

Methodist Homes

# Adlington House - Portishead

## 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

The inspection was carried out on 9 and 10 February 2017, and was an announced inspection. The provider was given 48 hours' notice of the inspection, as we needed to be sure that the office was open and staff would be available to speak with us.

Adlington House provides onsite support and care to people in their own homes. They are a domiciliary care service and provide assistance with bathing, dressing, meal preparation and medicines.

At the time of the inspection, the service was providing personal care to nine people. There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the service had a whistleblowing policy in place. Staff felt confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The service provided sufficient numbers of staff to meet people's needs and provide a flexible service. The registered manager carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed.

Care was planned and agreed between the service and the individual person concerned. People were supported by their family members to discuss their care needs, if this was their choice to do so.

There were effective recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals. All staff received induction training at start of their employment.

People were supported with meal planning, preparation, eating, and drinking if required. Staff supported people, by contacting the office to alert the registered manager to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the registered manager at any time, and they felt confident about raising any concerns or other issues. The registered manager carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the registered manager.

The service had processes in place to monitor the delivery of the service. As well as talking to the registered manager at spot checks, people could phone the office at any time. People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. People spoke positively about the way the service was run.

The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

## 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.

People felt safe and staff were able to recognise abuse and take the appropriate actions to raise concerns.

People's risks were known by staff so that they were able to provide safe care and support.

People received support to take their medicines as prescribed.

People's needs were met by sufficient numbers of safely recruited staff.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who understood people's health and the risks associated with their health.

People were involved in making decisions about their meals.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

### Is the service caring?

Good ●

The service was caring.

People told us that staff treated them with compassion and kindness. Staff were able to describe people's likes and dislikes.

People were treated with respect and staff maintained and dignity.

People were supported to make informed decisions about the care that they received.

People's diversity was respected and staff understood that this was something that needed to be upheld and valued.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were in place to meet them. People were supported to have reassessments when their needs changed.

People knew how to complain and the provider acted on people's feedback.

### Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in post, and they promoted a positive open culture.

Staff felt supported, worked well as a team and people were positive about the management and leadership in place.

There were effective systems in place to monitor the quality of the service provided to people. These were used to drive continuous improvements.

# Adlington House - Portishead

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 February 2017 and was announced. The inspection was carried out by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care givers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak to us on the day of our inspection. .

Before the inspection we reviewed information about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. This is information that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection and ensure that any areas of concern were looked at. We also looked at information shared with us about the service by the local authority who commission care on behalf of people.

We visited one person receiving care and their relative and two people in the registered managers' office. We spoke with the registered manager, area manager, two staff and the office administrator. We reviewed a variety of documents which included four peoples' care plans to check that people received the care as planned. We also looked at six staff recruitment files to check that recruitment checks were carried out, training and support provided to staff. We also looked at other records relating to the management of the service including complaints and audits carried out to monitor and improve the service provided. Prior to the inspection, we also had contact with two professionals who visit the service.

# Is the service safe?

## Our findings

The service was safe.

People told us they felt safe living in their flats and with the staff that supported them. All people spoken with told us that they felt safe and happy with the support provided. One person told us, "I feel safe here."

Staff spoken with told us, and records showed they had received training on how to recognise the signs of abuse and the actions to take if they suspected abuse was taking place. Staff spoken with were able to tell us about the things that would make them concerned. This included people telling them about incidents, bruising and changes in people's behaviours. They told us this would be reported to their manager or external agencies such as the local authority. There was a whistle blowing policy in place, and staff were aware of this. This is a policy that protects staff if they needed to raise any concerns, anonymously if they preferred. One staff member said, "If there was anything I know I could report it in confidence and would be protected. I've not had to here but I have done it in a previous job, so I know it's there if needed." This meant people were supported by staff who knew how to recognise and report abuse.

People told us staff knew how to keep them safe and that risk assessments and care plans were available in their home. One person told us that following an injury that limited their mobility staff supported them when they went for a walk so that they built up their confidence and minimised the risks of falling. Risk assessments and management plans were in place to ensure that people's needs were safely met. People's records included risk assessments that covered the environment and issues associated with people's needs. For example, moving and handling risks or nutritional risks. Staff were knowledgeable about the risks to people and were able to describe actions taken to keep people safe. People had the equipment they needed to live their lives safely. For example, one person was able to tell us why they had limited equipment in their kitchen and said that this was for their safety. People had equipment such as raised seating and walking frames where needed.

People had an emergency call system in their accommodation so that they were able to summon support if needed. People told us that staff responded quickly to the call system. Everyone in the building had access to pendants so that they [people] were able to access support at all times. Staff were able to tell us what actions they would take in the event of an emergency, such as someone falling, so that people were able to receive support and medical attention as needed.

People were happy with the way staff supported them with their medicines. Staff told us and records confirmed that they had received training to safely administer medicines. The medicines administration records (MARs) were fully completed with the details of the medicine names, doses and times of administration. This meant people had been supported by staff to receive their medicines when required. The PIR told us and the registered manager confirmed that there had been two medication errors identified and actions taken were clearly evidenced. This meant that people received medicines from staff who were trained to give them safely. The service had an up to date medicines policy.

People told us that they received the support they needed and felt that staff were available to support them. People felt there were enough staff available although one person told us that there was no one available at night. However, staff spoken with and the registered manager told us that there was always a member of staff during the night and available 24 hours a day, seven days a week to deal with emergencies. Staff told us that they felt there were enough staff available to meet people's needs. The PIR told us and the registered manager confirmed that there was an eight weekly staff rota. This meant that there was sufficient time to allocate permanent staff to shifts and enabled bank staff to commit to shifts not allocated to permanent staff. We were told that no agency staff were used as this system worked well and people received support from staff that knew them and that knew their needs.

Staff told us and records confirmed that the appropriate recruitment checks were undertaken before staff were employed. These included a check on previous work experiences and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and prevents unsuitable people from working with people who require care.



# Is the service effective?

## Our findings

The service was effective.

People and their families felt confident with the care they received from staff. One relative told us, "They [staff] know what they need to do."

Staff we spoke with told us they accessed support and regular supervision from the registered provider. Staff felt supported to carry out their roles. One staff member told us, "We have supervision sessions six to eight weekly. We can talk about anything, and the manager and senior carer are really approachable and open. I have seen them help staff that work here through a lot."

Staff described having frequent meetings as well as being able to speak to the registered manager if they were unsure of anything. Staff confirmed they were able to access training to keep their knowledge up to date and that they found the training helpful.

Staff told us they had recently updated all of their training and felt able to request further training if they needed it. One staff member told us all staff had recently attended a safeguarding refresher and that they had found it useful to keep their knowledge updated.

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 interest and as least restrictive as possible.

Staff were able to describe to us the importance of obtaining someone's consent when caring for them. For example, one staff member explained that they supported someone that did not always want support that day. The staff member told us about how they respected the person's wishes and would offer other ways in which to support the person.

People and their families told us they were supported to maintain a healthy diet in ways that were appropriate to their individual needs. One person told us, "They help me come down to the restaurant. And if I didn't I probably wouldn't eat very well" Another person told us staff also prepared snacks occasionally, so that if they did not want to eat downstairs, they could have something later.

People's wider health needs were understood by staff who knew about people's health appointments. One person told us, "If I go to see the Doctor, they always ask how the appointment went." A relative told us staff knew about their family member's health and staff supported the person to ensure the person was able to get ready for appointments. People and their families told us they were able to arrange access to health care appointments but that staff facilitated their attendance by ensuring they were ready to attend.

# Is the service caring?

## Our findings

The service was caring.

People and relatives told us that they thought the service was caring and that they were treated with respect and compassion. One person told us, "Yes the carers are polite and kind. They are first class, I have no complaints about them and how they are with me." Another person explained, "They are good they know what they are doing. I'm happy with them and they look after me.' They have been with me through thick and thin." A third person said, "My carers are lovely, they are respectful and very good. They do what they can, they do their best. They never say no." A relative told us, "They are cheerful and polite, they are very good."

People told us that they liked receiving care and support from a regular team of carers and had established a caring relationship with them. One person told us, "Yes, she is just like a family to me very loving and willing, a nice person." Another person said, "Yes, she [carer] would come in and say good morning, how you feeling and how's the pain. She's very motherly very comforting."

Staff knew people well and were able to tell us about people's likes and dislikes, preferences as well as their life histories. One staff member said, "I take particular interest in what health difficulties a person has so that I have an understanding of how to support them." Another staff member told us, "I make sure I know my clients and what is important to them and what they like and dislike, I read the care plans and ask them and their family."

People's care plans were person centred and were aimed at ensuring people maintained as much independence as possible. Care plans noted what people were able to do by themselves and they needed help with. People and their relatives told us that they were involved in developing their care plans and identifying the support they required from the service and how this was to be carried out. One person told us, "Yes I have a care plan, it just out there, I speak with [name] about my care plan and what they should be doing."

Care plans also included background information, such as people's ethnic background, religious beliefs and dietary requirements. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. One care staff member said, "You have to understand people's backgrounds. Whether that be cultural or sexual. We should treat everyone as equal." Another staff member explained, "We have to respect people's beliefs and wishes. I have to respect their rights to do what they want and not to try and impose my wishes and beliefs on them." This meant people were supported by staff who were aware of the importance of treating people equally and respecting their wishes.

People and relatives confirmed that they were treated with respect and their privacy was maintained. One person said, "Carers are very caring and very respectful." One relative said, "Carers all seem quite caring and respectful." Staff gave us examples of how they maintained people's privacy and dignity not just in to

personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity. One staff member told us, "I would not disclose people's information with anyone." Another staff member said, "When giving personal care don't expose people, always cover them up and protect their dignity."

## Is the service responsive?

### Our findings

The service was responsive.

People and their relatives told us their support needs had been discussed and agreed with them when the service started. One relative told us, "I think these are the most well-prepared care workers we have ever had". People and relatives told us the service they received met their needs and choices. One relative told us, "We have been so impressed with how they have taken the time and the patience to get to know [name] over the last six months." Surveys, people and relatives confirmed people had regular support workers that knew their likes and preferences. Comments included, "Because [name] has regular care workers they have been able to get to know her, whilst she has also been able to get to know them".

Staff confirmed they visited the same people so they got to know how they liked their care provided. One staff member told us, "I was introduced to the people I support before I started working with them. I found it was a great way to find out if we get along and find out more about them and what they liked." Staff said they had enough time allocated to carry out the care and support people required. We looked at the call schedules for the people whose care we reviewed. Calls were scheduled to the staff team at regular times. The registered manager told us, "Rotas are on a six weekly cycle; we find this works well as people know who will be coming to support them and on what days. It helps staff as they can make arrangements in their personal lives as they know what shifts they will be working."

Staff we spoke with had good understanding of people's care and support needs. They had an induction with each person that used the service so they understood the persons' needs, preferences, and any known risks and how they were managed. Staff told us this gave them confidence to work with people on their own. Staff said as they provided a 24 hour service to people they had a handover meeting at the start of their shift, which updated them about people's care needs and any changes since they were last on shift. Where people had support at pre-arranged times staff said they read the daily records in people's homes at the start of each shift to keep updated about people's care. Staff said if there were any changes in people's needs they would be informed by the senior career or registered manager before they started their shift. They told us this supported them to provide appropriate care for people.

People had care plans that were person centred and informed staff what support they required and how they wanted this provided. A relative told us, "My [family member] does have a care plan and they were very much the driving force behind putting it together, it is very much a plan of how they wants their care delivered." There was information in care plans about how people liked to receive their care and to inform staff what to do during each visit or on each shift. One staff member told us, "We have time to read care plans. They provide very good information and instruction about what to do and how people like this done." Care plans provided workers with information about the person's individual preferences and clear instruction for staff about how to provide the care people required. Records of visits completed by staff confirmed these instructions had been followed.

One person whose care we looked at was unable to move around unaided but did not at present require

equipment to transfer in and out of bed, or chairs. Risks associated with skin damage due to the inability to move had been assessed, and care plans reminded staff to check people's skin and report any changes in colour. Staff spoken with understood the importance of checking people's skin to make sure this remained healthy. Although there were no concerns about people's skin integrity, we found that records staff completed demonstrated checks were routinely carried out as advised.

Staff told us if people's needs changed, they referred this to the senior carer or registered manager so plans could be updated. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs. Plans we looked at were reviewed and updated regularly. People and their relatives told us, "We have regular reviews. [Name] organises to come to our apartment. Each of us has our own time with the manager first, and then we look at the review in terms of how the shared living accommodation has worked. We will usually discuss the activities that the people are undertaking and talk about whether we need to apply for any additional hours of support as we go forward in the future." This meant people and their relatives contributed to the assessment and planning of their care.

People and relatives said staff arrived around the times expected. One person told us, "I can't fault their timekeeping at all". Another said, "The care workers are really good, and on the rare occasion she is running late, they always phone."

We looked at how complaints were managed by the provider. Staff knew how to support people if they wanted to complain. We were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." People and their relatives said they knew how to raise any concerns and the actions to take if they wanted to make a complaint. One person told us, "I know there is a complaints leaflet in the folder because I remember the manager at our last review making sure it was there." Other comments included, "Because of the relationship my wife and I have with the registered manager, I am confident that if I had a problem, she would want to address it there and then and make sure that I was happy with the response" and "I know it may sound hard to believe, but there's never been anything that has led us to even remotely treat as a complaint with the agency."

We looked at records of complaints; these had been recorded and dealt with in a timely manner. There were no identified trends from the complaints received. This meant people had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

# Is the service well-led?

## Our findings

The service was well led.

There was a registered manager in post, and people felt the service was well led. One relative commented, "Our relation is very happy and that is a true indication of how well the service is being run." They added, "Keep up the good work." Staff spoke positively about the management and leadership at the service. One staff member told us, "The manager is really approachable." Another staff member said, "I know that I can go to them [manager], at any time. They always have time for us."

People spoke positively about living in Adlington House. One person told us, "The staff and my new friends make me happy living here." One relative commented, "In our opinion, these are good people doing a top class job." Staff told us they enjoyed working for the provider. One staff member said, "It was the best choice I made coming to work here, it's the best job I have ever had; I love coming to see the people who live here." Another staff member commented, "I'm proud to work for this company; I do believe that they truly care about the people we support, and it's not just about the money. It's a lovely place to work."

Staff were encouraged to share their views about the service. One staff member said, "We have team meetings regularly. We can discuss any issues or concerns about the residents we look after and any training we need. The company keeps us informed about any plans for the future and any new services in the pipeline." The provider had sent surveys out to the staff, and one staff member commented, "The last one was about a year or so ago; we are asked how we feel about things and if there are any issues we want to raise, or ideas we may have." This demonstrated the provider encouraged feedback from staff and involved them with the development of the service. However, we noted that no survey had been sent to staff in 2016, we asked the manager and the area manager about this and they told us the surveys are sent out by the provider directly and had no influence on this but had reported the lack of them to the head office.

The provider held meetings for the managers of schemes in the local area, where team roles were discussed and quality issues reviewed. For example, at a recent meeting the registered manager had shared some new care planning tools that were going to be used by the provider. This had given staff the opportunity to look at good practice examples that could then be used to make overall improvements in recording.

The registered manager and provider had effective systems in place to monitor the quality of the service. We were shown how these were used to identify any trends following analysis of the information. The registered manager then identified any actions that were required to drive continuous improvement. The registered manager demonstrated a clear understanding about their responsibilities as a registered person. They maintained detailed, accurate records that were kept securely and had informed us about any significant events that needed to be reported. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service and ensure the correct action had been taken.