Oldham Care and Support Ltd

Medlock Court

Inspection report

Medlock Way
Lees
Oldham
Lancashire
OL4 3LD

Tel: 01617705081

Date of inspection visit:
26 April 2016
28 April 2016

Date of publication:
10 August 2016

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 the 26, 27 and 28 April 2016. Our visit on the 26 April was unannounced.

Medlock Court provides short stay respite accommodation and assessment, reablement support following a hospital stay, for up to thirty two people. One person regularly used the service at the time of our inspection. Medlock Court was fully occupied when we inspected the service.

The service is provided in a large, single storey purpose-built building that is accessible for people who use wheelchairs or have other mobility limitations.

The accommodation at Medlock Court was well maintained, clean, tidy and pleasantly decorated. Comments from people using the service included "My room is nice" and "it doesn't smell here, there's always someone cleaning".

There was a registered manager in place. 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.

We found that the service provided safe care that met people's needs.

People and their relatives were very positive about the caring nature of the care staff at Medlock Court. We saw that care staff were caring, kind and compassionate.

People were encouraged to express their preferences about their support but this detail was not always documented in care plans. The provider had already identified this and was in the process of reviewing and updating all care records.

There were systems in place to ensure people who did not always communicate verbally could have their say through picture format. One member of care staff was also trained in sign language.

Some care staff received appropriate support through training, supervision and appraisal of their work.

Care staff knew what to do to keep people safe. There were appropriate procedures in place to ensure people knew how to report any concerns and that concerns were acted upon.

There were enough care staff to meet people's needs and safe recruitment checks were made for new care staff.

Care staff supported people to eat nutritious food and supported people to access health care facilities

when they needed to.

The registered manager sought feedback about the service from people, their relatives and carers. People knew how to complain if they wished to.

The registered manager completed regular checks of the service and made changes to improve the service where identified.

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.

The home was maintained to an adequate standard to ensure that people using it were kept safe.

There were enough care staff to meet people's needs.

Care staff were knowledgeable about the safeguarding and whistleblowing policies and knew how to report concerns or abuse.

People had risk assessments and plans in place to manage any associated risks.

The service had systems to manage the storage, administration and recording of medicines to ensure people received their medicines safely.

Is the service effective?

Good

The service was effective.

The registered manager and care staff were knowledgeable about mental capacity and deprivation of liberty.

People were given choices of suitable and nutritious food and drink to protect them from the risks of inadequate nutrition and dehydration.

The service worked together with health professionals to ensure people received care appropriate to their needs.

Care staff received supervision and appraisals.

People received care from care staff that were skilled and trained to deliver care.

Is the service caring?

Good

The service was caring.

Care staff had developed positive relationships with people and had a good
understanding of their needs.

Care staff promoted different methods of communication to assist people who had difficulty expressing themselves.

Relatives were encouraged to maintain contact with their family member and were invited to visit.

People were treated with respect and their privacy and dignity were promoted. There was a calm, relaxed atmosphere at the service.

Is the service responsive?

Good

The service was responsive.

Care staff were knowledgeable about personalised care.

People were encouraged to develop and maintain their independence.

There were a variety of activities which people could take part in within the service or in the community.

People and relatives were able to raise concerns or make a complaint and the registered manager responded within the timescales set out in the complaints policy.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. Care staff told us they were able to raise concerns with the registered manager who was supportive.

There were regular meetings with people where they could express their wishes and concerns about the service.

Care staff had regular meetings to keep up-to-date with policy changes and issues concerning people they supported.

The provider had systems in place to monitor the quality of care and support in the home.

There was a system in place to obtain the views of people using the service and their representatives.

Medlock 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.

We visited the home on 26, 27 and 28 April 2016 and the first day was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed the information we held about the home including safeguarding alerts and notifications of events affecting the service, that the provider had sent to us since the last inspection. We contacted the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch and local commissioners told us they had no concerns with Medlock Court.

Before inspections, we often ask 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 had not asked Medlock Court to complete a PIR in advance of this inspection as the inspection date was moved forward. We took this into account when inspecting the service and making judgements in this report.

During our time in the home we observed the care and support being provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to the registered manager, six care staff, a visiting general practitioner, an occupational therapist and four people being supported by the service. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people and five care staff files. We also looked at records that related to how the home was managed including medicines administration records.

Good

Is the service safe?

Our findings

The provider had effective procedures in place to ensure the safety of people using the service. People told us they felt safe. One person told us; "[The care staff] are nice, if I need anything they help out."

We saw the home had been refurbished was clean and well maintained. Building safety checks had been carried out in accordance with building requirements and no issues identified. There was a maintenance book where care staff recorded the details of repair jobs needed and the registered manager signed these when completed.

A fire procedure was in place and smoke alarms were checked regularly. The provider was aware of the level of support people would need in the event of a fire, especially at night and this was recorded for each person in a personal emergency evacuation plan (PEEP). Fire fighting equipment had been checked to ensure it was still suitable for use.

We found that safe recruitment checks were made. We looked at the recruitment records for five care staff and found all pre-employment checks had been carried out as required. Care staff had produced evidence to confirm their identification and completed application forms explaining gaps in employment. A disclosure and barring service (DBS) check had been completed. DBS checks help the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable people. Where appropriate, there was confirmation that the person was legally entitled to work in the UK.

The manager told us the home had six care staff working during the day and three care staff awake on duty at night. We saw evidence of this from the four week rota reviewed. The manager explained that care staff absences were covered from a bank of care staff and the home did not use agency care staff. There is also an additional member of staff at night on sleep-in duty who can be called if needed. There are also additional staff on duty during the day including the Registered Manager, Resource Manager, Occupational therapist, assessment and reviewing officer as well as catering, cleaning and business support staff.

People were protected from abuse. The service had a safeguarding policy which gave clear guidance about recording and reporting safeguarding concerns using six key principles. These principles included empowerment, prevention of abuse, and protection. The whistleblowing policy gave a definition of whistleblowing and informed care staff of the process. We saw from the training matrix that care staff had received up-to-date training in safeguarding and whistleblowing.

Care staff demonstrated a clear understanding of the types of abuse that could occur, what signs they would look for and what they would do if they thought someone was at risk of abuse. For example, one care staff member told us that whistleblowing is "Telling [manager] of practice you are not happy with." Another care staff member said "If they were not happy their concerns were being acted on by the registered manager, they would go higher in the company or to the local authority" and "If I'm still not happy, I'd call [CQC] up"

On reviewing peoples care records we found that risks were identified at the start of each section of a

person's support plan. Assessments of specific risks concerning the management of diabetes; falls, eating, going out and activities that people were supported to carry out such as making hot drinks had also been completed.

Medicines were managed safely. The provider had a medicines policy which covered the process of ordering, storage, administration, recording and disposal of medicines. The policy was comprehensive and clear and gave guidance on what to do if there was an error with administering. We saw medicines were given to people by appropriately trained and competent care staff. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature.

We checked the medicines administration records for the five people living at the home and noted that two people applied their own prescribed skin creams. We saw appropriate arrangements were in place for recording and administration of medicines. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Where medicines were prescribed to be given "only when needed" or where they were to be used only under specific circumstances, individual "when required protocols," were in place. These protocols gave administration guidance to inform care staff about when these medicines should and should not be given. This ensured people were given their medicines when they needed them and in a way that was both safe and consistent.

The premises were clean and well maintained. Infection control procedures were followed. The provider deep cleaned the rooms between people staying in the service and told us, "I wash all the door handles, and the room is deep cleaned and thoroughly washed including the mattress. I use antibacterial cleaner and steam clean the area."

We saw that food was being stored appropriately and the kitchen fridge and freezer temperatures monitored daily. These procedures helped to minimise the risk of food contamination. The provider had completed food hygiene training and a 'Food Standards Agency' inspection had been carried out in May 2015 and the home had been awarded the highest rating of 5.

The service had an emergency out of hours on call manager. On call duties are carried out by a team of Resource Managers. There is also a Senior Management Team member on call at all times for escalation of concerns. Care staff we spoke with were aware of the on call system and were able to describe what they would do in an emergency, for example, how they would respond if there was a fire at the home.

Good

Is the service effective?

Our findings

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 registered manager understood the importance of identifying people whose liberty was deprived. At the time of this inspection mental capacity assessments had been completed and there was no person on DoLS authorisations.

We saw that care plans had been signed by the person or where the person was unable to consent to care a representative had signed the care plans on their behalf. We observed care staff obtained people's consent before carrying out any aspect of care. One member of care staff said they "Always seek consent before supporting with any task."

People were provided with a choice of suitable and nutritious food and drink. We saw the kitchen was well stocked with food which was stored safely and appropriately. Care staff told us people choose their own breakfast from the range of cereals stored in the kitchen and could have a cooked breakfast if they wished.

People who used the service told us they helped with planning the menu. We saw a file of information promoting healthy food choices which also contained pictures of balanced meals. People were supported to choose their meals using this information and pictures. We looked at the home's menu for the previous three weeks and found that people's preferences had been catered for.

The people we spoke with who used the service were positive about the quality of food provided. On the first day of the inspection the inspector ate lunch with people who used the service. The food was appetising, well-presented and flavoursome. Care staff told us lunch was prepared by the on-site cook based on the menu and any special dietary requirements such as soft diet and fork mashable foods were catered for. There were two meal options on offer and the portions served were adequate, further servings were provided if a person wanted more. People were then given a choice of desserts. There was plenty of coffee and tea or cold drinks served between meals and fruit was available.

The main meal of the day was served at lunch time this consisted of a warm meal such as fish and chips, and meat and vegetables. At tea time people were given a choice of a lighter meal such as sandwiches, jacket potato or beans on toast. One person told us "The food is good but sometimes the choice is between sandwiches and beans on toast, which I think are food for young children, but that's ok." The person did not consider this to be a complaint about the food on offer. We asked another person if they had plenty to eat, they told us "Yes there's always plenty of food and if you're hungry you can always get more."

Care staff we spoke with demonstrated an understanding of people's nutritional needs and food preferences. Care staff offered assistance where required, this ranged from helping to hold cutlery, cutting up food and full assistance to eat. Care staff were seated at eye level when assisting people to eat and gave

the person their full attention.

Care records showed that when there were concerns people were referred to appropriate healthcare professionals. People were registered with a local general practitioner (GP) who visited daily for a walk round and people had access to an optician and dentist. We saw that the home made referrals to the community mental health team (CMHT) for support over care and wellbeing matters. Where people were not able to attend outside medical appointments we saw visits were arranged at the home such as visits from the physiotherapist and the district nursing team. We saw phone calls with professionals were recorded on people's files and any action required clearly documented so responsive care could be provided.

We spoke with a visiting (GP) on the first day of the inspection who told us "This is a fantastic place, I'm pleased with the level of care here, care staff are really caring, and all patients receive daily medical attention. I have a high regard for the care staff and they are very professional, it's a lovely home."

We reviewed the supervision records of five members of care staff and recorded supervision had taken place in accordance to Medlock's supervision policy. Care staff delivery of care had been regularly overseen by a senior member of staff and their practice was closely observed and feedback was given. Documented supervision records showed that topics discussed included care issues arising for people care staff supported, training and policy feedback. The care staff we spoke to confirmed they had regular conversations with their manager to help them provide good quality care and to ensure a consistent approach. Care staff records showed that care staff had received an annual appraisal where goals and an individual development plan for the care staff member were set for the year.

.

Care staff confirmed they had regular opportunities for training and developing their skills in order to do their job more effectively through on the job training The registered manager told us there was an in-depth induction process which included e-learning, shadowing experienced care staff on shift and regular catch ups during the probation period, new staff recently employed confirmed this. The registered manager also told us that new care staff were paired up with experienced care staff who acted as their mentor and provided support where needed. We reviewed the care staff training matrix which showed the dates that care staff had completed each training course. This enabled the registered manager to see when care staff were due refresher training. We saw care staff had received training in core topics, for example, health and safety, fire safety, communication, mental capacity, safeguarding people and moving and handling. We also saw a plan for care staff to attend refresher training in the next three months.

The registered manager told us and we saw from records reviewed that care staff had completed the Skills for Care Common Induction Standards and new staff employed were completing the new Care Certificate, which has replaced the Common Induction Standards. The Care Certificate is a set of standards that should be covered with all new care staff and followed when staff provide care to people. This showed that care staff were supported to receive appropriate professional development to ensure they were qualified and skilled to care for the people using the service.

Good

Is the service caring?

Our findings

People and their relatives were very positive about the caring nature of the care staff at Medlock Court. One relative told us, "[My relative] is very happy here. They are cared for by the regular carers every time and the care staff have got to know them well."

The atmosphere at Medlock Court was positive and friendly. Throughout the inspection we saw that people were treated with respect and in a kind and caring way. We saw that care staff took the time to speak with people as they supported them. People looked happy and told us they liked staying at Medlock Court. One person said, "I'm happy here. They [care staff] are nice. They always have time for you, but they do a lot when they are on shift"

Care staff developed positive, meaningful relationships with the people they supported. We observed interactions between care staff and people and saw that care staff were caring, kind and compassionate. One care worker told us, "I love my job and love coming to work every day. I get to help people be safe and live their lives and sometimes learn new things". Care staff knew people well and people's care plans included brief information about their lives and history.

The atmosphere at the home was jovial and care staff used humour in a positive way.
We saw that people's preferences were respected by care staff. For example, one person's care plan stated they preferred to be supported by care staff of the same gender for intimate personal care, and we saw this occurred. Records showed that care staff supported people to attend the place of worship of their choice when they stayed at the service.

Care staff respected people's privacy and dignity. We observed a care worker discreetly ask someone if they wished to use the toilet and supported them in such a way as to maintain their dignity. We saw care staff knock on people's doors before they entered their rooms. However one person told us, "There's one particular carer who just walks in, and last night I was in the middle of just changing my clothes, luckily I was still dressed". We raised this with the manager who immediately put measures into place to prevent this happening again. We saw the service had a privacy and dignity policy which gave guidance to care staff on the best ways to promote privacy and dignity.

People's care records included information on communication detailing the person's ability to communicate and their preferred method of communication. We saw that care staff had worked on promoting communication with people who had difficulty expressing themselves. Where necessary care staff supported people to use appropriate communication aids to ensure they were involved in decisions about their care and support. Photo cards were used to help people to choose what food they ate or activities they wished to participate in. Some care staff knew "Makaton", sign language, specifically developed for people with learning disabilities, and used this when it was appropriate to meet people's needs.
Care records reviewed, showed that people and their relatives were included in in all aspects of the care planning stage and during rehabilitation. We saw evidence that the service referred people to advocacy

through local authority when needed. Advocacy is a process of supporting and enabling people to Express their views and concerns.

We saw the service had a compliments folder which contained emails and cards from relatives and professionals thanking the care staff for the care they had given. For example, correspondence sent from one person said, "Thank you for all your help in getting me back home", and from relatives, "Thank you for the care you all have given."

We saw that care records were stored securely, which meant that personal information about people was kept confidential.

Good

Is the service responsive?

Our findings

A visiting physio therapist told us the care staff were very responsive, there was good communication and care staff used their initiative. We saw that care staff encouraged people to take part in activities. People told us they liked the activities on offer. On all two days of the inspection we observed activities taking place. One person said, "I enjoy sitting on my own but occasionally I may join in with dominoes." Another person told us how they were going to visit family and care staff had helped them to choose appropriate clothes.

People spent most of the day in the on-site rehabilitation unit or the activities lounge. This area was set up to enable people to engage in a wide range of activities including; puzzles, art and bead work, picture making and cutting shapes or pictures out of magazines to create a themed scrap book, for example we saw a food scrap book which contained pictures of food people liked when they were younger and this was then used when reminiscing. Care staff encouraged people to get involved in a variety of activities.

The provider had a concerns and complaints policy which gave clear guidance and timescales to care staff on how to deal with complaints. We saw there was an easy-read format on display in communal areas and by front the door in reception. Care staff were able to detail the actions they would take if a person or their representative approached them with a complaint. A suggestion box was kept in the main reception lounge and was regularly emptied. The people we spoke with told us they would feel able to raise any complaints or concerns with the registered manager and were confident they would be listened to. We reviewed the complaints folder and seven complaints had been made by people using the service or relatives. One complaint was about the lack of physio. The registered manager took action by referring to the physio therapist and local safeguarding team. We noted the complaint was concluded within the policy timescales and the person making the complaint was satisfied with the response.

We looked at the care records for four people who used the service. We saw an assessment of needs had been completed; this helps the service identify people's needs and ensure they are able to meet those needs. We found care records included daily care and health needs assessments and brief information about the person's needs, wishes and preferences and the level of support they required from care staff. This enabled care staff to care for and support people in the way they wished. The registered manager and care staff explained that if a person's needs changed the care plan would be reviewed and updated as required. We noted some information in people's files was in the process of being reviewed the registered manager explained the service was in the process of transferring the files over to a new file format.

Care staff we spoke to were able to describe what personalised care is, their comments included, "Care is specifically around the individual's needs," and "They all have individual needs and we work with their individual needs."

Care plans included a detailed assessment carried out by an occupational therapist. Each person had their own individualised weekly rehabilitation plan on their file which included daily tasks and personal goals. We saw care staff updated the care plan to show when each goal was achieved.

The service enabled people to carry out tasks independently whenever possible. A care staff member gave an example of how they enabled one person to be able to go out in the community without an escort when they expressed a wish to do this. The care staff member said a risk assessment was carried out and a plan put in place for the person.

People's rooms were personalised according to their wishes. We saw that some people had made a clear choice about whether to have a key for their room or not and whether to allow photographs to be taken.

Monthly 'residents' meeting at the home were led by the activities co-ordinator. We looked at the records of three recent meetings. The record for the meeting held on 6 April 2016 showed topics of discussion included meals and other activities and advice from Age Concern Records of 'resident' meetings showed that complaints were discussed to ensure people knew what to do if they were not happy about anything.

Good

Is the service well-led?

Our findings

We found that the service was well-led. There was a registered manager in post at the time of inspection. The registered manager told us they attended managers meetings away from the home every two months and these were a good forum to receive up-to-date information, policy changes and support. The registered manager also told us they were supported by the associate director to ensure a good quality service was delivered.

Care staff told us they felt comfortable raising concerns with the registered manager. One Care staff member told us about the manager, "I'll always ask for help if I need support. [Manager] is good, gets involved and is really very supportive." Another care staff member told us the registered manager was, "Good and very understanding. The manager and colleagues are all supportive."

There was a clear management structure in place at the service and care staff knew their responsibilities. Each shift had a shift leader who had overall responsibility for the service during their shift. There was a shift plan and checklist for the shift leader to complete to ensure they knew and met their responsibilities.

There was culture of openness and transparency at the service. Records showed that accidents and incidents were properly recorded and reviewed and changes were made to the service as a result of these. Care staff were encouraged to contribute to the development of the service through six weekly care staff team meetings at which practice issues were also discussed. Systems were in place for care staff to communicate openly and honestly and ensure that any issues were handed over at shift changeovers, such as a communication book and handover meetings.

Team meetings were held every six weeks and all care staff who didn't attend the team staff meeting were expected to read the minutes and sign to say they had read the minutes to the care staff meeting. We saw the topics discussed in a care staff meeting on 9 March 2016 included team work, cleaning, and training.

The home asked people to complete a satisfaction survey on the third day of their stay in order to identify any immediate concerns or improvements required. This survey asked people to respond yes or no to a series of questions. A further satisfaction survey was issued when a person's stay at the home had ended. We looked at nine completed surveys and saw that people had responded positively to the questions asked. There was also evidence that information about lessons learned from untoward incidents and complaints were shared with care staff to try to improve practices and the quality of the service provided.

The registered manager carried out a series of monthly audit. This included checking care files, pressure-relieving equipment, health and safety and infection control. We found these checks were up-to-date and the most recent check carried out in March did not identify any issues.

The associated director carried out regular unannounced checks. We reviewed the last check carried out in March 2016 and saw it was noted the care plans and risk assessments needed to be changed to the new format with more person centred detail. At the time of this inspection we found that this had been

addressed by the manager.