

Methodist Homes

Hebron Court

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 April 2016 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Hebron Court provides a personal care service to people who lived in a complex of private apartments within the grounds. Whilst not all people needed any personal care or support, those that did could either choose to make their own arrangements or use the personal care service provided by Hebron court staff. . When we visited five people were using the service and receiving support with their personal care. Other people who lived at Hebron Court could receive care and support should they need it in an emergency.

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. The service was currently in the process of registering the manager for the regulated activity of personal care.

We received positive feedback from people about the service. People who used the service expressed great satisfaction and spoke very highly of the staff.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults and child protection for when they came into contact with children. Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care workers to maintain the schedule of care visits. Staff told us they felt supported and received regular supervisions and support. Staff meetings were held every other month.

People's risk assessments and those relating to their home environment were detailed and helped reduce risks to people while maintaining their independence. People were supported to receive their medicines safely from suitably trained staff.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed and staff contacted healthcare professionals when required. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

People felt listened to and a complaints procedure was in place. Regular audits of the service were carried out to assess and monitor the quality of the service. Staff felt supported by the registered manager and felt they could visit the office any time and be listened to.

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.

Recruitment procedures were followed to ensure staff were safe to work with people. Staffing levels were sufficient to take account of people's needs. Staff had received training in safeguarding adults and children and knew how to report concerns.

There were safe medication administration systems in place and people received their medicines when required. Risks to people's welfare were identified and plans put in place to minimise the risks.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

Is the service responsive?

Good ●

The service was responsive.

People were pleased with the care and support provided by staff as it met their individual needs.

People were encouraged to provide feedback about the service

through surveys and their views were listened to. An effective complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

The service had appropriate policies in place.

Hebron Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 April 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to three people who used the service. We spoke with the registered manager and three staff members. We looked at care records for four people. We also reviewed records about how the service was managed, including staff training and recruitment records.

Hebron Court was registered with the Care Quality Commission in April 2014 and has not previously been inspected.

Is the service safe?

Our findings

People told us they felt safe and felt the company provided staff who kept them safe whilst providing them with personal care. One person told us, "I feel really safe with the carers I have." Another person said, "I feel very safe, very much so, staff always turn up on time always."

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. One staff member told us, "Risk assessments are good; the manager is quite hot on risk assessments. For example if we see loose cables or mats. We are able to advise people of the risks, and remove them if we have permission, if not just record this and inform staff of the risk we have to be careful as it's their home and their choice"

Risk assessments included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, infection control, medicines, falls and equipment. For example a risk assessment for moving and handling provided staff with information on how to support the person safely, for one person this stated, ensure you only give one instruction at a time and give time to understand and complete this before another.'

Risks to people had been identified and measures put in place to ensure people's safety. However, the care record for one person identified that they had had a couple of falls but their falls risk assessment did not reflect this, when it was last reviewed. We spoke to the registered manager about our concerns who informed us they would update the risk assessment.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service. One staff member said, "I feel enough staff at present as we haven't got much care at the moment." Staff were on site 24 hours a day, seven days a week. Staff said they generally had sufficient time to support everyone and were able to provide additional support if someone needed it, for example if they were unwell. The registered manager was also available on call out of hours for emergencies or advice.

Robust recruitment processes were followed, which meant staff were checked for suitability before being employed by the service. One staff member told us, "My recruitment was good and it went smoothly. They went through my job history and applied for references." Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "We complete safeguarding training on line once a year. We have a list of numbers to call on our notice board if

we have any concerns and there are also signs in corridors."

Peoples' medicines were managed and administered safely. One person told us, "Staff help me with my medicines, they always do that and they have never missed any." People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. When staff assisted people to take their prescribed medicines they signed a medication administration record (MAR) to confirm the person had taken it. Records we saw showed people were receiving medicines as prescribed. One staff member told us, "I have medication training every three years and e-learning yearly. We also have a medication competency, which gives you confidence about giving medicines."

Is the service effective?

Our findings

People we spoke with felt staff were well trained and carried out their duties to a high standard. One person told us, "Staff seem very well trained." Another person said, "Staff definitely seem trained."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us the training was very good. One staff member said, "Training is very good, [the management is] always open to put you on training and I could request any training." Another staff member said, "I've completed my NVQ 2 in care and completing my NVQ 3 in care at present. I'm very happy with all the help and support I've been given." Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Training was a mixture of on line training and face to face training.

New staff completed a comprehensive induction programme before they were permitted to work unsupervised. The registered manager told us, "All new staff shadow with an experienced member of staff. Then I will monitor staff by talking to the residents and checking records as well as carrying out observational practices." New staff were working towards the care certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "I'm in the process of completing the care certificate, which is okay; I get a lot of help when needed."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "Supervisions okay, never made to feel uncomfortable and able to contribute all the way, always encouraged to do this." Another staff member said, "Supervisions are good and I had an appraisal a few weeks back."

People told us they were always asked for their consent before care was provided. Staff said they gained people's consent before providing care. Care plans and contracts had been signed by people showing they consented to the care planned.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning.

One staff member told us, "I have completed MCA and DoLS training, and if I am unsure will read the policies. We have no one on DoLS at the moment and no best interest decisions as everyone at present has the

capacity to make decisions."

People were supported at mealtimes to access food and drink of their choice. One person told us, "Carers help me with my meals and give me choice and collect my shopping for me." The support people received varied depending on people's individual circumstances. Staff members reheated meals, or made light meals for people in their apartments such as soup or a sandwich. People were able to meet up once a week, where a food service came in and provided a hot meal, which was served in the main lounge. People we spoke with were pleased with this service and one person told us how they were looking forward to their fish and chips the next day. People told us, "I use the lounge every day for afternoon tea."

People were supported to access healthcare services in an emergency or when necessary. Staff told us if any health professional had visited they would tell the manager and record it on their records, so the next staff member was aware of the person's current health needs and any action needed.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "I like the carers they are very caring, I get on with them all." Another person said, "Staff are wonderful, I couldn't replace them." A third person told us, "Staff are so friendly, chat to me and make a fuss of my family and grandchildren."

Staff told us they enjoyed working for Hebron Court. One staff member told us, "I love working here the best thing is the residents they are lovely." Staff employed by Methodist Homes worked only within Hebron Court. However people could choose to be supported by this service or by an external agency. One staff member told us, "One person has their own carer in the day and we provide the care in the evenings."

People's privacy and dignity was respected by staff. One person told us, "I feel respected; I think they are very good in that respect and always treat me with dignity." Another person said, "Staff respect my privacy and dignity definitely." A third person told us, "Staff treat me with respect."

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff told us, "When providing care I close doors and use towels to keep them covered and respect their views." Another staff member said, "Dignity, make sure the door is shut, curtains closed and talking to people explaining what I am doing."

People told us they were involved in planning their care and care records showed evidence of this, as people had signed to confirm they had agreed with the amount and sort of support they were provided with. Staff told us that people were encouraged to be as independent as possible. One person told us, "its good here, independent living but has care on site."

Hebron court employed a chaplain who provides a church service once a week, as well as visiting people in hospital and in their own apartment's when needed. People also benefited from staff having received end of life training, which was enhanced by the chaplain who worked with staff by going through workbooks and talking about any worries they may have.

Information regarding confidentiality, dignity and respect formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People received individualised care which met their needs. One person told us, "Staff are helping me with my needs, and always give me choice." Another person said, "I know how to complain if I need to."

People received care that had been assessed to meet their specific needs. Care plans provided information about how people wished to receive care and support. They gave detailed instructions guidance about how they liked to receive personal care, how they liked to dress and were personalised with how people liked things to be done. Staff confirmed the care plans provided all the information they needed to support people appropriately and enable them to respond to people's needs. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care.

Where people required support with their personal care they were able to make choices and be as independent as possible. Care plans promoted independence for example one plan stated they were able to dress themselves but may need help with zips or buttons. The care plans were updated regularly to ensure a true reflection of the person's current needs. One person told us, "The manager reviews my care plan with me and I am involved in the process." Staff said care plans provided sufficient detail to ensure consistent support.

The service was flexible; staff told us how they are able to support people when they come out of hospital by supporting people to receive a week of free care in consultation with the person concerned and would then gradually reduce the support provided as the person was regaining their independence. We spoke to one person who had received this service who said, "Care very good, I had a fall last year and when I came out of hospital, I had a free week of care and it was excellent care."

Everyone had an emergency call bell in their apartment and staff responded quickly when an alert was raised. We spoke to people who had used this service and they felt staff responded quickly and they had confidence in the staff.

The provider sought feedback from people through the use of quality assurance survey questionnaires. These were sent out to people each year seeking their views. We saw the results from the latest questionnaire, which had been completed in January 2016. The results of the survey were predominately positive and showed 100% of people thought staff were helpful, kind, courteous and efficient. One comment stated, 'I am perfectly happy with all that staff do for me and have no complaints with anything and all staff are very kind and helpful.' Another comment stated, 'everything is done with care and kindness, I'm never made to feel a nuisance. I've been here two years and it's the best decision I ever made.'

People told us they knew how to make a complaint. One person told us they "would know how to make a complaint if I needed to." Another person said, "I have nothing to complain about." The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. We saw copies of complaint leaflets in the entrance to the building. There had been no complaints in care over the last year. The registered manager described the process they would

follow as detailed in their procedure.

Is the service well-led?

Our findings

People and staff believed the service was well-led. One person told us, "Manager excellent very good." Another person said, "Been very happy here, people are glad they come it's very good." A third person told us, "Manager very good. Generally speaking all very good."

The registered manager promoted a positive culture and had an 'open door' policy. One person told us, "Office door always open to ask questions or see things." Staff felt they could raise concerns, make suggestions on improvements and would be listened to. The registered manager told us, "Open office for staff and residents, door always open, and I'm on call for advice when needed."

Staff meetings were held every other month. Staff meetings were used to discuss concerns about people who used the service and to share best practice. One staff member said, Staff meetings are held every other month, we will be asked for our opinions before the meeting." The registered manager told us, "All staff know when the staff meeting are and are all welcome to bring agenda items; even if they can't attend all get given copies of the minutes."

Staff also completed feedback surveys, which allowed the registered manager to identify areas of concern or specific training needs. The last one was sent in August 2015. Results showed that staff felt communication could be better. An action plan had been produced and actions included, all compliments and complaints will be shared with staff on the staff notice board as well as results from the resident's survey so staff feel more valued.

Staff understood the values and vision of the service; one staff member told us, "Manager very good, makes us aware of the company values." The aims of the service were, 'to improve the quality of life for older people, inspired by Christian concern.' While putting their values into practice 'we are open to all older people in need, irrespective of their beliefs.'

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, record of care sheets, complaints and compliments, accidents and incidents and on call alarms. Safeguarding, complaints and compliments, supervisions, training, health and safety also had to be sent to the area manager as part of a monthly report. This meant that lessons could be learnt from it to reduce the risk of reoccurrence. One staff member told us, "Manager has been good, she's hot on paper work and health and safety."

In addition to the audits the area manager visited Hebron Court to support staff and speak to residents. The area manager held 'resident's meetings' where people could talk about a range of issues around living at Hebron Court. The registered manager told us, "My line manager visits once a month, and is very supportive." The registered manager also told us, "We use a peer support system where every two months a manager from another home within the group will carry out an audit and I will visit their home to carry out an audit." Peer support looked at staff support and attendance, care plans, medicines, safeguarding and meetings to further assess the quality of care provided.

The provider and registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place which were updated regularly.