

Methodist Homes The Maples

Inspection report

Goldhay Way
Orton Goldhay
Peterborough
Cambridgeshire
PE2 5SF

Tel: 01733370022

Date of inspection visit:
18 February 2020

Date of publication:
16 March 2020

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

About the service

The Maples is an extra care housing scheme providing the regulated activity of personal care to people living in individual extra care housing flats in Peterborough. Each person's flat is either a studio flat or has a kitchen, lounge, bedroom[s] and an en-suite shower. Communal lounges, bathrooms, dining facilities and a secure garden were also provided. The service was providing personal care to 12 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff understood their duty to report any incidents of poor care or harm in line with the provider's whistle-blowing policy. Risk assessments were in place to help staff monitor people's identified risks without removing people's independence. Staff worked in conjunction with best practice guidance, legislation and information from external health professionals across different organisations to help promote people's well-being.

Staffing levels were looked at to make sure they were satisfactory to meet the needs of the people using the service. Medicines were safely managed. Staff knew the people they supported well. To develop their skills and knowledge staff received training, competency checks, supervisions and appraisals. Staff were enabled to develop their skills through taking further qualifications.

Staff supported people to maintain their independence. Staff encouraged people's food and drink intake. There was a bistro on-site run by the provider that offered people hot lunches should they wish. Staff promoted and maintained people's privacy and dignity. Trained staff followed infection control practices to reduce the risk of contamination. Staff had a good relationship with people and understood their individual needs and preferences.

People and a relative told us staff were kind and caring. People's personal information was kept confidential. People and a relative told us they were involved in discussions about their, their family members care and that their preferences were respected. Staff were trained on end of life care.

People told us if they had to raise any concerns they knew how to do so. Staff had positive comments about how approachable the registered manager was, and this made them feel supported. Audits including organisational audits were carried out to monitor the service and address any improvements required. The

registered manager notified the CQC of incidents that they were legally obliged to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Maples

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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 rented 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started and ended on 18 February 2020 when we visited the office location on this date.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, the chaplain, an administration assistant, two care and support workers, the activities co-ordinator and a maintenance person.

We reviewed a range of records. This included two people's care records and a medicine record. We looked at a variety of records relating to the management of the service, including the whistle-blowing policy and the statement of purpose.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Trained staff demonstrated their knowledge of how they would raise concerns around incidents of poor care or harm. This was in line with the provider's whistle-blowing policy.
- A staff member confirmed, "I would speak with the senior and my manager. I would get in touch with CQC and the police... I would whistle-blow - yes because it is important for the resident to be safe, their safety would come first."

Assessing risk, safety monitoring and management

- Staff had information available to them within people's care records about known risks to people. This information guided staff on how to monitor these risks whilst promoting people's independence.
- To support people's safety technology and equipment such as emergency call bells and lifelines were used. To summon staff in emergencies people could press their lifelines. A person said, "My lifeline is worn, and I can press it if need be," and a relative told us, "Staff have answered lifeline calls both at night and in the day."
- Staff said they were trained in fire safety. People had personal evacuation plans in place to prompt staff on what to do in an emergency such as a fire.

Staffing and recruitment

- Staff confirmed there were enough staff to meet people's care and support needs. People's care and support needs were determined when they first came to live at The Maples and updated when necessary. People and a relative told us there were no missed care call visits. A person said, "It gives me a boost in the mornings when we look and see who is looking after us today. There has always been someone when I wanted them."
- Staff had recruitment checks completed on them prior to them working at the service to try to ensure they were of good character.

Using medicines safely

- Trained staff had their competency to administer people's prescribed medicines safely, checked yearly.
- People requiring support from staff with their medicines had risk assessments in place as guidance for staff. A person said, "Staff do my medicines, it is all going very well. We have never run out."

Preventing and controlling infection

- Staff were trained in infection control and food hygiene. Staff told us that personal protective equipment such as disposable gloves and aprons were single task items only.

Learning lessons when things go wrong

- The registered manager confirmed that staff received feedback from any incidents and accidents that had occurred. This was once the 'time critical reporting' form used had been looked at as part of the provider's governance, for any trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and choices to ensure staff had the skills and training to meet those needs, before a care package was set up.
- The registered manager told us the provider updated their policies in line with best practice and up to date guidance. For example, the medicines policy had changed recently. Changes included new medicines administration records, how medicinal creams were recorded, storing medicines and the booking in of people's medicines.

Staff support: induction, training, skills and experience

- Staff told us they had a supervision at the end of their probation period, and were then supported with a yearly competency check, further supervisions and an annual appraisal. Staff could complete their mandatory training on site using computer tablets. Staff could also develop their skills through further qualifications.
- A staff member told us about how they were inducted into the service. They said, "My induction - there was a lot of on-line training and shadowing other members of staff." This was until they were seen to be confident and competent by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- At the service there was a communal bistro open at lunch time for people to use. This bistro was run by the provider and they bought in pre-prepared frozen food to heat up and serve.
- People and a relative's opinion about the food served ranged from, "The bistro is not like fresh food, but they are getting better at it. I have fed back on a survey and let the waitress know," to "The food at the bistro is very good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend external health appointments when needed as part of the 'escort service' scheme. Referrals were made to health professionals such as the mental health team or falls team when needed.
- The registered manager told us, "We avoid unnecessary hospital admissions. We try to place people from hospital in situ [here] as quickly as possible and get physio in place around falls."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff told us that no one using the service lacked the mental capacity to make decisions. Staff were trained on the mental capacity act and understood how this affected their day-to-day role. A staff member said, "Nobody here lacks mental capacity. People here can make day-to-day decisions. We support people's decisions with verbal and visual prompts like, clothes and what to eat."
- People's agreement to receive personal care support from staff was documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and a relative had positive comments about the standard of care and support they, and their family member received. We were told, "I am treated wonderfully here. I've been treated perfectly," and "The treatment I have received here from all members of staff has been wonderful."
- Staff knew how important it was to support people in a compassionate manner. A staff member said, "The whole environment here is very loving and people care about each other and are one big family. As for the mum's test (whether you would wish your loved one to be cared for at the service), the carers are absolutely lovely and live up to their name. Everyone here goes above and beyond."
- Care records contained information to guide staff on people's religious preferences and beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were encouraged to express their views and be involved in decisions around their care. A person confirmed to us, "Staff review the care record and we get involved."

Respecting and promoting people's privacy, dignity and independence

- People and a relative told us staff respected and promoted their, and their family members privacy and dignity. Staff encouraged people to do as much as they could for themselves, so they could maintain and develop their independence.
- A person said, "Staff always knock and introduce themselves before they come in. Staff ask my permission and they show dignity to me and I behave in a dignified way to them."
- People`s personal information was kept confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people with personalised care and support in line with their wishes. People and a relative told us communication with staff was good and staff respected their choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider information return stated, 'We ensure information is easy read and we use different communication tools depending on the client's needs. In all care plans we have a section on communication. In this section we would include the best way to communicate with people (verbal, written or signs or pictures).'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities co-ordinator in post who ran varied types of activities for people to take part in. They said, "I do a wide variety of activities and do a survey once a year to see if people have ideas. We do crafts, local walks, outings, chair aerobics, knit and natter and have external entertainers." A relative laughingly told us there was so much for them and their family member to do they were, "Shattered." A person said, "Activities? There is plenty to do if I want to do it."

Improving care quality in response to complaints or concerns

- Care records held information to guide people on how to make a complaint should they need to do so. A relative told us, "Complaints information is in our information pack to refer to if needed."
- The provider information return stated, 'we have a national customer service manager and quality information officer who collate information / statistics for trends and themes to allow, at a local and national level, any lessons learnt to continuously improve service.'

End of life care and support

- Staff were not supporting people with end of life care during this inspection. Staff had completed the care certificate workbook on end of life. The care certificate is a nationally recognised induction programme of training. The registered manager said they would either look for a more suitable care setting for the person who had reached the end of their life or would work with external health professionals to provide end of life

care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff fed back their opinions of the service via a survey. Improvements needed included better communication, which was being worked on during staff handover meetings.
- Staff provided positive feedback about the registered manager. They described them as approachable. A staff member told us, "I feel supported and there is an open-door policy with the registered managers office. They have been really supportive around my health issues."
- People and their relatives could attend meetings where they were updated about the service and could give their feedback. A relative said, "There is a resident meeting tomorrow with the manager that we will attend."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable about the people using the service. They understood their responsibilities in terms of quality performance, risks and regulatory requirements.
- Organisational oversight was in place with a two-day annual assessment undertaken at the service. Areas looked at included; dignified care, person centred care, safeguarding, quality governance, medicines safety, staffing spot checks, recruitment, hospitality and dining experience and involvement and well-being. At the last assessment the service scored 95% and a RAG (marked red, amber or green) rated action plan was in place to make any improvements.
- Records showed that legally required notifications were being submitted to the CQC as required, and when things went wrong.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. As part of the on-going monitoring of the care provided, audits were carried out and a quarterly audit was undertaken by the area manager.

Working in partnership with others

- The registered manager and staff at the service worked with other agencies to make sure the people they supported had the guidance and support they required. This included referrals made to external health

professionals such as GPs, occupational therapists and the mental health team to support people's well-being.