

Methodist Homes Mickle Hill

Inspection report

Malton Road
Pickering
North Yorkshire
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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

The inspection took place on the 26 April 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we need to be sure that someone would be in. We contacted people who used the service and staff by telephone on 3 May 2017 to ask for their views.

Mickle Hill is a newly built extra care housing scheme which provides personal care to people in their own homes within the Mickle Hill site. It is based in Pickering close to local amenities and bus routes. Mickle Hill was registered with CQC in January 2016. At the time of inspection six people used the service.

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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about the different types of abuse and what actions they would take if they suspected abuse was taking place. Safeguarding concerns had been appropriately managed.

Risk assessments were in place for people who needed them and were specific to people's needs. They had been regularly reviewed and updated when required.

Robust recruitment procedures were in place and appropriate checks had been completed before new staff commenced employment.

The service was not supporting anyone with medicines administration. However policies and procedures were in place to ensure medicines were managed safely should the need to assist people with medicines arise. Staff had received medicines training.

Staff received support in their roles from the registered manager. There was a process for completing and recording supervisions and annual appraisals. Staff had received up to date training to support them to carry out their roles safely and had completed an induction process with the registered provider.

People who were supported by staff at Mickle Hill remained independent with meal preparation. Appropriate tools were available to monitor people's weight and nutritional health if this was required. Staff knew how to make referrals to health professionals should anyone using the service become at risk of malnutrition. People were supported to maintain good health and had access to their own GP, healthcare professionals and health services when needed.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were aware of the procedure to follow if they suspected a

person lacked capacity to make decisions.

People usually consented to care and support from care workers by verbally agreeing to it. Records included provision for people to sign giving their agreement to the care and support they received. People we spoke with confirmed they had input in the care planning and had access to their care records. Information on advocacy services was available and displayed in the reception area of the service should this be needed.

People spoke highly of the staff and the management. People said they were always treated with dignity and respect. Care plans detailed people's needs, wishes and preferences and were person centred which helped staff to deliver personalised support. Care plans had been reviewed and updated regularly.

The service had a clear process for handling complaints and information about this was provided to people when they joined the service.

Staff described a positive culture that focused on the people who used the service. They felt supported by the management. Staff told us that the registered manager was approachable and they felt confident that they would deal with any issues raised. Staff were kept informed about the operation of the service through regular staff meetings. They were given the opportunity to recognise and suggest areas for improvement.

Records concerned with people, staff and the running of the home were stored securely and were available during our inspection. Records were maintained and up to date. A system of audits and quality assurance checks were in place on all areas of the service. This included a time limited action plan for any identified areas of concern which were reviewed to ensure actions had been completed.

The registered manager understood their role and responsibilities. Notifications had been submitted to CQC in a timely manner. Notifications are changes, events or incidents the registered provider is legally obliged to tell us about within the required timescales.

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.

Risk assessments were in place for people who needed them and were specific to people's needs.

There were systems and processes in place to protect people from the risk of harm. Safeguarding alerts had been raised when required.

A safe recruitment process was followed to reduce the risk of unsuitable staff being employed.

Is the service effective?

Good ●

The service was effective.

Staff performance was monitored and recorded through a regular system of supervision and appraisal.

Staff had received training to support them to carry out their roles safely.

Staff demonstrated good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring

People spoke highly of the staff and said they were treated with respect.

Staff were knowledgeable about the likes, dislikes and preferences of people who used the service.

Care and support was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in care planning and decision making.

Care plans were detailed, personalised and focused on the individual's care needs.

The provider had a clear process for handling complaints. People we spoke with confirmed they knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance processes were in place and regularly carried out to monitor the quality of the service.

Feedback from people who used the service was sought.

Regular staff meetings had taken place and staff told us they were supported and included in the service.

The registered manager understood their responsibilities in making notifications to the Care Quality Commission.

Mickle Hill

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 checked 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 inspection took place on 26 April 2017 and was announced. Telephone calls to people who used the service took place on 3 May 2017.

The inspection team consisted of one adult social care inspector.

A provider information return (PIR) is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. A PIR was not available for this service as CQC had not requested this to be completed prior to this inspection. We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

During the inspection we reviewed a range of records. This included three people's care records containing care planning documentation and daily records. We also looked at five staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with five members of staff including the registered manager and senior care assistant. Following the inspection we contacted four people who used the service by telephone to seek their views of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Absolutely! The staff are great and that is the reason I moved here to Mickle Hill. I have confidence that I know staff are on hand if I need them in emergencies." Another person told us, "I am perfectly safe here."

Staff had received safeguarding training and understood the types of abuse to look out for and how they would escalate their concerns. One member of staff told us, "I've had training in safeguarding, we discuss people's needs all the time. If I had any concerns I would not hesitate. I would speak to the manager or senior." Staff knew how to report concerns about practice and told us they were aware of the whistleblowing policy in place. One member of staff said, "I would have no problem reporting anything. It is my job to report concerns and I know it would be dealt with professionally by the manager."

The registered provider had a 'Safeguarding Adults Policy & Procedures' document that set out the responsibilities of all staff and managers who worked at the service. We reviewed information the registered manager had submitted to the CQC. This included one safeguarding referral. We found that reviews had been concluded in line with the services policy and procedures and where appropriate guidance from North Yorkshire County Council safeguarding team. Appropriate investigations and actions had been taken.

We looked at arrangements for managing risk to ensure people were protected from harm. Risks to people were assessed and care plans put in place to reduce the risk of them occurring. Where a risk was identified, further assessment took place to assist in taking remedial action. For example, a care plan relating to moving and handling identified that the person was at risk of falls. As a result a falls risk assessment had been developed and was reviewed on a monthly basis. Staff we spoke with told us how they 'constantly reviewed risks.' One member of staff told us, "I always check around the property for any risks. Especially falls risks. It might just be something simple like a piece of furniture is in the way. Usually I will just mention it to the person and advise them to move it. I don't like to just move it without permission as it is their home."

We looked at arrangement in place for managing accidents and incidents and what actions were taken to prevent the risk of re-occurrence. Records were in place to show that accident and incident forms were submitted to head office on a monthly basis where they were then looked at for trends. If staff at head office identified any action that needed to be taken they would contact the registered manager. Appropriate forms were completed for each accident or incident that had occurred. We spoke to the registered manager who was able to tell us what action they would take if any person was experiencing regular accidents, for example making referrals to other professionals such as the falls team.

People who used the service did not require any support with medicines. Systems were in place for the safe management of medicines should the need ever occur. A medication policy was in place and staff had received training in the safe administration and storage of medicines. The registered manager told us, "Although we don't current provide any support with medicines the staff are fully trained and relevant policies are in place. That way if anyone ever requires assistance we can support them safely."

People we spoke with told us they were supported by a regular team of staff and were told about any changes that needed to be made. One person said, "There are a few different ones (staff) that come but I know them all. It's never a stranger knocking at the door that's for sure." Another person told us, "I know them all and they know me. There is always someone on hand 24 hours a day which is what I like. Whoever is on duty I know them." We discussed staffing levels with the registered manager. At all times there were three staff members on duty. The registered manager told us, "We ensure we have three staff members on duty at all times and that includes a senior. We only have six people who receive assistance with personal care at the minute which totals about 6.5 hours of care per week so there is enough staff. We have plans in place should there be an increase in demand for the service. It is a 24 hours service that we offer so if people press their buzzer for assistance we have staff on hand to respond. We continuously monitor to ensure we have enough staff but at the moment it is not an issue."

During the inspection we looked at five staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references, where possible, from a current-employer, and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment. The Disclosure and Barring Service carry out criminal records and barring checks on individuals who intend to work with vulnerable adults. This helps employers make safer recruitment decisions and also minimise the risk of unsuitable people working with adults at risk. Recruitment files also contained photographic identification and proof of identity.

Is the service effective?

Our findings

People we spoke with were happy and content with the effectiveness of the care being provided. One relative told us, "The staff are regular. I see the same faces and they know what I like and what I don't." Another person told us, "It's more or less the same staff all the time. They are friendly, helpful and I have no problems with any of them."

People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in their care plans and this was clear from signed documentation. People we spoke with confirmed this and they told us that they had access to care records. One person said, "There is a folder in the corner. The staff always look at that when they come and fill in the bits they need to. It is always there so I can look at it whenever I want." Another person told us, "I can remember the manager visiting me to discuss the support when I first moved here. Everything I asked for is done and it is all written down in the care folder."

Staff told us they were supported in their role and records of supervision and appraisals were evidenced from documentation seen during the inspection. This process was also confirmed from discussion with staff. One member of staff told us, "I have supervision quite often. I don't have to wait until then to discuss anything I want to. The manager is very hands-on, as is the senior so I can speak to them any time." Another member of staff said "I have it (supervision) every month or so with the manager or senior. They are supportive when I ask them anything."

All care workers completed an induction to their role and the service when first employed. We looked at staff files and saw the induction covered principles of care that included, duty of care, person centred care, privacy and dignity, health and safety and infection prevention and control. This demonstrated how staff were supported to understand the fundamentals of care. When staff had completed induction training they had a 'probation review' meeting with the registered manager to assess whether further training was needed and whether they wished to receive extra support in any areas. This meant that new staff received the support and training they needed to effectively support people.

The registered provider had systems in place that ensured staff received the training and experience they required to carry out their roles. We were provided with records for the training completed. All training was up to date and the registered manager had a training matrix which enabled them to track when training was due to expire. Refresher training was arranged in a timely manner and staff we spoke with confirmed they had sufficient training to be able to provide effective care to people. One member of staff told us, "I have done lots of training and we can request to do any additional training we want."

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

The service was not currently supporting anyone who lacked capacity to make decisions. The registered manager was clear about the processes they needed to follow and the principles of the MCA.

People who used the service were independent with meal preparation. We found that care plans contained details of people's dietary preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies. The registered manager told us, "We don't current provide support with meals as people can manage this independently but should the need arise we have the information on people's preferences to hand. If people need support we are able to provide it. All staff have received appropriate training in food hygiene." Training records we looked at confirm this. This meant people could be supported with food and nutrition where necessary.

The registered manager was able to tell us who they would contact if they had concerns regarding nutrition, such as a dietician or the Speech and Language Therapists (SALT).

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses, opticians, chiropodists and podiatrist. People were clear about how they could get access to their own GP and other professionals and that staff at the service could arrange this for them.

People told us they were independent with making appointments to see professionals and staff promoted this independence. One staff member told us, "We thought one person may not have been drinking enough fluids throughout the day. [Name] had capacity so I just suggested keeping a log of how much they were drinking daily to monitor it. I gave [Name] a fluid monitoring form and they managed this independently. They were able to give this information to the GP at their next appointment." This demonstrated that staff supported people to maintain good health.

Is the service caring?

Our findings

People we spoke with told us, without exception, that they were well cared for and treated with dignity and respect by all the staff. Comments included; "Staff are friendly, helpful and I am extremely satisfied," "The staff are excellent, always on time. I am very happy," and "Everyone is very nice, I am very lucky."

With regard to how care was being delivered, one person told us, "They (staff) always do what I ask of them. Nothing is too much trouble and they are always respectful." Another person told us, "My privacy and dignity is always respected. I get help with a bath when I request it and I never have any problems."

Staff were able to explain to us how they respected a person's privacy and dignity, by keeping curtains and doors closed when assisting people with personal care and by respecting people's choice and decisions they made. One member of staff told us, "I never just walk into a person's home. I always knock, wait a second and then open the door and announce who I am. I always wait for them to say come in before I go any further. It is detailed in people's care plans how they want you to gain access too."

All comments regarding the staff team were positive. One person described the staff as "Brilliant" and other comments included, "Wonderful carers who helped me so much" and "Staff are delightful in every way." Everyone that we spoke with said that they felt listened to and that staff were supportive. People using the service told us that they knew all of the staff that visited them.

The registered manager told us that people had key workers. These were named members of staff who were allocated to a particular person and would be involved in the detailed care and reviews. One staff member told us, "Yes, I am the key worker for one person. I have one to one meetings with them, see if they need anything and to make sure they are happy. It helps for people to trust us and tell us any concerns." An example of this was when one person asked for photographs of staff to include names as they struggled to remember these. This was a recent request and was in the process of being implemented.

It was evident from discussions with the registered manager that staff knew people well, including their personal history, preferences and likes and dislikes. People were able to choose a time for staff to visit and the registered manager told us they try and accommodate everyone's preferences. We could see when people had requested a change in the time of a visit, this had been accommodated. People we spoke with told us, "The service works with me and that is what I like. If I want the staff to call at a different time it is catered for, no questions asked."

Care plans detailed communication techniques that were specific to the people that were being supported. For example, one care plan detailed how the person had difficulty with hearing and used hearing aids and that staff were responsible for changing the batteries every two weeks. Records confirmed this had been done.

At the time of inspection no-one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us that they could be arranged for

people who wished to have one, and was able to explain how this would be done. Information on advocacy services available was displayed in the reception area of the service.

Is the service responsive?

Our findings

People we spoke with were happy that staff understood how to meet their care and support needs. Everybody who used the service had a care plan in place. We saw regular reviews were carried out and people using the service were involved in these.

We saw care plans included background information centred on the individual. Information included a personal history, current and past interests, keeping in touch with people and information on doing things the person liked to do. We also noted that records included information on the person's next of kin, contacts and information on any allergies.

Care plans identified people's daily care needs and were person-centred. For example, one person's personal care plan detailed the assistance they required with showering, where toiletries were stored and where the person preferred to get dressed after getting out of the shower. It also detailed what assistance would be required with dressing, such as help to put on socks and shoes. Another care plan detailed how a person liked to be supported with bathing, stating '[Name] will be waiting in their dressing gown, staff to walk with [Name] to the bathroom and ensure they carry [Name] toiletry bag. [Name] prefers to walk on the left hand side.' This level of information helped staff deliver personalised support.

We spoke with staff who were extremely knowledgeable about the care that people received. They told us that they had regular shift patterns and visited the same people on a daily basis at the same times. They were able to give details of how they delivered personalised care. One member of staff told us, "I see the same people each day and I know what they like and how they like things done." Another member of staff told us, "Care plans are in place. We have a copy in the office and there is also a copy in the person's home. I can spend time looking at the care plan in the office. It has all the information I need to know."

People who used the service told us that staff were familiar with their likes, dislikes and their care needs. One person said, "They all know what they are doing. They know me and I know them." Another person told us, "When they come regularly you get to know them and they get to know me. They know how I like things done, I don't have to tell them all the time" and "They know what I am interested in so keep me updated with what activities and things are going on which I like."

People who used the service were able to access the community independently. Staff told us how they kept people informed of activities and other things going on at Mickle Hill and within the local community. Staff told us they encouraged people to participate. One member of staff told us, "People we support are independent with their day to day lives and choose if and when they want to go out. I like to check they are aware of things that are happening at Mickle Hill, such as the cinema showings and the Jacuzzi. If they need any help to make bookings I happily assist." A person who uses the service told us, "There is always plenty going on around here and staff do keep me informed but I am normally aware. I know the staff would help me if I needed any help."

Everyone told us they knew how to make a complaint. One person told us, "I have never had any complaints

about the care staff. I know what to do if I do have any problems." Another person told us, "There is nothing to complain about but I would speak with staff if I needed to. I know there is information about how to raise a complaint in my information pack." Staff we spoke with told us they encouraged people to raise any concerns or complaints. One member of staff said, "We build relationships with people and I always ask them if they are ok and have any issues or complaints. I like to think all staff are approachable and people would tell us if they were not happy."

The registered provider had a complaints policy and we saw this was available on a noticeboard in the communal area and was included in the service user guide which was given to people when they joined the service. The document included guidance on how to complain and what to expect as a result. There had been no complaints made.

The service had received a number of compliments about the support provided. Comments included, "Thank you for the wonderful staff", "Care staff are delightful in every way" and "I just want to say thank you to you all. You are all brilliant."

Is the service well-led?

Our findings

The manager had registered with CQC in December 2016. Prior to this they were the registered manager at another of the registered provider's locations and had many years' experience managing this type of service. The registered manager had a good understanding of their role and responsibilities. Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received required notifications from the registered manager.

During our inspection we looked at records and paperwork that was used to manage the service. Information was maintained, was up to date, kept securely and was available for us to inspect.

We saw that people's care was very person centred and empowered people to make choices and encouraged their independence in a safe, managed way. Staff told us they were supported and kept up to date with changes, not just for people but also in best practice and organisational changes. One staff member told us, "We are kept up to date about everything and have regular staff meetings and supervisions where information is provided. Best practice guidance is available for all staff too."

People who used the service spoke positively about the registered manager. One person told us, "The manager is very good. [Registered manager] has visited me and we had a lovely chat. She is always here if I need anything at all." Another person told us, "The manager is lovely. They all are. Can't do enough for you, nothing is too much trouble"

We asked staff about the management of the service. Staff said there was a positive culture and that they were supported by the registered manager. One staff member told us, "The manager is available whenever we need support or advice, I can't fault her." Another staff member told us, "I have always had support. [Registered manager] is always around and their door is always open."

Staff told us morale was good and they put this down to the involvement of the registered manager and the support they gave one another. They also told us they worked as a team and that the registered manager was visible and worked with them on shift. People told us they felt able to raise issues with the registered manager. We observed a warm and friendly atmosphere and it was evident that the registered manager and staff team were working hard to ensure people received a good quality service

During our inspection we could see that the registered manager had an active role in the day to day running of the service, often receiving telephone calls from people who used the service and staff seeking advice. The registered manager said, "I always have my office door open so I know exactly what is going on. I am very much hands-on." It was clear that the registered manager was familiar with people who used the service and their care needs.

Regular staff meetings had taken place with the most recent in March 2017. Minutes of the meeting showed that staff had the opportunity to raise concerns and be involved in decisions about the service. Staff

meetings took place monthly and agenda items varied depending on current issues or concerns.

During the inspection, we looked at feedback that was sought from people who used the service. Questionnaires had been distributed in March 2017. The questionnaires asked people to provide feedback in areas such as care provided, staffing and quality of the service. There had been no negative feedback received. The registered manager told us, "Questionnaires are submitted to head office and analysed. If there were any action needed I would be notified and would then produce appropriate action plans with timescales."

People and their relatives told us they were regularly asked for feedback about the service and the care they received. One person told us, "We get questionnaires to fill in and the staff are always asking us if we are happy."

The registered manager carried out a number of quality assurance checks to monitor and improve the standards of the service. Quality assurance and governance processes are systems that help the registered provider to assess the safety and quality of their services, ensuring they provide people with good services and meet the appropriate quality standards and legal obligations. Monthly audits were carried out in areas such as care plans, daily visit reports and accidents and incidents. Where issues were identified, action plans were put in place to address them. For example a care plan review identified that some documentation was not signed. Swift action was taken to ensure this was completed.

The registered provider's 'values' were displayed at the entrance of the service stating, 'We always seek to improve to become the best that we can.' Staff were familiar with this value and this was evident in the swift action that was taken to improve the quality of the service and feedback that was sought.