

# Methodist Homes Carter House

## Inspection report

Berwyn Grove  
Parr  
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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

Carter House is an Extra Care Service. This service provides care and support to up to 18 older 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 occupants 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. At the time of this inspection 15 people were using the service.

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

The registered manager and staff were passionate about providing people with a 'home for life' and supported them to remain as independent as possible whilst ensuring they were safe and well looked after. People and family members spoke highly of the caring approach of staff and the registered manager. Family members described the staff team as always willing to go the extra mile to make sure their loved ones were happy.

Staff were motivated to deliver care in a person-centred way based on people's preferences and likes. People felt listened to and told us staff always had time to sit and chat with them. Family members told us staff were keen to offer them additional support where needed.

People told us they felt they received care from staff that made them feel safe and were confident they were well looked after. Family members were reassured that their loved ones were safe. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Risks to people had been assessed and those identified were managed safely by competent staff. Where people required support with medication this was managed safely; people and family members confirmed that medication was received at the right times. Where required, people had access to appropriate equipment and were supported to ensure their homes remained safe.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. Staff were available 24 hours a day and people told us they were always quick to respond to any support they needed. Staff had received a range of appropriate training and support to enable them to carry out their role safely and effectively.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People received support to maintain good food and drink intake and their healthcare needs were understood and met. Care was delivered in a personalised way and in line with information recorded in people's care plans.

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. Staff supported people to access the community and attend local events to encourage social interaction and independence.

People and family members spoke positively about the management of the service; family members told us the registered manager was always approachable and supportive of them and their loved ones when needed. Effective quality assurance systems were in place to check the quality and safety of the service.

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

This service was registered with us on 16 August 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration of the service.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

# Carter House

## 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

This inspection was carried out by one inspector

#### Service and service type

This is an Extra Care service that provides care and support to people living in rented accommodation in a shared site or building. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since they had first registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two family members about their experience of the care provided. We spoke with three members of care staff and the registered manager.

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

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Carter House. Comments included "Yes I feel safe, the staff are always here to help me if I need them" and "Yes I do feel safe, I'm not really a worrier but knowing there is someone here at night really helps."
- Family members told us they felt reassured their relatives were safe and were able to relax knowing they had staff around to help them. One family member told us "It's a massive reassurance knowing [relative] is safe, I live in Wales and I know that staff will wait with him if there is a problem until I get there."
- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident reporting safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and plans were in place that provided guidance and information for staff to manage and keep people safe from avoidable harm.
- People were encouraged and supported to take positive risks to ensure they lived as unrestricted a life as possible. For example where people had difficulties with memory loss, thorough assessments were completed and contingency plans in place to allow them to access the community safely.
- Each person had a plan in place to support with safe evacuation in the event of an emergency; information regarding their care and support needs was accurately recorded.
- Where people's needs changed staff were quick to respond and ensure appropriate equipment was installed to keep them safe. One family member told us "[Relative] has Parkinson's and staff quickly saw that she needed bed rails. They were ordered and fitted that same day to make sure she was safe in bed."

Staffing and recruitment

- Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's needs. Staff were on site 24 hours a day to ensure people had access to support at all times of the day and night.
- People told us they felt there were enough staff and spoke positively about the quick responses of staff when they needed help. One person told us "I had a fall the other day and I shouted for help and they [staff] were with me straight away."
- Safe recruitment processes were being followed to ensure newly recruited staff were safe to work with vulnerable people.

Using medicines safely

- Medicines were managed safely by suitably trained staff; assessments were completed yearly to ensure staff remained competent to administer medicines.

- Where people required support with their medication this was clearly recorded in their care plan and assessments completed to provide guidance for staff. Where people had been assessed as able to administer their own medicines this was also recorded.
- People's medicines were stored securely in locked cabinets in their own rooms; staff ensured these remained locked at all times when not in use.
- Records relating to medicine administration (MARs) had been completed accurately.

#### Preventing and controlling infection

- Staff received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment (PPE) and good hand washing techniques to minimise the spread of infection.
- The environment was observed to be clean and well maintained; domestic staff were employed to maintain the cleanliness of the communal areas such as lounges and kitchens.

#### Learning lessons when things go wrong

- A record was kept of any incident or accidents that occurred within the service. Incidents were reviewed regularly by the registered manager to look at patterns and trends. Action was taken to prevent incidents occurring 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 had been completed prior to people moving into Carter House to ensure staff were able to meet their needs. People and family members had been involved in the assessment process throughout.
- Assessments completed by social care professionals had also been used to help provide information regarding people's care and support needs.
- People told us, and family members agreed, that staff knew them well and how best to meet their needs.

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

- People told us staff supported them to access health professionals such as GPs when needed. One person told us "I had to go for an x-ray after my fall and they took me and made sure I was okay."
- Where people received on-going support from health and social care professionals this was recorded within their care plans and staff followed guidance and advice offered to ensure effective care was given.
- Family members were confident that staff were quick to identify changes in their relative's needs and contact appropriate health professionals for advice and support. One family member told us "Staff are really good, they know when [relative] isn't right and they action it straight away and get the nurse or GP out."

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

- Staff supported people with preparation of meals whilst ensuring they remained as independent as possible.
- People's dietary needs were clearly recorded in their care plans and staff had good knowledge of these.
- Communal kitchens enabled people to have access to regular drinks and snacks throughout the day and cook meals for themselves where able to.

Staff support: induction, training, skills and experience

- People and family members told us they were confident staff knew what they were doing. Comments included "They [staff] know what I need and how to do things," "Yes they [staff] know what they are doing, when I had my fall they knew exactly what to do" and "Staff definitely know what they are doing, they really quick to pick up on [relative's] changes."
- Staff were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.
- Staff continued to receive training throughout their employment in order to maintain up-to-date skills and knowledge; training received was appropriate to people's needs and the requirement of their role.

- Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss their work concerns or learning and development when needed.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice and control over the care they received. Comments included "Yes they [staff] always ask me first they never do anything I don't want them to" and "Definitely I get choice, the staff are great."
- Records to evidence consent for care had been signed by the right person.
- The registered manager kept a record of people who had family members or others with legal authority to help them make important decisions about their care; they told us despite this people would always still be given choice and control over their day-to-day lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us staff were always kind and caring towards them and made time to chat with them and get to know them. Comments included "I like them [staff]. We get looked after. They are really friendly and kind," "They [staff] are really kind and caring, they are really good and they know me well" and "They [staff] are very nice. They chat when they come to see me, they are really friendly."
- Family members spoke positively about the caring nature of the staff and registered manager and the level of support to make sure people were happy and well looked after. One family member told us the registered manager had gone to great lengths to support their relative to have a pet following the death of a loved one as they knew how important this was to them.
- One family member told us "I want to tell you how wonderful they [staff] are. They have given my [relatives] such a good quality of life. They always greet you with a smile and you can talk to any of them."
- Equality and diversity support needs were considered as part of the assessment process; the registered manager had a good understanding of their role and responsibility to ensure appropriate support measures were in place.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always made them feel comfortable when supporting them with personal care; they gave reassurance and treated them with dignity at all times.
- People were supported to remain as independent as possible and have a 'home for life' at Carter House.
- Staff understood the importance of maintaining people's confidentiality and gave examples of how they did this.

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

- People and family members told us they were given the opportunity to share their views about the care they received. One family member told us "We are always part of the reviews and they [staff] are always happy to discuss [relative's] care."
- Regular review meetings were held with people and family members to discuss care and obtain people's views.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's individual care needs had been identified and care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate.
- Care plans contained detailed information about people's 'aspirations and ambitions' and 'life history' in order to help staff get to know people and provide person-centred care and support.
- Care plans provided up-to-date and relevant information regarding the care and support people required at certain times in the day. However staff were available 24 hours a day to ensure support was always available when needed.
- People told us, and family members agreed, staff were responsive to their needs and made them feel reassured that support was always there. Comments included "When I had my fall, they [staff] came really quickly. I didn't have to wait" and "They [staff] are really quick to identify issues with [relative] and act quickly, they never leave her waiting."

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.

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- The registered manager was aware of the need to ensure that information was made available to people in a way they would understand, such as large print for those with sight impairment, should they require it.

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 This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- Three double rooms meant that the service could support people to carry on living with people important to them such as husbands and wives.
- The registered manager told us there were no restrictions on visiting times which meant family members and friends could visit whenever they liked.
- Staff used meal times as a way of encouraging people to interact and socialise to reduce social isolation

and encourage people to develop relationships.

- People were supported to access the community to help maintain social interaction and independence. People's care plans and flats contained information about local community groups and events.
- Various activities were provided by staff on a regular basis to encourage interaction amongst people and staff.

Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with.
- The service maintained a record of complaints to show how complaints had been dealt with; those recorded had been dealt with appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care however the registered manager was passionate about Carter House being a 'home for life' and where possible provide end-of-life care that was person-centred and compassionate.
- People's care plans provided detailed information regarding their wishes and preferences for end-of-life care.
- Staff received appropriate training in end-of-life support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and family member spoke positively about the quality of care they received and how reassured they felt living at Carter House. One family member told us "I can't tell you how wonderful they [staff and manager] are. All you want is somewhere that is safe and secure and where your relative is well looked after. Everyone goes the extra mile, they just do it. I would highly recommend them to everybody."
- The registered manager was passionate about people being able to have a 'home for life' with the right care and support to enable them to achieve this.
- Staff had a good knowledge of the registered manager's vision and values for people living at Carter House and worked hard to implement this.

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

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service.
- The registered manager and staff worked closely with other health and social care professionals to ensure good outcomes for people.
- Links had been developed with community groups and to help engage people and support with social interaction.
- The service worked closely with a local home care service to help provide additional support for people to access the community for longer periods of time.
- The registered manager had developed a good working relationship with the housing association who owned the building to help provide better outcomes for people.

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

- The registered manager and staff understood their roles and responsibilities; staff told us there was good communication between the registered manager and themselves about the any changes to the service or people being supported.
- People, family members and staff were confident in the registered manager's ability to run the service and described them and the provider as approachable, supportive and 'hands on'.
- Observations showed there was a good relationship between the registered manager, people and family members; it was clear the registered manager knew people and their family members well.

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

- The provider ensured policies and procedures were reviewed regularly and accessible to staff when needed.
- The registered manager ensured we were notified of events as required by regulation
- The registered manager and provider were aware of their legal responsibilities and the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

Continuous learning and improving care

- Effective quality assurance systems were in place to monitor key aspects of the service; checks and audits were completed regularly by the registered manager and senior care staff.
- The area manager visited on a regular basis to complete inspections within the service; the registered manager kept a record of any actions and updates in order to ensure improvements were made where required.
- Provider surveys were sent out to people and family members as a way to gather people's views about the service; information gathered was used to make improvements to the service provided.