Care Quality Commission

Methodist Homes
Callin 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?	Requires Improvement
Is the service well-led?	Good

Overall summary

We undertook an unannounced inspection of Callin Court on 9 December 2014. We did not tell the provider that we would be coming.

Callin Court is an extra care housing service for people aged 55 and over. There are 50 self-contained apartments where tenants may be visited at agreed times to support them with personal care tasks. There are a number of communal areas, including a restaurant, lounge and gardens where people can choose to meet and relax. At the time of our inspection 37 people were receiving a personal care service. 21 people were funding their own care through direct payments and 16 people had their care purchased by the local authority.

At our last inspection in July 2013 the service was meeting the regulations inspected.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

Summary of findings

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People told us they liked the staff. Staff knew the people they were supporting and provided a personalised service. People were involved in making decisions about their care. Care plans were in place detailing how people wished to be supported, but these weren't always up to date. Although the staff on duty were aware of people's current support needs, this could have put people at risk of inappropriate care if there were staff on duty who were less familiar with people's needs, such as new staff. The registered manager had already identified this during quality audits and had asked a senior member of staff to update them as soon as possible.

The service has 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 and associated Regulations about how the service is run. The registered manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provide feedback on the service. The registered manager carried out regular audits to review the quality of the service provided.

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?
The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

There were appropriate staffing levels to meet the needs of people who used the service.

Medicines were managed safely and people were supported to take the medicines they needed.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with healthcare professionals as required if they had concerns about a person's health.

Good

Is the service caring?
The service was caring.

People who used the service were happy with the staff and said they got on well with them.

People were involved in making decisions about their care and the support they received.

Staff were respectful of people's privacy and dignity.

Good

Is the service responsive?
The service was not responsive.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service. Care plans were in place outlining people's care and support needs, but these hadn't always been updated to reflect current needs. This could have put people at risk of inappropriate care if there were staff on duty who were less familiar with people's needs, such as new staff.

Requires Improvement

Summary of findings

Staff supported people to pursue hobbies and interests, mix with other people and access the community. This reduced the risk of people becoming socially isolated.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Is the service well-led?

Good

The service was well-led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the manager.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Callin 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.

At the last inspection on 15 July 2013 we found the service met the outcomes we inspected.

This inspection of Callin Court took place on 9 December 2014 and was unannounced. Two adult social care inspectors undertook the inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection, including notifications of incidents that the provider had sent us.

During the inspection we spoke to the registered manager, four staff, eight people who used the service and two relatives. We reviewed the care records of four people that used the service, five staff records and records relating to the management of the service. We also contacted the local authority involved in purchasing the care provided to 16 people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. The visitors we spoke with also thought their relative was safe.

Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it and attend training as part of their induction and updates were provided annually. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One safeguarding concern had been raised by the manager in the last year and action was taken to address this. Staff were also aware of the whistleblowing policy.

The registered manager informed us that any concerns regarding the safety of a person were discussed with their social worker or health professional and the emergency services were contacted as required. For example, in recent weeks, one person was identified as being at risk of self-harm and their social worker mental health services had been contacted. Another person had been found on the floor of their apartment and an ambulance had been called.

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person using the service and the staff member.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Staff had received training in moving people safely.

All the people who used the service lived in the same building. A fire risk assessment had been completed and quarterly fire drills were carried out. There was a file in the staff office which held information on what to do in the event of various emergency situations and a noticeboard that showed all emergency contacts, key agencies and other key information, such as where the stop cock is and where the fuse boxes are located.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

We looked at five staff files and saw there were suitable recruitment procedures in place and all required checks were undertaken before staff commenced employment. The manager told us and staff confirmed that applicants attended an interview to assess their suitability. We saw that all staff had a signed contract in their records.

The service provided support for some people to take their medication. Records showed and staff confirmed that they had received training in medicines management. There were information sheets available for staff on all the medicines that people they supported were taking. Each person being supported with medicines had a 'Best Effects' chart in their care file that told staff what medicines the person was prescribed, the best times to give them and how to give them (for example before food, with food or with a full glass of water). There was also information on medicines that were prescribed to be given 'when required', which included what the medicine was prescribed for and the maximum daily dosage. Staff recorded when medicines were administered or refused.

Good

Is the service effective?

Our findings

People said they were happy with service. Comments included, “It suits me very nicely” and “I give it 100%, you couldn’t find a better service”.

People who used the service said they were supported by staff who had the knowledge and skills required to meet their needs, and that new staff were always introduced to them before they came to provide care. The staffing records we looked at showed that staff had previous experience of working in health and social care settings. All staff were required to complete an induction programme which was in line with the common induction standards published by Skills for Care and work with a senior member of staff until they were deemed to be competent to work on their own. Staff were also required to attend ongoing training provided by Methodist Homes that covered all the mandatory topics for workers in adult social care. The registered manager showed us a staff training matrix on the company’s computer database, which showed that all staff training was up to date. Half the staff had formal vocational qualifications in adult social care.

Staff received regular supervision every six weeks and an annual appraisal. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

Some people were supported at mealtimes to access food and drink of their choice. People could purchase a meal in the restaurant at lunchtime and teatime if they wished, but staff also supported some people to prepare breakfast or supper in their apartment. Staff had received training in food safety and were aware of safe food handling practices.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People’s care records included the contact details of their GP and other health and social care professionals involved in their care, so staff could contact them if they had concerns. We saw that where staff had more immediate concerns about a person’s health they called for an ambulance to support the person and support their healthcare needs.

Staff had received training in the Mental Capacity Act 2005 and had read the policies available. The manager told us that if they had any concerns regarding a person’s ability to make a decision they would contact the local authority and work with them to ensure appropriate capacity assessments were undertaken.

Good

Is the service caring?

Our findings

People who used the service were happy with the staff and said they got on well with them. One told us, “They’re all very nice and very friendly.” Another said, “They’re very good”. One person said they had decided to come to Callin Court on the recommendation of a friend who had been “very well looked after here”.

A relative of a person who used the service told us, “My [relative] has been here several years and the staff really care for him”.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. They also were aware of people who did not wish to receive personal care from a member of staff of a different gender than themselves.

The people who received personal care at Callin Court had capacity to make their own decisions at the time of our inspection. Those funding the service through direct payments had made the choice to receive care from the staff of the service and had a contract in place outlining the expectations of both parties. People who used the service told us they were involved in the development of their care and support plan and identified what support they required from the service and how this was carried out. A person using the service told us, “They listen to me and do what I want them to”. A senior member of staff told us, “We ask people what they want. It’s their choice what we do for them”.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the reception area. Two people who used the service had independent advocates.

People’s wishes for the end of their life were recorded in their care plans. Staff told us they would support people to stay in their apartment if at all possible, if that is what they wished to do. They explained the processes for obtaining support from the relevant health care services.

Requires Improvement

Is the service responsive?

Our findings

We spoke to people who used the service about their current care needs. We then spoke to staff about the people in their care and they were fully aware of people's current support needs and risks. They were also aware of people's preferences and interests, which enabled them to provide a personalised service. However, when we cross-referenced this information with people's documented care plans and risk assessments we found that some were out of date and did not reflect people's current needs. For example, we found two examples where people had had recent falls but their care plans and risk assessments had not been updated to reflect this. Their care records were out of date and did not sufficiently guide staff on their current care and support needs. We also found inconsistencies in where falls had been recorded; some were recorded in the daily incidents log, some in accident records, some in the individual's daily notes or their falls record. Although the staff on duty were aware of these people's falls and current support needs, this could have put people at risk of inappropriate care if there were staff on duty who were less familiar with people's needs, such as new staff. The registered manager had already identified that care plans and risk assessments were not up to date and had asked a senior member of staff to update them as soon as possible. The manager also said she would discuss with the provider the number of records that staff were expected to complete following falls, because she thought this may be a contributory factor in the recording inconsistencies.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. People who lived in the apartments were able to join in social activities. Coffee mornings were held in the communal lounge every morning Monday to Friday and tea and cakes in the afternoon. A minibus was available and an activity organiser arranged other activities and outings, such as film shows, musical entertainment and trips out.

Records showed people's needs were assessed before they started to use the service. Assessments were undertaken by the registered manager and care plans were developed outlining how these needs were to be met. People, and those that mattered to them, were actively involved in developing their care and support plans. People confirmed they had been consulted about their care plans and the relatives we spoke with said they had been included in the discussion. The care records we looked at had been signed by the individual.

Care plans were personalised and contained information about people's likes, dislikes, preferred routines and how people liked to be supported. Information about people's personal history was also included, for example; family and other important people, hobbies and interests, hopes and aspirations. This promoted staff awareness of people's individual needs, preferences and diversity.

People were also consulted about their wishes for the end of life and this was also documented and signed by the individual.

People and their relatives told us they had regular contact with the care workers and the registered manager of the service. They felt there was good communication with the staff and there were opportunities for them to give feedback about the service they received.

People who used the service and their relatives told us they were aware of the complaint procedure, but that they knew the registered manager and felt comfortable talking to her if they had any concerns. We saw that the service's complaints process was included in information given to people when they started receiving care. At the time of our inspection the service had not received any complaints. One person told us they had raised a concern with the manager and that the matter had been resolved to their satisfaction.

Good

Is the service well-led?

Our findings

The home had a registered manager who had been in post for several years. People and their relatives knew the manager well, saw her often and told us they felt comfortable speaking with her.

People we spoke with confirmed that their views were sought. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. One person who used the service told us, “The manager pops in to see us, just to make sure we are alright.” There were systems in place to seek the views of the people who used the service. The registered manager held tenants' meetings monthly and there were also forms available in reception for people to submit comments or complaints. An external company had carried out a customer satisfaction survey of all Methodist Homes services in September 2013. Since then, the service had only sought formal individual feedback from two people using the service and their families. The registered manager said she would send out an internal customer satisfaction survey in the new year.

Staff said the registered manager was approachable and supportive and kept them informed of any changes to the service provided or the needs of the people they were supporting. They told us she held monthly staff meetings and always asked if staff had any concerns or suggestions for improvement to the service. A staff survey had been completed in July 2014 and all the responses were positive.

The registered manager supervised the senior care workers, who in turn supervised the care assistants. Records showed that supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. This included review of policies and procedures when required. The supervision sessions also gave staff the opportunity to raise any concerns they had about the person they were supporting or service delivery.

We saw that there was a monthly programme of audits in place that the registered manager carried out, which included audits of care and support needs, medication and infection control. A senior manager of the company came and checked the audits quarterly and produced an action plan for any shortfalls. Progress on the action plan was checked at the next quarterly audit. Financial records were also audited by another senior manager of the company.

We had been notified of all reportable incidents as required under the Health and Social Care Act 2008.