

Methodist Homes

# MHA Care at Home - Rosetti Branch

## Inspection report

Norah Bellot Court  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 16 November and 5 December 2018 by one adult social care inspector.

Methodist Homes Associate Care at Home – Rosetti branch is a domiciliary care agency and extra care housing service. It provides personal care 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.

The Care Quality Commission does not regulate premises used for extra care housing; this inspection looked at people who received a 'personal care' service only at Norah Bellot Court. There were 17 people receiving this regulated activity on the days of inspection and this totalled a number of 107 care hours per week.

At our last inspection, we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence 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.

Why the service is rated good.

People spoke highly of Norah Bellot Court and enjoyed living there. One person likened it to winning the lottery.

There were sufficient staff available to meet people's care, support, security and wellbeing. A robust recruitment and selection process ensured only staff who had the right skills and were suitable to work with people living at the home. Staff underwent a thorough induction process and received regular training and updating in their job roles. Their practice was regularly checked and staff supervisions carried out.

Staff were kind, caring and liked by people. People spoke fondly of them and were comfortable in the presence of staff. Meaningful interactions and relationships had developed. People were supported to maintain their independence and help themselves as much as they could.

Staff spoke unanimously about Norah Bellot Court being a good place to work and that they were proud to work there. All staff spoke well of the registered manager and felt included, supported and valued by them. Staff worked well as a team and cared for each other as well as the people they looked after. There were incentives in place and recognition for staff for good practice.

Each person had a care plan in place which reflected their care needs and had any risks identified and managed. People's medicines were managed safely and staff ensured people's health and social care needs

were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible' the policies and systems in the service supported this practice. Staff had a good working knowledge of the Mental Capacity Act 2005 and how it was embedded in their practice.

A variety of activities took place and people were encouraged and welcomed to join others in the communal areas to prevent social isolation and build relationships with each other.

People were supported to maintain a healthy balanced and nutritious diet and took advantage of the restaurant on site.

There was a variety of continuous monitoring of the service with a variety of systems in place to do this. Complaints were dealt with swiftly and resolved before they became an issue.

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.

<b>Is the service safe?</b> The service remained safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained well-led.	<b>Good</b> ●

# MHA Care at Home - Rosetti Branch

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 16 November and 5 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit to make sure the registered manager would be in. An adult social care inspector carried out the inspection on both days.

Before the inspection, we used the information the provider had sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service such as safeguarding alerts, share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We visited three people in their own homes and spoke with two relatives. We spoke with the registered manager, area manager and five care staff. Additionally, we spoke with one visiting health care professional. Following the inspection, we received feedback from 11 care staff and 11 completed questionnaires from people. We contacted three health and social care professionals and received no replies.

We reviewed three people's care and medicine records, looked at two staff files and reviewed records relating to the management of the service including staff recruitment, training and supervision, complaints, accident reports, minutes of meetings, governance and the overall monitoring of the service.

# Is the service safe?

## Our findings

The service remained safe.

People and their relatives had trust in the staff and felt safe living at Norah Bellot Court (NBC). All 13 people who completed surveys unanimously agreed this. When asked if they felt safe, they commented "Yes, I do", "Yes, I feel safe and secure" and "Yes, definitely especially at night." One person told us they thought they had heard someone outside of the building during the night. They called for staff who came, sat with them and reassured them. The person said, "That made me feel better." A staff member said it was important to visit people during the night if they were anxious or did not feel safe. They said ... "it is about giving people reassurance in the night, especially if they are poorly or have fallen."

People benefitted from being supported by staff who had a good understanding of their safeguarding responsibilities. Staff had been trained in how to recognise abuse. They knew what to look for, who to contact and the correct action to take. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. There had been one safeguarding concern in the last 12 months which had been dealt with appropriately.

People were supported to take risks to maintain their independence; measures were in put place to minimise any risks whilst giving people as much freedom as possible. Systems were in place to support these risks within their own flats, the communal areas and gardens. For example, people who used a motor scooter were unable to park them directly outside their front door on the corridor as this posed a risk to other people living there.

People's risk assessments were not held in their care records in their flats. The registered manager told us risk assessments had been removed from people's flats and kept in a communal office. This meant staff may not be aware of the risks involved. The registered manager assured us that they would return the risk assessments into people's care records, so staff could use them in conjunction with care plans.

People were protected by a safe and robust staff selection process. All the required checks had been undertaken before staff started work at the service. These included a check by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People were supported by enough suitably qualified staff on duty to fully meet their needs. The level of staff required was dependent on the individual hours of personal care required by each person. Staff told us they were busy but that their workload was manageable. All staff unanimously told us they enjoyed working at NBC and one staff member said, "We have a fantastic team."

The service had introduced a new role to the staff team. This consisted of a 'wellbeing' staff member. Their role was to check on each person living at NBC each day to check on their health and wellbeing (unless there was a 'do not disturb' sign in place). If people needed to see their GP, the wellbeing care worker organised

this. They were also available to help if care staff were delayed in other areas of the home due to an emergency or cover short term sickness. The registered manager told us the wellbeing support worker role had proven successful as the care staff team "could focus their time on care". Staff spoke highly of the registered manager who would give hands-on care if needed.

People were protected by safe medicine management. There were risk assessments in place and medication administration records (MAR) were appropriately completed. When people had prescribed creams or ointments, the date was recorded to show when the medicines should be disposed of. When medicines errors occurred, the service took follow up action. This consisted of contacting the GP for advice, staff retraining and competence checks being carried out. All staff were required to take an annual update and assessment to ensure they practice was up to date. People received eye drops given staff. However, not all staff had received training in how to give these safely. The registered manager said they would follow this up and arrange specific training if required.

People had up to date personal emergency evacuation plans (PEEP) in place. These contained details of the support required to help people leave the building. For example, "Two people required to hoist", "One person required to escort" and "No escort needed, has electric wheelchair".

People were protected from unnecessary infections as staff undertook safe infection control practices. Staff received infection control training and had personal protective equipment to use, such as aprons and gloves.

## Is the service effective?

### Our findings

The service remained effective.

People had their care and support needs met by staff who had a good knowledge of what was required. Staff received regular, essential and varied training. New staff to the service undertook a thorough induction programme which was linked to the Care Certificate (recognised as best practice training). Staff unanimously told us they felt well trained to do their jobs and that if they thought they needed more training, they would approach the registered manager to organise. All feedback received from people confirmed they felt staff were well trained to do their jobs properly.

Staff training records were held electronically so they could be monitored by senior staff. Two staff members commented, "All our training is kept fully up to date, we can also ask for additional training which we are supplied with" and "We do lots of online training, as well as attending courses at the hospice and other schemes".

Staff confirmed they received regular supervision and an appraisal (one to one meetings). They also said their hands-on care practice was monitored by senior staff who undertook 'spot checks' and competency checks, such as those related to safe medicines management.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA and found they were. People said staff gained their consent before carrying out any care or support. Staff were aware of the principles of the MCA and one said, "It's all about treating them as individuals and listening to their needs."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. One person had such an order in place.

People were supported to have access to healthcare services and ongoing healthcare support. During visits, care workers monitored people's health and welfare conditions whilst reporting any changes to the relevant professionals. We saw examples of how staff had worked in partnership with external healthcare professionals and had joint discussions about changes in care. One healthcare professional said there was effective team working between them and the service to improve outcomes for people.

People were supported and encouraged by staff to eat balanced and nutritious meals. The registered manager said most people ate their breakfast independently in their flats and then came down to the restaurant for lunch. This gave them chance to meet other people socially. The registered manager went on

to say that preparing and cooking of meals was "not supported" by staff. They told us the restaurant will also supply sandwiches and soup for evening meals if required, and staff will assist in heating up ready meals for people if requested.

## Is the service caring?

### Our findings

The service remained caring.

People and relatives were unanimous in their positive feedback about the staff. They described the staff as respectful, caring and kind and that they enjoyed living at Norah Bellot Court (NBC). One person said, "I am very happy here. I couldn't wish to be in a better place, everyone is so kind." Another person said, "We are very fortunate to live here."

Staff treated people with privacy and dignity. They knocked on people's doors before entering and ensured the person knew which staff member was entering. One person said, "Staff are good, they couldn't be better, they treat me with respect and will do anything I ask." Staff described how they maintained people's privacy and dignity when carrying out personal care. Comments included, "I treat every resident with dignity, give them plenty of space and privacy. I encourage and support their independence. It is a pleasure to come to work" and "I just always aim to help our residents in whatever way needed I always treat people with respect and dignity."

People were supported to maintain their independence as much as possible. One person said they "always feel very relaxed" after having their personal care. They went on to say, "They (staff) always treat me with privacy and dignity but let me do things for myself which I like." Another person said, "I like to keep my independence ... I only have help if I want it". A staff member told us, "Working at NBC is very rewarding ... I am proud to work here and enable people to continue to live as independently as is possible."

Staff had built up meaningful relationships with the people they supported. They knew people, their family and friends. They knew what mattered to them and spent time sitting and chatting with people. A relative told us, "The girls are fantastic ... they are approachable and friendly and they like to have a laugh which is important to us ... we like a bit of banter."

Staff told us they did not mind staying on late after their shift had finished, visiting people on their days off and picking up extra shifts whenever they could to prevent the use of agency staff. They did this willingly because they enjoyed their jobs and cared for the people they supported. One staff member said, "I have picked up extra shifts to ensure residents care needs are met and not disrupted."

As well as caring for people, management and staff cared for each other's wellbeing. They could vote for other members of the staff team in recognition of something they had appreciated. The system was called "Recognise MHA stars". For example, three recent certificates read "You work well as a member of the team, everyone loves you", "Thank you (care worker), you are the best ... I know if I ask you to do anything you will do it and you never complain" and "You always manage to help cheer me up when I am feeling low in mood. You always ask if I am OK as well which shows that you are a caring individual ... you also manage to make a pleasant atmosphere at work too." Staff said they enjoyed receiving these and helped to make them feel valued and cared for.

Where necessary, care records showed the registered manager had involved the use of independent advocates or representatives to assist people in expressing their views and making decisions.

## Is the service responsive?

### Our findings

The service remains responsive.

People and their relatives told us they were involved in developing their care and support plans from the initial assessment. Care plans were individualised and personalised. They reflected people's needs, choices and preferences whilst helping the person to remain as independent as possible. Care records were clear, organised and easy to follow.

People's care plans contained important details about their lives, what was important to them and detailed the level of support required. They all reflected the care people received. The team leaders were responsible for care planning and reviewing. The care records would benefit from the risk assessments being held in the file which has been addressed earlier in the report.

People were given a choice of care provider when they came to live at Nora Bellot Court (NBC). From signing in records, we saw there were several different agencies who regularly visited to support them with their personal care. One person said, "I had a choice when I came to live here. I knew I could go elsewhere to another agency. I am quite happy here, I was also given a choice of whether I wanted a male or female care worker ... it couldn't be better here". Another person who had recently changed from another care agency said, "I had two weeks of care from an outside care agency. I had problems with the times I wanted my bath. It was a disaster. Now I have my bath when I want."

People's wishes, choices and preferences were taken into consideration when receiving personal care. People were treated in a non discriminatory way and respected by staff. One staff member said, "I ensure I treat people with dignity and respect, by being sensitive to people needs for privacy and not judging them by giving people choice" One person had a 'flexible' care package. This meant that their care times varied dependent upon their needs. For example, if the person was going out, then staff visited them early so they could get ready. However, on the days the person did not go out, they chose to have their personal care later.

We looked at how the provider complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people had their spectacles and hearing aids on if required.

The service provided end of life care. However, there was no one receiving this at the time of our visit. The registered manager said the service worked with health care professionals to ensure people's wishes, preferences and choices were met.

People were encouraged to take part in social activities and interests to prevent social isolation in their flats. These took place in the communal areas of the home where large numbers of people attended. There was a

varying programme of entertainment going on at NBC. This included, exercises, quizzes, bingo, entertainers, singers, dancing, indoor bowls, choirs, in-house shopping and arts and crafts. Other events took place such as resident meetings, coffee mornings for charity organisations, event parties (such as the royal wedding), birthday parties, cream teas, awards ceremonies (which both staff and people were involved in) and cream teas. The organisation had a 'charity of the year' which they supported. People could take advantage of special 'theme' nights when take away food was brought in, such as an Indian night and previously a Chinese night.

People were protected by a complaints policy and procedure which was held electronically and any complaints monitored until resolved. The registered manager tried hard to resolve any 'niggles' before they became complaints, such as those raised about food. People unanimously told us they could approach the registered manager about any concerns they might have and that they would be listened to. When three people were asked if they were confident their concern would be addressed, they said "Yes, I am sure it would be dealt with", "Go to the boss (registered manager's name), I think she would solve it" and "Yes ... I think they would help to the best of their ability." A relative told us, "Can go to (registered manager's name) no problem ... they would know what to do ... I am confident they would sort it out."

# Is the service well-led?

## Our findings

The service remains well-led.

People benefitted from a service which was well led, where people, families and staff felt valued and involved in their running of the service.

There was a registered manager in post. 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.

Since the last inspection, which took place in March 2016, there had been two changes of registered manager. The previous registered manager was promoted to area manager and a new manager recruited for Norah Bellot Court (NBC). However, this manager was only in post for a short period of time before leaving the organisation. A second manager was appointed and was registered by the Care Quality Commission on 9 November 2018. We had been kept aware and up to date of the changes in the registered manager role by the area manager.

The registered manager had worked in various care roles within the organisation for seven years. This was their first registered manager post but they were very experienced in care. They said it was a "good learning curve" and despite all their previous experience acknowledged they had "lots to learn" about the service. They told us their vision and values centred on people continuing to be able to live at home. Their ethos was to give people "a home for life."

The registered manager was supported by two senior team leaders and a care team who were motivated, supportive and proud of their roles. Staff comments unanimously said they enjoyed working for the registered manager and that they were approachable and knowledgeable. One staff member said, "If I had any problems I would feel very comfortable discussing it with the manager as I feel they are always very approachable and willing to listen" and another said, "I feel we can always go and speak to them (registered manager)". Another staff member said they felt the registered manager helped support them when needed. They said, "... they (registered manager) just mucks in."

From banter and interactions with people living at the service, it was clear the registered manager was respected, liked and well known. One person said, "(Registered manager) has a nice feel to them, you feel you can go to them and they will have time to shut the door and talk to you."

All staff said there was good communication between the staff team and that they all worked well together. Comments included, "I really enjoy working at NBC ... I love being part of the team and feeling that there is back up if I have a problem", "Yes, I believe we work very well as a team, we are always willing to help each other" and "Yes, I think the communication is good. We have regular staff meetings, and we are always made aware of what is going on if we need to know it."

From comments, discussions and observations, people were treated as individuals and their needs came first. Staff enjoyed their jobs and were proud to come to work. Comments included, "Yes I enjoy my work and the best thing about working here is the difference I make to the residents day to day lives", "A combination of good staff and lovely residents" and "I love my job ... the best thing about NBC are the people we care for and the staff members. It is a warm and happy place to be."

Both staff and people were recognised for their achievements. The service had recently held an 'Oscars' award ceremony entitled "Let's celebrate together". There were nomination categories which included, "Resident of the year, worker of the year, activity of the year and most smiley person". The registered manager had ensured there were categories where people and staff could be nominated and recognised, so nobody was left out. They told us they wanted to "Celebrate what we do" and bring positivity into the service. One person had nominated a care worker and said, "There is nothing he can't do and what he does, he does well". Another person wrote, "Things most valued by residents at NBC - The Service. I tell new residents, if you get a flat here, it's like a lottery and you have won the first prize."

People and staff opinions were sought regularly through chats, meetings and satisfaction questionnaires. These gave people and staff the opportunity to discuss any issues or concerns, as well as recognising good practice. A weekly newsletter and a magazine called 'Quality Care Matters' were also produced to show interesting and important information. People told us regular tenant's meetings took place and that any concerns raised were followed up and resolved. People were involved in the running of the service. For example, one person took it upon themselves to monitor the car park to ensure only people visiting NBC parked there which meant there were car spaces available for relative's and friend's use.

The service had built links with the local community and these were promoted. The service used volunteers to support the staff with some activities. The restaurant was a focal point of the service which encouraged family and friends to visit and enjoy the food and social atmosphere.

A variety of comprehensive quality monitoring systems ensured the standards of service, health and safety were monitored and improved. This monitoring took place by the registered manager, area manager and head office staff, such as the central compliance team. Any issues or deficits found were placed in an action plan and reviewed by a senior manager. Any incidents which were classified as 'time critical reporting, were dealt with within 24 hours. These included the Care Quality Commission notifiable incidents (statutory notifications), serious incidents and Police incidents. These were managed up by the organisation's Quality Business Partner who collated the information and followed the incidents up. Where issues or concerns had been identified, the service ensured lessons had been learnt and plans put in place to prevent it happening again. An example of this is the staff wellbeing role. This role supports the care team to undertake ancillary tasks, which does not have an impact on the care workers hands on care time.