

Methodist Homes Archers Court

Inspection report

Elmside Walk
Hitchin
Hertfordshire
SG5 1HB
Tel: 01462 423852
Website: www.mha.org.uk

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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	

Overall summary

We carried out an unannounced inspection of this service on 18 February 2016.

The service provides personal care to people living in their own flats in a purpose built building. At the time of the inspection, although most flats were occupied, just five people were being supported with personal care by the service. In each instance, the support provided was minimal. Three people only received support to take their medicines, one person had support to make breakfast and another person received ad hoc support with taking a shower. Everyone else who lived at the service

managed their own needs independently, although some people made use of a daily welfare check. The service was set up to enable people to purchase the amount of support they required as and when they needed it.

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.

Summary of findings

There were systems in place to safeguard people from harm. Staff had a good understanding of their responsibilities to report any matters of concern and were confident to do so. There were risk assessments in place that gave guidance to staff about how risks to people could be minimised.

The provider had robust recruitment processes in place to ensure as far as possible, that suitable staff were employed. There were sufficient, skilled staff to provide safe care to people.

Staff received supervision and support, and had training to enable them to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided.

The service did not provide meals although some people made use of the restaurant located in the care home that shares a site with the service. Staff supported people to prepare meals where this was part of their care package. At the time of the inspection, one person had this support at breakfast time. People were supported to access other health and social care services if required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. There was a range of events and activities offered within the communal areas of the building which were based on people's interests. Some people also joined in activities provided by the care home on the same site. There was a chaplain appointed by the provider to support people's spiritual needs and some people also attended services at the local churches and in the care home next door. People had good links with the local community and there was good information provided to people to enable them to know what events were available.

The provider encouraged feedback from people and acted on the comments received to improve the quality of the service. The provider had a formal process for handling complaints and there were effective systems in place to monitor the quality of the service.

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.

There were systems in place to safeguard people from harm.

There were effective recruitment systems in place and there was sufficient, skilled staff to support people safely.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were asked for their consent before any care was provided.

People were supported by well trained staff who knew their needs well.

People were supported to access health and social care services when required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind and respectful.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

People's spiritual needs were met.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

There was a wide range of activities on offer and people were provided with good information about activities and events taking place in the local community.

The provider had an effective system to handle complaints.

Good



Is the service well-led?

The service was well-led.

The registered manager promoted a person centred culture within the service and staff understood their roles and responsibilities when supporting people in meeting their needs.

People who used the service were encouraged to share their experiences of the service.

Quality monitoring audits were carried out regularly and the findings were used to drive improvements.

Good



Archers 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 unannounced inspection took place on 18 February 2016, and it was carried out by one inspector.

Before the inspection, the provider completed 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with four people who used the service, the registered manager, an administrator and a care worker. We looked at the care records for the five people who used the service, the recruitment and supervision records for three staff and the training records for all the staff employed by the service. We also reviewed information on how the provider handled complaints and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, “I feel very safe. It’s a lovely place to live. Staff are available if you need them.” Another person said, “Yes, I feel safe. It’s a nice place.”

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people’s safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Information about safeguarding was on display throughout the service and it included contact details for the relevant agencies to refer concerns to when needed. Staff had also received training in safeguarding people. They demonstrated a good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm. They were able to tell us about other organisations they could report concerns to. They were confident that they would report any concerns they had to the management team and that the manager would take appropriate action.

There were personalised risk assessments for each person in relation to areas where people were more at risk. The risk assessments included where people were supported with their mobility, where there may be a risk of a person falling and with taking medicines. The assessments identified the likelihood and the severity of the risk, and gave clear guidance to staff about the measures that must be in place to reduce the chance of harm occurring. People’s care records contained personal emergency evacuation plans (PEEP) which gave staff guidance about how people could be evacuated safely in the event of an emergency.

There were enough staff to meet people’s needs safely. A member of staff was on duty at all times during the day and night, and the manager was available during office hours. Most people who lived in the building did not require support with their personal care, but they could request this service if they required it in the future. Therefore, this level of staffing was sufficient to provide assistance to those people who required it.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including requesting references from previous employers, proof of the applicants’ identity, confirmation of their right to work in this country, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People’s medicines were managed and administered safely. People who required support from staff to take their medicines were assessed to establish the degree of support they required. Care was tailored to meet their needs, whilst also respecting their wishes to do as much as possible for themselves. For example, one person required support to administer one of their medicines but was able to manage others independently. Staff who administered medicines received training and their competence to do so safely was assessed annually. We looked at the medicine administration records (MAR) for the three people who received support from staff to take their medicines and found that these were completed correctly with no errors or omissions.

Is the service effective?

Our findings

People were positive about the skills of staff who supported them. One person said “Yes, they are lovely, very good at their job and always sunny.” Another person said, “I think they are well trained.”

The provider had a training programme and an induction process for all new staff which included a period of shadowing more experienced staff before taking up full duties on shift. The manager kept a record of all staff training so that they could monitor when updates were due. Staff we spoke with said that the training they had received was sufficient to enable them to carry out their roles. One member of staff said, “We get good training and lots of opportunities to increase our knowledge. I want to become a dementia champion and I am very interested in mental capacity as well.” All staff had completed their National Vocational Qualifications (NVQ) level 2 in health and social care.

Staff told us they received regular supervision and an appraisal once a year and there was evidence of this in the staff records we looked at. They told us that supervision supported them to do their job well, gave them time to talk about any issues affecting their work and to identify their training and development needs.

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. The manager confirmed that everyone who currently lived at the service had full capacity to make their own decisions. Staff sought people’s consent before any care was provided and we saw that people had signed forms to show that they consented to various aspects of their support and this had been kept within their care records.

Food was not provided by the service, although some people took meals at the restaurant located in the care home next door, which was run by the same provider. One person received support to make their breakfast. We saw that information about keeping hydrated during the warmer months of the year was held in people’s care records to remind them to drink enough fluids.

We saw there was information on display in the communal areas of the building to inform people about local healthcare services such as opticians, dentists and chiropodists. Most people who lived at Archers Court managed their health care appointments independently, although support from staff was available upon request. People had either an emergency call bell or pendant which they could activate to call for assistance if they felt unwell or needed support. Daily welfare checks were made by staff when they visited people in their homes or by telephone to ensure people were well.

Is the service caring?

Our findings

Each person we spoke with told us staff treated them with kindness and respect. Comments included, “They are lovely” and, “Staff are nice and chatty to me.” During our inspection we saw staff interacted positively with the people they were supporting and that conversations were friendly and warm.

Staff we spoke with were highly motivated and passionate about supporting people in the right way. A member of staff said, “We have to respect people’s wishes and only step in when wanted. It is important to follow their lead and remember that everyone is different and needs an approach that is right for them.” They went on to say, “I work with some fascinating people. They have done so much in their lives and are very well respected. I love getting to know people and talking to them about their lives.”

People told us they had been involved in the planning of their care. One person said, “I make choices about my care. They leave the decisions to me and help me with what I need help with.” Care records showed that people were involved in making decisions about how their care was delivered and when they wanted it.

Staff told us that when they supported people, they ensured the individual’s privacy and dignity was respected and gave examples of them closing doors, pulling curtains, seeking people’s consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with personal care. We saw from records that people were given a choice if they preferred male or female staff to support them. We also saw that the right to keep personal information private was understood. Care plans were developed in a manner which respected if people chose to withhold some information that they did not wish to share with staff.

The manager and staff understood the need to ensure people’s personal details and records were kept confidential. Staff told us that any sensitive issues were always discussed in private so that conversations were not overheard. During the inspection we observed staff respecting people’s privacy and confidentiality, including going to the person’s apartment to discuss issues rather than talking in the hallway.

Information about the service was available to people and on display throughout the communal areas. We noted that people who used the service did not require this to be given to them in alternative formats as they told us that they were able to read and understand all of the information available to them.

Is the service responsive?

Our findings

Before people bought an apartment at Archers Court, an assessment was completed to ensure that the service could meet their needs. A full assessment was also completed prior to a personalised care plan being drawn up to ensure that the care provided met the person's needs and preferences. We saw that care plans were individualised, took account of people's wishes and gave sufficient guidance to staff about how to provide good care to the person. For example, the care plan for one person who lived with hearing loss gave clear instructions to staff about how to communicate effectively with the person by having good eye contact and speaking clearly. There was evidence that care plans were reviewed regularly or when people's needs changed and people told us they were involved in this process. One person said, "Yes, I talk to them if I need anything changed."

Staff told us they got to know people's needs very well and each person was treated as an individual so that they received the care they expected and wanted. This was evident in our conversations with staff, as they were able to tell us about the needs of individual people they supported.

The service provided a varied programme of activities within the communal areas of the building, which people were able to take part in if they wished. These included, quoits, keep kit, plant growing, themed nights including 'fish and chip and pizza nights', bible studies, 'coffee mornings', 'knit and natter group', poetry reading. The service also provided a lot of information about events taking place locally in the town, community centres and churches. For example, at Christmas the service had taken part in a Christmas tree festival organised by a local church. There was also information provided about other community groups that may be of interest to people living at Archers Court. For example, the Alzheimers Society held regular meetings at the service. As well as activities taking place at Archers Court, people were able to make use of the restaurant and activities organised by the care home which shares a site with the service.

The provider had an up to date complaints policy and people were aware of how to complain should the need arise. The manager kept a log of complaints made. We looked at two recent complaints and found they had been responded to appropriately and resolved in line with the timeframes set out in the provider's policy.

Is the service well-led?

Our findings

The service had a registered manager. People we spoke with knew who the manager was and felt that she was approachable. One person said, “[Manager’s name] is terrific. Anything you need she just gets it sorted out.” People said they knew they could speak to the manager at any time, although she had also arranged monthly surgeries to make it easier for people to be certain about when she was available. There were monthly ‘residents meetings’ held during a coffee morning to enable people to share their views. A copy of the minutes from the most recent meeting was on display on a noticeboard in the communal corridor. A satisfaction survey was carried out annually by the provider to gain feedback about the service provided. The chaplain employed by the provider to support people with their spiritual needs also carried out an annual ‘values assessment’, which identified aspects of the service that were positive and those which required work. Feedback from the survey and this assessment showed a high level of satisfaction with the service.

Staff told us the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. One member of staff said, “[Manager’s name] is very

approachable and fair. She seems easy going but she is also a strong manager.” We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people’s needs safely and effectively.

Staff we spoke with understood and were passionate about the provider’s values. They said, “Methodist Homes has a very good ethos, I wouldn’t work for them if they didn’t. The service is based on good, compassionate, respectful and dignified care, and on good Christian values.” The results of the recent staff survey showed a high level of engagement and satisfaction from staff in relation to their work and the support they received from the manager to do their job well.

There was a robust quality assurance system in place to identify improvements and areas for development in the service. The manager carried out monthly audits of the service, including checks on care plans, medicines, admissions, and complaints. The provider carried out an annual audit which produced a thorough overview of the service. From this, the manager produced an action plan to show how they intended to address any issues that had been identified to make improvements to the service. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.