Methodist Homes

MHA Care at Home - Rosetti Branch

Inspection report

Norah Bellot Court
Vicarage Street
Barnstaple
Devon
EX32 7ES

Tel: 01271379787
Website: www.mha.org.uk

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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 inspection took place on 2 and 8 March 2016 and was announced. 48 hours' notice of the inspection was given because we wanted to make sure the registered manager was available. The inspection team consisted of one adult social care inspector.

Norah Bellot Court is an 'extra care housing' scheme run by the charitable organisation Methodist Homes Association (MHA). 'Extra care housing' is a scheme where people can buy or rent their own homes, which means they have choice and control over who can enter their premises. Not everyone who lives in these types of schemes receive regulated care. People have separate contractual agreements for their accommodation and their care. This means people can choose whether they wish to receive their planned care and support by, either staff based at the site, or by an external agency.

At Norah Bellot Court, there were 46 flats available for people to rent. Each person had their own front door. The registered manager promoted community living and recognised the importance of social contact and friendship. People were able to meet and spend time with others in the communal areas on the ground floor. People received their core package of care during the day but staff also responded to an emergency call service. There was one care worker on duty at the scheme during the night to respond to urgent calls.

At the time of the inspection, 33 people were receiving care or support from MHA staff. Approximately 23 care staff were employed. As support was a non-regulated activity, we only looked at those people who received a personal care service. The times of care visits ranged from 15 minutes to 45 minutes. The frequency of care visits ranged from once a week to 28 visits a week.

There was a registered manager in post. 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.

People received care suitable for their needs. Staff knew people well, understood them and cared for them as individuals. People were relaxed and comfortable with the care staff who supported them. There was a low staff turnover which meant people received care from care staff they were familiar with. Care staff spoke to people in a respectful and kind way. They promoted choice and encouraged people to remain independent. Two people said, "The staff are very kind … they are very, very respectful" and "They are kind … I just have to ask if I want anything … very nice … I'm very happy."

Care staff were safely recruited. They were well trained, motivated and enjoyed their work. They felt involved in people's care. They received regular supervision and felt supported by the registered manager. One care worker said, "She gives the best support and the team is involved in people's care." Care staff had a good understanding of safeguarding and knew how to recognise the different types of abuse. They knew the correct action to take and who to report any concerns to.

Each person had a care file and suitable risk assessments in place. Although people's needs were being met, the care files did not always contain the information required. Health and social care professionals were included in people's care and their advice acted upon.

People were assisted to take their prescribed medicines. These were kept secure in their own flats. Although people received their medicines and creams on time, it was not always recorded to say they had been given. Accidents and incidents were monitored, analysed and reported upon if necessary.

People were encouraged to eat a well-balanced diet and make healthy eating choices.

There was a complaints policy and procedure in place with information about how to raise concerns or complaints.

The culture at the service was open and welcoming. People and their relatives were very complimentary of the scheme, the registered manager and care staff. One relative said, "The whole set up here is a blue print of how things should be run … the staff are absolutely wonderful … there is always laughter."

There was a range of quality monitoring arrangements in place which the provider used to improve the service. However, these had not picked up the shortfalls in some of the record keeping.

MHA had clear values about the service which the registered manager and care staff promoted.

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.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

Appropriate risks to people were identified and reduced as much as possible.

There were sufficient staff on duty to meet people's needs. Staffing was adjusted where necessary.

People were supported to take their medicines on time. However, there were some gaps in the recording of medicines taken.

People were protected by a safe recruitment process which ensured only staff with the right skills were employed.

Accidents and incidents were monitored, analysed and any trends identified.

Is the service effective?

Good

The service was effective.

Staff offered people choices and supported them with their preferences.

Staff understood their responsibilities in relation to the Mental Capacity Act (2005).

People were supported to lead a healthy and active lifestyle, with access to healthcare services.

Staff received regular training relevant to the needs of the people they supported and had regular support through supervision.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate. They treated people with respect and dignity.

People were supported by staff they knew well and who had developed close relationships with them

Staff protected people's privacy and supported them sensitively with their care needs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care and support plans were developed to meet people's needs. However, these were not always up to date and did not include all the information required.

Relatives and other people knew how to raise concerns and complaints and were provided with the information to do so. They felt they would be listened to and issues resolved.

Is the service well-led?

Good

The service was well-led.

The culture was open and honest.

The service worked in partnership with others for the benefit of the people they supported.

The registered manager was well known and had regular contact with people and their relatives.

The provider had quality monitoring systems in place to improve the service. However, these had not picked up the shortfalls we found in record keeping.

Methodist Homes Association had clear values which they promoted to all staff who worked well as a team.

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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 2 and 8 March 2016 and was announced. 48 hours' notice of the inspection was given because we wanted to make sure the registered manager was available. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information, what it does well and improvements they plan to make. We also reviewed other information we held about the scheme. We looked at previous inspection reports, records of our contact with the scheme and any notifications received. A notification is information about important events, which the provider is required to tell us by law.

We met and spoke with seven people who lived at Norah Bellot Court; five relatives; two health care professionals; one friend; the registered manager and seven members of staff to tell us their experiences of the scheme.

We looked at three people's care files and medicine records; three staff files; all staff training records, and staff duty rotas. We looked at a selection of quality monitoring systems and policies and procedures relating to the management of the service. With people's permission, we attended a resident's meeting on our first visit.

Following our discussions at the feedback session of the inspection, the registered manager sent us some information. This related to improved staff recruitment records, care plans, medicine records and quality

monitoring systems which they had immediately addressed.

Good

Is the service safe?

Our findings

People felt sate at Norah Bellot Court. Their comments included, "I'm very safe here" and "The staff are wonderful and keep us all safe." Relatives said, "It is as safe as anywhere here … (my relative) is well looked after" and "(My relative) is very safe here … she had lots of falls at (previous care service) but she is looked after here by staff who are absolutely wonderful and (my relative) is hard to look after". Staff were aware of their responsibility to ensure each person's safety. One staff member said "We ensure people are safe here."

Staff had completed safeguarding of vulnerable adults training. They knew the signs of abuse and how to report any concerns. Contact details about how to get in touch with the local authority safeguarding team were on display. Staff said they would have no hesitation in reporting any concerns to a senior member of staff and, if necessary, to an external agency. One care worker said, "I would go to a team leader first but I have the number of Care Direct … I have it on a credit card." Another said, "I would report it (allegation of abuse) straight away and I would go to (senior team leader) or (registered manager). If I wasn't listened to I would go higher … I would go to the Care Quality Commission, Care Direct or the whistleblowing line". A whistleblowing policy was in place. There was an out of hour's telephone helpline service. This was for staff to access for confidential advice and guidance on safeguarding and whistleblowing matters if needed. There had been two safeguarding concerns identified since the last inspection. These were related to the same issue and had been reported to the local authority by the registered manager. The appropriate action had been taken to resolve the concern to ensure the person's safety. Staff did not support people with their monies.

Risk assessments were in place for each person with clear actions identified to reduce the risk as much as possible. Each person had four key risk assessments completed when they came to live at Norah Bellot Court. These related to medicines, falls, nutrition and safe moving and handling. Further risk assessments were completed if necessary. For example if people were at risk of skin damage. Risk assessments were reviewed monthly or earlier if necessary. Accidents and incidents were monitored and reported so any themes or trends could be identified.

People received their medicines safely and on time. They received their medicines from senior staff who had been trained and were competent to give out medicines. Each person's medicines were kept securely in a locked box in the kitchen of their flats. Medicines were dispensed from a monitored dosage system provided by the local pharmacy to reduce any risk of error. A pharmacy visit had been undertaken in October 2015 to check safe systems were in place. Any issues identified had been resolved. Staff completed a medicine administration record (MAR) to document all medicines taken. Two of the three MAR charts had some gaps in the recording. Staff had not always signed to say they had given the person their medicines or that prescribed skin creams had been applied. The two people said they had received all the medicines and had their cream applied. We discussed this with the registered manager. Following the inspection, the registered manager sent us confirmation about how the MAR charts would be completed appropriately in future. They had highlighted the concern to care staff in a meeting. They also confirmed they had changed their internal auditing systems to ensure any deficits in medicine recording would be addressed and rectified.

The service had enough staff to support each person's individual needs and staffing levels were organised around people's care needs. Staff support varied depending on individual assessments, but each person had their core level of care during the day. Care staff also responded to care calls during the day. At night, one care worker was on duty to provide urgent care if required. Routine care during the night was not routinely provided.

People were supported by a stable, well trained staff team who knew people well and provided continuity of care for them. There was a low level of staff turnover. This included flexibility to cover sickness and staff leave by using a number of 'bank' staff if necessary. The registered manager monitored people's care dependency levels and reviewed staffing levels accordingly.

The registered manager and senior care team leader provided a local out of hours on-call service for care staff. There was also an on call national system in place. This ensured care staff had access to a member of the senior management team for advice, guidance and support where necessary.

Recruitment checks on prospective new staff were completed to ensure only fit and proper staff were employed at the service. Staff files contained police and disclosure and barring checks (DBS). The DBS helps employers make safer recruitment decisions. It prevents unsuitable people from working with people who use care and support services. Proof of identity and references were obtained. A standard set of questions were used at interview and notes taken. This ensured the recruitment process was consistent. It was not clear from recruitment records whether gaps in employment history were always discussed and recorded. However, the registered manager confirmed they would ensure this information is recorded with immediate effect.

The provider ensured the premises were kept safe and maintained to a high standard. Regular health and safety assessments were carried out on the building and gardens. This included private flats and communal areas. Any faults or repairs identified in people's individual flats, which formed part of the fixtures and fittings, were rectified by the maintenance team.

Each person had a personal emergency evacuation plan (PEEP) in place in an 'emergency folder'. This was regularly reviewed and readily available. It took into account the individual's support and assistance they required if they had to be quickly evacuated from the building in an emergency, such as a fire, or if they needed medical assistance.

Good

Is the service effective?

Our findings

People had their needs met by staff who had a good knowledge of their care and support. When new staff started work at the service, they undertook a period of induction. The induction followed the common induction standards of the Skills for Care induction programme. New staff who were then eligible were immediately placed on the 'Care Certificate' programme. The Care Certificate is a nationally recognised set of standards that health and social care workers 'adhere to in their daily working life' introduced in April 2015. The service had no staff currently on the Care Certificate.

Induction training took place and included working alongside more experienced staff to get to know a person and how to support them in the appropriate way. This included three 'shadow' shifts. Feedback was then obtained to check staff had the required skills needed before they worked independently with people. All new staff had a probationary period to ensure good standards of practice.

Care staff received on-going training through various methods; this included practical sessions held internally, by outside trainers or by internal e-learning training. The registered manager monitored staff training and was alerted, along with care staff, when training was due. Care staff accessed their personal training on line either at the service or at home. This meant they were able to undertake training at a time suitable to them. The training matrix showed staff training was up to date and included training in many areas. For example, emergency first aid, fire training, infection control, medicines, nutrition, moving and handling and food safety.

Care staff were well trained to do their jobs. The Provider Information Return stated, "Our ratio of NVQ qualified care staff is currently 81%, which will rise to 100% once the staff currently in training complete the qualification." Staff comments included, "There's lots of training … it's fantastic and keeps me here", "We have lots of training … it gets noted as red or amber when you are due… we can do it at home which is good" and "We have lots of training and it makes the staff team good."

All care staff had regular supervision and felt it helped them in their work. As well as one to one office supervision, observation of hands on care practice ('spot checks') were undertaken. Care staff said, "I find it really useful, we have supervision about every six weeks, it's good", "I have a one to one every six weeks but can have more if I need to", "Spot checks and supervision are useful … it keeps people on their toes" and "I get observed on a spot check … it is very useful as I get feedback and sign the form … if I am doing something wrong I want to know."

People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make health eating choices. Staff supported people to eat meals in their own flats. People also enjoyed having their meals prepared by the service cook and eating them in the dining room. One person said they liked to do this as they meet other people and chat. Care staff assisted people to and from their flats to the dining room if they chose to do this.

Care staff worked with local healthcare professionals, such as the GP, community nurses and specialist

professionals to ensure people's healthcare needs were met. One healthcare professional said staff were proactive and sought advice appropriately about people's health needs and followed their advice. Where there were concerns about one person's deteriorating health and mobility, staff had contacted the relevant health and social care professionals. They kept them updated of their condition. Another health care professional told us how they were working closely with the service to encourage another person to eat healthily. They said, "We are always welcomed. They (care staff) are doing their best … they are following our advice." Staff ensured people attended for eyesight and hearing tests where necessary.

Each person had a summary of information about their medical history, medicines and care needs. This was used in case the person needed care in an emergency. It gave professionals a baseline of initial information about the person and communication about how to care for them. Treatment escalation plans were in place for those people who had chosen to make decisions about their future care and medical treatment.

Staff encouraged each person to remain active and maintain their mobility with the use of aids where necessary. One person said, "They (care staff) allow me to be independent which is important to me."

Before people received any care and support, they were asked for their consent and care staff acted in accordance with their wishes. People's individual choices were acted upon, such as how they wanted their personal care delivered. Two people said, "They always ask what I want doing and if I want anything else I just have to ask" and "I choose what I want to do and always pick my own clothes."

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where 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. We checked whether the service was working within the principles of the MCA. Staff had undertaken training on the MCA. They had a good understanding of the Act and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. All people who lived at Norah Bellot Court were able to make decisions for themselves.

People can only be deprived of their liberty to receive care when this is in their best interests and legally authorised under the MCA. The registered manager was aware they had to make applications to the Court of Protection if a person was being deprived of their liberty. No applications had been required to be made.

Good

Is the service caring?

Our findings

People gave us consistently positive feedback about the service and the staff who supported them. Comments included, "The staff are very kind … they are very, very respectful", "They are kind … I just have to ask if I want anything … very nice … I'm very happy" and "Everything is fine here … the care is great." A relative said, "The whole set up here is a blue print of how things should be run … the staff are absolutely wonderful … there is always laughter."

Care workers showed understanding, empathy and care for the people they looked after. This was shown in the way they spoke and interacted with each person they looked after. One care worker said, "It's good to work here … different and hard … it's the best support team I have worked with in care." Another said, "It's a lovely place to work … we care for lovely people … we work as a team … it's a madhouse, very busy and hard work but fantastic."

People were relaxed and comfortable with staff who supported them. Some people particularly enjoyed the opportunity to socialise and interact with other people and staff in the communal living areas at Norah Bellot Court; this included the lounges, dining room, foyer and library area. People laughed and enjoyed banter with others and staff. One person enjoyed sitting in the entrance foyer to watch people coming in and out of the service, whilst also enjoying a nap there after lunch.

Staff knew what mattered to people and how they liked to spend their days. They knew about people's lives, families and what they enjoyed doing. For example, which day's people liked to have their hair styled and which shops they liked to go to in the local town. One person said, "I can't say a bad word about it here … it is very nice, brilliant." A relative said, "They know (my relative) as a person … they (staff) are approachable and understanding … nobody could dislike it here."

Staff treated people with dignity and respect and respected their privacy. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with people's wishes and preferences. Staff did not enter a person's flat without their agreement; they knocked and waited to be invited in. People kept their doors closed to the communal corridors; entrance areas were personalised with plants, garden ornaments, pictures and doorbells. One person said, "They (the staff) always knock and wait for me to answer … they always keep me covered … they are always here." Another said, "Staff are very kind, they treat me with respect … very polite … I would let them know if they weren't."

Care and support plans were developed with the person, a relative or others who knew them well. People were encouraged to sit with staff and plan their care together. People signed their care plans to confirm they agreed with the decisions.

Good

Is the service responsive?

Our findings

People and their relatives were complimentary of the care and support they received from care staff. People repeatedly used the word "kind" and "brilliant". People said they liked living at Norah Bellot Court. One person said, "If I need anything I just press the buzzer and they are always here as soon as possible. It is brilliant and I would definitely recommend it to anyone." Another person said, "It is very nice … there is not one (care worker) that I can say a bad word against …. It's just brilliant."

We looked at how the service assessed and planned for people's needs, choices and preferences. The Provider Information Return said, "… assessments of care needs, abilities, interest, health and spiritual needs is carried out by a trained manager or competent person from the senior staff team prior to service starting … we will agree with each person how their needs will be met". Care records confirmed this had taken place. This enabled the registered manager to speak with the person and their relatives before the service started. Additional information was gained from any health and social care professionals involved in the person's care.

Following an assessment of care needs, a care plan was in place for each person who received care and support. Each person had a copy held in their flat. These files contained information about how their care was to be provided and included a "Care and Support Plan Summary". Care files included personal information and identified all the relevant people involved in each person's care, such as their GP, specialist doctors and nurses and social care professionals. Two of the three care records we looked at were not up to date and did not reflect the care that was currently being provided. However, they had been signed to say they had been recently reviewed. For example, one person's care visits had been increased some time ago but the care record had not been amended to show this. Another person who had recently come to live at Norah Bellot did not have a care plan in place.

Some of the information in care plans was personalised, however this was not consistent. For example, one person received care four times a day. Their care record contained useful information such as "May decline soap due to dry skin condition", "Leave with a fresh warm tea, snacks, water, tissues and TV remote available" and "Once in armchair in lounge, usually likes to have legs raised." In other areas it merely said "Assist with medications" and "Assist to dress." This did not give care staff the guidance required to care for the person in a consistent way. However, people spoken with praised the staff and said their care and support needs were always met.

When we asked care staff how they cared for individual people, it was obvious they had detailed knowledge about the people they cared for. They clearly described how they met people's care needs fully. We discussed the lack of information in care plans with the registered manager who agreed with our findings. Following the inspection, the registered manager sent us information about how the care plans would be more personalised in future. They had highlighted the concern to care staff in a meeting. They also confirmed they had changed their internal auditing systems to ensure any deficits in care plan recording would be addressed and rectified.

The registered manager and care staff recognised the importance of social contact and friendship. People were encouraged to maintain interests both at the scheme and in the local community. Activities at the scheme included exercise, bingo and music sessions. The service employed a chaplain for 15 hours a week to meet people's religious needs. The Chaplain was "there for everyone … anyone who wants to talk, be listened to, pray or worship."

The registered manager tried to resolve all minor concerns before they became formal complaints. Written information about how to raise concerns or complaints was available and accessible for people, relatives and visitors to use. People and relatives said they would not hesitate to speak with the registered manager about any problems. They were confident they would be listened to and any concerns resolved. The registered manager had an electronic record of complaints, compliments and comments policy which showed all complaints had been managed appropriately. The PIR stated, "Any national 'Lessons Learnt' are shared across the organisation." This meant the registered manager was made aware of any issues throughout the organisation and could use this information to improve the service at local level.

Good

Is the service well-led?

Our findings

There was a registered manager in post. They were supported by a senior care team leader who assisted them to manage the care team on a day to day basis. It was clear from the chatter and banter between people and their relatives, they found the registered manager approachable and easy to speak with. One person said, "I ask her if I want anything … she is very kind." A relative, who had previous experience of several care services, said, "(Registered manager) is lovely and wonderful … one of the best managers I've known … the door is always open and she supports relatives … she rings up often."

The registered manager said Methodist Homes Association (MHA) was a good organisation to work for who valued their staff. The registered manager ensured the culture at Norah Bellot Court was open and honest with the staff team. They provided day to day support and supervision for staff, involved staff in the running of the service and respected their views. Staff felt motivated and supported. They were confident they would be listened to and felt comfortable discussing any concerns with the registered manager. Staff comments included, "She gives the best support and the team is involved in people's care", "She has an understanding approach and you can ask her anything" and "She is amazing, never stressed, always on the same level." Another care worker spoke of the support the registered manager had given them when they had experienced personal problems. They said, "She (registered manager) was so supportive and understanding … very fair … very approachable and changed my shifts."

Several routine quality monitoring systems were in place. The registered manager undertook routine monthly audits. MHA had introduced a system where registered managers visited other services. They carried out peer reviews of the service to "learn from and share good practice." The last one took place in February 2016. The registered manager said these reviews gave an independent perspective of a service. The area manager visited regularly and undertook a quarterly audit. The last one had taken place in March 2016. The internal quality team visited yearly and undertook a 'standards assessment' audit. This used a structured tool which included a percentage final scoring system and used a red/amber/green analysis. Any issues for action were identified. The next one was scheduled for April 2016. Despite the quality monitoring systems in place, these had not picked up the shortfalls we found in record keeping. However, at the inspection, the registered manager identified why they felt this had happened. Following the inspection, they sent us information about how they had changed the auditing systems in place. The systems would be increased to look at more areas and be more thorough. This would ensure the records were fully completed in future.

People's views were sought on how the service was run. An independent organisation sent out annual questionnaires. The last one was complimentary of the service and the way staff supported them. From the comments received, the registered manager drew up a plan and took any action necessary. The registered manager also analysed all comments, compliments and complaints to further develop and improve the service.

Staff were also asked their views of the service in an annual questionnaire. From these, the staff team agreed and produced an action plan to "make MHA a great place to work." Staff enjoyed working at Norah

Bellot Court and the service had a low staff turnover. This ensured people had staff to support them who they were familiar with. Staff comments included, "It's good to work here … the staff team are good" and "I enjoy it here … it's a good environment … happy and we all help each other."

People who lived at Norah Bellot were invited to the monthly resident's meetings. This included those people who received care from the service. These meetings enabled people to be kept updated on any changes to the service or any planned developments. People's advice and comments were asked for. Two people, who received care from the service, said they enjoyed attending these meetings. One of these people enjoyed fundraising for the service which gave them a sense of well-being and belonging.

Minutes of staff meetings showed staff were consulted and involved in decisions about the service and their views sought and acted on. One staff member said, "We have regular staff meetings about every four to six weeks … they are very useful and it's always a full house!"

At each staff shift change, there was a verbal handover. In each person's flat, a daily record of the care given was recorded. There was a contact book in the office for staff to pass messages to one another and for reminders about health appointments and visitors. This ensured essential information about each person was communicated between the staff team. One care worker said, "We always read the contact book before we get on with our work, where we can see what has happened before."

The mission for MHA at Norah Bellot was "to improve the quality of life for older people, inspired by Christian concern." It was clear this was achieved by the service who worked in partnership with people, their relatives and health and social care professionals.