stay in touch with their loved ones, friends and family. Care files documented those people they wished to remain in contact with and outcomes stated, 'To stay in touch with family and see them regularly.'

The provider had an equality, diversity and human rights policy which informed staff of the conventional rights which included the freedom of expression, protect from discrimination in respect of the rights and included information about protected characteristics. We saw that care plans asked about people's sex, religion, likes and dislikes to ensure they captured people's diverse needs. For example, one person had identified the Church of England as their religion but chose not to continue to practice and staff respected this.

We saw people were asked about their care in reviews and asked about who they would like to be involved in their care. For example, one person had requested their brother be present at their support plan meetings. Another person we spoke to said they had seen their care plan and that they were involved in all review meetings.

People told us they were informed about their care and this was also recorded in people's care files. For example, '[Name] to wash themselves but can become disorientated. Staff to take time to explain to [Name] everything that you will do.'

People's privacy and dignity was respected by staff at all times. One person said staff assisted them to the bathroom but always left to ensure they had their own privacy but were close by in case they required support. The person said, "They always knock before they come in." One staff member stated, "When we wash people we cover them up. It's about treating people how you would like to be treated yourself."

People using the service were encouraged to remain independent as far as their health would allow. One care plan stated, '[Name] has Alzheimer's and can become disorientated or upset. Staff to give re-assurance,

support and assist [Name] to continue being independent as she used to before. To help her be aware of everything she's doing and the care provided for her.' One staff member said, "I ask if they want to wash their face and body, give independence if they want to dress or feed themselves but may need to help. I always ask and never presume they can't."

We saw one person had moved to Moor Allerton Care Centre from a nursing home as they wished to live in the community. This helped the person to be more independent and improve their quality of life.

Care plans recorded peoples individual communication needs to ensure they knew how best to communicate with each person they cared for. For example, one care plan stated '[Name] has glasses and hearing aids to support and help communications with others.' It recorded details of the person's mental health and how at times they can become frustrated. It recorded possible triggers of when the person may be frustrated which included the person talking in a different language and swearing so staff were aware. It advised staff on how best to communicate with the person during this time for example, 'When I become frustrated I want staff to give me re-assurance.' We saw records where staff have given the person re-assurance and time to reduce levels of frustration before carrying on with personal cares which showed staff knew how to support the person in times of distress.

The registered manager told us that no person using the service currently had an advocate however; the provider had a policy in place which listed useful contacts for people to access an advocate should this be required. An advocate is a person who can support others to raise their views, if required.

We saw people's records were held securely. Information held in the office on computers was password protected and documentation was stored in lockable facilities to maintain data protection. One staff member said, "We don't discuss anything about people. We carry everything in a bag to keep it confidential."

Is the service responsive?

Our findings

Initial assessments had been completed prior to people receiving care to ensure their needs could be met. Following this care plans were devised to reflect people's individual needs and create a person centred care package. People using the service were asked about historical information, likes and dislikes so staff could build rapport with people and support them how they wished. For example, one person had informed staff of significant dates which were important to them and this included celebrating their wedding anniversary.

The provider had introduced 'my life story' which focused on getting to know people they cared for and help those people living with dementia to reminisce on their past experiences. For example, one person's life story included pictures of significant events which included their wedding day, pictures of them working as a nurse, a cut out of a newspaper which was about the person's grandparents who were famous. Significant birthdays, holidays and family pictures were also included to help the person remember their life and the experiences they have had.

The registered manager told us, care reviews took place every six months with the person and their relatives if they wished. We found reviews had taken place and people provided feedback about their care. For example, one relative said, '[Name] and family are very happy for [Name] to stay and live at rose court.'

Although the provider is a domiciliary care agency they also provided onsite activities for those people living at Moor Allerton Care Centre. People receiving care were informed of these activities and offered to attend should they wish. Some of these included trips to the church which had dementia specific groups, entertainment from singers, magicians and a visit from a local donkey sanctuary. The registered manager also told us they were in the process of arranging for some animals from a local farm to attend.

People were encouraged to continue with their hobbies and interests they enjoyed doing to avoid social isolation. For example, one person had said they previously enjoyed swimming and cycling so the provider made links with a local day centre, informed them of the person's wishes to do an activity they had previously enjoyed and this was arranged for the person by the local day centre.

People were given choices about their everyday life and care plans were individualised to meet people's needs. For example, one person had voiced their preferences and this was followed by staff. The care plan recorded, 'I would like to have a shower once a week and for this to be completed on a Monday. I don't like to get up early so 09:30am in the morning is fine to get up.' People were also asked about their preferences regarding input from staff and whether they preferred a male or female staff member.

The service had not received any complaints within the last 12 months and we found the last complaint was from November 2016. This had been managed effectively. There was a letter of apology to the relative along with outcomes and lessons learnt from the complaint. This included, reiterating to staff the importance of ensuring messages were relayed clearly and carefully to prevent confusion and frustration for relatives in the future. People using the service told us they knew how to complain and felt confident any concerns would be managed. One person said, "If you are concerned about anything they deal with it immediately."

The provider had received several compliments from people using the service and their relatives. Comments included, 'You have shown care and compassion towards my [Name] at all times' and 'Thank you for your contributions in making [Name] life at yew tree court happier and more comfortable.'

Is the service well-led?

Our findings

People using the service and staff said there was a positive culture within the service and that the management were always present. Comments included, "The management are always around. It's good. I get on with all of them", "so attentive", "I love it here" and "it's good working here, brilliant relationships. We are all like a family. We all live locally and see each other outside of work; we have worked here for many years."

Staff meetings took place regularly and staff told us they were kept informed of any changes within the service. One staff member said, "We meet every three months and write up the minutes which go in the staff room. We talk about any problems, training, new people coming into the service, events coming up and any other business."

There was a registered manager who had been in post since 2004 and we observed that people knew who they were and greeted each other on a first name basis. People using the service and staff spoke positively about the registered manager comments included, "The manager will deal with anything", "It's absolutely fantastic, welcomed me, been supportive and the management is great. The seniors are there to help you, any questions they are able to answer. I can't fault them. A lovely company to work for." One person using the service told us, they had recommended the provider to people that they knew because they felt the care received was good.

The registered manager had built a variety of community links to ensure people were not isolated in their homes and offered these to people using the service. Some of the links included, local day centres, activities that the provider had arranged, dementia specialist groups, church activities and the use of an access bus so people could go out shopping.

The provider carried out audits to monitor and improve the service being provided. We saw audits were completed on care plans and medicines. The registered manager had a matrix in place to show when people's MAR's and care plans needed auditing to ensure these were completed on a regular basis. Audits identified actions that needed to be completed for example; one person's care file did not include a nutritional assessment. The audit recorded this, identified a person responsible and a date for when this was completed.

The registered manager told us, a percentage (10%) of audits were carried out each month and more recently the area manager had completed an audit of care plans at their visit. This helped the provider to highlight improvements required and make the necessary changes to improve care being provided.

The registered manager told us annual surveys were sent to people using the service with the last one being completed in June 2017. The results showed 95% of people were very or fairly satisfied with the services being provided. 85% of people said their emergency alarms were responded to in a timely manner and 90% of people said they were very or fairly satisfied with the communication.