Methodist Homes

Anjulita Court

Inspection report

Bramley Way
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Bedfordshire
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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

Anjulita Court is a care home providing nursing, personal care and support for up to 62 people with a range of social, physical and dementia needs. It is situated in a suburb of Bedford. On the day of our inspection there were 61 people living at the service.

The inspection took place on 8 and 9 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 felt safe and secure within the environment because of the care and support they received from staff.

Staff had a good understanding of how to protect people from harm. They were knowledgeable of safeguarding vulnerable adults recording and reporting procedures.

Summary of findings

People had risk assessments which identified hazards they may face and provided guidance to staff on how to manage any risk of harm.

People were cared for by sufficient numbers of well trained staff who were only employed after all essential safety checks had been satisfactorily completed.

Medicines were stored and administered safely. Staff had been trained in medicines administration and had their competency regularly assessed.

Staff attended a variety of training to ensure they were able to provide care based on best practice when supporting people.

Staff had obtained a valid consent from each person before any care or support was provided. We found that people who had their capacity to make day-to-day decisions formally assessed. When people had been assessed as being unable to make complex decisions, there were records of meetings with family and other professionals involved in their care.

Mealtimes were relaxed and people had a variety of choice and were given support when required.

People were supported to see healthcare professionals in order to ensure their general health was well maintained.

People were happy with the care they received and confirmed that staff were kind, caring and courteous.

Staff understood people's privacy and dignity needs. They knocked on people's doors before entering rooms and asked people discreetly if they needed to go to the bathroom.

Members of staff were able to describe the individual needs of people in their care, and worked hard to ensure they received their preferences, choices and wellbeing.

People's care plans were based upon their individual needs and wishes. Care plans contained detailed information on people's health needs, preferences and personal history.

People told us they had no reason to complain about the home but felt able to do so if necessary. The provider had a complaints procedure in place which people had access to, including advocacy support if this was required.

The service was well organised which enabled staff to respond to people's needs in a proactive way. Staff worked well as a team and received good leadership from the registered manager.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

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.

Staff understood how to identify and report any abuse.

Risks to people were managed effectively and the guidance within risk assessments enhanced staff's ability to provide safe care.

There were sufficient staff to meet people's needs and they had been recruited following a robust recruitment process.

People's medicines were stored securely and administered safely by appropriately trained staff.

Good

Is the service effective?
The service was effective.

Staff had received regular training that was relevant to their roles. They were also supported with on-going supervision and appraisal of their work.

As far as possible people were involved in decisions about their care. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet.

People were supported to see the GP, District Nurse and other healthcare professionals when required.

Good

Is the service caring?
The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good

Is the service responsive?
The service was responsive.

Care plans contained up-to-date information on people's life histories, care needs and preferences.

People participated in a variety of activities.

People's concerns, complaints and compliments were responded to and were used as a way of recognising what worked well and where improvements were required.

Good

Is the service well-led?
The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

Good

Summary of findings

The registered manager promoted a good team spirit and staff felt they were supported.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

There were systems in place to monitor the quality of the service.

Anjulita 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 8 and 9 July 2015 and was unannounced.

The inspection was undertaken by two inspectors 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. A directorate manager also attended the inspection in a shadowing capacity.

Prior to this inspection we 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 and one healthcare professional, 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 meal times and during individual tasks and activities. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and three relatives. We also spoke with the registered manager, operational manager, interim manager and deputy manager as well as five carers, one member of kitchen staff, the hospitality manager and one member of the domestic staff.

We looked at seven people's care records to see if they were accurate and reflected their needs. We reviewed five staff recruitment files, supervision and training records and staff duty rotas. We looked at records for the maintenance of facilities and equipment that people used. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and secure within the service. One person said, "They have made me feel so safe, it's like being cushioned, we are well protected here." Another person told us, "I feel secure with all of them." Relatives also said that their family members were looked after safely at the service.

Staff demonstrated a good understanding of the signs they would look for if they considered that someone was at risk of abuse, and explained the action they would take to report this. One staff member said, "I would not hesitate to raise any issue at all." Another staff member told us, "If I thought someone had been abused I would report it. There are numbers on the notice board for the safeguarding team." The staff members we spoke with all expressed confidence that the registered manager would act appropriately to address any issues.

The registered manager told us that they worked hard to maintain a safe and secure environment for people. They showed us records of referrals made to the local authority safeguarding team and we saw that they had worked in association with them to investigate any concerns and disseminate those lessons learned to staff. The provider had policies and procedures in place to protect vulnerable people from harm or abuse and we found that staff worked in accordance with these processes. Records confirmed that staff had received training in safeguarding vulnerable adults from abuse. Telephone numbers of external agencies such as the local safeguarding team were displayed around the service for ease of access by both staff and people within the service.

The registered manager told us that the provider had a whistleblowing procedure and the staff we spoke with were aware of this, and were able to describe it and the actions they would take. There were posters for this within areas around the home which meant that anyone could raise a concern confidentially at any time.

There were risk management plans in place to promote and protect people's safety. Staff told us they worked hard to keep people safe and used all available equipment and guidance to support them to do so. We observed people being supported to take appropriate risks. One person was unsteady when walking, but staff supported them and encouraged them to continue so that they could remain as independent as possible.

We reviewed the risk assessments within seven care plans. We found that each person had risk assessments which identified hazards they may face and provided guidance to staff to manage any risk of harm. People's identified risks were monitored on a regular basis and risk assessments had been completed, in areas including moving and handling, falls and nutrition. Where people were deemed at high risk of developing skin damage, we saw monitoring charts for re-positioning people at regular intervals had been completed. Where risks had been identified, guidance was given within care records to advise staff on how risks could be minimised.

We discussed with the registered manager about what action would be taken in the event of an emergency. We were shown documentation for contingency plans in the event of evacuation and information was available on notice boards for staff in the event of flooding, severe weather, major fire, loss of electricity and gas leak. We saw that there emergency telephone numbers displayed in the service which was accessible to staff should they be required.

People told us there was enough staff on duty. One person said, "They always come when I need them." Staff also confirmed that there were enough of them to meet people's needs safely. One told us that if someone called in sick they would call off duty staff to try to get cover, and then call in agency staff if necessary. The registered manager told us she had started the process of recruiting extra night staff following review and reassessment of dependencies. The registered manager also said that the service used agency staff, but were recruiting to vacancies so that there would be a consistent workforce. Where people's needs changed, then additional staff would be used.

Members of staff told us they had been recruited into their roles safely. We spoke with a new staff member who told us that they had to wait until their Disclosure and Barring Service (DBS) check and references had been received by the registered manager before they were able to start their induction. They then did some core training before shadowing more experienced staff. Records confirmed

Good

Is the service safe?

references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

People were supported to take their medicines safely and were enabled to take them independently if they were able to. Staff told us that it was important to make sure medication was administered correctly and said they had received training to support them with this. We observed a medication round and saw that staff took time to explain to people what they were taking. Staff made sure people had taken the medication before completing the Medication Administration Record (MAR).

We looked at MAR charts and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. Medicines for daily use were stored in trollies, which were secured to the walls of the room. We saw procedures were in place to dispose of medicines appropriately and safely. We checked the expiry dates of medicines and how the ordering and stock rotation systems worked. An effective ordering system was in place and all medicines were within their expiry dates. Open bottles of liquid medicines had the date of opening clearly recorded on the bottle in accordance with good practice guidance. We found there were suitable arrangements for the safe storage, management and disposal of people's medicines.

Good

Is the service effective?

Our findings

People told us they were supported by experienced staff, who knew them and their support needs well. One person told us, "They know what they are doing." Staff gave support that was based upon the knowledge they had gained from training. Our observations confirmed that staff used their knowledge to ensure that care was delivered appropriately.

Staff told us they received on-going support and training which enabled them to perform their roles and meet people's needs appropriately. One staff member told us they had received an induction at the start of their employment. They said that this was useful in giving them experience of the work they would go on to do. The deputy manager confirmed that there was no set period of time for the induction process, which meant it could be tailored to staff member's individual needs.

Staff told us they received a variety of training. Some of this was via e-learning and some face to face. One staff member said, "The training is good and we have a lot of it." Another said, "I prefer the face to face as we can ask questions during the training." There was also some role specific training provided. For example the housekeeping staff received training on cleaning products from the manufacturer, some staff had completed medication training from the pharmacist, and one staff member had just completed the B-Tech diploma in health and social care at Level 3. Staff had access to regular training which they said was useful in helping them keep up to date. The training records we looked at, confirmed that staff had received appropriate training to meet people's assessed needs.

Staff told us they received on-going support from the registered manager as well as regular supervision. One staff member said, "I supervise some staff on this unit and the deputy manager supervises me." Another said, "We can speak to [registered manager] at any time, she is really supportive, all the management are." Staff said they found supervision helpful and used it to identify and address their developmental needs.

People told us that staff always gained their consent before providing them with support. Our observations confirmed that staff took steps to gain people's consent prior to care. For example, one member of staff asked, "Can we help you?" before supporting someone to transfer from their chair.

Staff told us they had received training on mental capacity and that this was something they considered on a daily basis. When people had been assessed as being unable to make complex decisions, there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests.

We saw the registered manager was aware of their responsibilities in relation to Deprivation of Liberty Safeguards (DoLS) and was up to date with recent changes in legislation. The registered manager told us they had applied for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and saw paperwork confirming this.

We found Do Not Attempt Cardiovascular Pulmonary Resuscitation (DNACPR) orders within people's care plans. These had been completed fully in consultation with family and professionals.

People were happy with the food they received at the service. One person told us, "I like the food here. I get a choice." Another person told us, "They are so good; they come round each day and ask us whether we have liked what we have had." We spoke with catering staff and found that they were keen to ensure people received good nutrition and had numerous ideas as to how they could continue to make improvements. A regular 'dining experience' survey was sent out so that feedback could be received and action taken to make required improvements in respect of these comments.

We observed people having breakfast and lunch and found that the meal time period was relaxed. People were chatting with each other, and encouraged to eat at their own pace. Staff supported and assisted people when required to eat their meal. Hot and cold drinks were regularly offered and also provided at peoples' request. People who wished to eat in other areas of the service were supported to do so. There was a plentiful supply of food in

Good

Is the service effective?

the kitchen, including fresh fruit, vegetables and salad. The cook was aware of any specialist diets and was able to explain how they were catered for. All food was cooked fresh on a daily basis.

People said that staff supported them to see their GP when they needed to and that they also saw the chiropodist and optician when required. One person said, “They make sure we see who we need to.” One relative we spoke with told us their family member was having a medication review with the GP. Records showed that people who used the service were supported to access external professionals, such as physiotherapists and dental services. We saw records of referrals made to the Speech and Language Therapy team, dietetic services and hospital outpatient appointments.

Good

Is the service caring?

Our findings

People and their relatives, told us they were very happy with the care provided. One person said, “The staff are really very kind.” Another person told us, “I really think that they genuinely do care for us all.” One relative said,” You can have a joke with the staff, they are all so friendly.” People and their relatives confirmed that staff were all friendly, kind, courteous and compassionate.

There was a welcoming atmosphere within the service during our visit. This was as a result of the positive ethos that staff exhibited towards people when supporting them and in carrying out their roles. One person told us, “I can’t be at home; I know that so I am glad I am here.” Two visitors told us that they had both had family members in the service, and now enjoyed spending time volunteering as a result of their positive experience of the service. We observed that staff took time to greet people and engage with them on each occasion they entered the communal areas. Staff knew people well, and were having conversations about subjects of interest. People were valued as individuals.

We observed the relationships between staff and people and saw that staff were positive and caring, greeting people with warmth and affection. One staff member said, “We are like one big family here.” We noted that staff took time to get down on the same level as people and maintained eye contact when communicating with them. We saw staff supporting people in a patient and encouraging manner when they were moving around the home. Before staff provided assistance to people their permission was sought and staff explained how they would assist them in a caring manner. Staff also adapted their communication for different people to help them understand what was being said to them. It was evident that staff were aware of how to approach people to ensure they felt valued and cared for.

Staff were knowledgeable about the people they supported and were aware of their preferences, as well as their health and support needs. Staff told us that any changes in people’s needs were passed on to care staff through communication books and daily handovers. This enabled them to provide an individual service.

People and their relatives told us that they felt involved and supported in planning and making decisions about their care and treatment. Relatives said they were always given explanations when they needed them and that these were expressed in a way that they could understand. One relative said, “They are very good at keeping me involved in [family member’s] care. If there are any changes the staff ring to keep me up dated, despite the fact I visit two or three times a week.” People were supported to be involved in their care and treatment.

We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff said that they would try to promote people’s choices and only offer assistance if the person needed it, to help promote their independence. It was evident that staff respected people's privacy and dignity and worked hard to maintain this.

We spoke to the registered manager about whether advocacy services were available and were told that the home was due to use the services of an advocate for one person. We saw that the service had available information on how to access the services of an advocate.

There were several communal areas within the service and people also had their own bedrooms which they were free to access at any time. There was space within the service where people could entertain their visitors and where family members were free to eat meals with their relatives. There was a well maintained garden and access to a patio area which was easily accessible for people to use.

Good

Is the service responsive?

Our findings

People told us they received the right care they needed to meet their needs. One person told us that staff always gave them information so they could make an informed decision about their care and how they wanted it delivered. Staff were observed to give people time to receive the care and support they required. Staff did not appear to be rushed and were able to give care that was appropriate to meet people's needs because of this; for example, where three people were required to transfer someone, this was undertaken with no issue.

Staff told us that before admission to the service people had a comprehensive assessment of their needs, including their past medical history. This was to ensure that the service was able to meet the person's needs at that time and in advance of expected future needs. Staff confirmed that this information was used to compile a care plan for when the care commenced. Records we reviewed showed that this had taken place.

The deputy manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before they were admitted. We observed that there was written information made available for people and their relatives, which a welcome pack with information about the service, the facilities and the support offered.

The registered manager told us that care plans were important documents and needed to be kept up to date so they remained reflective of people's current needs. They updated us about their plans to improve the care plans and ensure they were more person centred. We saw that care plans were based upon people's individual needs and wishes. They contained detailed information on people's health needs and included aspects of their care that was important to enhance the correct delivery of care. For example, sling size and catheter size. Each care file included care plans for: personal hygiene, mobility, communication, continence, infection control, tissue viability and nutrition.

People's care plans were reviewed regularly which ensured their choices and views were recorded and remained relevant to the needs of the person. People and their relatives told us they were included in these discussions. People who used the service or their representative had signed their care plan to indicate they had been involved in its review.

People told us there were a number of activities organised throughout the week. One person said, "We don't have to join in if we don't want to, but it is enjoyable." Another person said, "I like to do the flower arranging." A display board provided people with information about what was taking place each day. We observed activities taking place during both days of our inspection. On one day a group of people were involved in a craft session making collages during the morning and some participated in a church service in the afternoon. On the second day of our inspection, people were enjoying a knitting session. We observed they all had smiles on their faces and that there was lots of laughter.

The service had an on-site coffee shop. Visitors were able to get refreshments or enjoy a meal with people who used the service. Some people who lived in the adjoining supported living complex used the coffee shop on a daily basis to meet with other residents. This area was also used for people to socialise.

People we spoke with were aware of the formal complaints procedure, which was displayed within the home. They also told us they would tell a member of staff if they had anything to complain about. People told us the registered manager always listened to their views and addressed any concerns immediately. We spoke to one relative about complaints. They told us they had never had to formally complain, if there had been any small niggles which they mentioned to the registered manager they had been dealt with immediately. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints.

Good

Is the service well-led?

Our findings

Both people and staff told us that the management of the service was good. One person told us, "Oh yes, I know who the manager is, we see her every day, and she always comes and speaks to us." Staff spoke highly of the registered manager and agreed that their visible presence and easy access within the service made for good working conditions. One member of staff said, "The manager really is approachable and responds to anything we ask." All staff said they had a good relationship with the registered manager who was very understanding. They also said that the registered manager's ethos to achieve good quality care was evident and because of this, staff worked hard to ensure the delivery of service was of a high standard.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. Staff told us they had been involved in the development of the service and it was evident that because of this they felt a sense of ownership. They said there had been a lot of changes during the previous 12 months, but these had been explained to them and they understood the reasons why they had been implemented.

Staff told us that there was positive leadership in place, which encouraged an open and transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive describing ways in which they hoped to improve the delivery of care. We found that staff were motivated, and well trained to meet the needs of people using the service.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to the Care Quality Commission as required by registration regulations.

A relative told us that they attend relatives meetings to enable people with dementia to have more of a voice. Their views are sought on a variety of things, for example the meals. The registered manager told us a variety of meetings had been held on a regular basis, including; residents, relatives, staff and managers meetings. Records showed regular staff meetings were held for all staff including ancillary staff such as cooks and domestics. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The people we spoke with were very positive about the service they received. People and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. The registered manager confirmed that they assessed and monitored the quality of the service provided and we saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed very positive responses. We found that the provider analysed the results to identify any possible improvements that could be made to the service.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. There were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits. We saw the findings from the visits were written up and areas identified for improvement during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the home were content with the care they received. We discussed ideas for improvements to the home environment, in particular making the service more dementia friendly and person centred. In order to ensure that this took place, the registered manager and operational manager told us they would work closely with staff, working in cooperation to achieve good quality care and drive future improvement for the benefit of the people who used the service.