

Methodist Homes

Fulwood Court

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

This unannounced comprehensive inspection took place on 28 and 30 September 2016.

Fulwood Court is a recently built complex providing people with their owned or rented, one or two bedroom apartment. There are 33 apartments. Fulwood Court provides a bistro with kitchen and dining areas, a large communal lounge, hairdressing salon and activities. If needed people can have a domiciliary care package from Fulwood Court to support them with their personal care, shopping or other general support. It is the personal care part of the service that is registered with the Care Quality Commission to carry out the regulated activity of 'personal care'. This care is available 24 hours a day. At the time of our inspection, the service was regularly supporting 15 people with a care package for personal care. The service would occasionally support other people in Fulwood Court if they had any temporary support needs. Previously, most of the staff and many of the people who live in Fulwood Court had been supported in a residential home run by the provider, not too far away. This had been closed when the Fulwood Court complex had opened.

The service requires 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.

The service had a registered manager who had been in post for several years.

The service used safe systems for recruiting new staff. These included checking references and a criminal conviction check using the Disclosure and Barring Service (DBS) for criminal records.

People told us they were happy about all the aspects of their care and support in their own homes. We found that the service was adequately staffed, with competent and trained staff members. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the service and received on-going training. Staff told us they felt supported by the senior staff and the registered manager.

The care was person centred and individual to each person's needs and staff and senior managers kept accurate and up to date records of the care they delivered. Staff knew how to safeguard people from abuse and report any concerns.

Risk assessments were carried out for people and where they needed help, were given support to administer their medication. People could choose where and when to eat and there was an on-site dining area where a variety of home cooked food was available, if they chose not to cook in their own kitchens.

The service was monitored effectively for quality and people using the service were listened to and treated with respect and dignity. Any complaints were dealt with effectively and the outcomes were recorded.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights and were aware of the differences in the implementation of the MCA in a person's own home.

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.

There was appropriate recording and administration of medication when necessary, which was stored safely in people's homes.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

There were risk assessments in place.

Is the service effective?

Good ●

The service was effective.

All staff had received training and had been provided with an on-going training plan. They had good knowledge of people's needs.

Staff received good support, with supervision and annual appraisals taking place.

The service followed the principles of the Mental Capacity Act 2006.

Is the service caring?

Good ●

The service was caring.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. We observed that staff were caring.

All the people we spoke with praised the staff. They confirmed to us that staff were respectful, very caring and helpful.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred, up to date and informative. The information provided sufficient guidance to identify people's support needs.

The complaints procedure for the service was up to date and available. Complaints were responded to appropriately.

People told us their individuality was promoted and their independence was enabled.

Is the service well-led?

The service was well-led.

There were systems in place to assess the quality of the service. People who received the service, their relatives and staff, were asked about the quality of the service provided.

Staff were supported by the registered manager and senior staff who were respected.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good ●

Fulwood 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 was planned to check whether the provider was 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 unannounced comprehensive inspection took place on 28 and 30 September 2016 and was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. Prior to our visit in September 2016, we also looked at other information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at whether any safeguarding referrals, complaints and any other information from members of the public had been received by us. We had not received any information of concern about the service. We checked with the local authority to see if there was any information we should consider during this inspection.

We spoke with five people who used the service, two relatives, the registered manager, the administrator, the regional manager for the provider, a trainer, the chef, a kitchen assistant and with five support staff. We also spoke with a visiting health care professional.

We looked at six care files which included risk assessments and information about the person. We saw four staff recruitment files, training records, audits and other records related to the running of the service.

Is the service safe?

Our findings

One person who used the service, told us, "I know I am safe, warm and well treated with kindness and love and appreciation. I've got hope".

The apartments all had a call bell system. One person told us, "If I need to, I can buzz day or night for help".

Staff demonstrated that they had an understanding of the arrangements for safeguarding vulnerable adults. There were able to tell us about abuse and how to report it. We saw that the safeguarding policy followed local safeguarding protocols. Staff told us that if they had any concerns about any allegations of abuse or neglect they would report this to the senior staff member on duty immediately and most staff also knew that they were able to report it to the local authority or to CQC. The staff were aware of the whistleblowing policy and told us they would have no hesitation to use it if required.

Records showed that all staff had completed training about safeguarding adults. Some of this training had been identified as needing updating by the registered manager and we saw that there were plans in place to update staff knowledge. One staff member told us, "Oh yes I have just had updated training in safeguarding". We saw there were notices in the communal areas about what abuse was and what should be done about it. Staff had signed a document to say that they had received and read a safeguarding booklet provided for them as part of their terms of employment and induction. Information about abuse and how to report it was contained in the 'resident's handbook' so people themselves knew about abuse, how to prevent it, identify it and how to report it.

We viewed the rotas for the service and saw there were sufficient staff on duty to meet the needs of the people receiving the service and also to meet any urgent or emergency needs of people who lived in Fulwood Court but who did not ordinarily use the service regularly.

People told us they were sure the staff were recruited properly and that they [the service] were, "Very stringent". When we looked at staff recruitment files we saw that staff had been recruited using safe recruitment methods. There had been an appropriate application and interview process and before any staff member had started in employment there had been checks made on any criminal convictions and their previous employment history. We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures. A staff member told us, "I used to be bank staff, but when a permanent vacancy came up and I applied, I had to go through the whole recruitment process again, the checks, reference and the like".

Many people who used the service administered their own medication. One person told us, "I administer all my own medication". For those who required help to administer medication, medication administration records (MAR) were kept in their apartments and staff had recorded accurately and properly which and how much of their medication had been administered. The senior staff audited MAR sheets and medication monthly. Most people had their medication sent from the pharmacy in blister packs. This was checked in by the staff and recorded on the MAR sheet. Medication was securely stored in people's apartments.

Each apartment was the responsibility of the person who lived there, to keep clean. The provider offered a domestic service to those who either chose to use that or to those people who not perform any domestic tasks themselves. All the apartments we saw which received such a service, were very clean and tidy. Communal areas including the passenger lifts and corridors were maintained by the provider and were all clean and well looked after.

People said they felt safe and secure, both in their own apartments and in Fulwood Court. When asked if they felt safe, one person said, "Oh Yes!" and another told us, "Yes, this is a safe place; the staff are lovely and the building is secure". A third said, "My safety and security is first rate".

We saw that accidents and incidents were recorded and dealt with appropriately. Personal emergency evacuation plans had been written and were stored in a safe but accessible place centrally in the building. There was an 'at a glance sheet' which was kept in every person's apartment by their 'front door'. This contained brief information about the person and their needs for staff and emergency services personnel in case of an emergency. It gave details of people's mobility needs and any other conditions which may impact on a safe building evacuation.

Where people were at risk, for example of falls or the use of bed rails, risk assessments were completed and management plans were put into place to minimise any risks to people's health safety and welfare. For example one person used bed rails and these had been assessed as safe for them to use. The provider completed a monthly check to ensure these remained safe and well maintained. The provider informed staff about the safe use of bed rails and completed a risk matrix tool and risk assessments for any other risks a person may be perceived to have.

Is the service effective?

Our findings

A staff member told us, I have requested training and the provider has facilitated it".

We looked at staff records. We saw that new staff received the provider's documented and comprehensive induction programme, which detailed training needs including the providers values and gave key training such as safeguarding, infection control, moving and handling and health and safety Staff were also beginning to be trained for the new 'Care Certificate'. This was a training programme accredited by 'Skills for Care', often used as induction training. We saw that staff had attended a range of additional and ongoing training including food hygiene, first aid, dignity and respect, care planning, dementia and control and restraint. Staff had also achieved Health and Social Care Diplomas Levels 2, and three staff had achieved level 4 in National Vocational Qualification (NVQ) in management and leadership. One person who received the service told us, "The staff are competent, definitely". A staff member said, "I know all about the procedures and have had recent training in medication administration, moving and handling, fire procedures, health and safety, safeguarding, dementia, mental capacity and bed rails".

One relative had written, after their father had recently died whilst living at Fulwood Court, '[The registered manager] and all the staff are highly skilled, highly motivated carers'.

We observed that there was good communication between support staff and people living in Fulwood Court. Staff also told us that there was good communication between the staff and the managers of the service. A staff member told us about the registered manager "[The registered manager] is always approachable. She's our 'go to' person and always wants to know".

Another staff member told us, "There's opportunity to develop with Methodist Homes. They support your learning and encourage you to develop".

When we asked one person whether they felt that staff were trained appropriately, they replied, The staff are very good. I can't fault them. They are trained, yes indeed, very trained".

We saw evidence in the staff files that staff were regularly supervised by their line manager. One staff member said, "I have four to six weekly supervisions. It's a very productive experience. We plan and work on things".

We were told by all of the staff we spoke with that they had received an annual appraisal. They told us that they felt supported and that they could talk to the manager or senior staff about any concerns they had. We were also told that staff meetings were held at times when information was required to be shared from the management. We saw evidence to confirm this.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 was 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). In a domestic setting, such as in Fulwood Court where people occupied their own or rented apartments, this process is by application to the 'Court of Protection'.

The registered manager and the staff we spoke with were knowledgeable about the MCA and its principles and application. The service and the provider trained all the staff and produced guidelines on the MCA to ensure that staff knew how to respect a person's legal right to consent to their care and treatment. We checked whether the service was working within the principles of the MCA and whether any one was the subject of a Court of Protection.

Many of the people we talked with purchased their meals from the bistro that was located on the ground floor of the building. Meals at the bistro were prepared by trained chefs in a food hygiene five star rated kitchen. People could choose to eat in the communal dining area/bistro, or in their own rooms. Where they preferred to prepare their meal and to cook themselves, this was sometimes assisted by the staff, who helped prepare and cook whatever food the person wanted. One person told us, "There's been nothing I couldn't eat. It's all very tender. They cater for us oldies and our wonky teeth. They bring my food up to me and I am waited on hand, foot and finger. I can choose what to have; there's always plenty of choice. The girls help me with breakfast and tea. Nothing is too much trouble for them".

All the accommodation was purpose built. The rooms were large and wheelchair accessible. The kitchens in each person's apartment had been designed to give as much storage space as possible, but one person complained there was not enough work surfaces in theirs. People's bathrooms were also accessible, but one person told us that the door continually swung open when not locked. The rest of the building had been designed to be suitable for people of all ages and abilities.

Is the service caring?

Our findings

One person told us, "The care here is first class. [The staff] are lovely, lovely people. They went on to say, "There's nothing I don't like about it. I'm very lucky to be here".

A relative told us, "If I ever need to be looked after, then this is the place I want to be. I thoroughly recommend it".

We noted that all staff on duty knew people who lived in the Fulwood Court well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who were receiving the service. We saw that the entries that they have made in the person's daily records, which were kept in their apartment, demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about their welfare.

One person said, ""The carers are brilliant, they work really hard. They're lovely, they really are". We observed staff interacting with people throughout the days of the inspection. From their interactions it was clear staff had a good knowledge of each person and how to meet their needs. Staff were very supportive and we heard them throughout the inspection, supporting people to make decisions and we observed that the staff were patient and gave people information. This confirmed comments made by the people who used the service. We saw that people were constantly encouraged by staff to be as independent as possible. People we spoke with and their relatives informed us that staff met people's individual care needs and preferences at all times.

People were supported to attend healthcare appointments in the local community; however, the manager informed us that most healthcare support was provided at people's apartments. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change.

The records we looked at informed the staff how to ensure that people had the relevant services supporting them. The registered manager told us that doctors and other health and social care professionals, visited people as required. One person told us, "It's having someone on hand all the time. If I'm poorly, they get the doctor and look after me. I have no worries in that respect. They all care; most definitely". We saw that the care hours would be enhanced if a person needed an escort to any appointment.

We saw when members of staff were talking with people who required care and support; they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner. We observed staff reacting to call bells in an organised way and in a timely manner.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People saw personal and professional visitors in private in their own apartment. Each apartment was respected by staff as the person's own home. We noted that staff knocked and waited for an invitation to come in, before they entered a person's apartment. Whilst we were inspecting, we observed that people's mail was delivered by the Post Office to individual's apartments which all had their own letter box.

The registered manager told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The information for advocates was displayed on the notice board.

We were told that the service would support people who were 'end of life'. This would be in partnership with community health professionals in accordance with the people's wishes.

Is the service responsive?

Our findings

One person said, "I like it. It's very personal".

We saw comments sent to the registered manager such as, '[Name] has looked after me beautifully; she is so kind and sensitive. No praise can be too high for her'.

Staff received training in person centred care and we saw that the care files we looked at, were written in a person centred way. We observed that the staff's support, care and approach to the people being supported by the service was individualised and knowledgeable. It was clear from people's care records that staff knew them well.

A staff member, who had been employed with the service when it had previously been a residential home, told us, "The change to the care we provide, from being a residential home, to this model of supported living, has been a hard thing to get used to, but we are getting there. It's about treating people as individuals and letting them be independent".

We looked at people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. The plans were effective; staff were knowledgeable about all of the people they delivered the service to and what they liked to do. People told us there were positive outcomes from the support they received from the service, such as being able to continue to be independent with the knowledge that there was always a safety net because staff were responsive.

People's needs were formally reviewed monthly or more frequently, if required. There were monthly updates on the care plan records to inform that senior staff had assessed the person and had amended the care plan if there were any changes. All the people receiving the service and their relatives, said they were happy with the care. All the relatives we spoke with told us that they were involved in the care review process and that the care provided was what was agreed.

The activities co-coordinator told us that there were a large group of volunteers who supported activities, in Fulwood Court. We spent time talking with people about activities and were told by them that there was a lot of group activities taking place. Comments included, "There's always plenty to do" and another comment was, "We go to the Palm House for afternoon tea". Another person told us, "We have a weekly service and there are other activities. My favourite is the poetry and writing sessions. I love writing letters". People told us they were able to attend morning services, exercise classes, Pilates, film nights and quiz nights. One person told us, "The Methodist Homes volunteers come in once a week and they have a little shop, selling tissues, biscuits and cards; that sort of thing".

We saw that residents' meetings were well attended. People also used taxis to go out and about in the

community and some people who lived in Fulwood Court had their own transport. There was also the option to use the provider's driver and transport for group outings further afield.

The service maintained a record of concerns and complaints or issues and investigations and outcomes. There were only a few minor complaints, but all had been investigated and a solution had been found.

We also looked at the many compliments from relatives, friends and other visitors comments made which as an example, included '[Name] took me to the dentist last week. She did it brilliantly. She is quiet and gentle but always completely in charge of the situation and my comfort and care'. There were many complimentary comments about the staff, their competency and their responsiveness to any changing situation.

Is the service well-led?

Our findings

A person who used the service said, "The manager is brilliant; always checking that things are right and that we are happy"

A relative told us. "I have no qualms about the service here; its first rate and run really well"

A staff member told us, "The registered manager is really good".

The registered manager and the staff had a clear understanding of the culture of the service and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We spent time talking to the registered manager and they told us how committed they were to providing a quality service.

There were effective systems in place to assess the quality of the service provided by the service. These included medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the recent audits for the year 2016 to the date of our inspection. We saw records which evidenced what senior staff had done to evaluate and improve the service ongoing. All senior staff had delegated duties, such as data monitoring, medication audits, health and safety audits, care plan and risk assessment checks. The registered manager informed us that they and the senior staff acted on issues immediately. The provider also completed audits to ensure that the quality of the service was maintained and of a good standard and had its own quality assurance manager who completed unannounced visits to the service.

We looked at the ways people were able to express their views about the service and the support they received. One person told us "They always ask if everything is OK". We were told that open days and residents /relatives meetings were held every month. This was confirmed by the resident's records and by speaking to the relatives. An annual satisfaction survey was sent out to people who received the service and their relatives. We saw that feedback from the last survey had been positive? . People's comments included 'Staff were constantly going beyond their jobs and showing us great kindness; this was in no little part due to you all'" and 'I could not be happier than I am now, it's a really well run service'.

We saw that people were encouraged and enabled to make good community links. The service had coffee mornings with a local charity and collected or made gifts for Children in Need. One person told us, "Anytime I want to go out I just order a taxi and a carer comes with me".

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of some events in a timely way. This meant we could check that appropriate action had been taken. However, on cross checking the records we saw that some events had not been reported to us as required. We discussed and clarified the legal requirements of sending statutory notifications through to CQC and the registered manager told us the situation would improve.

Otherwise, the service met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

Staff told us the registered manager and the senior carers were easy to talk and open and transparent. They told us they had a good relationship with them. One said, "They have an open door policy".

We saw that the service had various policies and procedures related to its running, staff and its practices. The service had systems and process's to make sure it operated safely, to ensure compliance with the legal requirements.