

Methodist Homes

Adlington House - Wolstanton

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 ●

Summary of findings

Overall summary

This inspection took place on 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. Adlington House provides community support and personal care to people in their own homes within a retirement community. At the time of the inspection, 15 people were receiving a service from the provider.

At our last inspection the service was rated as good overall with requires improvement in the effective domain. This was because there was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities), Regulations 2014. People had been restricted without the legal safeguards in place. At this inspection we found the provider was meeting all the legal requirements and had made all the required improvements. Staff understood how to ensure people's rights were protected and we found legal safeguards were in place.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 received their support at the times they needed it and from consistent staff. People were supported by safely recruited staff that understood how to safeguard them from potential abuse and manage risks to their safety. People's medicines were administered safely.

People told us staff had the skills required to support them. Staff had the knowledge to support people effectively and received updates to their training on a regular basis.

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.

People received support from staff to maintain a healthy diet and they told us staff enabled them to choose what they had to eat and drink. People received support to monitor their health and access health professionals when they needed to.

People had support from kind and caring staff, they told us staff were kind and polite. People were able to make choices about all aspects of their care and support and staff supported them to maintain their independence. Staff supported people in a way which maintained their privacy and dignity when providing care and support.

People were involved in their assessments and care planning and their needs were reviewed on a regular basis. Staff understood people's preferences for how they wanted their care and support delivered. People and their relatives understood how to make a complaint and complaints were appropriately investigated

and responded to.

The registered manager had systems in place to check the quality of the service people received. People told us the management team were approachable and they felt involved in the service. Staff were supported and felt they could influence change. People had opportunities to provide feedback about the quality of the service which led to improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service was effective.

People were supported by skilled staff that had regular updates to their training.

People were supported by staff that understood how to apply the principles of the Mental Capacity Act.

People had support to choose meals for themselves and maintain a healthy diet.

People had support to access health professionals when required.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Adlington House - Wolstanton

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 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with four people who used the service and six relatives. We spoke with the registered manager, the senior team leader, one senior care and three care staff. We reviewed a range of records about how people received their care and how the service was managed. These included three care records of people who used the service, three staff records and records relating to the management of the service such as complaints, safeguarding and accident records.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person told us, "I feel very safe here the staff come straight away if I need them". Staff could describe the signs of abuse and could tell us what action they would take to ensure this was reported to the appropriate authority. We saw records of incidents which had been reported to the registered manager we found these had been appropriately investigated and escalated to the local safeguarding authority. This showed people continued to be supported by staff that understood how to keep them safe.

People and their relatives told us staff were able to support them with managing risks to their safety. For example, one relative told us, "[Persons name] is prone to falls if they have an infection, so to prevent them from falling; an alarm fitted is worn on their wrist so the staff are alerted". We spoke with staff about people's risks, they could describe the risks and how they supported people to stay safe. For example they could tell us how they supported one person that was at risk of falls, the records we saw supported what we were told. Staff could describe how to support people if they had an accident and these were investigated and appropriate action was taken. This meant people continued to be supported to reduce risks to their safety.

People and their relatives told us staff were rarely late for their calls and never more than a few minutes. One person said, "The staff usually arrive within a few minutes either way of the call time". A relative told us, "The staff arrive within a few minutes of the agreed time and they always apologise if they are delayed. They have never let [my relative] down". People also told us they received support from consistent staff. This meant they were able to build relationships and get to know people well. Staff confirmed they had sufficient time to meet people's needs at the times they required and were able to provide consistent care and support. We looked at people's care records which confirmed what we had been told. This meant there continued to be sufficient staff to meet people's needs safely.

People received support from staff that had been recruited safely. Staff told us they had been interviewed for their role and pre-employment checks were carried out before they started work. The registered manager told us these checks included two references and Disclosure and Barring Service (DBS) which help employers make safer decisions and prevent unsuitable people from working with vulnerable people. Records we looked at confirmed what staff had told us.

People received support to take their medicines as prescribed. One person told us, "The staff remind me to take my tablets". A relative told us, "The staff give [my relative] their tablets and they write this in a book". Staff told us people were assessed to determine what level of support they needed with their medicines; they said there was guidance given to them on medicines which needed to be given on an as required basis. Staff could describe how they would deal with any mistakes or missed medicines. Staff told us about their training and the medicines policy and how medicine administration was recorded. We found records supported what we were told. This meant people continued to receive their medicines safely.

Is the service effective?

Our findings

At our last inspection on 7 April 2015 we found the principles of the Mental Capacity Act 2005 (MCA) had not been followed, this is explained later in the report. People had been restricted without the legal safeguards in place. This meant there was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities), Regulations 2014. At this inspection we found the provider was meeting all the legal requirements.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told about how MCA assessments were undertaken and best interests meeting were held to make decisions for people who were unable to do so for themselves. The registered manager told us care plans included information about people that had a lasting power of attorney (LPA). A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people to help them make decisions on their behalf when they are no longer able to do so. We saw this information was included in people's care plans. This showed the provider worked within the principles of the MCA.

People and their relatives told us they felt staff were well trained. One person told us, "Yes definitely trained well, the staff are very competent". Staff told us they had an induction into the role and completed shadowing when they first started work. This meant newly appointed staff were given guidance and support when they started their role. They told us their competency was checked and training was regularly updated. The records we saw supported this. Staff gave examples of how they used their training to support people. One staff member said, "I had first aid training and this has been put to use when [a person's name] was choking, I was able to use the training to help the person". The records we saw supported this. This meant staff continued to be suitably skilled to provide people's care and support.

People and their relatives told us the staff asked for their consent before carrying out care and support tasks. One relative told us, "The staff always say what they are going to do and ask [person's name] if that is okay". Staff understood consent and could explain how they sought this from people. For example one staff member said, "[Person's name] sometimes says no to care, we always try again later, and if it's no we leave it and inform the family". We saw where people refused care; staff withdrew and recorded this in the person's care plan.

People were supported to prepare meals and drinks and they told us staff supported them to make their own choices. One relative said, "The staff assist [my relative] with breakfast, they usually choose tea and toast, and then they make them a salad or something for lunch". Staff understood people's needs and preferences, they told us people had a food profile in their care plan which told them about any risks or allergies and could give us examples such as people who used food supplements. The care records confirmed what we were told. This showed people continued to be supported to choose their meals and maintain a healthy diet.

People were supported to monitor and maintain their health. People told us they had varying levels of support from staff to access health professionals. Staff told us they understood people's health needs and where required called for health professional advice. We records which showed saw staff identified when someone was unwell the staff sought advice and the person received treatment. This showed people continued to be supported to access health professional advice and monitor their health and wellbeing.

Is the service caring?

Our findings

People and their relatives told us the staff were caring. One person said, "The staff are all very kind and caring people and the manager is very nice too". Another person said, "I have an excellent relationship with all of them". A relative told us, "The staff are very helpful and caring people". Staff spoke about people in a kind and caring manner, they told us they spent time getting to know what people liked and their preferred routines. For example one staff member said, "We have time to get to know people and we can influence how much time a call takes". Another staff member said, "It is important to spend time with people and develop a relationship with them, get to know them well". The senior team leader told us that they used observations of staff to consider if staff were caring in their approach. They told us they would use mentoring for staff if any issues were identified. This showed people continued to be supported by caring staff.

People and their relatives told us they were able to make choices about their care and support and were supported to maintain their independence. One person said, "The staff support me with what I need but allow me to do things for myself". Staff ensured people were offered choices about their care and support. Staff could tell us how they promoted people's independence, for example, one person was able to brush their teeth without help. One staff member said, "It is important to ask questions about what people want and not just do things for people". Care records confirmed what we were told, people were able to make choices and their independence was promoted through their care plan. This showed us people continued to be supported to make choices and retain their independence.

People were treated with respect and their privacy and dignity was respected. One person said, "The staff always knock on the door and call out before them come in". A relative told us, "The staff are very respectful towards [my relative] and to me too. They always listen to us if we need anything else doing". Staff explained they ensured people's dignity was maintained by making sure they followed the care plan and delivered the care in the way people wanted it. They told us they ensured people's privacy was observed when supporting people with their personal care. For example, by covering people with a towel when washing and closing doors and curtains when carrying out personal care. The registered manager told us they promoted equality and they gave examples of how unacceptable views were challenged. They said they felt this created a diverse environment for people, relatives and staff, our observations supported this. This showed people continued to have their privacy, dignity and rights respected.

Is the service responsive?

Our findings

People's needs and preferences were understood by staff. A relative told us, "The staff are very respectful and are flexible; they are very responsive if we have to change anything". Some people told us they had support to access activities in the supported living environment and the wider community. One person said, "There are lots of activities on site and I go to whatever I feel like going to". Where this was the case, staff could describe what people enjoyed doing and this was reflected in people's care plans. Staff could describe in detail how they supported people. For example staff told us, "[Persons name] really likes to go to church, it is important to them, however they sometimes forget about the service so we make sure we remind them to attend". Another staff member told us about one person that had a particular type of lotion applied to their skin after shaving. In another example, one person preferred to lie on the bed when they were drying themselves after bathing. Records supported what we were told about people. This meant people continued to receive support that met their needs and preferences.

People, and where appropriate relatives were involved in the assessment of their needs, care planning and reviews. A relative told us, "We are very much involved in the care plan; we have all worked together and added bits and asked for things to be put in. It was reviewed a couple of weeks ago, my relative's needs are really well met". Staff told us care plans were reviewed and any changes were notified to them. We found care plans which showed people and relatives had been involved in the development and subsequent reviews of the care plans, for example one person had a review which led to an additional call. This meant people continued to be involved in their assessments and regular reviews of their care and support needs.

People and their relatives understood how to make a complaint and were confident their complaints or concerns would be addressed. One person said, "I have never really had to complain, I have raised a concern once about the door banging and there was a solution found for this". A relative told us, "We have never complained about anything. If we had any concerns we would just speak to the registered manager". Staff told us they understood the complaints policy and would always raise any concerns with the registered manager. We saw records of concerns and complaints which had been investigated and responded to by the manager with appropriate action taken. For example there had been a complaint about changes to some fees, this had been investigated and then residents and relatives meeting were held to discuss the issues in more detail. This showed the registered manager had a system in place to investigate and respond to people's complaints and ensure learning was used to improve the service.

Is the service well-led?

Our findings

People and their relatives told us the registered manager was approachable and they acted on feedback given about the service. One relative said, "The registered manager is always helpful, they contact me straight away if there is a problem with [my relative]". Another relative said, "Nothing is too much trouble. They keep me informed of things which give me peace of mind". We saw information was on display which showed people, staff and visitors what they could expect from the service, how to make complaints and report incidents. Information was also available about how to access an advocate if people needed one.

Staff told us they were able to approach the registered manager and make suggestions for improvements. One staff member told us they had made suggestions about the rotas, which had been implemented. Another staff member said, "The registered manager is always here and makes time to discuss things with us and offer support". We saw people, relatives and staff approach the registered manager during the inspection and the registered manager responded promptly. This showed people, relatives and staff were able to approach the registered manager.

Staff told us they had regular contact with the registered manager and the management team. The staff told us they had good communication systems in place and received support. One staff member said, "We have good support from the management team. I can approach them and feel comfortable talking with them. We have supervisions and appraisals which help us develop in our roles". We saw records of supervisions and meetings which supported what staff told us. The senior team leader told us about a project being run by the provider to introduce new technology which aimed to reduce the amount of paperwork staff completed. They explained this had been introduced following feedback from people, relatives and staff about the time spent on completion of paperwork.. This showed the registered manager had systems in place to support the staff team.

The registered manager understood their statutory responsibilities. A provider is required to submit a statutory notification to notify CQC of serious incidents such as injuries, deaths or allegations of potential abuse. Where these were required, the registered manager had submitted them. The rating from the last inspection was clearly displayed.

People and their relatives had been asked for their feedback on the quality of the service they received. The registered manager told us there were regular meetings for people and relatives and they planned the agenda, the records we saw supported this. We saw records of quality surveys which showed people had shared their views about the service. The survey identified people did not understand the service charges. We saw evidence that this was followed up in resident and relative meetings to enable information to be shared. We saw records of requests made by people that used the service and these had been followed through and feedback given to the person. For example, we saw people had made comments about the mealtime experience and this had been discussed with individuals and changes made as a result. This showed people's feedback was sought and this was used to make changes and improvements to the service.

The registered manager had systems in place to check on the quality of the service people received. The registered manager carried out monthly audits of people's care plans, medicine records and we found these had identified areas for improvement and action had been taken. For example, a medicines audit identified an update was required to one person's medicines records following a change to their medicine. Accidents and incidents were monitored to see if there were any patterns and prevent reoccurrence. This showed the provider had systems in place to monitor the quality of the service provided.