Methodist Homes

Southcroft

Inspection report

33 Psalter Lane
Sheffield
South Yorkshire
S11 8YL

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13 September 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Southcroft is a domiciliary care agency registered to provide personal care for older people living at the Southcroft extra care scheme. Southcroft comprises of 37 one bedroomed apartments, seven of which are for couples. The service has three floors, with lift and wheelchair access throughout. There is a garden and car park.

At the time of the inspection the service was supporting 14 people living at Southcroft. One person had just started using the service. We spoke with six people by telephone to obtain their views of the support provided.

We spoke with the registered manager and the administrator during the inspection. We telephoned eight care staff and were able to speak with three of them to obtain their views and experience of working for this service.

The registered manager was given short notice of our inspection. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The service was last inspected on 15 April 2014 and was meeting the requirements of the regulations we checked at that time. This was the first rated inspection of the service.

People had risk assessments in place, which were designed to ensure that potential risks to people were managed and minimised whilst still promoting independence. People told us their care plans were regularly reviewed to meet their changing needs.

We saw there were sufficient staff to provide support to people using the service. The service employed permanent and relief staff. The registered manager told us the provider employed relief staff so they did not need to use agency staff to cover for unexpected staff absences and annual leave. People told us they would like to be supported by regular staff and know who would be supporting them each day. We shared this feedback with the registered manager.

Systems were in place to manage people's medicines

Four people spoken with were satisfied with the quality of care they had received. Two people expressed mixed views about the quality of care they had received. One person thought that the training of the relief staff could be improved so that it was of the same standard as the permanent staff. Another person

described how some staff would move items around without telling them. The person thought this was well intentioned but they could not find things and if things needed to be moved they could do it themselves. We shared this feedback with the registered manager so appropriate action could be taken.

People were supported with their health and dietary needs, where this was part of their plan of care. Some people were supported to attend hospital appointments and appointments at their GP.

A copy of the service activity events calendar was displayed in different areas of the service. The activities included: craft morning, coffee mornings in the service's Bistro, knitter natter, salvation army visit, games night in the lounge and film and music night in the lounge.

People made very positive comments about the staff. Their comments included "they [staff] are very nice, them that come, they don't gossip about anyone, well they don't have the time", "it's lovely, they are all nice ladies [staff]" and "when you go down for lunch they ask you how you are". We also received positive comments about the chaplain who was employed by the service.

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Recruitment procedures were in place but we found the provider had failed to obtain the full work history and a reference from one person's most recent employer. We spoke with the registered manager who assured us these would be obtained and they would contact the registered provider's human resource team.

Staff told us they felt supported by the registered manager and senior staff working at the service.

Staff spoken with were able to describe people's individual needs and their likes and dislikes. During the inspection we saw staff supporting people in the communal areas of the service. They were respectful, cheerful and interacted positively with people they were providing care to.

The provider had a complaint's process in place. We found the service had a robust process in place to enable them to respond to people and/or their representative's concerns, investigate them and take action to address their concerns.

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

There were regular resident meetings held at the service. The provider had also sent out a survey in 2015 which included a section on personal care. This told us the service actively sought out the views of people to continuously improve the service.

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.

People did not express any concerns about their safety.

Systems were in place to manage people's medicines.

There were recruitment processes in place.

Is the service effective?

Requires Improvement

The service was not effective in some areas.

We received mixed views about the quality of care people had received.

We found that some staff would benefit from further training to develop a greater understanding of the Mental Capacity Act 2005.

Staff had received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

Is the service caring?

Good

The service was caring.

People made positive comments about the staff and people told us they were treated with dignity and respect. The staff were described as being nice.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed. We saw examples where people had requested changes to their care plan delivery and this had been responded to.

There was a robust complaints process in place at the service.

Is the service well-led?

Good

The service was well-led.

We saw checks were completed by senior staff within the service to check the quality of the service provided.

The provider's quality team also completed regular checks to assess and monitor the quality of the service provided.

The provider actively sought out the views of people to continuously improve the service.

Southcroft

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 checked 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 13 September 2016. The registered manager was given short notice of our inspection. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. The inspection was led by an adult social care inspector. On the 12 September 2016 an expert by experience spoke with nine people by telephone and six people shared their views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 15 April 2014 and was meeting the requirements of the regulations we checked at that time.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. 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. The PIR was returned as requested.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

During the inspection we spoke with the registered manager and the administrator. We also spoke with a senior member of the care staff and two care staff by telephone. We observed staff interacting with people in the communal areas of the service. We also spent time looking at records, which included four people's care records, four peoples medication administration records, four staff records and other records relating to the management of the service, such as quality assurance.

Good

Is the service safe?

Our findings

People spoken with did not express any worries or concerns about their safety. People told us staff wore a uniform and badge and waited to be let in to their apartment. People's comments included: "staff wear a uniform and wait to be let in" and ""they do come in uniform and they do have a badge, they ring the bell and come in".

All the people spoken with did not express any concerns about the staffing levels at the service and told us any calls for support were answered promptly during the day or night. However, people told us there had been a lot of changes regarding staff at the service. One person commented: "I know the ladies [staff] who come but there are new ones at the moment but once I have learnt their name I am fine". Some people told us they would like to be supported by regular staff, rather than by relief bank staff. People commented: "no the carers are not regulars, there are lots of different ones and I don't know which one is due on" and "it would be nice to know who was coming or that I had seen them before". We shared this feedback with the registered manager; they told us there had been a number of staff changes at the service. They also told us the service employed bank care staff to avoid using agency staff at the service for unexpected staff absence and staff annual leave.

We reviewed staff recruitment records for four staff members. We saw that a range of records were retained for staff which included the following: application, references including one from the applicant's most recent employer, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We saw there was a gap in one staff member's employment records and a reference had not been obtained from their most recent employer. We shared this information with the registered manager, who told us that recruitment checks were completed by staff in the provider's head office. They assured us that appropriate action would be taken and the information feedback to the provider so this did not occur again.

There was a process in place to respond to and record safeguarding vulnerable adults concerns. At the time of the inspection the service had not reported any concerns to the local authority and we found they did not have any concerns to report. Staff spoken with were aware of the different types of abuse and told us they would report any concerns to a senior member of staff. Staff were also able to describe the provider's whistle blowing procedures. Whistle blowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Two people who used the service were supported with managing their monies. The administrator told us the registered provider had recently completed a financial audit at the office and no concerns had been identified. We reviewed two people's records and saw evidence that a recent audit had been completed. During the inspection we observed one person being supported with their monies and they were asked to sign their financial record to confirm receipt of their monies.

We looked at the care records of people who used the service. People had risk assessments in place, which

were designed to ensure that potential risks to people were managed and minimised whilst still promoting independence. However, we found that risk assessments were not always reviewed to coincide with a care plan review so this information could be used to help design the care plan. We shared this information with the registered manager.

Some people using the service were supported with managing their medicines. Staff spoken with told us if they noticed any concerns regarding a person's medication they would report it to a senior member of staff. We saw evidence that medication errors had been reported by staff. The medication errors had been investigated by the registered manager and we saw action had been taken. For example, an observation of the staff member's competency to administer medication had been completed. The registered manager had also noted on the care rota where people were supported to administer their medication as a reminder to staff.

People spoken with did not have any concerns regarding infection control. People told us staff used gloves where appropriate but they did not use aprons. For example, when they were supporting a person to have a shower. The use of disposable plastic aprons are used for a wide array of activities whilst providing care. It is good practice to wear them when in close contact with a person, materials or equipment, and when there is a risk that clothing may be contaminated. We shared this information with the registered manager to ensure staff used aprons.

Requires Improvement

Is the service effective?

Our findings

Four people spoken with told us they were satisfied with the quality of care they had received. Their comments included: "it's alright for me, they [staff] just do household stuff for me, washing and stuff, they do the stuff if I ask", "they [staff] turn up when they should, there are a lot of new ones", "I have been here xx years, so I think I would know, it's pretty good", "they all seem to know what they are doing but I don't have much" and "they do my shower and my breakfast and I do the rest of my meals and I stay as independent as I can".

Two people had mixed views about the quality of care they had received. One person commented: "it's a mixed opinion really, some of the carers are alright and some are not", "they [Southcroft] have a lot of bank staff, who do a few hours and the only training they seem to get is a computer one and you have to tell them what to do, because they do not know". Another person told us the staff were very nice but some staff moved things in their apartment without telling them where they had put them. The person thought this was well intentioned but they could not find things and if things needed moving they could do it themselves. It is important that staff support people to be as independent as possible. We shared this feedback with the registered manager; they assured us they would address the concerns raised.

The service used a training software package to monitor the training completed by staff. Staff were assigned dates for when they needed to complete their training. The training provided covered a range of areas including the following: moving and handling, infection control, health and safety and safeguarding. We saw there was a robust system in place to ensure staff received regular refresher training. Staff told us they had worked alongside another member of staff before supporting people on their own.

We reviewed four staff files. We saw the induction process included a practical skills checklist. However, the feedback received from some people using the service showed the system in place needed to be more robust to ensure staff were competent to carry out their role. We shared this information with the registered manager.

We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Staff spoken with confirmed they received regular supervision sessions and made very positive comments about the registered manager. Some staff gave examples how the registered manager has supported them to gain further qualifications and to develop professionally.

People were supported with their dietary needs, where this was part of their plan of care. People were also supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred whilst staff were at a call. Some people were supported to attend hospital appointments and appointments at their GP.

We checked whether the service was working within the principles of the Mental Capacity Act 20015 (MCA). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. We found that some staff would benefit from further training to develop a greater understanding of the act. We spoke with the registered manager who told us they would be providing further training in this area.

People spoken with told us they were fully involved in their care planning and that staff sought their consent prior to supporting them with their personal care. In people's records we saw people had signed their care plan to show they were actively involved in the assessment and had consented to their care plan.

Good

Is the service caring?

Our findings

In the reception area of the service there was a range of information available for people and/or their representatives. This included details of activities available in the community such as creative groups and lunch clubs. There was also information about different organisations, for example Help the Aged and details of advocacy services. There was a section on spirituality, wellbeing and religion. This included details of the Southcroft fellowship group and the chaplain.

We received positive comments about the chaplain who was employed by the service. People's comments included: "the chaplain is very nice", "the chaplain is lovely, a true Christian and so very pleasant to you" and "the chaplain is lovely, the minister from the church next door came for communion yesterday and the minister has a service once a month".

People were provided with a 'service user guide' to explain the standards they could expect from care staff working for the service.

People told us they were treated with dignity and respect and made very positive comments about the staff. Their comments included "they [staff] are very nice, them that come, they don't gossip about anyone, well they don't have the time", "it's lovely, they are all nice ladies [staff]" and "when you go down for lunch they ask you how you are". One person told us some staff moved items in their apartment thinking they were being helpful but this had resulted in them not being able to find things. We shared this feedback with the registered manager.

Staff spoken with were able to describe people's individual needs and their likes and dislikes. During the inspection we saw staff supporting people in the communal areas of the service. They were respectful, cheerful and interacted positively with people they were providing care to.

The registered manager told us that staff worked closely with the GP and the palliative care nurses if people required support with their end of life care arrangements; to ensure people could have a comfortable and dignified death at home.

Good

Is the service responsive?

Our findings

In people's apartments there was pull cord available in each room for people to use to call for assistance. Some people living at the service also wore a pendant to call for assistance. People told us staff responded promptly to any calls for assistance during the day or night. One person commented: "the ladies [staff] who come are very prompt and you have only to push your pendant and they come straight away". The registered manager told us there was a member of staff on duty at night at the service if people needed to call for assistance.

People's care plans included their personal preferences. The care plan covered a range of areas including the following: my story, life history, activities, religious beliefs and personal preferences. People's individual needs had been assessed. We found there was a record of the relatives and representatives who had been involved in the planning of people's care. We saw evidence on people's care records that they had been referred to other health professionals when needed.

People told us their care plans were regularly reviewed to meet their changing needs. For example, when they had come out of hospital and their needs had changed. One person commented: "they [staff] redo my care plan quite often, the book is very good and it has all the information in it".

A copy of the service activity events calendar was displayed in different areas of the service. The activities included: craft morning, coffee mornings in the service's Bistro, knitter natter, salvation army visit, games night in the lounge and film and music night in the lounge. A hairdresser also visited to the service regularly. There were regular fellowship and church services held at the service.

The service also produced newsletters. We reviewed the July and September 2016 newsletters. They contained a range of topics including, quizzes, recipes, poems, the chaplain's news and events that were going to be held.

People spoken with told us they would speak with staff if they wanted to complain or a member of their family. Peoples comments included: "I complained a long time ago but not recently, I do know what to do" and "I have never had to complain or even thought of it but if I had to it's all in the book [care plan] about how to do it".

A copy of the provider's complaints process was included in people's care plans. A copy of the complaints process was also displayed in different areas of the service. We saw there was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff. The registered manager kept a complaints log.

There was a feedback form also available for people to complete with no stamp required to send to provider's quality team. It also contained the telephone number, email address and postal address of the customer services department, so people had the opportunity to share their experience of living at the service direct with the provider.

Good

Is the service well-led?

Our findings

People spoken with knew who the registered manager was and they could ask to speak with them if they had any concerns. People told us they would go down to the office to speak with them.

All staff spoken with made positive comments about the management team working at the service. Staff told us the manager had an open door policy and they could call in to discuss any concerns or questions they had. The registered manager was described as being 'very supportive'. We saw evidence that the registered provider completed annual staff surveys which included an action plan for each of their different service to complete.

The registered provider had completed a retirement living survey with the people living at the service in 2015. The survey covered a range of areas which included: personal care and emergency response.

Each year three people living at Southcroft were asked to join the Southcroft support group; their role is to bring feedback and ideas and feedback information from the people living on their floor. We saw regular meetings were held by the group. We reviewed the minutes of a meeting held in January 2016 and May 2016. A range of topics were discussed including: activities and events, purchase of materials, a new poetry group, singing sessions, the garden area and central heating in some apartments.

Regular resident meetings were held at the service. We reviewed the minutes of a meeting held in February 2016 and saw that that a range of topics had been discussed. These topics included: health and safety, fire checks, safeguarding, dignity and respect, building works, newsletter information, activities, care and support costs, tenancies and wellbeing. The registered manager also provided a feedback form to people attending the meeting to complete. The agenda for the residents meeting in August 2016 included a discussion on health and safety, building works, moth infestation update, bistro, staffing, care and support, domestic, fund day event and safeguarding. This told us the service actively sought out the views of people to continuously improve the service.

Staff meetings were held at the service. We reviewed the minutes of the meeting held in May 2016. A range of areas were discussed which included: fire check completions and training, hygiene and uniforms, professionalism, building works, new staff, care and support, recording and reporting and infection control. Regular staff meetings help to ensure people receive a consistent good quality service at all times.

We saw checks were completed by the senior staff within the service to check the quality of the service provided. For example, monthly medication audit and care plan audits. The provider's quality team completed regular checks to assess and monitor the quality of the service provided. The provider had recently completed a financial audit at the service.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.