

Methodist Homes

Hatherlow House

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:

Hatherlow House provides personal care assistance for people who live in their own apartments situated within a purpose built three-story building. Staff provided care packages and were onsite 24 hours-a-day to maintain people's safety and welfare. At the time of our inspection, Hatherlow House was supporting 21 people with personal care and support.

People's experience of using this service:

People told us they considered Hatherlow House as a safe and comfortable place to live. People told us they had confidence in the staff who took care of them.

People received care from staff who had been supported in their role with appropriate training and supervision. Staff were caring and passionate about their role and knew people's needs, routines and preferences well.

Regular checks and audits were carried out to determine the quality and safety of the environment and the care being provided.

Risk to people was assessed appropriately, and measures put in place to support people safely. The service encouraged people to remain as independent as possible.

Most people living at Hatherlow House accessed the community independently. People were also offered a range of activities at the service which were provided both on a one to one basis and in group form. This helped ensure people participated in activities which were meaningful to them.

A regular chaplaincy service was offered onsite. Although Hatherlow House was run by Methodist Homes for the Aged, it welcomed and respected people of alternative faiths.

Feedback was sought from people, their relatives and staff to ensure standards were being maintained and to help drive forward improvements.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted a person centred, transparent culture and 'homely' atmosphere within the service.

Rating at last inspection:

At our last inspection, the service was rated "Good." (Report published October 2016).

Why we inspected:

This was a planned inspection based on the rating of the last inspection. The rating for this service remained

"Good" overall.

Follow up:

This inspection was part of our scheduled plan of inspecting services to check the safety and quality of care people received.

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

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

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

Hatherlow House

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Hatherlow House provides personal care assistance and support for older people who live in their own apartments.

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.

Notice of inspection:

48 hours' notice of the inspection was given to ensure people who accessed the service, staff and visitors were available to talk with us.

What we did:

Our inspection plan took into account information that the provider had sent to us. We also considered information about incidents the provider must notify us about. We obtained information from the local authority commissioners and members of the public.

Due to technical problems, CQC had not sent a recent request for the provider to complete the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what it does well and what improvements it plans to make. However, we

were able to find the information we needed in the last PIR submitted.

We spoke with nine people who used the service. We also spoke to five relatives to give us a greater understanding of people's experiences of care and support at Hatherlow House.

We spoke with the registered manager, two care staff, the chaplain, and a visiting professional. We reviewed three people's care records, staff personnel files, audits and other records about the management of the service.

We also undertook general observations of the service throughout the day.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care provided by Hatherlow House was safe. One person told us, "Yes absolutely, I do feel very safe living here, safe as houses." A relative told us, "[Person] is safe here, it is very secure."
- Staff received regular safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse, maltreatment and neglect, and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management

- Appropriate systems were in place for checking the safety of the communal environment and equipment.
- A fire risk assessment of the building was in place and each person had a PEEP (personal emergency evacuation plan).
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people.

Staffing and recruitment

- There were enough numbers of staff to provide people with safe and, consistent care and support. One person told us, "There is always staff around, they even call into my room to check I'm OK."
- People received care and support by staff who were familiar with their needs and routines. The service did not rely on agency staff; wherever possible, any sickness or absences were covered by permanent members of staff, including the registered manager.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medication was administered by care staff whose competency was regularly assessed.
- Medication administration records (MARs) contained the necessary information for safe administration of people's medicines, and medicines were stored safely in people's rooms.
- Protocols which were in place for the use of medication to be taken 'as and when required' (PRN medicine), guided staff on how they were to be used.
- Medication was regularly reviewed with the person's GP to help ensure that people were not taking medication unnecessarily. This was good practice.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager to identify any themes and trends. This helped to prevent the risk of incidents reoccurring.

Is the service effective?

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.

People's outcomes were consistently good, and feedback from people and relatives confirmed this.

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

- People's needs and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced the involvement of people and relevant others such as relatives. This helped build up a picture of the person. A relative told us, "They know [person] so well, better than us in fact!"
- Records contained details of people's preferred routines and preferences.
- Daily notes were recorded by staff which detailed all care and intervention carried out. People's care records were regularly reviewed with the person so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles, and were supported through inductions, supervisions and appraisals.
- Staff were competent, knowledgeable and skilled and felt supported by managers to develop further. For example, most staff had completed external courses in care such as National Vocational Qualifications (NVQs). These qualifications were funded and encouraged by the service.
- Most staff had undergone more specialised training to help meet the specific needs of people receiving care. For example, in Dementia Awareness.

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

- Staff were aware of people's dietary needs and requirements.

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

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate. We spoke to a visiting professional who told us, "Staff here are attentive, refer appropriately and carry out any care recommended."

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 with appropriate legal authority.

- Staff assumed people had the capacity to make decisions, unless assessed otherwise and demonstrated a good understanding of the MCA.
- Staff ensured people were involved in decisions about their care and treatment and supported them to have maximum choice and control of their lives. Staff asked and explained to people before giving care and support.
- People and their relatives told us staff discussed care with them and supported them with a collaborative approach.

Adapting service, design, decoration to meet people's needs

- Providers have a duty under the Equality Act 2010 to make reasonable adjustments for people using their services. Reasonable adjustments could include changing the physical environment in which care is provided. We saw that the service followed best practices guidance in relation to adapting the communal environment to better meet the needs of older people, for example with the use of handrails, access ramps to outside space and audible lifts.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- There were positive and warm interactions between staff and the people they were supporting. It was clear that staff knew people they supported well.
- Staff were motivated and passionate about ensuring people were well treated and supported. People told us, "Staff are wonderful" and "I couldn't be in a better place." Comments from relatives included, "The staff are consistent and friendly" and "Staff are caring and have banter with [my relative] which they love!"
- Each person had their life history recorded in their care plan and staff told us they used this information to get to know people. Relatives were often involved in providing this important information.

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

- The service adhered to the Accessible Information Standard principles. This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss.
- People's communication needs and any assistance they needed was recorded in their care plan.
- Staff supported people to make decisions and choices about their care and knew when people needed help and support. People were encouraged to make decisions for themselves such as what they wanted to wear and whether to have a bath or shower.
- People and their relatives were given the opportunity to express their views and opinions through regular meetings.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People's privacy and dignity were maintained.
- Staff offered people assistance and support in a considerate and compassionate manner and encouraged independence wherever possible.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records contained detailed information about people's preferences in relation to their support and treatment. Staff used this knowledge to care for people in the way they preferred. For example, people could choose their preferred gender of care staff. One person told us, "Staff know me and my routines."
- People's needs were regularly reviewed to ensure that any changes were identified and planned for.
- People's protected characteristics were recorded such as their religion and culture. The service also supported and respected the different needs and cultural beliefs of staff.
- People were encouraged to make choices and have as much independence as possible, including preferred activities. People were offered a range of activities to meet their needs and choices.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- At the time of our inspection, the service had not received any complaints. People told us they knew how to make a complaint but had never needed to.
- The registered manager encouraged an open-door policy to deal with any issues as and when they arose. They told us they would use any complaints they did receive as opportunities to improve the service for people.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes.
- The service worked proactively with other health and social care professionals to ensure people had a comfortable, pain-free and dignified death. Spiritual support was also provided in accordance with the person's wishes.

Is the service well-led?

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;

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had an effective system to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.
- The registered manager promoted a person-centred approach to care. They continually strived to improve and adapt to change to deliver personalised care.

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

- The registered manager encouraged an open-door policy. This helped ensure transparency in the running of the service. Staff described management as being, 'approachable', 'dynamic', and 'supportive.' Staff told us the manager was happy to help staff look after people during busy periods.
- Staff felt adequately supported to make suggestions about how to further improve practice.
- The registered manager submitted any required notifications to CQC in a timely way.
- The prior inspection rating was displayed prominently within the service and on the provider's website in accordance with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was obtained, and their views listened to. Regular meetings were held for people living at the service and people could choose what topics they wanted to discuss.
- The registered manager held regular staff meetings. Staff told us they found meetings beneficial as they encouraged good communication.
- The service also held meetings for relatives. We looked at the compliments file and saw positive written feedback.

Continuous learning and improving care

- The registered manager told us they had plans to further increase opportunities for social interaction for people. For example, by inviting residents from the providers other services for afternoon tea.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.