

# Methodist Homes Aurelia Branch

## Inspection report

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Date of inspection visit:  
21 February 2023

Date of publication:  
17 March 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Aurelia Branch is a purpose-built, 'Retirement housing with care' scheme and is registered to provide personal care to older people in their own homes. This includes people with dementia, learning disabilities or autistic spectrum disorder, mental health needs, sensory impairments and physical disabilities. Aurelia Branch consists of 34 flats across two floors and 1 bungalow. Care and support is provided to people, in their own homes, by care and support workers. People have access to call bells on their person, to request support at any time. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection visit, 5 people were supported with personal care.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Care staff had not received specific training to meet the needs of people with a learning disability. However, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

Care is person-centred and promotes people's dignity, privacy and human rights.

### Right Culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives.

Quality assurance checks were not all effective and had not identified some issues identified in our inspection, such as gaps in individual's risk management.

In the main, we were assured infection prevention controls were being followed.

People felt safe using the service. Staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People spoke positively about the staff and the care they provided. Staff felt supported by the registered

manager and the care manager.

The registered manager was open and honest and worked in partnership with outside agencies. They were committed to making improvements to the service.

Rating at last inspection and update

The last rating for this service was good (published 26 June 2019).

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all extra care housing inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow-up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Aurelia Branch

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection Team

The inspection was carried out by 1 inspector who visited the service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 February 2023 and ended on 27 February 2023. We visited the location's office on 21 February 2023.

### What we did before the inspection

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

### During the inspection.

We looked at 3 people's care plans, 3 recruitment records and a variety of information relating to the management of the service. The inspector spoke with 6 staff including the registered manager, the care manager and 4 care staff.

We spoke with 3 people who used the service for their experience of the care provided. We obtained feedback from a health professional who supported people at the service, about their experience of the care people received.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Where risks had been identified, there were not always plans in place to inform staff how to manage those risks and minimise any potential harm. For example, 2 people had not been assessed for risks around the breakdown of their skin and there was no guidance for staff about how to use pressure relieving equipment to keep them safe. However, care staff were able to explain how they supported these people to prevent skin damage. The registered manager took action straight away following our visit, to update people's records.
- Events which called into question people's safety were recorded and managed, however, 1 person had experienced 2 recent falls. The person's care plan had not been updated to give guidance about how any future risks would be reduced. The registered manager explained they had taken action at the time of the event and referred the person to health professionals, but this had not been recorded. The registered manager reviewed the person's care needs and update their care plan straight away following our visit.

### Staffing and recruitment

- Care staff had not received specific training to meet the needs of people with a learning disability. The registered manager took immediate action and organised accessible online training for all staff.
- During our inspection visit there were enough staff to meet people's needs. This was confirmed by a health professional who supported people at the service. One person told us, "There's always someone around."
- The provider followed safe recruitment processes including background checks of potential staff to assure themselves of the suitability of staff to work at the service. Pre-employment checks included reference requests and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. People did not have up to date Covid-19 risk assessments in their care plans. This meant there was no guidance for staff relating to how to keep individuals safe in the event of a Covid-19 outbreak. The registered manager took immediate action and assessed individuals risks for Covid-19 following our visit.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Using medicines safely

- The inspection was undertaken because there had been concerns in relation to the safe management of medicines. There was evidence lessons had been learned and action had been taken to improve medicine management systems following recent events, meaning medicines were managed safely. The registered manager assured us they would also increase the frequency of medicine competency observations for care staff and improve their own understanding of medicine management, in order to reduce future events occurring.
- Care staff were able to explain the changes made to the medicine management system and understood why these changes improved people's safety.
- Medicine administration records (MAR) showed people had received their medicines as prescribed.
- The registered manager explained how they ensured people received their time critical medicines, such as pain relief. Calls were scheduled to fit in with the timing of these medicines.
- Protocols were in place to guide staff on how to administer 'as required' medicines.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person told us, "I feel safe with staff." Another person explained how when they pressed their lifeline call bell, care staff came to support them, "As soon as I press it somebody comes."
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt confident these would be taken seriously.
- The manager understood their obligation to report their concerns and any potential allegations of abuse to the local authority and CQC.

#### Learning lessons when things go wrong

- The registered manager displayed a commitment to learning where things had gone wrong. They acted straight away during our visit to make improvements to the service to reduce risks to people.
- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care to keep them safe. Changes to people's care were shared with staff to reduce the likelihood of further events occurring.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems and processes to maintain oversight of people's care. The registered manager completed regular quality assurance checks which had identified some areas for improvement. However, the checks were not all effective because they had not identified the gaps in people's care plans we found during our visit, where risk management plans had not been recorded.
- The registered manager had not ensured staff had received appropriate training to meet the needs of people with a learning disability, as required by the Health and Care Act 2022. However, they organised training for all staff to access immediately, following our inspection visit and staff continued to support people in accordance with the 'Right support, right care, right culture' guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were happy with the service provided and had confidence in the care staff. One person explained how they valued the support staff gave them with their mental health needs. They said, "Staff are taking me step by step through it...It's about helping you to cope."
- People knew who the registered manager and care manager were. Care staff told us both managers were approachable and accessible. One member of staff told us, "I can have a chat with the manager about what's going on if I've got concerns." Staff explained there had been positive changes at the service since the registered manager and care manager had started in their roles. One member of staff said, "I think things are better."
- Staff gave positive feedback about working at the service. They felt well supported by the registered manager and the care manager. Care staff told us they attended regular staff meetings and one to one meetings to discuss feedback on their performance. They explained they could make suggestions to improve the service and were listened to by managers.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their obligations for reporting important events or incidents to relevant agencies, including the CQC.
- The registered manager understood their responsibility to be open and honest when things had gone wrong. They acknowledged the issues we found and took some immediate action during our inspection visit to make improvements where shortfalls had been identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were processes in place to capture the views of people who used the service, such as meetings, quality assurance questionnaires and individual feedback forms. The last survey carried out was in November 2021 and results had been shared with people who used the service. However, the registered manager acknowledged the results were now out of date and conducted individual feedback questionnaires with people following our visit. The results of the feedback were positive.
- Records showed people had also been asked for their opinion of the service during regular meetings. We saw action had been taken to improve the service following these meetings.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked with other health and social care professionals and external organisations to improve people's experience of care. A health professional confirmed this and told us any concerns were referred to them and their recommendations were followed, to improve people's wellbeing.