

Methodist Homes

Alexandra Court

Inspection report

Marine Parade
Dovercourt
Essex
CO12 3JY

Tel: 01255503340
Website: www.mha.org.uk

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11 July 2017

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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?

Requires Improvement ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

Care workers understood how to recognise abuse or potential abuse and how to respond and report these concerns.

Safe recruitment practices were followed and there were enough staff to meet people's needs.

Medicines were administered safely although required further improvement to ensure systems were robust.

Is the service effective?

Good ●

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service. They were aware of the Mental Capacity Act 2005 (MCA) and how this impacted on the care they provided.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and had developed positive relationships with their regular care workers.

The support people received ensured their privacy and dignity was respected.

Is the service responsive?

Good ●

This service was responsive.

People received personalised care which was responsive to their needs and their views were listened to and acted on.

People knew how to raise any concerns they may have about their care and the service.

Is the service well-led?

The service was not always well-led.

Improvements were needed in the provider's quality monitoring systems to ensure any concerns were identified and acted on.

Staff felt supported and valued by the leadership of the service.

Requires Improvement ●

Alexandra Court

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 announced inspection was undertaken by one inspector and took place on 11 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

We visited three people who used the service, and spoke with two relatives. We observed the interaction between people who used the service and the staff.

We looked at records in relation to three people's care. We spoke with the registered manager and three members of staff including senior care, care, and administration manager. We looked at records relating to the management of the service, staff recruitment and training, complaints paperwork, Statement of Purpose, Mission Statement and systems for monitoring the quality of the service.

Is the service safe?

Our findings

We last inspected this service on 30 March 2015 and rated 'safe' as Good. This inspection shows that the service has remained Good.

People told us that they received their medicines when needed. One person said that staff, "Haven't forgotten once," We observed a staff member safely administering one person's medicines and completing the Medicines Administration Record (MAR) appropriately. Where one person was prescribed a cream, there was no separate cream chart or body map held with the MAR to provide staff with clear guidance on why it was being used, and when to apply or for them to sign to confirm they had applied the cream. The person confirmed that the cream was being applied as required despite it not being listed on the MAR. We also saw that two containers of cream were open and the date of opening was not recorded. This is needed to ensure that it is replaced within six months of opening as the effectiveness of this medicine can be affected if used for longer. We discussed this with the registered manager who said they would take action to rectify the issue.

The provider's guidance for staff, 'Handling and administration of medicines: domiciliary care.' informed staff where they, 'administer medication, a lockable container will be used and a labelled key kept in the main medicines cupboard'. Where a person had requested staff to support them to take their medicines, this had resulted in their medicines being removed from the person's home and stored securely in the adjacent care home. Although this action reduced the risk of a person not taking their medicines correctly, it conflicted with the provider's guidance and further consideration could have been given in using a person centred approach. The registered manager took action during the inspection to safely support the person to store their medicines in their home.

We recommended that the service uses a reputable source such as the NICE guidelines in 'Managing medicines for adults receiving social care in the community' to support them in reviewing their procedures and supporting people to receive their medicines in a person centred way.

People told us staff usually came at the agreed time, but that the needs of the people living in the care home came first, which meant, at times, staff would contact them to rearrange their visit. One person told us, "It varies between 6 and 7pm, depends who is available, they [management / staff] let us know, or we will ring them. Once or twice they haven't had the staff. The criticism is that there are not enough carers." However, people said that they did not feel neglected, because if an emergency happened the carers were, "Over here straight away...can't fault that."

At the time of the inspection there were three people using the service. The registered manager told us they were able to accommodate these care visits by bringing in staff early to cover before they started their shift in the care home or by senior staff covering in the care home to release staff to carry out support visits. With the low number of visits, the registered manager said they were able to accommodate this, but that priority would be given to risk. The registered manager acknowledged that further consideration could be given to the deployment of staff to further improve the flexibility and consistency of the staffing.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working in the service. Checks included references, criminal records checks with the Disclosure and Barring Service (DBS), identification and employment history.

People told us they felt safe using the service and felt comfortable with staff entering their home and providing support and that if they did have any concerns or worries about their safety or wellbeing that they would tell the manager or care workers. One person commented that all the staff, "Have treated me in a very nice way."

Staff had received safeguarding training and were able to explain what they would do if they were worried about a person's welfare. This included their duty in reporting any concerns which could impact on a person's safety and human rights to senior staff. They knew what action they should take in speaking with external bodies such as the local safeguarding team and Commission if their concerns were not being listened to / acted on. One staff member told us that they had, "The numbers to ring," which were displayed on the notice board. They told us how they always observed for any unexplained marks or bruising on a person's skin, and would enquire with the person what had caused them. "I'll point out a mark, and check how it had occurred, as part of monitoring for signs of potential abuse."

The provider's information leaflet 'Safeguarding is everyone's business', was made available to people in the service. It provided information of the different types of actions which could cause 'anxiety, harm or distress' and contact details for the provider's 'free and confidential information and advice' line. This enabled people to contact the provider directly and share any concerns. Records showed that there had been no safeguarding concerns raised by the service, or people using the service.

People's care records included risk assessments which provided care workers with guidance on how the risks to people were minimised. An analysis of any accidents / incidents were kept, including falls. This included information on action taken to minimise the risk after any accident or incident, whilst respecting the person's rights to maintain their independence.

Is the service effective?

Our findings

We last inspected this service on 30 March 2015 and rated 'effective' as Good. This inspection shows that the service has remained Good.

People told us that they received effective care and that the staff had the skills and knowledge to support their care needs. One person described their care as, "Very, very good."

Records showed that new staff had been given an induction and training relevant to their role. This included training in core subjects to enable them to support people effectively. For example, training in how to move people safely, and monitoring people's nutritional and hydration needs. The service had implemented the care certificate for new staff. This is a recognised set of standards that staff should be working to.

Staff were supported to retain and learn new skills through an on-going training programme which had been introduced. A staff member told us how the new way of training staff was, "More thorough." as it involved watching 30-minute programmes of scenarios related to the topic and then answering questions and completing workbooks to check their understanding and how it relates to practice. The registered manager told us that they had checks in place to ensure staff were completing the training and to ensure it met the needs of the people they were supporting.

There were systems in place to ensure care workers received regular supervision with their line manager and yearly appraisals. One staff member spoke positively about their supervision sessions, as it provided them with a forum to discuss work related issues, any problems, and career development, "If you want to go further."

The provider's, 'Care Services Guide' included details about where people can access information on the MCA, Advocate services and organisations, such as Age UK, Care Aware and Age UK. This meant that people had access to organisations that could provide advice about their rights.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. People's care records identified their capacity to make decisions and included their consent to the care they were provided with. Where people required assistance to make their own decisions the records identified the support they needed in their best interests, including those responsible, where appropriate. We spoke with staff who had received MCA training, and who were able to demonstrate that they understood the principles of the MCA.

At the time of our inspection, none of the people using the service required support to maintain a healthy diet and/or with the preparation of meals and drinks. However, if required, staff had received training to enable them to provide the required level of support. Information on the level of support given was provided in the 'Care Services Guide', which included menu planning, preparation and cooking of food, help to eat or drink and meeting special dietary needs.

People were supported to maintain good health and seek support from health professionals, where required. The registered manager spoke of the good rapport the service had with the community matron, and the links with the falls prevention team, who had arranged 'mini' training sessions for staff to support them in identifying why a person may fall, and action that could be taken to reduce the risk. This included monitoring for any health issues, such as an infection that could make a person more vulnerable to falling.

Is the service caring?

Our findings

We last inspected this service on 30 March 2015 and rated 'caring' as Good. This inspection shows that the service has remained Good.

All the people using the service told us that staff treated them with respect and kindness. One person told us, "All [staff] very nice, can't fault them." Another person described the staff as, "Very friendly and helpful." One person liked the mix of staff, "Old and young carers (all) have been kind and considerate."

Where we observed staff interaction with people, we saw that this was undertaken in a kind and respectful manner. People confirmed that this was the normal quality of interaction they received. One person said that staff, "All know your name."

The registered manager and care workers spoke about people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. Two care workers provided examples of how they ensured dignity whilst supporting people with a bath. This included ensuring people were covered with a towel to ensure their modesty. One said how they ensured people never felt that their care was being rushed, especially when relaxing in a bath, saying they let the person, "Take as much time" as they want.

The service promoted and respected people's independence. People told us they made the decisions on how much support they required, and staff acted on what they said. One person told us, "If you can do something yourself they [staff] let you do it." They felt this was important to retaining their independence for as long as they were able to.

People's records identified the areas of their care that they could attend to independently and how this should be respected. For example, where a person was able to do part of their personal care themselves and the areas where they needed support. This reflected what the person had told us.

Is the service responsive?

Our findings

We last inspected this service on 30 March 2015 and rated 'responsive' as Good. This inspection shows that the service has remained Good.

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person who praised the quality of the service said, "We count our blessings." People using the service required minimal support, but knew if their circumstances changed that the service would be flexible in responding to their needs.

The registered manager told us how they responded to people's changing needs. This included, if applicable, accessing the services of their adjoining care home. They provided examples of where people using the domiciliary service had chosen to move into the residential care when their needs changed. This also supported continuity of care as it involved the same staff group, registered manager and provider.

Each person using the service had a care plan signed by them to confirm the level of support they required which was kept in the service's office. However, when visiting people they told us they had not been given their own copy. One person said, "We haven't got an actual care plan," to keep in their home to refer to. This meant that they, or where appropriate those acting on their behalf, would need to visit the office to review the contents of the care plan and make any amendments where their needs had changed. Or as the person told us they would "Mentioned it," to their care worker, who would inform the office.

Where we observed a relative had left messages for staff in the person's home, they told it was to remind staff in how to assist the person when fitting their medical appliance. This was to ensure it was done so correctly. They told us in putting up the notice; it had acted as a prompt to care workers and resolved the situation. This would not have been needed if the care workers had access to a care plan in the person's home, which they could have referred to. The provider's 'Care Services Guide' said that each person would be given a copy of their care plan. Action was taken by the registered manager during the inspection to ensure people were given a copy.

People knew who to speak with if they needed to make a complaint. There were systems in place for recording, investigating and responding to complaints. Information was also provided in the provider's 'Care Services Guide' which explained how people could raise a complaint. The provider informs people under 'referring complaints to external or independent bodies' that people could raise a complaint directly with the Care Quality Commission (CQC) if they wished to do so. Although the CQC encourage people to share their views of the service, the CQC do not have the legal power to investigate people's individual complaints and this information could be misinterpreted. The registered manager told us this would be addressed.

Is the service well-led?

Our findings

We last inspected this service on 30 March 2015 and rated 'well-led' as Good. This inspection shows that the service had slipped and improvements were required.

People spoke positively about the quality of the service, but discussions and our own observation reflected what a relative told us that the service needed more structure. This was because the service was being run as an 'add on' service provided by the residential care home located next door, rather than a separate domiciliary service. One person commented that the flexibility of the service they received was, "Governed a lot by the care over there [Alexandra House]." Although this did not worry them, as they viewed the care needs of people living in a residential care service would be higher than their own, and therefore took priority.

We found the provider's quality monitoring needed improving as these systems had not picked up issues we identified during our inspection, for example, the out of date creams. Some areas of practice did not reflect the service's aims and objectives. For example, people's care records and medicines being stored in the service's office and not the person's home which did not promote independent living.

The information being provided about the service was not always reflective of what the service was able to offer, therefore may not meet people's expectations. For example, the provider's 'Care Services Guide' stated that Alexandra Court is staffed 24 hours per day, seven days per week and that there will be at least one member of staff on the premises at all times. The document dated January 2017 called 'Welcome to your retirement community' also made reference to the provider having a 'Domiciliary Care Team based at the scheme'. The provider's website informs people that they will have 'Access to dedicated in-house care and support if and when you need it'. These statements were not accurate as people told us and records confirmed, that there were no staff specifically based at the scheme.

One person told us that they were worried about the registered manager, "I think they are understaffed all the time." Further discussion identified that they did not feel it impacted on their ability to manage the service as they were, "Very good."

There was no clear organisational structure. The manager was registered for both the residential care home [Alexandra House] and the domiciliary service. With no separate time allocated to each of the roles, we found that this impacted on the registered manager being able to focus their attention to ensure that they systems were reflective of a domiciliary service.

Staff told us that they enjoyed their work and felt that they worked for a good provider. One care worker, said because you, "Do feel valued," and if wanted, staff were supported to develop within the organisation. They described the registered manager as being, "Very, very approachable... firm but fair." And, that if they had a concern that they would go to them direct as they had confidence that they would "Sort it out."

People and their relatives were complimentary about the registered manager and felt that their questions /

concerns were normally answered and acted upon. Where they hadn't been, they felt it was because it fell at provider / landlord level, therefore the registered manager was unable to answer their question. They told us they had recently been asked to complete the provider's quality assurance survey. One person told us there were, "Over 50 questions," which included, "Would you like to meet someone from head office – said yes as it is a problem to get a reply." From discussions the majority of the questions were related to the premises or leasehold rather than the quality of the care provision.

The registered manager had not seen a copy of the questionnaire, had not yet received an analysis and therefore was not aware of what had been asked and the outcome. This further demonstrated where improvements were needed to ensure that the leadership communicated effectively with the registered manager to ensure they had a clear understanding of the provider's business plan in relationship to this service. People had raised questions about the future viability of the service due to low numbers and had recommended the service to others, but had not received a response. Consideration is needed on how the leadership will improve communication to ensure that people receive a timely response.