

# Methodist Homes

# Martin Grange

## Inspection report

Martin Grange  
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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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 18 August 2015. It was an announced inspection. This was the first inspection of the service since it was newly registered in July 2014.

Martin Grange is registered to provide personal care to support people who want to retain their independence and continue living in their own home. The agency office is located within the main building, which contains a variety of one and two bedroomed apartments. There are also bungalows and a range of other accommodation on site. The agency provides staff over a twenty four hour

period, who can be called upon at any time to offer assistance to anyone living on site. There is also the opportunity for people to purchase care packages to support them with their personal and medical needs. The agency also provides companionship, domestic, gardening and handyman services and escorts for people, for example when attending hospital appointments.

The service had a registered manager. A registered manager is a person who has registered with the Care

# Summary of findings

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.

At the time of our inspection there were nine people who received a service from the agency. The service also provided 24 hour staff cover, with everyone having access to an on call system should they require assistance during the day or night. This service extended to those people living on site who did not have a care package with the agency. People who used the service were mainly older people living with a variety of medical conditions.

People told us they felt safe and that they trusted the care staff who supported them. Care staff demonstrated a good understanding of how to safeguard adults at risk of harm. The safeguarding policy was up to date and included recent changes to legislation. This meant staff had the most up to date guidance to help them safeguard people. Appropriate risk assessments were in place to reduce the risk of harm.

There were enough staff to provide the support people required, this was confirmed by the people we spoke with during the inspection process and by the staff. Staff told us they had enough time to get to know people well. People were supported by a consistent team of staff and people told us staff were reliable. The service had an effective and robust system in place to recruit staff.

People were supported to have their medicines safely. Staff were trained and the medication policy was based on good practice guidelines.

People spoke highly of the care staff and the manager. People told us staff were skilled and well trained. We saw the service had a comprehensive induction programme in place and they worked hard to assure themselves people were equipped to deliver a good standard of care. Care staff had access to ongoing training, supervision and had an annual appraisal.

People were supported to have a good diet, including access to an on-site Bistro, serving a main meal at lunchtime and 'light bites' for tea. Care staff identified concerns regarding people's medical conditions and sought advice from health care professionals as necessary.

The service was working to the principles of the Mental Capacity Act, 2005 and care staff supported people to make their own choices about their care and daily activities.

People told us the care they received was "excellent" and "brilliant." People described to us how staff made their lives easier and that "nothing was too much trouble." Care staff spoke enthusiastically about their work and their commitment to provide good standard of care. They told us they would be happy for their family member to receive care from the service. There was a focus on maintaining people's independence and people's confidentiality was respected always.

Care and support was planned with people. In some cases families were also consulted where necessary. Care plans were person centred and focused on people's well-being, aspirations and goals and social activity. Care and support was reviewed on a regular basis. There was a strong focus on reducing social isolation and people were supported to be involved with the 'on site' community as well as their local community.

People knew how to make complaints. The service investigated complaints thoroughly and was keen to improve the service.

People told us the service was well-led and that the ethos of the service was about ensuring a high standard of care was provided. Care staff told us they enjoyed working for the organisation and felt very well supported to do their job well.

There was a leadership team who were committed to delivering a good service. They held regular meetings and had effective systems in place to assure themselves they were delivering a good quality standard of care.

The leadership team continually explored ways of improving the service; one example of this was their focus on work to develop specialist skills, knowledge and partnership links to support people to live independently for as long as possible.

There had not been a recent customer questionnaire, however, people told us they had no complaints and that they were more than happy with the way the agency supported them. People told us they knew the staff team by name and that if they needed to raise an issue or make a change to how they were supported they could do this

# Summary of findings

without fuss. There was also a Resident's Committee and strong focus group who met regularly with the manager to 'iron out' any issues or take up matters on behalf of the 'on site' residents.

# 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.

People and their relatives told us they felt safe and trusted the care staff who supported them. Staff recruitment was robust. People told us they received a reliable and consistent service.

Care staff had a good understanding of how to safeguard vulnerable adults. The service had an up to date policy for staff to follow. The service had a 24 hour call system and staff were on site to provide support when summoned.

Medicines were managed safely and the medication policy was written in line with good practice guidelines.

Good



### Is the service effective?

The service was effective.

People spoke highly of the support they received and described care staff as being well trained. The service offered a comprehensive induction programme and on-going training and support which helped to ensure staff had the right skills and knowledge to deliver effective care.

The service liaised with doctors and other health professionals as necessary.

Care staff demonstrated a good understanding of how to support people and how to involve them in their decisions around their care. Staff worked within the principles of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring.

People who used the service and their families described the care as 'brilliant' and 'excellent.' People were supported to maintain their independence and received support from a consistent team of care staff.

Care staff spoke enthusiastically about their work and they were clearly committed to delivering high quality care. Staff told us they would be happy for their relative to be cared for by the agency.

The service had a strong emphasis on confidentiality and individual confidentiality agreements were signed by people.

Good



### Is the service responsive?

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.

Outstanding



# Summary of findings

Care and support was planned with people and their families, where appropriate. Reviews took place on a regular basis with staff making changes to the support provided in a flexible and responsive way. People can access services in a way and at a time that suits them.

People were supported to maintain links with their 'on site community as well as their local community.

People knew how to make a complaint and there was guidance for people in their care plan and the service user guide. Complaints were investigated thoroughly and the service was open and keen to learn from these.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This includes people who were in vulnerable circumstances or who had complex needs. Care plans were person centred.

## Is the service well-led?

The service was well-led.

The service had a registered manager who was supported by a leadership team. Care staff we spoke to told us they felt well supported and talked about the 'team's passion' to deliver a high standard of care.

People who used the service told us it was well organised and that the manager was 'good at what she does.'

Communication was effective and regular team meetings meant care staff had the opportunity to share good practice and discuss changes or improvements that could be introduced.

Good



# Martin Grange

## 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.

We inspected the service on 18 August 2015. The inspection was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to see us.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social

care services in England. We also contacted the local authority to see if they had any comments about Martin Grange. Neither Healthwatch nor the local authority had any feedback about the service. We also looked at all the notifications and contacts we had received from or about the service. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

During the inspection we spoke with nine people who used the service, and/or lived in one of the apartments or bungalows on site and one visitor. We spoke with seven members of staff which included three care workers, a senior care worker, a cook, an administrator and the registered manager.

We looked at documents and records that related to people's care, and the management of the service such as training records, quality assurance records, policies and procedures. We looked at four care plan records and two staff files.

# Is the service safe?

## Our findings

All of the people we spoke with were positive about the care and support they or their relative received. People told us they felt safe in the company of the staff employed by the agency, and trusted the staff that supported them. One person told us, “I feel lucky being here, the staff are very good and trustworthy.” Another person told us, “I get the best of both worlds; I live in my own apartment but know there are staff here all the time, all I need to do is use the call bell and they are with me within minutes.”

A visitor shared their views and told us they were happy the service provided safe care. They told us, “I am very satisfied. The care is built up as required.” They went on to describe how the flexibility of arrangements meant that their relative was supported at the time they needed it and had regular checks throughout the day.

Staff demonstrated a good understanding of how to support people and protect them from avoidable harm. They knew what to do if they suspected abuse or if abuse had occurred. Staff said they would take immediate action to keep the person safe and then report any concerns to the management team. They were confident the management team would then respond appropriately. Staff told us they had received training in safeguarding and this was regularly updated. The staff records we saw confirmed this.

The safeguarding policy had recently been updated. This was to ensure it was in line with the recent changes to legislation following the introduction of The Care Act, 2014. This showed the service was using up to date legislation and practice guidance, to allow them to support their staff to protect people, who because of their circumstances could be vulnerable.

The whistleblowing policy was up to date and contained clear guidance for staff about who they could contact if they had any concerns. All of the staff told us they felt any concerns they raised would be listened to and acted on by the management team. Staff also had access to a confidential helpline where they could go if they needed support either with their work or private matters.

The service operated a robust recruitment and selection process. The manager was active in the recruitment of staff and made sure they would be the ‘right’ person to join the team and work within the ethos of the organisation. The

last person to be employed was over twelve months ago. The staff team was a consistent group who told us they worked well together and enjoyed their jobs. One member of staff explained how the agency ran in such a way that they could get to know everyone, resulting in the care being appropriate, in line with people’s individual needs and safely delivered.

Care staff told us the interview process was in depth and focused on their life experiences as well as their care experiences. The training programme was thorough and included a comprehensive induction so that staff were trained to a basic level prior to starting work alone.

Appropriate checks were made before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We reviewed the staff rota for the previous four weeks; there were enough staff available to meet people’s needs. People received support from a consistent team of staff who knew people’s routines and preferences. The service had a 24 hour, seven days a week on call system, and staff were available in the main building at all times. During the night time, there were additional checks and safeguards for staff working alone. The night staff used a buddy system and were in contact throughout the night, on the hour every hour, with a neighbouring service. If there was no contact after two attempts, an alert was raised with the on call person who had a procedure to follow, including contact with the emergency services if appropriate.

People had appropriate risk assessments in place; these included moving and handling and environmental risk assessments, as the care was delivered in the person’s own home on site. Staff had access to supplies of protective clothing including gloves and aprons to reduce the risk any spread of infection.

People who used the service told us they felt well supported with their medicines. The service completed a medication assistance screening tool to establish the support people needed with their medication. We reviewed the medication administration records for four people who used the service. These were completed correctly and were audited by the service once a month. There had been no reported errors with medication in the last twelve months.

## Is the service safe?

We saw the medication policy had recently been updated. The medication training provided included a competency check, which all staff had to achieve before they were allowed to prompt with or give medication. The policy took into account National Institute for Health and Care Excellence (NICE) guidance on medication management. This meant the service was keeping up to date with good

practice guidance and supporting staff to ensure people who used the service were supported to have their medicines managed safely. People having this support were provided with pre dispensed medication from the local pharmacist, which minimise the risk of errors being made.



# Is the service effective?

## Our findings

People spoke very highly of the care staff that supported them. One person told us, “I couldn’t be happier. I have everything I need here.” All of the people we spoke with told us they thought staff were well trained and competent. People referred to staff in positive ways, describing them as ‘professional, committed and caring.’

Care staff we spoke to told us the training provided was of a good standard and there was “plenty of it.” They told us they also had access to specialist and advanced training. Staff told us they had regular supervision sessions with their line managers and they all felt they were well supported by the management team. One member of care staff told us, “The training here is excellent. We are all taken through the training and get plenty of notice when updates are needed.” One member of care staff explained how they had finished a certified course and were being encouraged to move to the next level. It was clear that the organisation wanted well trained and competent staff and made an effort to give people time to do training and develop their skills and abilities.

Induction training had been developed in line with the Care Certificate and the 15 fundamental standards of care, and was aligned with the organisation’s values. This also demonstrated that the organisation was committed to supporting staff to have the necessary knowledge and skills to help them deliver good quality and compassionate care.

Before new staff were able to provide support to people they had to complete a programme of shadowing and buddying. They also had a meeting with the registered manager, to determine if they were confident to work unsupervised. Care staff could also ask for additional support, or extra time shadowing experienced care staff if they felt they needed it. The last person to be recruited was over twelve months ago so there wasn’t an opportunity to talk to new staff about the induction process.

We looked at two staff files and could see records of supervision taking place on a regular basis. Each file also contained an annual appraisal and identified areas of good practice and any ongoing development needs.

Staff showed they had a good understanding of the importance of a good diet and ensured people had enough to eat and drink, including people who cooked for themselves. The manager explained how during the hot

weather staff would prompt everyone to drink more and make sure communal areas were supplied with jugs of juice or encouraged people to visit the Bistro. The registered manager explained the importance of supporting people to eat well and this was discussed at the initial care planning stage, and at reviews attended by families. Care staff would then adapt their approach to this based on the individual’s preferences. For example some people liked to visit the Bistro and join others to eat, or some people opted to eat in their own apartments. Discrete checks were made to make sure people were receiving adequate nourishment. If staff noted people were missing at mealtimes, they would check on them. If there were concerns about an individual’s food or fluid intake this would be discussed and staff would share techniques to support people. The agency employed a cook in the Bistro. People told us they enjoyed the food provided and liked to meet others at mealtimes and make it a social occasion. The cook talked to us about their work and that they had the “dream job.” The cook explained how people made a choice about whether to eat or not in the Bistro, and that “they keep coming back so I must be doing something right!” Meetings were held with people to establish their preferred meals and these choices were included in the menu planning at the Bistro.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Care staff and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people’s consent. Staff told us they understood the principles of the legislation and how to apply this on a day to day basis, including the need to apply to a court of protection if necessary. Staff also had access to policies and procedures which had recently been updated. No applications had been made to the court of protection for any of the people receiving services at the time of our visit.

People told us they were supported to make their own decisions. One person told us, “I still feel in control of my life, I get muddled sometimes and need reminding but on the whole I make my own decisions.” We saw mental capacity assessments were completed as required. Other professionals were consulted where necessary. The service followed the principles of the legislation and the code of practice. This ensured any decision taken on behalf of someone who used the service was in their best interests,

## Is the service effective?

and was the least restrictive decision. It was clear that the service considered the balance of supporting people to remain safe without unnecessary restriction, we saw evidence they put the person's quality of life at the centre of decision making.

People had consented for their photograph to be used on documents, for example their care plan and medication records. People had also signed to show they agreed with the care package and the support provided.

# Is the service caring?

## Our findings

People who used the service told us they received “good quality care” from “compassionate staff.” One person told us, “The care is brilliant. This place is our salvation.” Another person told us, “The care here is excellent, very good. I am listened to and treated very well.” One person told us how they like to have a shower on particular days and this is followed “to the letter.”

A visitor told us, “It’s fantastic. The staff attention to detail is very good.” They went on to say how the support their relative got was flexible and in accordance with their needs and that they were very pleased with how the organisation was run.

Because staff are on duty at all times, support is not restricted to specific hours. This means in practice that if someone wishes to bath at a particular time, staff are available at that time but can also spend time with the person following the support and make sure they are settled before leaving them. Staff told us this meant they never felt rushed and always had time to get to know people well. This allowed them to focus on people’s well-being and emotional needs as well as the more practical care needs. They only provided support to people on site; therefore there was no travelling between support visits meaning delays were rare.

Staff told us, and we saw from the rotas, that people were offered excellent continuity of care, people had regular care staff providing their care. One person who used the service told us, “I know all the staff and I like that.” This meant people had the opportunity to get to know the care staff

who supported them, and care staff could become familiar with people’s choices and preferences about their care. This was especially important for people who were experiencing some level of memory loss.

Care staff spoke enthusiastically about wanting to provide good care for people. All of the care staff confirmed that they would be happy for the service to look after one of their relatives. One member of care staff told us, “We provide a really good service, it’s not like coming to work, we are like a big family. A small staff team and we all have the same aims.”

Staff were described in positive ways, one person told us, “They [care staff] are respectful and polite. It matters to them and that makes me feel valued.” Another person told us, “I would recommend them to anyone. They do everything but without taking over.”

We looked at the care plans and other records about people using the service. Care staff spoke to us about the importance of maintaining confidentiality, and how they made sure records were up to date. One record was kept in the person’s own premises and a copy in the staff office. Some people had opted for not having a record in their own home, and this was respected.

The registered manager explained they had good working relationships with other health care services and would where possible support people who were reaching the end of their life or dealing with a terminal illness. However, if it was not possible to provide this level of support safely then they would support someone to find alternative accommodation and also support the person during the move and transition.



# Is the service responsive?

## Our findings

We found care and support was planned with people and, where necessary, with their families. People told us they were involved in developing and reviewing their care plan on a regular basis. One person told us, "I had a meeting recently and they made a change to my care plan, I have a copy in my apartment." A visitor told us how the staff were sensitive and attentive to changes in their relative's condition and matched the care provided with their individual needs. They explained how staff kept them informed of any changes and agreed how best to provide support going forward. People told us staff knew them very well and had an excellent understanding of their needs.

People's individual needs and preferences were central to the planning and delivery of tailored services. The services are flexible, provided choice and ensured continuity of care.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This included people who are in vulnerable circumstances or who had complex needs.

People could access services in a way and at a time that suited them.

To use the service people must have links with Harrogate. Care staff showed a good understanding of the importance of preventing social isolation. Those living on site were given a minimum of a 'well-being' call every morning so that staff were able to check on them, even if they were not providing support or care. We also saw during the visit that staff were mindful if they had not seen people, and as you would if you were a neighbour, checked to make sure people were alright. The service also had well established links with community services and staff had information and local knowledge about what was available for people or might be of interest to them.

All of the care staff we spoke to told us they found the care plans invaluable, and that they had time to read and review these on a regular basis. When we visited the office we looked at four care plans and could see they contained detailed guidance for staff about how to provide consistent and safe care to ensure the person's well-being. The detail in the care plans was summarised onto a single sheet at the front of the care plan, which meant at a glance they

knew what was required. The care plan viewed the whole person and details included people's spiritual and emotional needs. A chaplain visited the service weekly to carry out a service but also visited people on an individual basis during the week. The staff alerted them to anyone they felt might need additional support or a chat if they noted a life event had taken place or the person's demeanour had changed. It was also clear that where people did not want a visit, this was respected.

It was evident when speaking to people and the staff that people were supported to live a life they chose and in line with their preferences. The care plans were person centred with a focus on supporting people to achieve their overall needs, as well as a task based approach to care. They demonstrated a strong understanding of the person's life experiences, values and beliefs. People had developed their own preferred care routine and we saw this was reflected in their care plans which staff worked to.

People's care plans and satisfaction with the service was reviewed on a regular basis and then people had a standard annual review. When people's needs changed we saw evidence their care plan was reviewed and updated. The service was proactive in contacting other organisations when additional support was required or they were concerned about the person's well-being. One visitor told us the communication was very effective and they often received updates about their relative either by telephone or text message. They could also contact the service at any time and staff could provide information, it was clear that staff were aware of each person's needs and how they were on a daily basis.

The management team held regular staff meetings where each person who had support was discussed, care staff told us this was a good opportunity to review any changes and to share any techniques which worked best to support people. Health outcomes for each person who used the service were also reviewed regularly. These included falls, medication changes, visits by a health care professional and hospital admissions. The data was then collated and reviewed monthly. The registered manager explained this was part of the service's overall data analysis and they would look at any patterns or trends to establish whether they needed to take any different action.

In all of the care plans we looked at there was a strong focus on reducing social isolation. Care staff spoke to us about the importance of people maintaining links with



## Is the service responsive?

their communities, both on site and in the wider area. Staff had also developed a resource guide which detailed different community activities. The service also had a Residents Committee who met regularly and produced minutes of their discussions. From the records we saw they spoke for the residents when changes were being proposed or they had suggestions for improvements. There was also a crafting group, a gardening group and a 'knit and natter' group. People were involved at different levels and could opt in or out of the groups depending on their wishes. It was clear that there were a host of activities available and a monthly event, usually a themed night, where people could join in with their families. People told us they particularly liked the activities and that staff worked hard to make them possible.

People were confident about making comments about the support provided, either by themselves or through a relative. People knew how to make a complaint, and if they

wished, who else they could discuss their concerns with. In addition to this we saw detailed information in the service user guide which showed how to make a complaint. Each person who started the service and their relatives received a copy of this guide.

In the last year, there had been three complaints. We reviewed these and found they had been investigated thoroughly with a comprehensive written response provided to the complainant. It was recorded that the complaints had been resolved satisfactorily at this stage. The registered manager explained these had been reviewed to establish whether there were any key themes or anything they could do to learn from the complaints. This showed they were open to acting on and learning from complaints. There were also several thank you cards in the file, showing people's appreciation of the care and support provided by staff.

# Is the service well-led?

## Our findings

There was a registered manager in post who was supported by a team of care workers, a senior carer and an administrator. The service also had access to contractors who dealt with the building and gardens.

People who used the service told us the agency was well organised and well-led by the registered manager, who was “approachable and professional.” One person told us, “Its run like clockwork, the staff know what they are doing and do it.”

Throughout our visit we were provided with the information we needed to complete the inspection. Records, policies, audits and staff files were to hand, easy to follow, structured and well organised. All of the staff we spoke to were open, honest and wanted to share their work experiences with us.

When we talked to care staff it was clear they enjoyed working for the organisation. They shared a common understanding of the organisation’s ethos and values. One member of the team told us they had worked in the care sector for a number of years, and felt this was “like nothing” they had done before. This they explained was a good move and that the service was focused around the individual’s personal and spiritual well-being. Without exception, staff told us they looked at ways to improve the service and continually explored better ways of delivering support and care.

Staff told us they were committed to delivering a good service to people and felt very well supported to do this, not only by the registered manager but each other. Staff told us they enjoyed coming to work, some staff came in on their days off to volunteer helping with the groups and they all took a pride in their work.

There was strong evidence of effective communication between care staff and the leadership team. An example of this was that every member of staff told us the medication policy had recently been changed, and they had all attended training on the new policy. They also had a ‘theme of the month’ where they revisited a policy and signed to say they were familiar with the content and understood it.

Regular staff meetings took place with care staff and senior care staff and this provided people with the opportunity to share good practice and to be updated on any changes to people’s needs. Care staff told us they found these meetings useful and that if they were unable to attend they received the information via typed minutes. Care staff told us there was an open door policy and they felt comfortable to approach any of the management team.

The service had an up to date statement of purpose. A newsletter was produced every month with news and updates. We looked at the newsletter for August 2015 and this provided lots of information about what was happening in house.

The service had effective and robust systems in place to audit the quality of the care they provided to people. Policies were up to date and based on good practice guidance and up to date legislation. This demonstrated to us a desire to ensure staff had the most up to date guidance to ensure they supported people as well as they could.

The agency had not conducted a customer satisfaction survey in the last twelve months. However, they met with people and relatives on a regular basis to seek views about the service being provided. The registered manager told us that the organisation usually conducted the surveys and she agreed to chase this up as an additional resource to highlight any areas for improvement and gain views about the things which were working well.