

Methodist Homes The Limes

Inspection report

Westbury Lane
Newport Pagnell
Buckinghamshire
MK16 8JA

Website: www.mha.org.uk

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09 October 2017

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07 November 2017

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 Limes' is a domiciliary service operated by 'Methodist Homes' in a large purpose built complex that includes 'Westbury Grange' care home. The domiciliary support service provided by staff from 'The Limes' enables people to live independently in their own flats within the complex and not as residents within the separately registered and inspected care home. The Limes provides a service for up to 45 people and is purpose built over two floors. At the time of our inspection four people were receiving personal care.

At the last inspection, the service was rated Good.

At this inspection on 09 October 2017 we found the service remained Good.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report abuse, protecting people from avoidable harm. People had risk assessments in place to enable them to be as independent as they could be whilst being kept safe. There was sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service to ensure all staff employed at the service were suitable for the role.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Some people were supported to administer their own medication.

Staff received a comprehensive induction programme and a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported by the manager and had regular one to one time for supervisions and annual appraisals.

Staff gained consent before supporting people with their care. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005. People were able to make choices about the food and drink they had, and staff gave support when required. People were supported to access a variety of additional health professionals when required.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

People's needs were assessed before they were provided with a care package and the care plans reflected how their needs were to be met. Records showed that people and their relatives were involved in the assessment process and the on-going reviews of their care. There was a complaints procedure in place to enable people to raise complaints about the service.

People and staff were positive about the new manager and staff told us they felt well supported. A variety of quality audits were carried out, which were used to drive improvement and allowed people and staff to express their views about the delivery of care.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Limes

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 comprehensive inspection took place on 09 October 2017 and was announced. 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.

The inspection was carried out by one 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.

We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised.

We spoke with the four people who were receiving personal care. We also spoke with four staff that included the manager, a senior carer and two care and support workers.

We looked at the care records for the four people who were receiving personal care to see if they were reflective of their current needs. We reviewed four staff recruitment and training files and four weeks of staff duty rotas. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here because I have my pendant. I know someone will be here if I need them." Staff told us, and records showed they had received training with regards to safeguarding and protecting people. One staff member said, "If I was worried I would report my concerns to the manager. It's about making sure that we are protecting someone." A second member of staff told us, "Safeguarding is our priority. We make sure we do everything to keep people safe."

People had individual risk assessments to enable them to be as independent as possible. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

Staff were recruited following a robust procedure. One staff member said, "I couldn't start work until my references and checks had come through." Documentation showed this had been carried out for all staff before they started. Staff told us and rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the service required.

People who required support with medication told us they received their medication on time. One person said, "If I need pain relief they [meaning staff] are there. I don't have to wait." Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at MAR charts and noted that there were no gaps or omissions. People received their medicines when they should and were kept safe and protected by the safe administration of medicines.

Is the service effective?

Our findings

People continued to receive care and support from staff that were knowledgeable and had the required skills to carry out their roles. One staff member said, "The training is very good. It gives us the skills we need." Another told us, "I had a thorough induction before I started working here. It helped me get it right from the beginning." Documentation we saw confirmed all staff had completed an induction to the service when they first started work and on-going training was up to date and appropriate to staff roles. Staff told us they were well supported by the manager. One said, "I have regular supervision but I know I can always go to [name of manager] if I need extra support." We saw records that showed staff received regular supervisions and competency observations.

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). The procedure for this in domiciliary care is called Court of Protection. The registered manager told us that at the time of the inspection that there was no one being supported whose liberty was being deprived. People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of peoples' rights regarding choice.

Staff assisted some people who used the service with their meals. There was a bistro on site which some people used for their meals and staff told us they supported people to prepare meals such as ready meals and sandwiches. One person said, "The food is nice. I usually use the bistro. It's very convenient." A member of staff told us, "We help people with their meals. I have had food safety training so I know how to make sure it is cooked and safe to eat." Within the care plans we looked at we saw that there was documentation in relation to people's dietary needs

People we spoke with told us the staff would support them with additional healthcare appointments if needed. Staff informed us that they would assist people with arranging additional healthcare support if required. Documentation we viewed showed doctors, district nurses and ambulances had been called when required.

Is the service caring?

Our findings

People continued to receive care from staff who treated them with kindness and compassion. One person said, "The carers are lovely. I can't fault them. They make my life bearable." Another person told us, "I am lucky I was able to come here. It's lovely and is my home now." They continued, "I have had the same main carer for six years. We know each other so well. We are like family." A staff member said, "It's nice here. You are allowed to take time to sit with people, have a cup of tea and a chat."

The manager told us that staff often went over and above their normal care duties. For example they informed us about one staff member who took a person to see their relative who was receiving end of life care in the local hospice. The staff member had done this in their own time over a bank holiday period. Another example provided was about the charity coffee mornings held for people to meet up, have a chat and prevent social isolation. All the cake donations are made by the staff; some staff even bake the cakes in their own spare time. This demonstrated that staff were caring and supportive of people using the service

People had been involved in the planning of their care. One person we spoke with said, "I know what is in my book [meaning care plan]. I get the help and care I need." Another person we spoke with told us, "The carers are very obliging. Nothing is ever too much trouble. They always ask if there is anything else I would like before they leave." Staff told us they tried to involve people with their care plans, if they were not able, then family or representatives were asked. They were able to tell us in depth about each person for example their likes and dislikes, their background history and family.

The manager told us that there was an advocacy service available for anyone who needed it.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office. We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately and when being assisted with meals or care. Staff had an understanding of privacy and dignity. One staff member said, "Everyone should be treated with dignity. Treat people how you want to be treated yourself."

Is the service responsive?

Our findings

People continued to receive care that met their needs. One person told us, "I am very well looked after here. I get the best care from the best carers." Another person commented, "I have a few health problems and the carers know how to help me in the right way." Staff knew people very well; they understood their backgrounds and knew what care and support each person needed. A staff member said, "We get to know people. It's important that people feel comfortable and happy." We saw that for one person the service had arranged for them to have radio talk cassettes delivered because they were partially sighted and the manager told us they enjoyed these.

Care plans we viewed showed that a full assessment had been completed prior to people receiving a care package. One person explained, "They came to my house and spoke with myself and [relative]. They asked us lots of questions and covered everything. It was very thorough." Records showed that following the initial assessment, a care plan had been drawn up which showed people's strengths as well as the support they required, life history, their preferences and family involvement where appropriate. Care plans had been written in a personalised way for each individual and were reviewed regularly to ensure they were reflective of peoples changing needs.

There was a complaints procedure in place. One person told us, "I have never had cause to complain but I would if I had to." Records showed that complaints had been dealt with swiftly and in line with the provider's complaints procedure. We saw that complaints were used to drive improvement at the service. For example, we saw that where people had made a complaint about repairs that were needed these had been acted upon in a timely manner.

Is the service well-led?

Our findings

There was a manager in post who was in the process of registering with the Care Quality Commission. Staff and people who used the service knew who the manager was and we saw that letters of support had been sent to the provider by some people in support of the manager's employment. We received positive feedback from people about the new manager and people and staff expressed confidence in how the service was run. One person told us, "This is an excellent place to live. I am grateful to be here."

The manager spoke with us about improvements they wanted to make at the service. This included a programme of activities that had already commenced and providing people with a regular newsletter to keep them informed of events at the service and to improve communication.

The service had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting. One member of staff commented, "This is a lovely place to work. We all work really well together and support each other." Another commented, "The manager is very approachable and supportive. I would be comfortable going to them about anything." Staff meetings had been held on a regular basis. One staff member said, "We have regular meetings where we can raise issues and we are listened to."

Our records showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law. Information relating to the registration of the location was displayed at the service and was prominent on their external website.

A number of quality audits had been carried out. These included care plans and medication. Quality monitoring telephone calls were carried out to people on a regular basis. This gave the manager a chance to speak with people to ensure they were happy. Records we viewed showed audits had been carried out effectively.