

Methodist Homes

Alexandra Court

Inspection report

Marine Parade
Dovercourt
Essex
CO12 3JY

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28 February 2020

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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

About the service

Alexandra Court is a Domiciliary Care Service providing personal care to people aged 65 and over. At the time of the inspection there was one person receiving personal care.

Alexandra Court provides care in occupants' own homes within a large Victorian building in Dovercourt which has been converted into 14 apartments. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for domiciliary care, this inspection looked at people's personal care service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Outcomes for the person using the service was found to be good and their feedback about the service confirmed this.

Care and support was personalised and met their needs. People told us the service supported them to remain as independent as possible and to live in their own home.

The person was cared for by staff provided by the adjacent care home and were usually a small group of staff whom delivered the personal care. Staff and the registered manager showed a genuine interest to deliver personalised care based upon their wishes and preferences.

The person's needs were assessed and monitored. Information about their health and wellbeing were recorded.

Staff had effective induction, training and support to carry out their role. Staff were caring and kind.

A system was in place to audit the quality of care to the person. The service was led by an experienced and established registered manager.

The person was supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was 'Good' (Published 22 September 2017).

Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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 was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Alexandra Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The Inspection was undertaken by one Inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own apartments.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a very small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 February 2020 and ended on 12 March 2020. We visited the office location on 28 February 2020 and visited the person receiving the service and a relative on 10 March 2020.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service since their last inspection. This included any notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We looked at the care planning for the one person receiving a service. Records relating to three staff recruitment files, incidents, accidents, complaints and the quality assurance process were checked to ensure they met the regulations.

During the inspection we spoke to one relative, three care staff, administrator and the registered manager, who were available and very helpful throughout the inspection. We were unable to speak with the one person receiving a service on the day of inspection and a further visit was arranged to enable the person to tell us about the service they receive.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training data and quality assurance records. We also made arrangement to speak with the one service user, who was unavailable at the time of the inspection visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Policies and procedures were in place which provided guidance to staff.

Assessing risk, safety monitoring and management

- Care plan documents contained risk assessments linked to people's needs and preferences. These identified the risks and explained the actions staff should take to promote people's safety and wellbeing.
- Staff could tell us how they provided care for people and understood risk. They knew how to prevent risk as information about people was written clearly and in sufficient detail.

Staffing and recruitment

- There were enough staff with the skills and experience to support people safely.
- The registered manager considered the skills and experience of staff when planning the rota to ensure that people were supported by competent staff.
- One person said that, "They [staff] know what support I need" and "They are quite friendly and chatty." They also said, "I feel safe, they do a very good job."

Using medicines safely

- The care planning documentation; confirmed by the registered manager and the person's relative indicated that no person receiving personal care was currently supported with prescribed medicines, although was regularly reviewed.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene to keep people safe from harm.
- Protective clothing were readily available for staff to use where appropriate.

Learning lessons when things go wrong

- There have been no complaints regarding the service. The person receiving the service commented, "I do see people I've not seen before on occasions, but they are all cheerful and pleasant. If they were not, I would say so."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager supported staff to provide care to people in line with good practice.
- People's needs were assessed and outcomes reviewed.
- Peoples protected characteristics under the Equality Act 2010 were not identified as part of their needs' assessment. Whilst only one person was receiving personal care for one hour per week; the registered manager agreed to look at how this could be incorporated into the assessment process so that the service acknowledged people's preference and was inclusive.

Staff support: induction, training, skills and experience

- Staff received a good induction when they first joined the service. Staff told us that they were given the necessary information and opportunities before working alone with people.
- Training was provided in subjects relevant to the caring role and included specific conditions training such as Parkinson's disease and Diabetes, for example.
- Staff felt supported and received supervision. A staff member said, "We get a high level of support from the manager and senior staff". Another said, "The manager always makes themselves available."

Supporting people to eat and drink enough to maintain a balanced diet

- The service did not, at the time of the inspection, provide any support to people to eat and drink as part of providing personal care.

Staff working with other agencies to provide consistent, effective, timely care

- Staff observed and monitored people's wellbeing. This included ongoing care and support as well as any concerns which were out of the ordinary.

Supporting people to live healthier lives, access healthcare services and support

The registered manager stated that whilst at the time of the inspection no person is supported to access healthcare services; should this be needed the support would be assessed and be included within the plan of care for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training and understood the importance of gaining consent before providing support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff receive training in equality and diversity and this was confirmed by staff we spoke with. Staff gave some examples of how privacy and dignity were ensured as part of the support to people.

Supporting people to express their views and be involved in making decisions about their care

- Staff spoken with who provide a service to the one service user were knowledgeable about seeking consent and listening to what is needed or requested from them. This was confirmed by the person receiving the service.

Respecting and promoting people's privacy, dignity and independence

- Staff spoken with were consistent in their understanding about the needs and preferences of the person receiving the service explaining an enabling approach to support with personal care which the person was unable to do themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plan were person centred and described the way in which support is preferred and made reference to their physical wellbeing.
- Staff spoken to knew the person well. They told us what the person's preferences were, and this was reflected within the care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- The service supports only one person, who is able to communicate their needs and preferences well.

Improving care quality in response to complaints or concerns

- A relative told us that they had not needed to make a formal complaint but were happy to approach the manager with any small concerns.
- A relative told us they had received a copy of the service complaint policy.

End of life care and support

- The service was not currently supporting anybody at the end of their life.
- The manager stated that the service had previously supported people with care at the end of their life and should this become a requirement in future the plan of care would reflect the needs and wishes of the person.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative, staff and the registered manager described a culture which focussed on people and ensuring they received good care.
- Staff we spoke with clearly put people at the centre of the service.
- The registered manager was visible in the service. Staff described them as supportive and approachable. One staff member stated the manager was, "Very supportive and approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Provider was not in attendance at the time of the inspection. The registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give honest feedback when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was clear regarding the responsibility undertaken to deliver safe and appropriate care which met both regulatory requirements and good outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative spoken with told us they could be involved with the service as much as they wanted.

Continuous learning and improving care

- The service undertakes regular audits and monitoring of the service to ensure good outcomes for people. Audit data in relation to the service being provided were seen on the day of Inspection.

Working in partnership with others

- There were no arrangements for working with others for the one person using the service at the time of inspection. The registered manager told us that where people had previously received regular healthcare support, the service ensured staff worked with healthcare professionals, where appropriate, to support good outcomes for people and would do so in future as the need arises.