

# Methodist Homes Ladyslaude Court

## Inspection report

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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 

### Overall summary

Ladyslaude Court provides care and support to people in their own homes. The service is provided within a supported living environment, next to another Methodist Homes service within Bedford. At the time of our inspection, care and support was being provided to three people.

The inspection was announced and took place on 15 July 2015.

The service had a registered manager. 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.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures.

Risks to people's safety had been assessed and were detailed clearly within people's care plans. Staff used these to assist people to remain as independent as possible.

# Summary of findings

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Safe and effective recruitment practices were followed.

There were suitable arrangements for the safe management of medicines.

Staff received regular training and support to develop their skills and to keep them up-to-date with current practice.

Consent for care was sought by staff on a daily basis and had been recorded in people's care plans.

We found that, if appropriate, when people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink if this was an assessed part of their package of care.

People were supported to attend health appointments when required and to see health and social care professionals as and when needed.

Staff treated people with kindness, respect and compassion and cared for them according to their individual needs.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Staff had a good understanding of people's needs and preferences and we received positive feedback from relatives about the service provided by staff.

People knew how to make a complaint if they needed to, and were confident that the service would listen to them.

People were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the manager.

We found that a system of audits, and reviews were also used to good effect in monitoring performance and managing risks.

The service benefitted from good leadership and staff were positive in their desire to provide good quality care for people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

Risks to people were assessed and managed effectively to help keep them safe.

There was sufficient staff available to meet people's individual needs and keep them safe. Effective recruitment practices were followed.

People's medicines were managed and administered appropriately.

Good



### Is the service effective?

This service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

Staff were aware of the requirements of the Mental Capacity Act 2005.

People's health and nutritional needs were met effectively.

People were supported to engage with healthcare professionals to ensure their health and wellbeing was maintained.

Good



### Is the service caring?

This service was caring.

There were positive relationships between people, their visitors and members of staff.

Staff were knowledgeable about people's needs, preferences and personal circumstances. People were treated with respect and dignity.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Good



### Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

The service had a complaints policy which outlined how formal complaints were to be dealt with.

Good



### Is the service well-led?

This service was well-led.

People, their relatives and staff were encouraged to share their views and help develop the service.

Good



# Summary of findings

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

# Ladyslaude 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.

This inspection took place on 15 July 2015, and was announced. We gave 48 hours' notice of the inspection to ensure that staff were available and people were at home.

The inspection was undertaken by one inspector.

Prior to this inspection we also reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during individual tasks and activities.

We spoke with three people who used the service, one relative and one healthcare professional who had regular involvement with the service. We also spoke with the registered manager, the care manager and one member of care staff.

We looked at three people's care records to see if they were accurate, and reflected people's needs. We reviewed two staff recruitment files, staff duty rotas and training records. We also looked at the service's arrangements for the management of medicines, safeguarding alerts, complaints and compliments information and quality assurance and audit information.

# Is the service safe?

## Our findings

People we spoke with confirmed that they felt safe with the staff. One person said, “It gives me comfort knowing they are here. They keep me safe.” Another person told us, “It’s secure here.” Staff told us they worked hard to keep people safe through their actions and the care that they provided.

Staff had been provided with training in safeguarding people from abuse, which was confirmed in the records we reviewed. The care manager told us, “We have not had many safeguarding’s over the years, but we know what to look for. We do work very hard to keep everybody safe here.” We were also told, “It is our responsibility to make people safe.” Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. Our discussions with the registered manager and care manager showed that where there had been concerns raised about the care provided action was taken to reduce the risks of issues happening again.

People’s care records included risk assessments and guidance for staff on how these risks were minimised. Although people did not comment on the risk assessments within their records, they indicated that staff took action to reduce possible risks, and our conversations with staff confirmed this. The care manager told us how they had moved furniture within someone’s bedroom to ensure they had sufficient space to move around. This reduced the risk of falls and created a safer environment for that person. We found risk assessments associated with moving and handling, medicines administration and safety in people’s own homes but were advised that should additional ones be required, then these would be implemented. Reviews of care with people were undertaken to ensure that risk assessments were up to date and reflected people’s current needs.

There were sufficient numbers of staff to meet the needs of people. One person said, “They always come to me when I need them to, I have visits throughout the day and there is always someone here to help me.” There were two permanent members of staff to provide care for the three

people currently requiring support at the time of our inspection. In the evening and at weekends, additional support was provided by staff in the residential service adjacent to the complex. The registered manager told us that there were proposals to employ a dedicated staff team for the service, at weekends to give people more continuity of care and to enable more responsive care to be given, with an increased presence on site.

People were protected by the service’s recruitment procedures which were robust and checked that staff were of good character and were able to care for the people who used the service. Records were well organised and staff had completed application forms which included a full employment history. We saw interview questions and answers and completed skills tests. Staff files also included evidence of Disclosure and Barring Service clearance (DBS) checks, proof of identity and two employment references. Recruitment records showed that the appropriate checks were made before staff were allowed to work in the service.

People told us that they were happy with their medication arrangements. One person said, “I take tablets each day but they help me with them.” Another person told us, “My family get my medication for me and sort my prescription out but they would help me if I needed them to.” Staff told us that they only administered medication if it was part of an assessed care package. They said that medication was taken very seriously and that all staff had to have basic training in this area before administering medication.

We looked at MAR charts and saw that they had been completed in full, using the correct codes when medication had not been administered, along with reasons for this. Records showed that, where people required support, they were provided with their medicines when they needed them. The records were audited to check that they were appropriately completed and where any shortfalls were identified these were addressed, for example, providing supervision and further training for care workers. There were suitable systems in place for ordering, storing, administering and returning medication, in line with best practice guidelines.

# Is the service effective?

## Our findings

People and relatives told us they felt that staff had the skills and knowledge they needed to meet people's needs. One person told us, "They know what they are doing." Another person said, "They do their jobs well."

Staff told us they were provided with the training that they needed to meet people's needs. We were told, "We get a good lot of training and it really does help." For new staff, this included an induction which consisted of formal training and shadowing more experienced staff. There were systems in place to make sure that the training was regularly updated and this was overviewed by the registered manager. This meant that staff were provided with up to date information on how people's needs were to be met.

In addition to core training, staff were provided with guidance and one to one supervision meetings. Staff told us they felt supported in their role and were provided with one to one supervision meetings which enabled them to discuss any training and development needs. This was confirmed in records which showed that staff were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice. The service also had written guidance and policies and procedures in place, which provided staff with information about their roles and responsibilities. These systems provided staff with the support and guidance they needed to meet people's needs effectively.

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us that staff always asked for their consent before they provided any care. One person said, "They always ask me what I need and if I need any help." Staff said, "It is important that we ask people what support they want." People's records included their capacity to make decisions and where people did not have the capacity to make their own decisions there was guidance on how decisions were to be made in people's best interests.

Staff had training in and understood their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and what this meant in the ways they cared for people. Staff were provided with further guidance on the MCA and DoLS in the provider's policies and procedures. These also included guidance on how people's consent for care and treatment should always be sought.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet, if this was an assessed part of their package of care. The complex had a communal dining area where people could enjoy meals, or they could eat in their own homes. People could also enjoy meals in the neighbouring residential service. One person said, "They know what food I like, they help with my shopping and get everything I like to eat." Staff told us they tried to cater to people's preferences, for example, one person liked gravy so they would ensure that more was available for them. Records identified people's requirements regarding their nutrition and hydration and the actions that staff should take if they were concerned that a person was at risk of malnutrition or dehydration. Where people were at risk of malnutrition we saw staff were provided with the information they needed to make sure that people were provided with a healthy and balanced diet.

People were supported to maintain good health and have access to healthcare services, for example, GPs and district nurses. The care manager told us that although people were generally supported to do this by their families, if required they would also offer support. Staff understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified, health professionals had been contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

# Is the service caring?

## Our findings

People told us that staff always treated them with respect and kindness and were courteous and compassionate. One person said, "They are all so kind and lovely." Another said, "[Staff name] and [Staff name] are so good to me. I don't know what I would do without them." People and their relatives were extremely happy with the care they received and the kind and caring way in which staff treated them.

People confirmed that they were cared for by core staff which provided them with a consistent service. One person said, "I always know who is coming to see me." Another person told us, "We get to see the same faces, which is nice." The care manager told us that because the staff team was small, people were provided with a regular group of staff who were known to them. This enabled meaningful relationships to be built up and also meant that any changes in people's condition could be identified quickly.

People told us they were treated with compassion by staff that cared for them and had their best interests at heart. One person said, "I know that I am in good hands here." Our observations confirmed that people received continuity of care from the service and were supported to build up positive and meaningful relationships.

Staff told us they understood why it was important to interact with people in a caring manner and respect people's privacy and dignity. They knew about people's individual needs and preferences and spoke about them in a caring and compassionate way. People's care records identified their specific needs and provided guidance to staff on people's preferences regarding how their care was delivered. This included information about people, their history and experiences and meant that staff had information about the individual and could provide person centred care as a result.

People told us they felt the staff listened to what they said and acted upon their requests in a timely manner. One person said, "If I need anything I only have to ask them and it is done." Another person told us, "I see them three times a day but I know that if I need them they will come. I look forward to seeing them." Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken if required and where people's needs or preferences had changed these were reflected in their records.

People told us that staff promoted and respected their independence and our conversations confirmed this. For example, staff told us that they would always knock on doors before entering someone's home. They worked hard to support people to remain independent by enabling them to take medication and make snacks for themselves. People's records provided guidance to staff on the areas of care they could attend to independently and how this should be promoted and respected.

People confirmed they were supported by staff in a helpful manner when they received care and that staff remained patient with them throughout. They said that staff were concerned about them, even when they were not working; they always asked what they had been doing. Staff told us that they would always strive to ensure that people had everything they required to make them happy, even if this was not documented in the care plans.

Advocacy services were available for people and we saw that the care manager had available information for staff and people. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible if it was required.



# Is the service responsive?

## Our findings

People told us they were involved in decision making about their care and support needs and the service was attentive to their needs. One person said, “They do everything that I need them to and more.” We saw that assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. One relative told us, “The manager observed that my [relative] was not complying with medical advice. Within one hour my [relative’s] care plan had been updated and staff informed of the changes.” We could see that people, and where appropriate, their family were involved in the care planning process which meant their views were also represented. We saw that promoting choice and independence were key factors in how care and support was planned and delivered.

Staff told us that the care plans provided them with the information they needed to support people in the way that they preferred. The care manager said, “We work hard to make sure that care plans are up to date.” People’s care records included care plans which guided staff in the care that people required and preferred to meet their needs. We were told that people, who had become ill or required greater input, could be admitted to the neighbouring residential service if their needs required it for short term care.

The care manager told us that care review meetings were held which involved people and their relatives, where required and if appropriate. These provided people with the opportunity to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their

care plans where their preferences and needs had changed. People and relatives knew about their care plans and when the care reviews were planned. Changes or concerns were reported to the registered manager and the care manager told us any reviews of care were brought forward if needed to ensure that records remained reflective of people’s current needs.

Throughout the day we observed that staff responded to people’s need for support in a timely fashion. It was evident that people were protected from the risk of social isolation because staff supported them in a variety of ways, by stopping for a chat or popping into their homes to ensure they had everything they required. One person told us, “I can come over here [neighbouring residential service] to join in with activities when I want to.” Staff told us that there were weekly fish and chip suppers within the complex and a monthly baked potato supper, which people were welcome to attend. Records confirmed that people were supported to undertake activities of their choice.

People using the service were aware of the formal complaints procedure, and told us they knew the care manager and felt comfortable talking to them directly if any concerns should arise. One person said, “They are good, they do listen.” Staff told us, “We learn from complaints and use them to make improvements.” We saw that the service’s complaints process was included in information given to people when they started receiving care. We looked at the complaints received by the service and saw these had been responded to in a timely manner. One of these was in respect to staffing levels at weekends and we saw that action had been taken following the complaints to minimise the risk of the same occurrence happening again.

# Is the service well-led?

## Our findings

There was a registered manager who was supported by a care manager within the service. Staff were positive about the management of the service and the team structure, which worked well for the benefit of the people who used the service. The registered manager maintained oversight of staff performance. Records showed that internal spot checks were undertaken on care workers. These included observing staff when they were caring for people to check that they provided a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with staff and to plan how improvements were to be made such as further training.

People told us they felt that the service was well run and they knew who to contact if they needed to. One person said, "We can have our say about the care." Staff told us it was important to seek people's views as this was how they could improve things. People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service.

Staff told us that they felt valued and were supported in their role. They spoke about how they were committed to providing a good quality service. The care manager said, "We really care about people and want to give them the best care that we can." They told us they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to. Records showed that staff meetings were held regularly. These provided an opportunity to update staff on any changes in the service, and where they could discuss the service provided and any concerns they had.

We found that person centred care and choice were key to how the service operated and how support was provided. Staff told us they worked hard to promote people's rights, choices and independence and this was evident in our discussions with people. Staff said they were happy in their work and felt this enabled them to provide good quality, effective care for people.

The care manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Staff told us they had regular meetings and these were an opportunity to raise ideas; they believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff also said they felt able to challenge ideas when they did not agree with these. Communication within the service was good, with an effective handover of care at each shift taking place. Staff felt they could influence the running of the service.

Records we looked at showed that we had received required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

We saw that a system of audits, surveys and reviews were also used to good effect in obtaining feedback, monitoring performance, managing risks and keeping people safe. These included areas such as medicines, health and safety and care records. We saw that where areas for improvement had been identified action plans had been developed which clearly set out the steps that would be taken to address the issues raised.