

Methodist Homes

# Martin Grange

## Inspection report

Martin Grange  
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North Yorkshire  
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Date of inspection visit:  
09 August 2017

Date of publication:  
06 October 2017

### 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

Martin Grange is a sheltered housing complex made up of 33 'retirement apartments'. People who live at Martin Grange either own these apartments or are tenants of a private landlord.

Martin Grange is also the name of a domiciliary care service run by the provider Methodist Homes. They have offices at Martin Grange and provide care and support to some of the people who live there. The service also provides staff over a 24 hour period, to offer assistance in an emergency to anyone living on site.

The care provider Martin Grange is registered to provide personal care to older people, younger adults and people who may be living with dementia, a mental health condition, a physical disability, sensory impairment, a learning disability or autistic spectrum disorder. At the time of our inspection, they supported ten older people who were living at Martin Grange with personal care at prearranged times.

As people owned or privately rented their accommodation, the care provider was not responsible for the upkeep or the maintenance of the building or people's own flats. As such, the accommodation provided was not within the Care Quality Commission's remit to inspect.

We inspected the service on 9 August 2017. The inspection was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

At the last inspection, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

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. The manager in post at the time of our inspection completed their application, following our site visit, and became the registered manager in August 2017. We have referred to the registered manager as 'manager' throughout our inspection report.

During the inspection, we found people who used the service were safe. Risks were identified and assessed to ensure staff provided safe care. Sufficient staff were deployed to meet people's needs. Systems were in place to ensure people received their prescribed medicines.

Staff completed regular training and received on-going supervision and support from the manager and team leader. 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. We have made a recommendation about recording around the Mental Capacity Act 2005 in the body of our report. Staff supported people to ensure they ate and drank enough and to access healthcare services when needed.

People consistently told us staff were kind and caring. Staff treated people with dignity and respect. People were supported to have choice and control over their care and support.

People told us staff were extremely attentive and responsive to their needs. The service was flexible and responded positively to people's requests; supporting people to live how they chose, maintaining their independence and assisting them to engage in a range of meaningful activities to reduce the risk of social isolation. People who used the service were central to shaping the service provided and how their needs were met. People felt confident in raising any issues or concerns and there were effective systems in place to gather feedback to monitor and improve the service for the benefit of the people who used it.

People told us the service was well-led. There was a positive, open and person-centred culture within the service. Systems were in place to monitor and improve the quality of the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service was Good.

### Is the service well-led?

Good ●

The service remains Good.

# Martin Grange

## **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. The inspection was planned to check whether the provider was 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 comprehensive inspection took place on 9 August 2017 and was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location office when we visited.

The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported this inspection by visiting and speaking with people who used the service and their relatives to understand their experiences and views on the service provided.

Before our inspection, we looked at information we held about the service. This included notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share.

We asked the provider to complete a Provider Information Return (PIR) and this was returned to us within the agreed timescale. This 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 used this information to plan our inspection.

During the inspection, we visited and spoke with four people who used the service and one person's relative. We spoke with the registered manager, team leader, two care workers, the chaplain, cook and a member of staff who was responsible for organising activities.

We reviewed three people's care plans and risk assessments, three staff recruitment and training records, meeting minutes, medication administration records, audits and a selection of records relating to the

running of the service.

# Is the service safe?

## Our findings

People who used the service consistently told us they felt safe with the care and support staff provided. Comments included, "I feel safe all the time, I trust them" and "I have always felt safe." A relative of someone who used the service said, "I know they are safe with staff, we can trust them in our home."

People were protected from the risk of abuse and avoidable harm by staff who were trained to recognise and respond to safeguarding concerns. Although there had been no safeguarding concerns since our last inspection, the provider had an appropriate safeguarding procedure in place and staff understood the signs and symptoms which may indicate someone was experiencing abuse. We saw risks to people's safety were assessed and care plans put in place to minimise those risks and guide staff on how to provide safe care and support. Risk assessments contained proportionate information and we saw evidence that they were regularly reviewed and updated as people's needs changed.

The provider had safe recruitment practices. Robust systems were in place to help ensure suitable staff were employed. We saw sufficient staff were deployed to meet people's needs. People who used the service provided consistently positive feedback about staff's reliability and punctuality. People said staff were flexible and responsive, which ensured care and support was provided at the times they needed. Comments included, "They come at 9.30am every morning", "They always stay until the job is done" and "They never miss a visit." We reviewed rotas and saw staffing levels were flexible and changed depending on people's needs. Systems were in place to ensure gaps in the rota were covered so there were always sufficient staff on duty. Although some staff raised concerns about working alone at night, we saw a lone working policy and risk assessment had been completed to manage and minimise risks.

Staff supported people where necessary to take prescribed medicines. A person who used the service said, "The carers make sure I take my medicine every morning." The provider had a medicine policy and staff completed appropriate training. Competency checks were completed to ensure staff were safely supporting people with their medicines. A record was kept of medicines administered and checks were completed to identify and address any shortfalls in staff's practice. Protocols were in place to guide staff on when to administer medicines prescribed to be taken only when needed.

# Is the service effective?

## Our findings

People provided consistently positive feedback about the professionalism and skills of the staff who supported them. Comments included, "They know what to do", "The service I get is good" and "They are well trained." Another person told us, "The staff are very well trained and very pleasant. I know this because of the way they address me and help me." A relative said staff had shown how very well trained they were when responding to their relation who had fallen over, "They knew exactly what to do, they demonstrated they are well trained."

The provider ensured staff completed a range of training. Training included on-line and practical courses on topics which included first aid, moving and handling, safeguarding vulnerable adults, infection prevention and control, fire safety and medicine management. Certificates were available to evidence training completed and the manager showed us a training matrix they used to review and ensure staff were up-to-date with the provider's training programme. This showed us staff were supported to complete on-going training throughout the year.

Staff provided positive feedback about the training and confirmed that additional advice and guidance was available if needed. Staff told us, "I think it is really good training" and "The training is good, it is quite informative. If there is something we are struggling with, we say and they will get someone to come in and give us a session."

Staff received regular supervision and annual appraisals to monitor their progress and support their continued professional development. Supervision is a process, usually involving a one to one meeting, by which an organisation supports its employees, monitors their wellbeing and sets targets and learning objectives.

Staff provided effective support to ensure people ate and drank enough. One person said, "They know we can't eat big meals, so they give us small portions." People who used the service either prepared their own meals or could pay to eat meals in an on-site 'bistro'. Staff supported people if necessary to visit the bistro or took food to people's apartments, depending on their wishes. We received positive feedback about food from the bistro. Comments included, "There's always a good choice", "I have my lunch here every day and the food is very good", "It's always very nice" and "It's up to its usual standard everything is homemade."

When staff were required to support with meals and drinks, this was documented in people's care plans and staff maintained a daily record to ensure appropriate support was provided. Staff understood their responsibility to monitor people's food and fluid intake and report concerns if necessary. This ensured people were supported to eat and drink enough.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. At the time of our inspection, no one who used the service was deprived of their liberty.

Staff completed safeguarding training and demonstrated that they understood the importance of consent and supporting people to make their own decisions. We saw that people were asked to sign their care plans to record that they consented to the care provided. Where there were concerns regarding people's capacity, mental capacity assessments were documented, but we spoke with the registered manager about ensuring these were decision and time specific.

We recommend that the manager reviews best practice guidance relating to the Mental Capacity Act 2005.

Care plans contained information about people's health needs and the support required from staff to meet these needs. We received positive feedback about the support staff provided if people were unwell. One person said told us how wonderful the staff had been to them when they felt unwell. They commented, "I pulled the cord in my bathroom and they immediately responded. I said I am sorry but I don't feel well and staff rang for the ambulance straight away and everything fell into place." They went on to explain that when they came home from hospital, they were asked what additional help they might need and this was put in to place to support their recovery. Another person said, "If I was ill, I would tell them and they would get the Doctor. I see to myself with the dentist and optician."

## Is the service caring?

### Our findings

People we spoke with told us the staff were very caring and helpful. Comments included, "They are friendly and warm without being intrusive" and "They are very caring."

The provider employed a small team of staff who had worked at the service for a number of years. There had only been one new member of staff start since our last inspection and they had shadowed more experienced workers and been introduced to people who used the service. This meant people were supported by a small group of familiar staff. This consistency enabled people who used the service and staff to develop meaningful caring relationships. Our observations and conversations with staff showed us they did know people well and clearly cared about the wellbeing of the people they supported. People who used the service likewise confirmed this saying, "I have a good rapport with them. They talk to us about things we like", "They seem interested in us as people" and "They treat us like part of the family."

People who used the service told us staff promoted their independence. We observed a number of positive caring interactions which demonstrated staff's commitment to promoting people's independence. For example, we observed one person being supported in the bistro. Staff explained to the person what to do. The person helped themselves into their wheelchair under the guidance of the staff. When the person was secure in their wheelchair staff talked them through the process on transferring to a dining chair. Staff spoke quietly and politely and patiently provided lots of encouragement to enable the person to maintain their independence.

People told us staff treated them with respect and provided care and support which maintained their privacy and dignity. Feedback included, "They are discreet and supportive" and "When they come in a morning they always speak politely and respectfully." Staff we spoke with appropriately described how they provided care and support in a way which maintained people's privacy and dignity. We observed staff knocked on people's doors before entering their apartment, demonstrating that they respected people's privacy and personal space. Staff explained how they ensured people's doors and curtains were shut and covered people over when supporting with personal care to maintain their privacy and dignity.

People were supported to be involved in planning their care and support and making decisions about how their needs were met. People told us staff listened to them and respected their decisions. One person commented, "They always go the extra mile, they are always polite. They wash me down every morning. They always explain things and they listen to me." Care plans evidenced people's choices and evidenced that care and support was flexible to ensure people had choice and control over their day to day lives.

The manager understood the role of advocacy and information was available on advocacy service should a referral be needed. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

## Is the service responsive?

### Our findings

The service was extremely person-centred and staff were attentive and responsive to people's needs. People told us, "Staff go beyond their duty to make sure I am cared for correctly" and "Everything is excellent." People told us staff were well trained and understood their needs and how they wanted to be supported.

Staff supported people to live how they wanted to. This included understanding and respecting people's right to privacy, supporting people to maintain their independence and creating and sustaining a caring community. We found staff and the manager understood the importance of getting to know people and bringing people together through opportunities for meaningful stimulation and interaction to reduce the risk of social isolation.

People told us they were very happy with the range of activities on offer and that these were suited to their needs. We spoke with the activities coordinator who told us about a craft session they ran. They explained, "In the craft afternoon I make cakes for the residents, they enjoy this. We make handcraft cards which we sell to people. They are on display in the reception area of the building and any profits go to charity." We saw a beautiful display of handmade cards in the reception area. A monthly newsletter was available to everyone who used the service. This advertised a wide range of activities, events and things to do. This showed us that activities included exercise classes, a 'knit and natter' group, poetry afternoon, music group and other social occasions. We spoke with the cook who showed us the monthly 'food themed' events they ran. This included celebrating special occasions such as Burns Night and St Patrick's Day. We saw photographs from the most recent 'Spanish Evening' where staff had dressed up and prepared Spanish food for people who used the service to enjoy.

We saw the monthly newsletter also provided important information and contact details for local services such as a hairdresser, milkman, newspapers, taxi firms, chiropodists and a mobile library. The manager also had a list of other care providers rated 'Good' by the Care Quality Commission which they made available to people, if they did not want to use their service. This showed us input from other services and support networks was actively encouraged and sustained by the work staff did.

Everyone who lived at Martin Grange, including people who received a domiciliary care service, received a morning 'wellbeing' call to check they were ok and to identify any issues or concerns. This provided people the opportunity to speak with a member of staff if they had any questions, requests or to raise any issues or concerns they had. If people did not want this well-being call, staff respected their decisions, but told us they were mindful to 'keep an eye out' for people to reassure themselves that they were alright.

The provider employed a chaplain who held a weekly service and also completed visits to support people throughout the week. This involved visiting new people to the service to help them adjust and settle in or to people in times of crisis or need. We saw how the chaplain and staff worked responsively together in times of crisis or bereavement to ensure people felt supported and their needs were met. Whilst this support was available to everyone, where people did not want a visit, this was respected.

We found people's care was planned in partnership with them. Staff ensured people were involved and felt consulted and listened to with regards to how their needs should be met. An assessment of people's needs was completed with each person before they started using the service. This information was used to develop person-centred care plans and risk assessments. We saw care plans reflected people's needs and provided guidance to staff on how best to support them. A member of staff said, "We do an assessment when they move in so you know what to do. We sit down with them and maybe their family to find out what they need. When they move in, we have a chat with them and introduce ourselves and get to know more about them."

Our conversation with staff and care plans evidenced a focus on providing person-centred care for the benefit of the people who used the service. Care plans contained detailed person-centred information about people's individual needs as well as important details about their personal preferences as to how support should be provided. Staff understood people's needs and actively supported people to make decisions and be in control of their care and support. Continuity of staff meant people were cared for by staff who knew them well and knew how they liked to be supported. People we spoke with confirmed that staff knew them very well and had an excellent understanding of their needs. People told us staff always explained to them what they were doing when providing care and support and encouraged them to be as independent as possible. Comments included, "I am very happy with the way things are done", "They do explain things" and "I am encouraged to keep my independence."

We saw evidence that staff explored people's end of life wishes and provided kind, caring and compassionate support for people at the end of their life. For example, care plans recorded details about what songs and reading people would like at their funerals.

The care and support provided was flexible and tailored to meet people's individual needs and preferences. This included flexibility in the time and lengths of calls from day to day and the type of support provided. We saw people could access additional support as and when they needed it and staff worked in a flexible way to ensure people were supported when they needed and wanted. Where people's needs changed, care plans were reviewed and updated in consultation with them to ensure the care and support provided continued to meet their needs. One person said, "I have a care plan we go through it periodically item by item. I have it here in my home. They look at it every day and sign to say they have been and it is updated." Other people said, "They have updated it today as things are discussed" and "Mine is updated every three months." Relatives we spoke with explained how they were involved in periodic reviews, but staff were also attentive to their relatives needs and effectively communicated with them if there were any issues, concerns or additional support was needed.

One relative commented on the "Outstandingly good communication and professional support" staff provided. They told us staff went out of their way to help their relative when they had been unwell and this included keeping them fully informed and working flexibly to support their relative to return safely home from hospital.

The provider had a complaints policy and procedure which was readily available to people who used the service. People who used the service were actively encouraged to give their views and raise concerns or complaints about the service. People told us they felt confident any issues or concerns they had would be listened to and acted upon. Feedback included, "I would be listened to and it would be dealt with" and "I have had some small issues and they have always been dealt with seriously."

Where complaints had been received these had been investigated and written responses provided. This demonstrated an open, transparent and honest approach to handling complaints. The manager maintained

a log of complaints to monitor and ensure these were dealt with appropriately. We saw staff had also received a range of compliments and thank you cards praising the care and support they provided.

People who used the service were encouraged to actively participate as much as they wanted in shaping the service provided. This showed us people's feedback was valued. Some people who used the service were involved in maintaining the gardens; other people took part in the 'resident's forum' or the 'bistro committee' to ensure their wishes and views were central to shaping the service. We saw the residents forum was particularly active in advocating for people's rights and holding the provider to account on issues that were important to people. One person told us, "We have a residents committee and we have regular meetings I go to them." A relative said "There is a forum which people are encouraged to give feedback."

## Is the service well-led?

### Our findings

At the time of our inspection, a new manager had been appointed and they were in the process of applying to become the service's new registered manager. This application was completed in August 2017 following our site visit. The registered manager was supported by a team leader in the management of the service.

During the inspection we received consistently positive feedback about the service provided. Comments included, "It is very, very good indeed" and "It couldn't be better." We asked people if they felt the service was well-led. One person said, "I was in management all my working life, this is good management, I know the difference". Another person complimented the manager on their, "Exceptional dedication to their work." Staff told us, "[Name] is a very supportive and enabling manager. If I come up with an idea I am supported to do it" and "[Name] is one of the best managers I have had. You can approach them and they act on what you say. They are supportive and always on the other end of the phone in an emergency."

We observed there was a positive and open culture within the service. A member of staff said, "I think there is good teamwork here. We help each other out. It is like a small family." Other staff said, "People are genuinely very supportive of each other" and "It's like a family, it is a community here." Our conversations with staff and the manager demonstrated an organised and coordinated approach to providing person-centred care. We observed staff and the manager to be dedicated and committed to providing a high standard of care for the benefit of the people who used the service. We found the manager was motivated to continually improve the service provided and they spoke with us about areas of the service they wanted to develop.

The provider completed a range of audits to monitor the quality and safety of the service. These included audits of health and safety, accidents and incidents, food hygiene, fire safety, infection prevention and control and monthly medicine audits. The provider had also completed an internal 'quality assurance assessment' in May 2017. This involved a review of all aspects of the service including a review of paperwork and gathering feedback from people who used the service and staff. We saw that where action points had been identified these had been addressed to improve the quality and safety of the service.

We reviewed records and paperwork relating to the running of the service and found that information was securely stored, but accessible on request. We found that records were detailed, regularly updated and evidenced that effective management systems were in place to monitor and oversee the service provided.

The manager held team meetings to share information and explore ways the service could be improved. This demonstrated effective communication, a commitment to on-going improvement and an open and inclusive culture. We saw a staff survey had also been completed to gather feedback. The result of this were being analysed at the time of our inspection, but we saw that feedback was largely very positive.