

# Methodist Homes Connell Court

## Inspection report

20-22 Weld Road,  
Birkdale, Southport, PR8 2DL  
Tel: 01704 560651  
Website: [www.mha.org.uk](http://www.mha.org.uk)

Date of inspection visit: 4 March 2015  
Date of publication: 16/04/2015

### 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	

### Overall summary

This unannounced inspection of Connell Court care home took place on 4 March 2015.

Situated within walking distance of Birkdale Village and close to public transport links, Connell Court provides accommodation and personal care for up to 37 people. It is a three storey purpose built property which is fitted with a passenger lift providing access to all floors. All the bedrooms are for single occupancy and have en-suite facilities. There is a lounge, dining room and conservatory on the ground floor.

A registered manager was 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 said they felt safe living at the home and were supported in a safe way by staff. Visitors we spoke with also told us they thought Connell Court was a safe place to live.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff confirmed they had received adult safeguarding training.

# Summary of findings

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People living at the home and staff told us there was sufficient numbers of staff on duty at all times.

Staff told us they were well supported through the induction process, regular supervision and appraisal. They said they were up-to-date with the training they were required by the organisation to undertake for the job.

A range of risk assessments had been completed depending on people's individual needs. Care plans were well completed and they reflected people's current needs. Risk assessments and care plans were reviewed on a monthly basis.

People told us they received their medication at a time when they needed it. Safeguards were in place to ensure medicines were managed in a safe way.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment and equipment.

People said their individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

People living at the home expressed mixed views about the meals but the majority of people were satisfied with the meals. We could see that the home had processes in place to seek feedback on the food. Changes to the menu were made based on feedback from people.

People and families described management and staff as caring, respectful and approachable. Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living at the home and staff throughout the inspection. A full and varied programme of recreational activities was available for people to participate in.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Nobody living at the home was subject to a Deprivation of Liberty Safeguard (DoLS) plan.

The culture within the service was and open and transparent. Staff and people living there said the registered manager was approachable. They said they felt listened to and involved in the running of the home. People we spoke with told us the registered manager and staff communicated well and kept them informed of any changes.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations.

A procedure was established for managing complaints and people living at the home and their families were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the complaints procedure.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Relevant risk assessments had been undertaken depending on each person's individual needs.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

Safeguards were in place to ensure the safe management of medicines.

Measures were in place to regularly check the safety of the environment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Good



### Is the service effective?

The service was effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments readily when people needed them.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

Good



### Is the service caring?

The service was caring.

People told us they were happy with the care they received. We observed positive engagement between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

People told us the registered manager and staff communicated with them effectively about any changes.

Good



### Is the service responsive?

The service was responsive.

People's care plans were regularly reviewed and reflected their current needs. People said the care was individualised and care requests were responded to in a timely way.

A full and varied programme of recreational activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff spoke positively about the open and transparent culture within the home. Staff and people living there said they felt listened to, included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established at the home.

Good



# Connell 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 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 unannounced inspection of Connell Court care home took place on 4 March 2015.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. This included reviewing the Provider

Information Return (PIR). A PIR 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 looked at the notifications and other information the Care Quality Commission had received about the service. We contacted the commissioners of the service to see if they had any updates about the service.

During the inspection we spent time with four people who lived at the home and two visitors who were visiting people who lived at the home at the time of our inspection. We spoke a visiting health care professional. We also spoke with the registered manager, four care staff and the chef.

We looked at the care records for four people living at the home, four staff recruitment files and records relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe living at the home and said staff treated them in a respectful way. A person said to us, “I feel one hundred per cent safe.” Visitors we spoke with also told us they thought Connell Court was a safe place to live.

People consistently expressed to us that staff treated them in a kind and respectful way. A person said to us, “The staff are absolutely marvellous.” Another person told us, “They are respectful and kind.” Throughout the inspection we observed staff supporting people in a discrete and safe way. Staff spoke to people in a kind way whilst supporting them.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential was reported. Staff confirmed they had received adult safeguarding training and records we looked at confirmed this.

We looked at the personnel records for four members of staff recruited in the last year. We could see that all recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff.

We asked people if they thought there were enough staff on duty at all times. We received mixed responses. One person said, “There are always acceptable levels of staff.” Another person told us, “They could do with more staff. If the manager and deputy have to help in the dining room I think this shows there aren’t enough staff” and yet another person said, “No there are not enough staff on the whole.” The manager confirmed that they did help out at lunchtime but often this was done so they could engage with people, monitor what happens at lunch time and to get feedback on the food. The staff we spoke with said there were sufficient staff on duty at any given time. Throughout the inspection we observed staff responding to people’s individual needs and requests, and reacting to call bells in a timely way.

The four care records we looked at showed that a range of risk assessments had been completed depending on people’s individual needs. These included a falls risk assessment, lifting and handling assessment, use of bedrails risk assessment and a skin integrity assessment. In the main, care plans related to risk were well completed

and provided clear guidance for staff on how to support each person’s individual risks. We did note one care plan that lacked sufficient guidance on how to manage a specific risk and we highlighted this to the registered manager. Risk assessments and associated care plans were reviewed on a monthly basis or more frequently if needed.

We asked people living at the home whether they received their medication at a time when they needed it. A person told us, “I have them in the morning, lunch, tea and 8.30; I always get them at the right time and always the right medication. [Named staff] is very good when giving them out”. Another person said, “I usually use my buzzer around 3.00 or 3.30 at night and ask for painkillers, which they bring me.” A person told us they were not receiving their medication 30 minutes before breakfast as it is prescribed. We highlighted this to the registered manager who agreed to look into it.

A visitor told us medication was given out on time. The visitor said, “[Named staff] stands over her and makes sure she takes it. She doesn’t like it but I have explained staff have to make sure she takes it. Other staff don’t always watch her take them always but she always takes them.”

We observed the medication being given out at lunch time. We noted the staff member gave two people their medication but did not watch them actually take it. Both people took their tablets. We raised this with the registered manager who said they would discuss with staff the need to observe people taking their medicines.

A senior member of care staff provided us with an overview of how medicines were managed within the home. The medication was held in a locked trolley in a dedicated lockable room. The medication was administered from the trolley to people living at the home. A list of staff authorised to administer medicines and their signatures was in place. The medication administration records (MAR) included a picture of each person, any known allergies and any special administration instructions. One person went out for long periods and arrangements were in place for the person to sign to take their medication out. Arrangements were also in place for people to look after and take their own medication. Medication checks were carried each week and a separate check was in place for the person who was self-medicating. Body maps were used to show where topical creams should be applied.

## Is the service safe?

Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily. Some people were prescribed controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs legislation. They were stored correctly in line with the legislation and appropriately signed for once administered to the person. A controlled drug destruction kit was used for drugs no longer used.

A process was in place for recording and monitoring incidents. The registered manager advised that most incidents related to trips and falls. People identified as being at risk, particularly to falls, were also given pendant alarms to wear. In addition, pressure mats to alert staff if people were up through the night were in place for people who were at risk to falling. The registered manager advised that if a person had more than three falls then a referral was made to the local falls assessor.

We had a look around the home with a member of staff. Each of the rooms had a call system by the bed and emergency buttons for staff to press for assistance.

The home was clean and in good repair. There was a water leak from the ceiling in the dining room. This was being attended to by the two maintenance staff employed at the home. We noticed that appropriate safety measures had been taken due to leak. These included 'do not use' signs covering all the electrical light and fan switches in the room and a sign was in place to indicate the floor was wet.

A health and safety audit was undertaken by an external company in December 2014. A range of internal environment and equipment safety checks were in place. For example, water safety checks were carried in October 2014. The stair lift and lifting equipment were checked in November 2014. Portable appliance testing was carried out in April 2014. Wheelchairs were checked each month.

We observed that the hairdressing salon door was unlocked and could be accessed by people living at the home. A low level unlocked cupboard contained hair products. We mentioned this to the registered manager who agreed to check whether the products were hazardous and, if appropriate, ensure the products were secured.

The manager informed us that a Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home. These were reviewed monthly to ensure they captured any changes in people's needs.

A fire risk assessment was conducted by an external company in September 2014. The registered manager informed us that some fire doors had been fitted as a result of the assessment. A fire drill was taking place during the inspection and we participated with this. It was led by the maintenance staff and we observed that staff promptly gathered at the designated meeting point once the fire alarm was triggered. The maintenance staff asked questions of the staff, such as the location of the fire and what they would do next.

# Is the service effective?

## Our findings

The people we spoke with all told us they had access to health care services when they needed it. A person told us they went to the opticians and for hearing aids when required. Another person told us her daughter took her to the chiropodist and her keyworker looked after her nails. A person said, "I've never seen an optician and I do my own nails. Someone else told us," The staff bring in the doctor when it is necessary. I go to the hospital for eye tests and I have my blood pressure taken regularly." People told us they were confident staff would notice if they were unwell and arrange for the doctor if they needed it.

We spoke with a visiting health care professional who told us staff were efficient and always carried out risk assessments. They said staff made contact if they were concerned about anyone's health.

What people were telling us was confirmed by the information in the care records. We could see from the records we looked at that local health care professionals, such as the person's GP, district nurse, chiropodist or dietician were involved with people if they needed it. The care records informed us that staff requested health professional involvement in a timely way.

We asked people their views about the food and access to drinks throughout the day. There were mixed views but overall the majority of people were satisfied with the food. A person said, "I have no complaints about the food. There is always an alternative. There is too much waste. They were giving too large a portion and we asked for less so now we get it on smaller plates." Another person told us, "There is always fresh fruit in the bowl in the dining room and they [staff] come around offering seconds." Some people raised specific issues, such as the food being too salty on occasions, not enough variety or specific dishes not being to their taste. We discussed these specific concerns with the registered manager. She was aware of one person's concerns regarding the food, which she was addressing and said she would look into any other specific concerns.

The dining room was spacious. The tables had table cloths, small vases of flowers, condiments, crockery, water jug and glasses, cutlery and a laminated menu. A side table was laid with a bowl of assorted fresh fruit, jugs of juice and a container of drinking straws. A water dispenser was located

in the dining room. On one dining table was a laminated sign which said first table to be served and first to be assisted from the dining room. Staff told us the table to be served first and assisted from the dining room first was rotated each day in order to be fair.

The food at lunchtime looked appetising and seconds were offered out. We heard two people ask for a banana from the fruit bowl and these were given without question. Some people did not want the dessert and were offered ice cream instead.

People told us drinks were available throughout the day and night. A tea trolley was available in the lounge from 10.00 to 10.30am. There were tea bars on each floor for people and visitors to make themselves a drink at any time. The tea bars also contained a fridge so people could store additional food they wished to purchase. We observed staff going into bedrooms during the day delivering trays with a water jug and glass.

We spoke with the chef regarding special diets. The chef had a clear chart of each person's special dietary needs and consistency of food. She advised us that home-made smoothies were given to some people with nutritional needs twice a day. The chef told us they monitored the weight charts of people with specific dietary needs in order to check for any weight loss.

People told us they did not feel restricted within the home. People could come and go from the building as they wished. There was a board in the hallway for people to record whether they were going out but people did tell us that stated that staff liked to be informed also if they were going out.

We could see from the care records that consent was sought from people when they first moved to the home. Where appropriate people had signed to consent to going on trips out, their photograph being taken, the use of bedrails and the administration of medication. The majority of the care plans we looked at were signed by the person they were about.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager advised us that most of the people living at home had full mental capacity to make their own decisions. The home

## Is the service effective?

had clear admission criteria and did not take people with cognitive or memory needs. However, if people developed a memory loss or confusion then the home continued to accommodate and support them if possible.

Nobody who lived at the home was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager was considering a DoLS application for one person but when we discussed it further it was evident the person did not need this.

Staff we spoke with told us they were up-to-date with their annual appraisal and said they received regular supervision. A supervision schedule for 2014 showed that it had been fully completed. We could see that the supervision schedule had been completed for January and February 2015. Staff told us they were up-to-date with the training and refresher training they were required by the provider to complete. A member of staff said, "The training is brilliant here". Records confirmed staff training was up-to-date.

## Is the service caring?

### Our findings

People living at the home were satisfied with the way staff interacted with them and said staff treated them with dignity, and respected their privacy. They said they were happy living at the home and that the staff were caring. A person told us, “The staff are marvellous. Even if the door is open they always ask if they can come in. Another person said about the staff, “They are just the job.” Another person said, “I’ve had more laughs here than all my life.” The people we spoke with stated that they could get up and go to bed at a time that suited them. People had a choice of whether they received support from male or female staff.

A visitor told us, “I have observed people being treated with dignity.” Another visitor said, “The person I visit has always told me that the staff are respectful and caring.”

The staff we spoke with had good knowledge of each person’s needs and preferences. They spoke about people with warmth and demonstrated a positive regard for the

people living at the home. A member of staff said, “The residents seem happy. We have a good banter with people. We have a laugh and a joke.” We observed the majority of staff speaking in a kind and caring manner to people living at the home. We did overhear one staff member speaking with people in a brusque manner. We advised the registered manager of this and she agreed to look into it with the member of staff.

All the people we spoke with were aware of their care plans, which they told us were stored in their rooms in a special wooden cupboard with a sliding door. We asked if they knew what was in the care plans and people were able to explain what they believed the care plans contained. Two people were unaware of any formal review of the care plan, although told us their families were involved in compiling the care plan initially. The care plans we looked at showed that the person was involved in reviewing their care. ‘One-to-one’ forms were in place which involved the person’s keyworker spending time with them talking through their support needs and any other issues.

# Is the service responsive?

## Our findings

Throughout the inspection we observed staff responding to people's needs and requests in a timely way. Care plans were detailed and were focused around people's current needs. We could see that care plans had been revised to reflect any changes to people's needs.

People's care records contained information about people's life story, including relationships, working career and interests. People's preferences and preferred routines were also documented in the care records. People told us they could get up and go to bed at a time that suited them. Staff told us there was no pressure to get people up in the morning and confirmed that people went to bed when they wished.

The people we spoke with said they were supported to be independent. They all had assistance in the bath or shower and stated that there was always a member of staff to support them, usually their keyworker. We observed some people using walking aids and they were encouraged to move at their own pace. The corridors and rooms were spacious to support this level of independence. There were brightly coloured grab rails in all the corridors that contrasted with the walls so they could be easily seen.

We asked people their views of the activities and entertainment provided at the home. They told us there were plenty of activities going on and they could participate if they wished. One person said, "I go into the lounge if there is anything on. I used to go to the quiz. I went to a lot of activities but that has worn off now. I prefer my own room. Staff call in and have a chat." Another person told us, "I'm not able to join in the activities because of my arthritis. They went on a trip yesterday." Staff confirmed there had been a trip out for fish and chips the day before the inspection. Two people told us they were part of a small group of people who spend an hour in the evening reading poetry and facilitating word games. Another person told us, "I like to walk in the garden."

Many people were able to go out alone and we observed people coming and going throughout the day. Other people told us they went out with family and friends. People told us their cultural and spiritual needs were met

at the home. The local chaplain called to the home regularly each week. Staff promoted people to spend time and interact with each other by encouraging people who got on well to sit together at meal times.

Two activity co-ordinators were in post and they planned a full programme of activities each week. Each of the people living at the home received a copy of this as it was printed on the back of the weekly menu. We observed an activities coordinator playing musical bingo with 10-12 people in the afternoon. This was well organised and the activities co-ordinator was able to be heard by all as a microphone system was used. The people appeared to enjoy the game and the company of the activities co-ordinator. She ensured that everyone was made aware of the activity and when it would take place by announcing over lunch the time it would begin.

A complaints procedure was in place and it was reviewed in 2014. The registered manager maintained a log of all complaints received. We could see that the log included a briefing of the complaint, the action taken and when the complaint was closed. There were very few complaints recorded and these related to the food or missing clothing. A file was located in the foyer that contained numerous 'Thank you' cards and compliments about the service.

People knew how to make a complaint and the complaints procedure was displayed in the foyer. People also told us they could raise concerns at the three monthly 'Resident's forum'. People told us their concerns and views were listened to and acted upon. A person said they raised at the forum that meal portions were too big and as a result smaller plates had been introduced. Another person requested that staff tie back their hair when serving food and they told us, "This is now the rule." The registered manager was considering moving the main meal to the evening. People did not want this so mealtimes remained the same.

We observed that the forum minutes were in large print and displayed on the notice board. We looked at the minutes and noted menus, the fire procedure, activities and hydration were discussed. It was clear from the minutes that the forum was well attended and people took the opportunity to express their views of the service.

## Is the service responsive?

Satisfaction surveys were completed annually and we looked at the surveys from 2013 and 2014. The survey scored well in relation to: staffing and care; home comforts; choice and having a say and quality of life.

# Is the service well-led?

## Our findings

We asked people living at the home how the registered manager involved them in the running of the home. People told us they could share their views at the 'Resident's forum' and by participating in the annual satisfaction survey. People also said they could approach the registered manager directly. A person said, "We can go the manager at any time."

We asked the staff their views of working at the home. They told us it was a good place to work as the staff team worked well together and supported each other. A member of staff said, "It is a lovely place to work with a good team spirit." Another member of staff told us, "I love the place. The atmosphere and support is great." From our conversations with staff it was clear they felt supported by management and that management led by example. A bonus system was in place for staff if they had no sickness over a three month period and a bonus was given at Christmas if staff had no sickness for the year.

Staff told us an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. They were confident the registered manager would be supportive and protective of them if they raised concerns.

Staff told us communication was good at the home. They said there was a thorough handover between staff shift changes. They also said staff meetings were held every three months. We looked at the care staff meeting minutes from September 2014. Matters discussed included: staff break times; smoking arrangements; care issues; standards and values; resident's survey; staff survey; complaints and communication. We noted that staff meetings were held less than three monthly throughout 2014 and the registered manager said this was because she had been on extended leave for a few months. The registered manager had formally notified CQC of this planned absence. We observed that a senior staff meeting was held in September 2014 and February 2015.

Individual members of staff were identified as 'champions' in specific areas. This meant they had particular knowledge in a certain area and could provide up-to-date information

guidance to other staff. There were champions identified for nutrition and hydration, dignity, choice and values and activities. Staff also were allocated lead responsibility for some activities. For example, one of the staff had the lead for medicines management. Another member of staff was the lifting and handling trainer for the service.

We asked the registered manager their views of achievements within the service. The registered manager felt the home empowered people to make their own choices and encouraged people to live their life in a way they wanted. The registered manager said the service was "resident-led". The registered manager told us staff were reminded of the values of the home at team meetings and they were encouraged to consider the potential losses people experience by moving to a care home. We asked the registered manager their views of the key challenges for the service. The manager said that keeping on top of staff training was a challenge.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. The registered manager informed us that the organisation's 'Governance and Service Development Team' carried out an annual 'Standards assessment' as part of the quality assurance framework for the home. We had a look at the July 2014 standards assessment and noted it took account of issues, such as the quality of care plans, safeguarding, medication, choice and inclusion. Seeking feedback from people living at the home, relatives and staff was part of the assessment process. Following the assessment an action plan was developed and we could see that the actions had been addressed and completed.

Arrangements were established at the home for auditing the medicines. Full audits were carried out every three months and a compliance score given. We could see that action plans were developed if required. Action plans we looked had had been addressed and completed. Medication spot checks were also in place. We looked at the spot checks carried out in June and July 2014 and noted the service was fully compliant on both occasions. A care plan audit was carried out each month and specific care plans were identified for audit between January and March 2015. A food safety audit was undertaken November 2014.