Methodist Homes

Adlington House - Otley

Inspection report

Bridge Street
Otley
West Yorkshire
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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

We carried out the inspection of Adlington House - Otley on 21 and 22 March 2018. This was an announced inspection.

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service. At the time of inspection, seven people were using the service. This was Adlington House – Otley's first inspection since their registration with the Care Quality Commission (CQC) in January 2017.

Adlington House - Otley provides care and support services for people living in their own homes. It is based in Otley and supports people who live within the retirement village. There is good disabled access to the Adlington House - Otley office with parking also available.

The service had 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.

Risks to people were assessed, monitored and mitigated. Where incidents occurred, these were analysed for reflection and future learning.

Staff received training in safeguarding, which helped them identify and prevent people coming to harm.

There were sufficient staff in place and the provider had thorough pre-employment checks in place to determine their character and skills.

There were systems and processes in place to reduce the risk of infections and manage people's medicines. Staff understood how to put this guidance in place. However, we found some shortfalls in how medicines were recorded. We made a recommendation around improving medicine records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were mostly independent in their nutritional and healthcare needs. Where required the support needed was clearly identified. Staff received ongoing training and support in their role to promote effective care.

People were given choice and flexibility around their care arrangements.

The registered manager and staff worked in partnership with people to provide services which were personalised, responsive and met people's needs.

There were policies in place to manage people's complaints and the registered manager investigated all concerns thoroughly when they arose.

Staff were competent, confident and caring in their role. People were treated with dignity and respect and staff gave them choices about how their care was delivered.

The registered manager was fully involved in the day to day running of the service. They understood people's needs and were responsive to feedback when given.

The registered manager carried out a series of checks to monitor the quality and safety of the service and worked in partnership with other stakeholders to provide support and resources to people.

Further information is in the detailed findings below.

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.

Peoples' medicines were administered safely. Medicines records did not always follow good practice guidance.

People were protected from harm. People said they had confidence in the service and staff and felt safe and secure when receiving support.

Risks to people's health, safety or wellbeing were identified and addressed and staff had the time to care for people in a safe and consistent manner.

There were safe recruitment procedures to help ensure people received their support from staff of suitable character.

Is the service effective?

Good

The service was effective.

The service ensured people received effective care that met their needs and wishes.

Staff were provided with on-going training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Staff had an awareness of the Mental Capacity Act 2005 and ensured people's rights were protected.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

The registered manager and staff were motivated and provided quality care to people.

People gave us positive feedback about their care and support.

People were treated with kindness and respect and people valued the staff who visited them.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and preferences and they were involved in all aspects of their care.

The service had a complaints procedure and people felt able to raise any concerns with the manager or staff. Any suggestions or concerns were acted upon.

Is the service well-led?

Good

The service was well-led.

The provider had systems for monitoring the quality of the service provided.

The service had a registered manager in place.

The management team promoted strong values and a person centred culture. Staff were proud to work for the service.

Regular feedback was sought from people to continuously improve the service.

Adlington House - Otley

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.

The inspection took place on 21 and 22 March 2018, it was announced. The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the 'Provider Information Return' (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We looked at how people were supported throughout the day with their daily routines and personal care needs. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people that used the service and three staff files. We spoke with four people who used the service and three relatives. We also spoke with three care workers as well as the registered manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from staff. One person said, "They are brilliant, I cannot fault them. Safety doesn't even come into it." Another person commented, "Without a shadow of doubt I am safe here. My family know it too."

There were systems in place to protect people from abuse and harm. The provider had developed a safeguarding policy which directed staff on the action they should take if they suspected any abuse. Staff told us how they monitored people's health and wellbeing and would raise concerns to the registered manager if required. Staff were clear they had not seen anything to be worried about but they were clear in the action they would take if they did see something. Staff were able to tell us about the different types of abuse and the warning signs to look out for. One staff member said, "We lookout for people, but we have a good relationship so we can tell if people are not right."

Records of safeguarding incidents demonstrated that the registered manager had responded appropriately to safeguarding concerns when alerted, which helped to keep people safe. We spoke with the registered manager who was able to tell us about the action they took and monitoring of the safeguardings.

Risks to people's personal safety were assessed and monitored. People had risk assessments in place around their mobility, medical conditions and the use of any equipment by staff associated with care tasks. Risk assessments were regularly updated when people's needs changed. All people who used the service had access to an alarm system which alerted staff to emergencies where they required additional support. This included when people had falls and required assistance from staff in order to keep them safe. The registered manager told us this system was regularly checked and staff were able to respond to alerts 24 hours per day.

The registered manager used learning from incidents as an opportunity to improve the service. Team meetings and supervisions were used as a platform for staff to discuss where issues had occurred and to agree more effective working methods. The registered manager had recently put in place a change in procedure around reporting of all accidents no matter how small in response to an incident which had occurred.

There were sufficient staff in place to meet people's needs. The registered manager regularly allocated additional staff on duty to help ensure there were staff available if people were unwell or required additional care. For a period of time the service made use of an agency to supply staff, but the service had now recruited sufficient staff to support people.

The registered manager followed the provider's recruitment policy to ensure that appropriate pre-employment checks were made when recruiting new staff. We saw evidence staff had been interviewed, had references checked and their background for any cautions, convictions or barring lists where their name was present. This check helps employers make safer decisions when it comes to employing staff.

There were systems in place to ensure people received their medicines. However, some of these systems did not ensure people would receive their medicines as prescribed. For example staff signed a Medication Administration Record (MAR) to say they had administered all the medicines in a dossett box. This meant if there was an error in the dossett box, people could be given the incorrect medicines. Good practice guidance provided by the National Institute for Health and Care Excellence (NICE) says 'When social care providers have responsibilities for medicines support, they should have robust processes for recording a person's current medicines. These should ensure that records are accurate and kept up to date accessible, in line with the person's expectations for confidentiality.' We spoke with the registered manager about this who told us they were working in line with the provider's policy, but this did not meet the requirements of the regulation. Following the inspection the registered manager told us they had changed their systems to keep all medicines records for people together and would be working with the senior management to change the policy.

We recommend the provider review their policy and procedure for the administration of medicines.

Most people independently managed their medicines. Those who needed help had the level of support they required detailed in their care plans. The registered manager regularly audited peoples' medicines records to check that people were receiving their medicines as they preferred.

There were systems and processes in place to protect people against the risks of infection. Staff had received training in infection control. They told us how they wore personal protective equipment such as gloves when supporting people with their personal care. This helped to minimise the risk of infection spreading.

Good

Is the service effective?

Our findings

People told us the service provided effective care. One person said, "Staff know what they are doing, they are really helpful."

The registered manager used a wide range of assessment tools and documents in order to formulate a plan of care to meet people's needs. These included meetings with people and relatives to discuss their abilities and needs and assessments by health professionals such as speech and language therapists or doctors. This helped ensure people's needs were fully assessed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for Deprivation of Liberty Safeguards (DoLS) in a community setting is made via the Court of Protection. We found no referrals had been made as people had capacity to make their own decisions. We checked whether the service was working within the principles of the MCA and found they were.

People were encouraged to make decisions about how they preferred to receive the care they needed. Staff had received training and the guidance they needed to support people that may lack capacity to make some decisions whilst being supported to live in their own home.

Support plans contained assessments of people's capacity to make decisions for themselves and their ability to consent to the way in which they received their support. Staff were mindful of and respected people's daily routines and preferences when they provided them with care. Some people had Lasting Power of Attorney's (LPOA) in place and the provider retained a copy of these. We asked the provider and registered manager if anyone was subject to a Court of Protection Order. The registered manager told us no person currently using the service was subject to best interest decision making or conditions restricting their liberty under the Court of Protection.

Staff received training, induction and ongoing supervision to help enable them to be effective in their role. Staff received a wide range of training which was relevant to their role. New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs. The registered manager regularly met with new staff during their induction to check their wellbeing and working practices.

Staff received ongoing support in their role through supervision with the registered manager. Supervisions enabled staff to discuss their role, training needs and reflect on issues or incidents which had arisen.

Some people independently managed their food and nutrition. Where people did require support, the level of support was agreed and documented in their care plan. One person required prompting around their food due to concerns about their health. Staff told us how they kept a record of food and drinks offered and had liaised with the person and their doctor about concerns and how to maintain a healthy and balanced diet.

People had access to healthcare services as required. The majority of people managed their healthcare needs independently or with relative support. Where required, staff monitored people's health and wellbeing under the direction of guidance from health professionals such as occupational therapists, district nurses and general practitioners.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. One person said, "They always do as much as they can to help." Another person reflected, "All the carers are brilliant. No complaints at all."

Staff knew the people they were caring for, including their preferences, personal histories and backgrounds. We spoke with staff who were able to tell us in depth information about people and how they liked to received their care. People we spoke with confirmed their care was offered in line with their preferences.

The registered manager had worked with people to produce documents about their life histories and families. The registered manager told us these documents could be used by staff when working with people to help them reminisce about past events or people.

Staff showed concern for people's wellbeing in a caring way. Staff were knowledgeable about people's needs and were dedicated to promoting people's wellbeing. Many staff worked flexibly to provide additional visits when people were unwell or needed additional help. In one example, a staff member heard someone had just got back from hospital and they wanted to go say hello, have a catch up and wish them well. The member of staff said, "I couldn't go home without talking to them."

Staff shared updates with each other in a compassionate and caring manner, working together to find creative solutions to ensure people's needs were met.

People were treated with dignity and respect. One person said, "The staff always come in and respect me. They know they are in my home and they treat it as such. It's very comforting knowing they are there." The registered manager told us how staff were conscious not to discuss people's care issues in earshot of others and they ensured handovers took place in a confidential location. This helped to ensure that people's private matters were not discussed in public settings. People were asked about their gender preference of staff during the initial assessment. We saw people received support from the gender of staff they preferred. Staff filled out a 'Dignified Care' audit tool to ensure documentation supported people's rights to be treated equally and in a dignified way.

People were involved in making decisions about their care. The registered manager regularly visited people to review their care needs and check they were happy with the care received. Staff supported people's independence. The service was flexible with when and how it provided care services. Some people used the service for short periods of time if they were unwell or were recovering from a hospital discharge. These short term services helped provide them with the necessary support to aid their recovery and helped enable them to stay in their own homes. In one example, the registered manager had arranged staff to support a person when they returned from hospital. Staff adjusted the nature and frequency of their visits as the person's recovery progressed, which helped the person return to a situation where care services were no longer required.

Staff demonstrated a clear understanding through the planning and delivery of care about the requirements

set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. There were polices in place to ensure people's specific care needs were considered and staff's knowledge was further bolstered by training in equality and diversity. One member of staff told us, "Equality and diversity is about treating people the same no matter who they are."

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "If I need something doing they will do it for me." Another person commented, "They really make a difference. If I press my call button they will come as soon as possible."

People's care plans were personalised and included details about their preferences around their care. The registered manager met with people to discuss their care needs before care services started. Through a series of regular phone calls and visits, the registered manager ensured that people's care plans were up to date and fully met their needs.

As people all lived in the same building, the service had arranged for the local chaplain to come and visit people twice a week.

People's communication needs were documented in their care plans. Where people may struggle with their sight, hearing, speech or memory, this was documented in their care plan. Strategies for staff to use to promote effective communication were also documented. In some cases this involved speaking in a patient and reassuring manner, in other cases this involved reiterating information to people in a simple way so they were able to understand.

The service was responsive to people's needs. When people used the emergency buzzer system, staff immediately contacted people to ensure their safety and wellbeing. The registered manager told us how they would frequently check in with people who were unwell to offer additional support and help ensure their wellbeing.

There were policies in place to investigate concerns and complaints. The registered manager kept written record of all the complaints the service received along with the investigations and follow up from these concerns. There were no ongoing complaints at the time of inspection.

People were consulted about how they would like to receive care at the end of their life. The registered manager told us and records evidenced how they met with people to identify their needs and wishes and worked in partnership with other health professionals such as doctors and district nurses to provide the care required. Care was provided flexibly and could be adjusted at short notice. This helped to ensure the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission. The registered manager was fully involved in the day to day running of the service. They knew people and their needs well and also contributed to the management of other services in the retirement village. We looked at the background of the registered manager and found they had been registered before and had management qualifications when applying for the role. The registered manager was committed to the wellbeing of people. They were setting up a series of social events to increase the opportunity for people to mix together, decreasing the risk of social isolation.
The registered manager was aware how and what to notify the CQC of. Services have to notify the CQC of certain events that meet a set of criteria. The registered manager had evidenced to us their knowledge and action they had taken previously.

The registered manager operated an 'open door' policy. Staff told us they were knowledgeable and approachable. One member of staff said, "The registered manager is always there. We are a new service and they have been really good in leading us forward. I have absolute confidence in them." The registered manager was known personally by all people who used the service. During the inspection, the registered manager visited a few people who used the service. This showed us they had good visibility to the staff and people who used the service.

The registered manager monitored the quality and safety of the service. This included regularly speaking to people to ask for their feedback about staff and the service overall. The registered manager also collected care notes staff made on their visits. They told us they checked for missing entries, inaccurate or inappropriate recordings, quality of handwriting and any potential training issues. Themes from these audits were picked up and addressed with staff both individually and in team meetings.

The registered manager also submitted reports to the provider detailing key aspects of the service including; staffing levels, incidents and falls. We saw examples of checks on complaints, safeguarding's and risk assessments. Any information that had been raised as having room for improvement was entered on to an action plan. The registered manager showed us their action plan. We saw actions had been taken against previous issues raised. This process helped to ensure the registered manager could effectively oversee the performance and culture of the service. For example one check identified that employment manuals did not contain all policies and procedures. We found the registered manager was constantly striving for improvement. Any short falls of the service were reported to the registered manager who analysed the information and made changes to prevent failures from repeating themselves. During the inspection we raised some minor issues which the registered manager immediately changed. This showed us the registered manager looked at how to improve the service in all aspects.

The registered manager had made links with other stakeholders to provide services and resources for people for example working with a discharge sub group to improve how people are discharged from hospital. Links with the residents committee and commitment to an award for homecare was showed us the service was striving for improvement by listening to people who used the service. We spoke with the local

authority who had no concerns around this service.