Methodist Homes

The Paddock

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 17 February 2016 it was an announced inspection. At the previous inspection in 17 December 2013 there were no breaches of regulations.

The Paddock provides support and practical assistance to older people who live in self-contained flats owned by Methodist Homes. Most of the people who use the service are independent and require little or no support from the service. This type of support is called "Well Being." A small number of people receive care and support throughout the day to meet their assessed needs.

There is 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.

During our visit we met with and talked with the newly appointed manager who will be applying for the role of registered manager once his probation is completed. The current registered manager will then concentrate on managing another service. The registered manager was not available to speak with on the day of inspection so we spoke with the registered manager following the inspection.

People and their relatives told us that they felt safe with the care staff. Staff were trained in safeguarding adults and understood how to protect people from
abuse.

People and their relatives had been involved in the planning of their care and received care and support in line with their plan of care. People who needed help with their medicines received the help they needed.

Risks to people were minimised because there were arrangements in place to manage identified risks with people's care.

There was enough staff to meet the support needs of people receiving care and support from the service. Recruitment checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Staff gained people's consent before providing care and ensured people were supported to make day to day choices. Arrangements were in place to ensure that staff understood the principles of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS).

People were able to raise concerns but did not always feel complaints were resolved. The service did not analyse complaints to identify trends.

Most people were happy with the service they received and told us staff were caring. There were day to day arrangements in place to monitor the quality of the service provided. However we did not see evidence of consistent measures to understand people's and staff experiences of the service.

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. Care staff could describe possible signs of abuse and were aware of their responsibilities to report abuse appropriately.

The service undertook risk assessments for individuals to keep them safe from harm.

Care staff had received infection control training and took the appropriate measures to avoid cross infection when providing care and support to people.

Is the service effective?

Good

The service was effective. The provider was aware of their responsibilities under the Mental Capacity Act 2005 and care staff could demonstrate they asked people's consent and gave choice before giving care and support.

Care staff referred people to Health and Social Care professionals in a proactive manner.

Is the service caring?

Good

The service was caring. Care staff were polite and respectful towards people and their relatives.

Care staff involved people and their relatives in their care planning to ensure a person centred approach.

Is the service responsive?

Good

The service was responsive. Although there was a complaints policy and procedure, and posters encouraged people to complain there was not always clear recording of complaints with outcomes. Types of complaints were not analysed to capture themes within the service.

People had person centred plans to ensure their care was

specific to their support needs.

Is the service well-led?

Requires Improvement

The service was not always well-led. There were regular weekly and monthly audits by the manager to ensure the quality of the service provided. However there were not consistent measures to understand the experience of people and staff members.

There was a registered manager in post who understood their role and responsibilities.

The Paddock

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 17 February 2016 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service to some people living in their own homes at The Paddock. Most people using the service were independent and often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We did not receive Provider Return Information.

During the inspection we spoke with four people using the service and observed care staff interaction with people. We interviewed two care staff and spoke with the kitchen assistant and the newly appointed manager. We spoke with a third care staff member and the registered manager following the inspection. We spoke with one person's visiting relative and another two relatives following the inspection. We read three people's care and support records and their medicine administration records, including observing care staff administering medicines to two people. We looked at four staff personnel files.

Good

Is the service safe?

Our findings

People told us 'Yes I am safe here, we have got good carers, they are excellent" and "Quite safe no problems." Relatives told us they thought their relatives were safe at The Paddock.

Care staff were able to describe possible signs of abuse and told us how they would report any concerns to management. Care staff had received up to date safeguarding adults from abuse training and yearly refreshers. Care staff were aware of the safeguarding policy and procedures, and felt comfortable to use the policy if they felt it necessary. We reviewed the provider's policy and procedures on safeguarding and whistle blowing and found these to be appropriate and relevant. There were posters displayed in communal areas reminding people how to report any concerns they had. The manager showed us examples of when they had reported potential safeguarding concerns to the appropriate authorities during the past year. We saw the service had robust systems in place to identify and respond to safeguarding adult concerns.

People who received care and support had risk assessments to ensure their safety. In people's records there were risk assessments to manage the risk of falls, risks associated with self- administering medicines and moving and handling. When assessing falls there was a falls check list that looked at factors such as the number of previous falls, foot wear and the environment to determine the level of risk. Measures taken to address the risks of falls included a referral to the falls clinic and a pendent emergency alarm that the person presses and alerts the care staff to attend. However what measures staff should take on a daily basis to minimise the risk was not always clear in the care support plan for example checking foot wear and ensuring the person is using their walking aid. We brought this to the attention of the manager who agreed this was an area that should be addressed and said they would look at the care plans with care staff to make guidelines more detailed.

The environment was risk assessed and environmental checks took place weekly these included fire alarm checks; prevention of legionella measures, inspection of pathways, communal lighting and the fire doors. Some monthly environmental checks included emergency pull cord tests and window restrictor tests. There was fire prevention equipment available at regular intervals throughout the service and fire drills took place periodically. One had taken place in September 2015 and care staff had reminded people to stay in their flats as the policy dictated. Signs requested people not to smoke in the communal areas but to smoke outside in a seated designated area. People's flats had smoke sensors to limit the risk of fire.

People described staff as "Very busy", "Terribly overworked" and "Doing more than they are supposed to." However they also described care staff as meeting their care and support needs. Care staff told us they thought they met the care and support needs of people but that they were very busy. Care staff provided assessed care and support to a small number of people living in the service and offered 'Well Being' emergency support to the other people. The 'Well Being' support included responding to emergencies and facilitating activities. The newly appointed manager was also on site to support during week days. During the day there was one member of care staff on duty who offered care and support to individuals and responded to emergencies for other people if required. At night time there was an emergency alarm system

in place to provide an emergency response to all people.

People and care staff told us that at the time of inspection there was no cleaner of the communal areas for some time, so care staff also undertook these duties. People and staff told us they thought this was an extra time consuming task for the care staff. We spoke with the manager who showed us the rota for the care staff with timed calls to people who received care and support. We saw that there were enough staff to meet people's support needs. The manager explained the service did intend to employ a cleaner again, however currently care staff are responsible for the cleaning until a new cleaner is recruited.

The provider had robust recruitment processes in place. We looked at staff personnel records and found that the service had received Disclosure and Barring Service criminal records checks before employing care staff. Also the provider had received references and proof of identification and address before employing care staff.

We observed people being administered their medicine in an appropriate manner and looked at people's medicines administration records (MAR) these were completed correctly with no omissions. Care staff administered medicines where the dosage changed frequently according to people's medical test results. staff described how they managed the change of dosage and ensured each staff member was aware of the correct dosage. Medicines were stored appropriately, for example people's eye drops were kept according to their instructions in a fridge, with date of opening recorded to avoid out of date drops being used. Care staff had received medicines administration training but we noted some care staff were due refresher training during the month of the inspection. We discussed this with the manager who confirmed the provider would be offering refresher training in the near future.

The service was clean and well maintained, there were no mal-odours noticed. Care staff had received infection control training and hand washing training and wore appropriate disposable equipment such as gloves and aprons when providing care to prevent the spread of infection. Colour coded mops were used to avoid cross contamination. Care staff told us if they washed soiled linen and they would do this at the appropriate water temperature.

The communal kitchen was clean and food was stored appropriately. A kitchen staff member recorded the fridge temperatures to ensure food was stored at an appropriate temperature. There was a hand sanitizer dispenser and colour coded chopping boards were used to avoid cross contamination.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The service did not have any applications made to the Court of Protection. The manager explained that no one using the service lacked the capacity to consent to their care and treatment. However care staff told us about a previous application to the Court of Protection because a person living at the service lacked the capacity to understand the risks posed to them if they went out into the community unaccompanied. Care staff told us why they made the application and explained how they had used the least restrictive options to ensure they protected the person's human rights. Care staff had received training in 2015 to support them to work within the MCA.

The care staff told us how they ensured that they have people's consent to their care and treatment explaining how they ask people's permission before giving care and always offer a choice. Care staff gave an example that they always offer a choice of meals and drinks, offer a shower or a wash. If someone refuses their offer of support care staff described they approach them a little later and often they will then be prepared to accept the support.

Care staff told us they received regular training but some care staff said it was difficult to fit the training in with their other duties, explaining they took courses on the computer during their working day. We saw however the care staff had completed training in relevant topics such as moving and handling, health and safety, risk assessments, first aid, nutrition and hydration and dementia awareness.

Staff received an induction to support them to familiarise themselves with the service and to work effectively. Care staff received supervision sessions and appraisals to help them with their role. Not all the care staff we spoke with found the supervision sessions effective explaining there had been a number of changes of managers who had different management styles. The supervision policy stated that people should receive six supervision sessions each year including the yearly review. Staff files showed there were sometimes gaps where supervision sessions had not taken place for some months. For example in one person's file there were no records of supervision sessions from May 2015 until their review appraisal in August 2015. However we noted that in recent months the newly appointed manager had supervised some care staff in December 2015 and February 2016. We asked the manager why supervision had not always taken place. The gaps in the supervision had been recognised and addressed by the newly appointed manager.

Most people at the service did not require support to manage their dietary intake. However there was a communal dining area called 'The Bistro' where people could order a meal. There was a limited set menu each day but people could order an alternative meal if they wished. We saw one person had requested an

alternative meal asking for an omelette and at lunch time they told us they were eating a "Lovely" spinach omelette as they had requested. The kitchen staff demonstrated that they responded to people's requests for changes to the menu for example people told the kitchen they did not like Caesar salad but preferred egg and ham salad, this was served during our visit and people told us they were enjoying their meal. People told us they "Enjoy their lunch on most days" The kitchen staff showed us they recorded people's allergy information, and provided specific diets. Demonstrating they were making sugar free pancakes with sugar free pureed fruit for a person with diabetes. We observed staff taking meals to people's flats when they required support with their meal. Staff encouraged people to eat when they had a poor appetite. We observed care staff encouraging one person who refused their meal and alternatives, care staff left the meal covered in the fridge so they could offer the meal later in the day when the person might be more receptive to eating. Care staff described they go back to people to check they have eaten and drunk sufficiently.

Care plans gave people's medical history describing conditions such as diabetes and dementia addressing concerns relating to conditions such as low mood or support required with communication. Care staff told us about the medical conditions people had and described what measures were in place to minimise health complications. Care staff liaised with relatives when there were concerns and supported people to receive support from health care professionals such as the GP. A relative told us how care staff had noted the decline in their relative's health and raised with them the need for more care and support. Another relative described care staff as "Proactive" in increasing the care and support to someone where their needs had changed. We saw in people's records the GP visited on a regular basis and people attended out -patient clinics for specialist support such as the memory service.

Adaptations in the service allowed people to be more independent for example the entrances had large automatic exit buttons to open the doors and enable people using wheel chairs to access the service with ease. In people's flats we saw there were adaptations such as walk in showers with seats to enable people to shower independently.

Good

Is the service caring?

Our findings

People described the care staff as "Wonderful" and "No grumbles about the staff." Relatives described some care staff as "Amazing carers" and "Very caring." Some people described some care staff as being more caring than others.

Staff told us they "Respect" people and "Listen to them." We observed care staff and the manager were friendly and always greeted people when they met them. Care staff knocked on people's doors and waited to be asked in before entering. Care staff were polite to people and spoke in a respectful manner to them asking permission before acting. For example saying "Shall I put the meal in your fridge?" or "Can I give you your medicines?" Staff described to us how they keep people's written and verbal information in a confidential manner to protect their privacy. Care staff had received equality and diversity training and "Living the values" training in caring for people in a respectful and sensitive manner to support them in understanding people's diverse support needs.

Care staff involved people in their care plan and recorded information about their diverse support needs. For example recording people's faith preferences and if they wished to attend a place of worship. Care plans were written from the person's perspective stating how they would like their care to be provided. People and relatives confirmed care staff had asked them about their relatives support wishes and that they were invited to reviews. Some people had signed their care plans and people's reviews showed they and their relatives attended meetings. Care staff had received care planning training to support them to undertake care planning with people. We talked with the manager about people's care plans not always being signed. The manager explained that this had been picked up during a peer audit that had taken place in the day before and the day of the inspection. The manager planned to address this with staff in one to one sessions and to provide further training in March 2016.

Care plans recorded people's wishes about their faith support. Care staff explained that they would arrange transport for people to go to their place of worship if they required support with this. Some people's records stated they would like the chaplain to visit. The provider arranged for the chaplain to visit the service for ten hours a week. Care plans recorded people's end of life wishes in "My final days." The service celebrated festivals such as Christmas with a party. There was also an activity of talks that people could go and listen to. For example planned for March 2016 was "Trips to the Holy Land" and other talks included "My life in Pakistan" to explore culture and faith.

Good

Is the service responsive?

Our findings

The service had a variety of activities throughout the week for people. There was a quiz night and a cinema night. A bible study group and the vintage club. There were weekly coffee mornings and also a pet therapy session. There was a bingo session on the day of inspection. The manager explained they tried to respond to the wishes of the people using the service. People made activity suggestions individually or at the residents meetings held monthly and the weekly coffee mornings.

People's care and support plans contained a brief relevant history of their lives before they moved to The Paddock. Some people's records contained photos of loved ones or memories that meant a lot to the person. This made the care plans personalised and helped the care staff to understand the person they were supporting. The plans listed activities that people enjoyed such as watching tennis on the television or socialising with other people during activities. People had individualised plans that described their preferred routine for example one person liked to go to sleep late at night. The care plans described the support required and care staff had a rota that showed times of support and what tasks were required and how people wished to be supported. For example the rota showed when people would have support with breakfast what they liked to eat, their medicines, and gave a time when a person usually liked a coffee and a biscuit. Staff had reviewed the care plans on a regular basis to update them and addressed people's changing support needs. Staff kept daily notes about the people they supported these were written in a person centred way and used appropriate language. They were relevant and detailed.

People receiving care and support told us "I find it very pleasant here I haven't got a complaint at all. I am very fortunate to be here." Some people told us they could and had raised complaints to the provider but thought some complaints were ignored and did not think complaints were always resolved to their satisfaction. Relatives of people receiving care and support said they had raised concerns and had received an appropriate response to the concerns made. We saw that the provider had a complaints procedure. In the communal area the service had the complaints procedure displayed this clearly detailed how people could complain and what they could expect in response from the service. The manager told us he was encouraging people to raise concerns and was committed to resolving issues people might have. Residents' meeting minutes detailed the manager had highlighted to people in December 2015 the complaints procedure to enable people to complain if they wished too. The agenda for the meeting on the day of inspection also had the complaints procedure as a topic for discussion. Not all complaints were recorded with outcomes. There was no analysis of complaints to identify trends we brought this to the manager's attention who agreed to address this.

Requires Improvement

Is the service well-led?

Our findings

People told us "I am satisfied here" others expressed that there had been a lot of changes since they came to live at the service. Staff also told us there had been lots of changes explaining there had been different managers and team leaders saying "It has chopped and changed a lot."

There was a registered manager in post; there was also a newly appointed manager who managed the day to day running of the service. People told us there had been a number of changes in the past few years to the service. This included a change from the service being termed 'Sheltered housing' to 'Housing with support'. There had been a change from sleep in care staff to an automated emergency call system. Not all people were happy with the changes they felt the provider could have consulted with them in a better way.

The newly appointed manager told us he was committed to promoting a transparent and open culture within the service. Describing that he was available throughout the week to talk to and had also told people he would always be available on a designated afternoon each week to discuss any concerns they wished to talk to him about. The manager had held a monthly residents' meeting. We saw they had taken place in December 2015, January 2016 and one was taking place on the day of inspection. At the meeting a number of people attended and issues such as health and safety, tenancy, activities, staffing and meeting with the manager was on the agenda. One person was critical of the meeting saying they found it disorganised. We raised this with the manager who said there had been a difficultly as the previous minutes were taken by someone who had been unable to complete the task. As such the manager had to write them quickly before the meeting. They said they would ensure the minutes and agenda were circulated well before the next planned meeting took place in March 2016. Relatives told us they had attended a relatives' meeting with other relatives recently, they had not had this opportunity before. They said they had found this very useful and informative. They had raised concerns that the manager agreed to address. The relatives described the manager was "Passionate" about addressing any concerns but also said they wanted to see if there were results to the concerns they raised.

Some staff said their support had been "Up and down" but some said "So far things are good with the new manager, you can talk to him". Other staff said they hadn't always felt respected but had taken steps to speak with the provider and felt comfortable doing that. When there had been staffing performance concerns the management had taken appropriate action to challenge, investigate and address those concerns, demonstrating a commitment to ensuring good standards of care. We saw there were some systems in place to promote communication between the care staff team. Care staff team meetings had not taken place on a regular basis the last one was in October 2015. The manager told us a meeting had taken place in December 2015 but minutes of the meeting were not available. The manager said he had emphasised in team meetings and individual supervision sessions the need for the team to communicate well and work together. The manager had started to put in place mechanisms to ensure the staff were supported and listened to. However this had not had time to embed and become consistent and robust process.

The service ensured they had policies and procedures in place and care staff had signed to say they had read through some key policies these included MCA and DoLS, health and safety, safety alerts and the end of life policy. This assured us care staff were aware and had read the service guidelines. To promote a good hand over of information the care staff read the communication book and diary at the beginning of each shift. Also people's individual care plan recordings and MAR to ensure information was conveyed from the previous day's shift. The manager confirmed he had received support from the registered manager throughout his induction and probationary period. Describing his support from the provider as "Good" and that he was "Well supported" in his role.

There were regular weekly and monthly audits by the manager to ensure the quality of the service provided. We saw there was a peer audit undertaken at the same time as the inspection by a manager from another service. Omissions such as care plans not always being signed by the person had been highlighted. However we could not assess if this peer audit was successful in addressing the concerns identified on the day of inspection.

The manager told us he understood there had been yearly surveys undertaken by the service however they were not available to look at. The manager told us the service had sent out questionnaires to people and relatives using the service. Also the manager showed us staff questionnaires that he had designed to obtain feedback from the staff team. This was to ensure the quality of care was of a good standard. We saw that the manager was actively encouraging feedback from the people and the staff team but we could not assess if the information gathered would be analysed and findings responded to appropriately and consistently.