Care Quality Commission

Methodist Homes

Adlington House - Urmston

Inspection report

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Urmston
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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

The inspection took place on 11 December 2018 and was announced. We gave Adlington House -Urmston, 24 hours' notice to advise we would visit, as we needed to ensure someone would be available at the registered office and to gain permission to visit people in their accommodation.

Adlington House - Urmston 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, 14 people receiving personal care from the provider. This was Adlington House – Urmston, first inspection since their registration with the Care Quality Commission (CQC) in November 2017.

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.

People felt safe while being supported by the staff team at Adlington House – Urmston. Staff were aware of their responsibilities to report any concerns they had in relation to the protection of vulnerable adults and had full confidence the registered manager would listen to any concerns they had.

Staff were recruited safely and received pre-employment checks ensure they were suitable to work with vulnerable adults.

People had the risks they may face assessed to reduce the risk from occurring. Risk assessments were reviewed monthly or more often if required to ensure they remained factual.

The provider had oversight of the health and safety of the building and completed their own internal checks to ensure peoples safety. Staff received training in infection control and had access to personal protective equipment when carrying out personal care.

People received a thorough pre-assessment of their needs to ensure the service could meet their requirements.

The staff team fully understand mental capacity and we saw and were told, staff always gained consent from people before providing personal care. People told us that staff always informed them of what they were doing. Staff told us they would report any concerns with people's capacity to the registered manager.

Staff received training appropriate to their job role. Staff found the training to be good and enjoyed learning.

We saw kind and caring interactions between people who used the service and the staff team. People told us they felt well cared for and staff were polite.

People told us that staff were respectful to them they felt involved in their care. We observed friendly joking between staff and people being supported and it was clear staff knew the people they supported well.

Care plans were detailed and clearly recorded people's needs, preferences and choices. Care plans were regularly reviewed to ensure they remained factual and people were involved in the planning and reviews.

Activities were available in the communal parts of the home. A resident's association had been set up to raise funds for events and to purchase equipment for the home. People were able to meet others and feel engaged in the management of the building.

People could move their pets into their apartments and be supported to maintain their companionship with their pet.

The registered manager was approachable, and people and the staff team were very complimentary about them.

Audits to monitor and improve the service were regularly completed and actions to improve the service were met in a timely manner.

The staff team received regular supervision and were able to attend staff meetings to share information and to progress in their role.

The registered manager and area managers had oversight 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.

People told us they felt safe while being supported by the staff team at Adlington House – Urmston.

Staff were recruited safely and had the necessary checks in place to enable them to support vulnerable adults.

Staff were clear on their responsibilities for reporting any safeguarding concerns. Staff had received training in safeguarding vulnerable people from abuse and had full confidence the registered manager would listen to any concerns they had.

Is the service effective?

Good

The service was effective.

People received a thorough pre-assessment of their needs prior to be supported by Adlington House – Urmston. This was to ensure the provider could meet people needs.

Staff gained consent from people before providing personal care and support. Staff had a good understanding of mental capacity and were aware of what actions they should take should they have concerns about a person's capacity to make a decision.

Staff members received training appropriate to their job role. Staff members told us they felt the training was good.

Is the service caring?

Good

The service was caring.

There were kind and caring interactions between the staff team and people being supported. The staff team engaged in friendly joking with people and were at ease with each other.

People told us they felt well cared for and were treated with dignity and respect.

Staff were aware of people's individual needs and were respectful of how people identified.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and captured people's needs, preferences and choices. Care plans were regularly reviewed to ensure they remained up to date.

A resident's association had been formed to promote engagement with people living in the building. People were complimentary of the events put on by the association and regular meetings were held to discuss how funds would be managed. Additional activities were provided by the staff team for people to join, in the communal areas of the building.

The provider had a pet policy in place to support people to continue to care for their pets with support and to enable people to enjoy their pet's companionship.

Is the service well-led?

Good

The service was well-led.

People and the staff team felt the registered manager was approachable and supportive. The registered manager was supported by two area managers.

The registered manager completed a number of audits to monitor and improve the quality and safety of the service.

The registered manager completed regular supervision with the staff team and held regular staff meetings and meetings with the people the service supported. Supervision and meetings were used as a way of communicating changes.

Care Quality Commission

Adlington House - Urmston

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 11 December 2018, it was announced. We gave the provider 24 hours' notice that we were due to inspect due to the service being small and we needed to inform people, we would like to visit their apartments to talk with them. The inspection team consisted of one adult social care inspector.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Adlington House - Urmston, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection we reviewed three staff personnel files and their recruitment records. Three care plans of people being supported by the service. Two people's medicines and associated records.

We looked at staff training and supervision records and minutes of staff and resident meetings.

We reviewed audits completed to monitor the quality and safety of the service.

We spoke with the area support manager who facilitated the inspection, a well-being support worker, a care and support worker and a house keeper. We spoke with three people who used the service. Following the inspection, we spoke with the registered manager who was unavailable on the day the inspection took place.

Good

Is the service safe?

Our findings

People told us they felt safe being supported by the staff team at Adlington House - Urmston. One person told us, "The staff are very kind to me, I feel comfortable with them and I can call them (via the intercom) at any time." Another person told us, "The girls are a nice bunch, very helpful and nothing is too much trouble."

Staff members were aware of their responsibilities to keep vulnerable people safe. Staff told us, and we saw that they had received training in the safeguarding of vulnerable people. Staff could describe signs and symptoms of abuse and the action they would take to report such concerns. Staff told us they had full confidence the registered manager would act on any concerns they had.

A safeguarding policy was in place and staff were aware of the whistleblowing policy which supported staff to raise concerns without fear of reprisals.

Staff were recruited safely. References were sought from previous employers to assess the character of the employee and a disclosure and barring service (DBS) check was in place before employment commenced. A DBS check is completed to ensure new employees are suitable to work with vulnerable groups of people and to assist in making safer recruitment decisions.

Risks to people's safety were regularly assessed, monitored and reviewed. This included the risks people presented with mobility and falls, skin integrity, nutrition, medication management, health conditions and equipment needed to support people. Risk assessments in place were reviewed monthly to ensure risks were minimised.

Where people were assessed as high risk of falls, a falls diary was kept which looked for patterns and trends. Additional equipment could be used such as falls pendants to alert staff to people that had fallen.

If staff knocked on people's doors and there was no response, there was an agreed amount of time recorded in peoples care files before staff could enter to check on the person's wellbeing. Staff gained access to apartments via a master key which opened people's doors if there was no response. The master key which was stored securely in the office.

People moving into the apartments were given an induction to ensure they knew how to raise the fire alarm, dispose of rubbish, summon assistance, how to access the staff team and the office and use of assisted equipment such as bathrooms and call systems. This was recorded in peoples care files.

People who required support with the administration of medicines were supported safely. Staff told us they had received training to enable them to administer medicines safely and we saw their competency had been checked. Training included using the medication administration record (MAR) and we viewed two people's MARs which were completed correctly. Where people were supported to apply creams, this was also recorded on the MAR. We sampled the boxed medicines of two people to ensure the stock levels were correct. We found the stock reflected what had been booked onto the MAR and what had been

administered.

Each apartment had an alarm system fitted to alert staff when there was a concern such as a fall or when someone was unwell. People could have welfare checks at intervals suitable to themselves. The checks were completed by the staff team and this was in addition to the planned care and support people already received.

People had a personal emergency evacuation plan (PEEP) in place. A PEEP gave guidance on what support people needed to evacuate the premises during an emergency. PEEPs were coded red, amber or green which people needed either full assistance, assistance of one person or could evacuate safely. PEEPS were updated monthly or when required.

The service had oversight of the health and safety of the apartments and had copies of external checks such fire equipment servicing, lift servicing, gas safety, electrical and legionella checks.

The service completed their own internal monthly checks of wheelchairs, baths and showers, windows and window restrictors, pull cord alarms and pendant checks.

Staff were on duty for 24 hours a day over seven days a week.

A well-being support worker worked shifts throughout a 24-hour period and care and support staff worked from 8am to 8pm. Staff were flexible, and people told us they could change their call time if they had an appointment or wanted to be up earlier. People we spoke with and staff felt there were always enough staff on duty. This was visible throughout our inspection. At night, the staff were buddied up with staff from other services and regular calls were made to each other to check on their wellbeing.

Accidents and incidents were recorded and monitored by the registered manager for patterns and trends. Learning from accidents was fed back to the staff team in supervisions or staff meetings.

Staff received training in the management of infection control. Personal protective equipment (PPE) was available in people's properties and communal areas. Staff told us they had access to gloves and other PPE if required and we saw this was freely available. Where people required assistance with the management of a health need such as catheter care, we saw detailed plans were in place to support the need and gave staff guidance on how to support the care safely to ensure the health of the person wasn't compromised.

Good

Is the service effective?

Our findings

People told us they enjoyed living and being supported at Adlington House – Urmston and it had enabled them to remain independent while living in their own property but have help when required. One person told us, "I didn't want to live here at first, but my family work and I needed help. I enjoy it now. There is help on hand if I need it and I have made friends."

People received initial assessments to ensure the service could meet their needs. This looked at what support each person required to enable them to live their life as independently as possible. Assessments were used to formulate care plans for staff to work with. Staff told us they had time to read care plans and would report any changes to the senior or registered manager to ensure they remained accurate.

Where people required support with nutrition, this was captured within the care plan. Levels of support was confirmed in the plan. No one was being supported with any specialist diets during our inspection, but staff told us they were confident, they would be given training and support if they needed to. People could make meals in their apartments or eat at the on-site bistro which was an additional cost.

People told us, and we saw they had access to primary care services. People were mainly supported by family or friends to access such services but told us if they felt unwell, staff would ring the GP or communicate with the pharmacy over a delivery of prescribed medicines. Where people needed staff to assist with any health concerns such as management diabetes or catheter care, this was clearly documented in the care plan. A list of health professional contact details was kept in people's personal files for reference.

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.

Care plans confirmed people had capacity to make decisions and no one being supported by Adlington House – Urmston was subject to the Court of Protection or had been involved in any best interest decisions due to lacking capacity.

People told us they could make decisions for themselves. One person told us they can come and go as they please. Another person said if they weren't sure what to do about a particular decision, they would ask a staff member for advice. Pre-assessments confirmed if people had Lasting Power of Attorney in place (LPA).

LPA allows someone to legally appoint another person to make decisions on their behalf.

Staff had received training in mental capacity and told us if they had concerns with people's capacity, they would report the concern to the senior or the registered manager who would raise the concern with the relevant health and social care professional.

Throughout our inspection, we saw staff gained consent from people to enter their apartments, access and give medicines and deliver personal care. People told us they found staff always explained what they are doing when they visited their apartment.

Staff received training appropriate to their job role. Staff told us they found the training to be of good quality and had given them a good understanding of their job role. Most staff had worked in care prior to their current job role and one staff member told us they found the training the best they had ever had. Training was completed via E-learning or face to face.

Staff told us, and we saw they received an induction into the service and were able to shadow the senior or more experienced staff members while learning the role. The induction was recorded and linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff said the induction gave them opportunity to get to know the people they were supporting.

Staff also received regular probationary reviews and supervisions. This enabled the registered manager and the staff member to discuss what was going well for them and what could be improved and highlight areas for progression. Supervisions were recorded in staff personnel files.

Good

Is the service caring?

Our findings

People told us they felt well cared for by the staff team at Adlington House – Urmston. One person told us, "They are a lovely bunch, always helpful and polite." Another person said, "I feel happy living here. [Staff member] is always popping in, she is just so happy and jolly." A third person said, "Staff are lovely, [staff member] is taking the sleeves up on my dressing gown as they are too long, they couldn't do any more for you."

People told us they always felt they were treated with dignity and respect. One person said, "They [staff] always knock on the door, always check how I am and explain what they are doing." Another person said, "I always know who will pop in on me, they are a good lot, always so polite."

We observed staff to be polite and respectful to people living at Adlington House. Staff were at ease with people and friendly jokes were shared between both the staff and people being supported.

Staff told us they had received training in dignity and respect and equality and diversity and they were committed to ensuring people were able to identify as who they wanted to be. One staff told us, "People are treated the same regardless of who they are and that is with dignity and respect."

Staff were able to describe each person's needs and were aware of what was important to each person such one person liking a particular drink with their medication.

Families and friends were welcomed into the building and staff liaised with them sharing any concerns or information in a private and confidential manner. Staff told us they ensured information was only shared with the permission of the person.

People had their likes and dislikes captured as part of their pre-assessment. This included information on people's life history and backgrounds. This was to assist in supporting people if they had or should they develop concerns with their cognition in the future. Life histories can also be used as a tool to aid people in communicating. The pre-assessment also gave people the ability to choose their preferred member of staff to support them, for example, male or female.

People told us they were involved in all aspects of their care and support. Staff support was given around the time people needed to be assisted to get up, needed personal care delivering, or assistance with medicines or nutrition.

Good

Is the service responsive?

Our findings

People had personalised care plans in place the support needed to meet their assessed needs. Care plans were formulated from pre-assessments and involved people and their families. Care plans were regularly reviewed and updated when needs changed. One person told us, "I know what is in my notes, I have seen them, [registered manager] or [senior carer] checks they are okay from time to time, they are okay with me."

Care plans gave detailed guidance for staff to follow to support people with their personal care needs. The plan listed in what order the person preferred their personal care and support to be delivered and how staff should deliver care to people with additional needs such as support with catheter care. The times of peoples preferred call were recorded in the plans and were flexible, as one person liked to be assisted with going to bed at 11.30pm.

As part of the care planning, people had in place a list of significant dates that were important to them such as relative's birthdays. We saw one person had recorded a date which was significant as an incident had occurred on the particular date during their time in the military. Staff we spoke with were aware of the date and used it as a reminder for the person to talk about the importance to them.

People were able to move into the apartments with a small pet. The organisation had a pet policy in place which meant people could be supported to care for their pet as long as they able to take it for walks and the pet received health surveillance. Currently an indoor cat resided in a person's apartment and was companionship for the person.

We saw people could access group activities hosted within the communal areas of the building. Activities were available daily and included arts and crafts, indoor bowls, table tennis and coffee and cake mornings. People are given the option to add TV, internet and phone packages into their apartments and staff supported them to do this if required.

A resident's association had been formed by people living in the apartment building and people were invited to contribute to meetings to improve their daily living. We saw from these meetings, events were held in the communal parts of the building such as race nights and Christmas fayres. Money made from the functions went back into the fund for the wellbeing of people living in the building and one person told us they were fundraising to purchase an emergency lifting cushion (ELC) to assist people from the floor from when they have fallen.

Where people had a diagnosis of dementia or other cognitive impairment, we saw the Herbert Protocol was in place. The Herbert Protocol is a form recording peoples vital details such as description, photograph, any illness and medicines required, Places known to the person and contact numbers. In the event of people going missing, the form can be handed to the police. This was to aid in finding the person should they go missing, as quickly as possible. Staff told us they were aware of the form and how to use it should the need arise.

People could be supported to remain in their apartment at the end of their life. Staff had received training to support people who were nearing the end of life and were aware of who had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) wishes in place. DNACPR is a form used in agreement with a health professional (usually a GP or doctor), the person and / or the person's legal representative, when resuscitation would likely be unsuccessful. The service had not supported anyone at the end of their life but had policies and care plans in place to enable them to do so.

There was a policy in place to investigate complaints. We saw complaints had been responded to in a timely manner and appropriately investigated with the outcomes being shared.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who had been registered by the Care Quality Commission (CQC). The registered manager was unavailable on the day of our inspection and we were assisted by the area manager throughout the day.

Feedback from people being supported by the service and staff was that the registered manager was supportive and always available. One person was very complimentary about the registered manager and told us, "They are lovely, so helpful and you can go to her office with anything."

Staff told us they felt well supported by the registered manager. They told us the registered manager was approachable and supportive and felt guided by them.

The registered manager was supported by the area manager and the housing area manager. We were able to speak with the registered manager after the inspection who told us they felt well supported. The registered manager was also supported by a senior support worker.

The registered manager completed a number of audits to monitor the quality and safety of the service. There were checks to ensure support plans had been completed and were reflective of people's needs. Checks to ensure risk assessments and support plans had been reviewed and that they were reviewed annually by the registered manager. Audits of medicines were undertaken to ensure people received their medicine as prescribed. Staff files, infection control, health and safety, falls and call response times were also regularly monitored to ensure the provider was providing a good service.

We saw monthly checks completed by the registered manager or the maintenance person. This included visual checks of the kitchen and bistro area and any communal areas.

Further audits were completed by the area manager which showed high compliance from the service.

The registered manager had full oversight of the service. They were responsible for submitting a monthly report to the provider detailing how staffing levels, complaints, health and safety, infection control, falls and accidents and incidents were managed. Any actions from the report needed to be completed before the report could be signed off

Information was shared with staff at monthly staff meetings and through regular supervision. There was also a communication book used to share information between the staff team. Also, if support plans were updated, staff were requested to sign to agree they had read the updated version. Staff received an annual medicine competency check from the registered manager and we found if there were concerns with medicine administration, the staff member was retrained, and any errors were investigated.

Monthly resident's meetings were held with people in the building which included looking at improving the landscaped gardens, to activities and themed evenings. The meetings were also used to reiterate about

people keeping their apartment secure, to advise of services to assist people with benefits and support available to manage health conditions.

The provider had a business continuity plan in place which gave details to staff what to do in the event of flood, fire, power failure or other circumstances which may affect the running of the service. There was also a grab file in the staff room and fire box which contained emergency contact numbers, high visibility vests, torches and a copy of people's personal evacuation plans to aid evacuation.

The registered manager had submitted notifications to CQC of events that had occurred at the service. This was a legal requirement as part of the registration. We found all notifications had been received. This meant the registered manager was aware of their responsibilities of their role.