

# Methodist Homes Callin Court

## Inspection report

Grey Friars  
Chester  
Cheshire  
CH1 2NW

Tel: 01244315252

Website: [www.mha.org.uk/hs16.aspx](http://www.mha.org.uk/hs16.aspx)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Callin Court is an Extra Care Housing scheme close to the city centre. People using the service lived in their own rented apartments but had access to a range of communal facilities.

There are 44 apartments of which 39 were occupied at the time of the inspection. Not everyone who lived within Callin Court received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. On the day of the inspection 31 people were receiving personal care .

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

People told us that being at Callin Court made them feel safe. There were sufficient staff to meet their needs and to ensure their safety. Assessments were in place to manage the risks associated with people's specific care and also their environment.

People had confidence in the staff and felt they were more than able to provide the right level of care and support. Staff received good training and support to help them carry out their roles effectively

People were enabled to remain well. Staff encouraged and supported them to make contact with health or social care professionals if there were any concerns in regard to their health or welfare.

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

People felt valued and cared for. They told us they had a positive and trusted relationship with staff and were treated with dignity and respect. People were encouraged to be as independent as possible and support was tailored to meet their requirements. Staff understood people as individuals with their own needs and preferences.

People were not socially isolated as there were communal facilities and organised activities. People were encouraged to take an active role in matters regarding their accommodation and personal care support.

There was a complaints process in place and any issues were addressed and an outcome provided for the complainant. Learning from complaints or incidents was evident and action taken to minimise any reoccurrence.

People were confident that the service was well led. Staff were all positive about the support and leadership of the registered manager. The provider had an established system of checks in place to monitor the safety

and quality of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 17 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?**

The service was Safe.

Details are in our Safe findings below

**Good** ●

### **Is the service effective?**

The service was Effective.

Details are in our effective findings below

**Good** ●

### **Is the service caring?**

The service was Caring.

Details are in our caring findings below

**Good** ●

### **Is the service responsive?**

The service was Responsive.

Details are in our responsive findings below

**Good** ●

### **Is the service well-led?**

The service was Well led.

Details are in our well led findings below

**Good** ●

# Callin Court

## 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 an inspector and an inspection manager.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is 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 is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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.

We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior care staff, care staff, the maintenance worker and the administrator.

We reviewed a range of records. This included four people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to obtain clarification from the provider to validate evidence found. The registered manager provided us with additional evidence to support the inspection process.

# Is the service safe?

## 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

- People living at Callin Court said it made them feel safe and secure. Having staff available at all times reduced their anxiety at times of ill health. One person explained, "I feel safe. I know I can press this [alarm] at any time for anything and they will be here". A relative confirmed "I am completely 100% confident that [relative] is safe".
- Policies and procedures in relation to safeguarding and whistleblowing were in place. Staff were aware of these and knew how to raise concerns.
- A safeguarding/health & safety/training notice board was created for staff within the staff room for extra support and advice if needed.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Matters had been reported and investigated appropriately.

Assessing risk, safety monitoring and management

- Risks which could affect a person's daily life were clearly documented and known by staff. Risks identified within the communal living environment and equipment used were also considered.
- Plans were put in place to mitigate and reduce risks as far as was possible.
- Where appropriate, a Herbert Protocol was completed. This is a national scheme introduced by the police in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.
- We asked the provider to further review the 'stay put' policy they had in place in the event of a Fire.

Staffing and recruitment

- People were extremely positive about the staff and confirmed they had a familiar core group of staff who supported them.
- If staff were running late, people were informed so they were not left wondering if or when someone would arrive.
- The service was responsive and tried to accommodate changes to call times where necessary.
- Staff files contained the necessary pre-employment checks to ensure that only fit and proper persons were employed.

Using medicines safely

- Records for the administration of medicines were completed correctly.
- Protocols were in place to direct staff as to how and when to administer 'as required' medicines or those with a variable dose.

- Staff received training in the safe management of medicines and their competency was checked throughout the year.
- People's independence to manage all or some of their own medicines was maintained as long as it was safe to do so.

#### Preventing and controlling infection

- Staff were aware of the principles of infection prevention and control.
- Personal protective equipment was available for staff to use when care was provided. People confirmed that it was used.

#### Learning lessons when things go wrong

- The accident and incident records kept were complete and actions taken overseen by the registered manager who monitored for any themes or patterns. Preventative action was discussed with people who used the service and staff so that steps could be taken to prevent a similar accident or incident occurring in the future.
- Complaints and concerns were also evaluated to see how practice or approach could be improved to avoid a similar issue in the future.



# 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.

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

- Assessments were undertaken of people's needs upon commencement of the service. These were comprehensive and allowed staff to deliver the right level of support.
- Assessments were reviewed and updated regularly to ensure that they presented an accurate reflection of a person's needs. Physical, emotional, mental and oral health were all considered and addressed.
- Staff used the skills and knowledge acquired in training effectively to ensure that support was delivered in line with best practice.
- The registered manager had recently introduced a folder for staff that contained up to date information on Safety Alerts

Staff support: induction, training, skills and experience

- New staff had an induction of both theory and practice. They were shadowed until they felt confident to work independently.
- People had confidence in the staff and felt they were competent and knowledgeable.
- Staff were provided with on-going training to ensure that they continued to provide good quality care.
- Regular supervisions and appraisals were held with staff which they found to be effective. Spot checks and observations were carried out to focus on care delivery and quality of care.

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

- A nutritional assessment was in place to ensure that people were not at risk of malnutrition or dehydration.
- Information was available for staff on any foods that a person should avoid due to health conditions or interaction with their medication.
- Care plans indicated the support people required to ensure they had sufficient food and drink throughout the day.
- People were supported to prepare meals of their choice. They also had the opportunity to use the on-site restaurant and to have a more social mealtime experience.

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

- Staff were vigilant in identifying health concerns. One person told us, "The staff saw that I had a problem with my legs and suggested I needed to call the Nurse. I am so grateful as I had not noticed this myself."
- The input from other health or social care professionals was considered and integrated into care planning.
- The service worked alongside health and social care professionals when people required additional equipment or support to remain at home.

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

- People were supported by staff and the landlord to arrange adaptations to their own homes.
- Equipment and technology such as personal safety alarms were available and enabled people to remain independent for as long as possible.

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.

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 and found that they were.

- Staff started from the premise that people had the mental capacity to make decisions for themselves and this was addressed in any assessment undertaken.
- People had signed their care plans to confirm their consent to support and the sharing of specific information to other people. This included whether or not they wished for their neighbours to be told if they went into hospital.
- Staff talked to us about how people were involved in decisions about their care and how they made decisions in a person's best interest where they maybe lacked in capacity.
- Care records indicated where a person had given legal authority for someone to make decisions on their behalf e.g. through a lasting power of attorney.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now 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

- People were extremely positive about the relationships they had formed with the staff and the registered manager. A person told us, "The friendliness, the warmth, that is what struck me straight away." And, "The staff go out of their way to help."
- Relatives were reassured by the support provided and had passed on a number of compliments to the service. Statements included, "Thank you to all the staff helping Dad to live so happily, everyone looks after him in a respectful and loving caring manner" and "When I visited Callin Court, I went with my gut feeling. I am confident that I have made the right decision for my [relative]."
- Staff demonstrated in discussions that they knew people well and had an understanding of their needs. Staff understood equality and diversity and received training in this as part of their induction.
- Records indicated that time was taken to find out what a person liked, disliked and what were their wishes and aspirations.
- Peoples cultural and spiritual needs were also highlighted and addressed. People's needs were identified including those related to their age, disability, ethnicity and gender.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their families were involved in the decisions around their care. Care plans were written with input from people and day to day care was only given with consent.
- People's privacy was respected. One person commented, "Staff are not over intrusive but they are there if I need them" and another said, "Dignity and respect is absolute".
- A person told us, "The flat is my own front door, and this is respected. Staff use the doorbell before coming in". We observed this to be the case. Staff always knocked on people's doors before entering even when people left the doors unlocked or staff had keys for ease of access.
- People were supported to maintain and develop relationships with those close to them.
- The communal facilities were able to accommodate family gatherings and to assist with preparations for birthdays, anniversaries and other special occasions.
- Funded through charitable support, the provider prided itself in being able to facilitate personal and memorable opportunities and activities that enable tenants to quite literally 'seize the day'. One person had recently had a lifelong wish fulfilled and described how they had felt, "Elated" and, " Thrilled".

# Is the service responsive?

## 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.

### 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.

- People's information and communication needs were assessed at regular intervals throughout.
- Adaptations were made to meet a person's needs: e.g. by providing newsletters with different type face or colours for these with visual impairments.

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

- People's care plans contained clear information about specific needs, personal preferences, routines and how staff should best support.
- People said that they were encouraged to be independent and to do as much for themselves as possible. Care records supported this as they were enabling and focused on what a person was able to do or wanted to achieve.

### 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

- Communal areas in the court were popular and encouraged interaction. One person told us "I felt so lonely at home, I was so pleased to have found this place".
- People were enabled to follow a variety of interests and activities. Ideas and events were initiated by everyone who lived in the extra care shared living site based upon their interests. One person had an interest in classical music and had arranged classical music events for other tenants to enjoy.
- Staff supported people to participate and recognised the importance of people developing friendships.

### Improving care quality in response to complaints or concerns

- Complaints received had been recorded, investigated and appropriately responded to.
- There was a complaints process for people to follow and this was readily available within the service.
- People were confident that they would be able to raise a concern about their care and that it would be addressed. However, some expressed dissatisfaction in the time it took the landlord to resolve issues in regards to maintenance and upkeep of the building.
- People said that the new registered manager had an 'open door' approach which they found to be refreshing and enabled them to talk about issues immediately.

### End of life care and support

- Staff were aware of those people who had expressed a wish not to be revived in the event of specific health circumstances. These people had a Do Not Attempt Cardiopulmonary Resuscitation Order in place for this purpose.
- Staff spoke openly to people about their wishes at the end stages of their lives and any requests were documented so people's rights could be respected. Records included preferences relating to protected characteristics, culture and spiritual needs
- The service supported people to remain at home with life limiting conditions and an increased care package should this be their expressed wish.

## 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.

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 using the service said that the service was well led. They told us they were pleased with the new registered manager. One comment summed this up, "Improved quite a lot with the new manager; big improvement. They visit us, know us all and are always around; accessible."
- Staff acknowledged that the registered manager had some good ideas about how the service could move forward and improve. One also commented, "They never walk past a person, they know all the tenants and take time to speak with them, to see how they are".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on their duty of candour responsibility.

- The service provider had in place a system of audits to monitor safety, welfare and to make improvements when needed.
- Paper records such as MARs and care plans were audited when they were returned to the office. These were reviewed to ensure that staff had adequate information on people's needs, people's consent had been obtained and that risk assessments and daily notes were accurate.
- The provider and registered manager were aware of their responsibility to notify the CQC of key events and had done so appropriately.
- The rating of the last inspection was visible on the service website and in the building.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service regularly sought the views of staff although the number that had participated in a recent survey had been disappointing.
- People were empowered to voice their opinions, and the management team responded to comments put forward. There was regular reporting and systems of meetings in place that enabled the people living at the scheme to make their voices heard.
- The registered manager had introduced an open door policy and people came with their individual matters directly as well informal conversations that took place ad hoc.
- Staff felt supported and told us they had been thanked and rewarded for things they had done 'over and above' what was expected.

### Continuous learning and improving care

- As a result of ongoing learning and improvement a number of new processes had been implemented since the last inspection.
- All staff were now competent to administer medication and a 'site specific' medication booking in procedure had been devised to ensure all staff are confident with booking and checking in medications in safely.
- Changes had been made to the ways in which the timeliness of supervision and care plan reviews were monitored, and this meant that these were now up to date.
- A new rolling rota and changes to shift patterns had been devised to ensure stability and continuity for tenants and staff. New 'job cards' were in place to ensure effective care is delivered and to meet the needs of our tenant.