Methodist Homes

Edina Court

Inspection report

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Date of inspection visit:
14 December 2018

Date of publication:
15 January 2019

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 unannounced inspection took place on 14 December 2018. At our inspection in April 2016 the service was rated as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 bought or 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. The service also provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults, people with sensory impairments and people with a physical disability.

Edina Court is a two-storey building and the upper floor is accessible with a passenger lift and stairs. Not everyone using Edina Court receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were 14 people using the service.

People continued to receive a safe service from staff who understood safeguarding and incident reporting procedures. Sufficient and safely recruited staff were in post and they had the necessary skill mix to support people safely. Medicines were administered as prescribed by trained and competent staff.

People continued to receive a service that was effective that met their needs by staff who had the relevant training to meet these needs. People ate and drank healthily. Staff enabled people to access healthcare services. Staff supported people to make decisions and respected these.

People continued to receive a service that was kind, sincere, compassionate and caring. Staff knew people well, listened to what they said and acted accordingly. Staff respected people's privacy and upheld their dignity.

People's needs were responded to by staff who made a difference to their independence. People's complaints were satisfactorily responded to and acted on. Systems were in place should people need support at the end of their lives.

The service was well-led by a registered manager who supported the staff team to be open and honest. People had a say in how the service was run. The registered manager worked well with others involved in

people's care. The provider ensured that we were told about important events. Staff knew what standard of care was expected from them and they upheld the provider's values for this.

Further information is in the detailed findings below.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Edina 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 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 unannounced inspection took place on 14 December 2018. The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from statutory notifications the provider sent to us. A notification is information about important events which the provider is required to send to us such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 14 December 2018 we visited the service and spoke with four people and a relative who was visiting. We also spoke with the registered manager, a senior support worker, three care staff and a member of the domestic's team.

We looked at care documentation for five people using the service and three people's medicines' administration records. We also looked at three staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

Good

Is the service safe?

Our findings

The service continued to safeguard people because there were processes in place to minimise the risk of avoidable harm. The provider continued to give people information about staying safe such as how to avoid scams and what the signs of harm could be. One person said, "I feel safe, [staff] are very careful. They use my equipment well as they are trained how to use it." Staff received training in safeguarding and they knew about the reporting processes in place should they have any concerns about a person's safety. One staff member told us, "I know how to identify the different types of harm and I would tell the [registered] manager about any unusual behaviours or quietness."

Detailed risk assessments were in place including the actions people and staff needed to take to minimise any potential risk. This was done in a way which promoted people's freedom and independence. One person told us how staff always put their walking frame within easy reach. One staff member said how they advised people who sometimes made unwise choices by explaining the potential risks. Plans had been implemented for people at an increased risk such as pressure ulcer areas including the involvement of community nurses and monitoring fluid intake.

There were enough staff with the necessary skills to support people. The registered manager assessed people's needs and used this information to inform staff's training and skill requirements. Staffing levels fluctuated on a day to day basis according to the support each person needed. The staff rota reflected changes in numbers during social and planned activities in and outside of the service. One person said, "I need two staff and there always are two." Staff were deployed in a way that was consistent with personalised care and were allowed time to focus their attention on people.

A robust staff recruitment process continued to ensure that only suitable staff were employed. Pre-employment checks such as a check for any criminal record, previous employment, and character, references helped ensure new staff were suitable. One staff member told us they had provided evidence of their qualifications and photographic identification which had supported their recruitment.

Staff administered people's prescribed medicines safely and on time. Medicines were stored securely and managed safely. Records of each person's medicines were accurate and had been completed in line with the provider's policies for care in the community. One person said, "I need help with prescribed creams and staff wear gloves. I am always prompted to take each tablet too." Staff had relevant guidance in care records associated with managing medicines in the community including where people's medicines were time specific.

Systems and policies were in place to ensure staff completed training and this promoted good infection prevention and control. One person said, "There are never any smells whatsoever." The registered manager ensured there was enough personal protective equipment (PPE) available and that staff used this when they supported people with personal care. People were responsible for keeping their own homes clean and hygienic, with staff support if that was part of their support plan.

Staff recorded accidents and incidents and the registered manager analysed these. This helped them to act such as if staff had omitted to sign when they administered medicines. Spot checks and changes to records had improved this situation. They discussed incidents with staff so that staff would learn from their omissions.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. The registered manager worked with the housing provider to make sure each person's needs could be safely met. Staff were trained and their competency was assessed to make sure they met people's needs effectively, without discrimination. People were provided with care that met their needs by staff who knew what people's care needs were, based on their knowledge, qualifications and skills. A variety of technology and equipment was used to enhance the delivery of people's care. For instance, as well as planned care visit timings, people could summon staff's assistance with a call bell system or mobile phone.

Staff received support to attain skills through hands-on learning, observations of their practise and shadowing experienced staff. The provider's training included a range of subjects including the Mental Capacity Act 2005 (MCA), equality and diversity, end-of-life car and dementia care. Staff's individual supervisions were used as an opportunity to check staff's understanding of this training. Staff were expected to work towards a nationally recognised qualification. One person told us, "[Staff] know what they are doing when they hoist me. I feel safe in their hands." A staff member said, "I can do my training at home or in the office. We do practical training as well for moving and handling and administering medicines."

People were supported to eat a healthy diet that was appropriate to their needs. As well as staff doing people's shopping, they helped people cook or share the preparation of meals. An on-site catering facility was available if people chose this option. For example, we saw that people were enjoying their Christmas meal with entertainment from a visiting singer. One person told us, "I have my lunch in the restaurant but do my own breakfast and tea." Care plans included guidance for staff where people needed a low sugar or low sodium diet and if any person required support to eat. People identified at risk of malnutrition were referred to the most relevant health professional. One relative said that staff made sure snacks and drinks were always placed within reach for their family member and that staff knew what the person's favourite meals were.

The service had a good relationship with other organisations including community nurses and GP services. This helped make sure people received care and support that met their needs. One relative told us that the community nurses visited every day and that this formed an important part of their family member being able to live at home. People's care records included details of the support staff provided and the involvement of health professional including for diabetes.

Staff worked with people to encourage them to maintain their health. If the person wanted them to, staff supported them to make and to attend health appointments. One staff member told us, "If we notice a person appears unwell at a care visit we call 111, and if required, paramedics. I have done this and the person is now well again." People told us they were confident in staff's ability to recognise changes in their health or wellbeing.

The 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In domiciliary services this is through the Court of Protection. Relatives or advocates acting on people's behalf had legal authority to do this with a Lasting Power of Attorney (LPA). Staff took full account of decisions made by relatives who had a LPA such as for health and welfare.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work. Staff supported people to make decisions and respected these such as, what to eat. One staff member told us, "We sometimes have to prompt people or remind them to dress appropriately for the weather as well as showing options of clothes." One relative told us that staff always sought their family member's permission before providing any care.

Good

Is the service caring?

Our findings

The registered manager had continued to put people at the heart of the service. Staff cared for people with sincerity, kindness and compassion. One person told us, "The staff here are superb. We get on well, have a laugh but they never overstep the mark. I trust them completely with my care." Another person said, "The care could not be better. Staff are very kind to me." A relative had complemented the service and thanked all the staff at the service for their "care and compassion".

People who used the service and staff as well as other members of the public living close by got on well together. People and staff had a friendly and family orientated relationship. A common theme throughout our inspection was the caring and supportive nature of staff. They evidenced this by always knocking on people's doors or using the door bell and introducing themselves politely. Staff showed people concern and responded to the person's needs including sitting opposite holding hands on their lap. One relative said that their family member could be anxious. Staff undertook all care tasks with dignity and were exceptional at providing reassurance in a respectful way. Staff respected people's privacy and supported them to retain their independence for as long as possible.

Staff encouraged people and helped them maintain regular contact with friends and relatives who were free to visit, or call using Skype, at any time. These opportunities were also used to update family members about people's wellbeing and health if the person wanted this. One person told us how they valued this caring nature of the service and how staff enabled this to happen, day or night. All staff took time during and between people's care visits or home cleaning to have a chat, talk about a favourite pastime or recent event which had been held at the service. The registered told us that staff respected people's confidentiality. Another person said, "I have never heard staff speak about anyone else or their care. I am confident that they respect my right to privacy too."

Staff had a detailed understanding of the people who used the service, knew them well and responded to promote independence. For instance, signposting or helping people access the support they were entitled to including wheelchair usage or other benefits such as carer allowances for people with sensory impairments. One person told us they had used the service for some time and the consistency of the staff team was important to them. They said, "If new staff need to learn the ropes with me that's fine. Another experienced or senior support worker always accompanies them." This meant that people and staff knew each other well and had a clearer understanding of how to uphold people's dignity.

Good

Is the service responsive?

Our findings

Staff continued to be responsive to people's care needs and people received their care in a way they preferred it. For example, one person said, "I need help with most aspects of my care but I am supported to do whatever I can." Another person told us about the registered manager and the many different pastimes, social stimulation and hobbies that had been facilitated for the person. They told us, "I like jigsaws, quizzes and puzzles. [Staff] often help me if I'm stuck. I like the way they tell me about other opportunities for me. We do armchair exercises, easy gardening in the shared garden areas and flower arranging." The registered manager told us they considered people's abilities and promoted their independence as much as possible. One staff member said, "Some people need help to get up or with cooking or with personal care. It's up to them."

Reviews of care plans were completed every six months, sooner if any urgent changes were needed such as a person discharged from hospital with new equipment. Most care plans were detailed and included sufficient information and guidance. However, we also saw occasions where staff needed to 'provide full support or assistance' to wash or dress but there were no details recorded what this was. Staff however, could describe clearly what each person's needs were. The registered manager told us they would include this additional level of clarity. They would also raise this at staff supervisions and a staff meeting, especially for new, or agency, staff.

Staff knew people well and there were enough staff for people to change their preferences on a daily basis. For example, if a person needed support to attend, or companionship at, a healthcare appointment. One person said, "I get around mostly by myself and staff get me out of bed and dressed. I do the rest. I like a telephone call in the morning to check I am okay." One relative told us, "[Family member] has to be assisted with most of their care. If the press the call bell system, staff come quickly, ask what help is needed and provide this."

The provider had policies and there was process in place so that people could raise their concerns if they wanted to. Concerns and complaints were acted on to the complainant's satisfaction. Arrangements were in place where issues were outside the registered manager's control such as those associated with people's homes or other facilities including communal gardens. The provider had followed their policies and procedures and people were given access to raise concerns if needed such as any person with sight impairment.

Although people had received end-of-life care prior to our inspection, no person was in receipt of this when we visited the service. The service was not set up to specifically provide end-of-life care. However, the registered manager told us how they had upheld people's decisions about where they wanted to spend their final days. There were policies and procedures in place that staff would follow if required. Each person had an advanced decision in their support plan, which identified their current wishes. For example, any religious or non-religious beliefs and funeral arrangements.

Good

Is the service well-led?

Our findings

The service continued to be well-led and there was an open, person-centred culture. A registered manager was in post and they continued to effectively oversee and manage the quality of people's person-centred care. 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 they run the service. They were supported by the provider's regional manager and staff team that consisted of senior support workers, care workers, administration, domestic, and maintenance staff. The provider had ensured they told us about important events that they must do such as incidents involving people's safety.

The registered manager was a hands-on manager who led by example and spent time supporting people and the staff team by setting high-standards. In doing this they kept aware of any issues and dealt with them quickly. They knew people well and also when staff needed more support whilst additional staff were being recruited.

One person told us, "The [registered] manager runs a tight ship and makes sure everything runs smoothly." A relative said that the good management of the service helped them choose where their family member was to live with independence, choice safety whilst staying in their own home. The provider shared their success stories about its services using a newsletter. Edina Court had featured in this by ensuring staff supported people to lead as normal a life as possible such as enjoying songs by an Elvis Presley impersonator.

The provider had effective governance, audit and quality assurance systems to help them and the staff team to deliver care and support that was of high-quality. The registered manager used the information from these audits to help drive improvement in people's safety, care and how they responded to changes in people's needs. They sought the views of people, relatives and staff in a number of ways. Staff chatted daily to people while they were supporting them. Each person had a named staff member (key-worker) who met with them weekly to discuss their care and support and to find out if they wanted to see any improvements. Staff reviewed support plans every six months and the provider sent an annual satisfaction survey to everyone involved with the service.

The registered manager held a monthly surgery for people to speak in person with them. One person said, "If I need to see the [registered] manager I go to their office or ring them. They listen to me and take action." Senior staff carried out audits on various aspects of the service, such as health and safety of the environment, care plans and health and safety, to check that staff were following the correct procedures. A representative of the provider visited the service and carried out various checks and fed their findings back to the registered manager. This ensured that the service continued to learn and improve as well as identifying what worked well.

People were involved in the local community in various ways including, having school choir visit the service, garden parties and fund-raising activities such as raffles. People used local shops and other town facilities including watching sports and attending community/day centres. The service worked in partnership with

other agencies including the local safeguarding authority. At a local authority visit, people were encouraged to talk about healthy eating and be involved in their care, to provide joined-up care to people.