

Methodist Homes

Adlington House - Wolstanton

Inspection report

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Wolstanton
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Adlington House Wolstanton on 7 April 2015. The provider is a domiciliary care service, registered to provide personal care to people living in a retirement community from which the provider operates. At the time of our inspection, seven people used the service.

There was a registered manager in post. 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 location was registered with us in July 2014 and had never been inspected before.

Mental Capacity Act (MCA) 2005 requirements and the Court of Protection requirements were not always

Summary of findings

followed when people were restricted for their safety. The Mental Capacity Act (2005) and Court of Protection set out requirements that ensure decisions are made in people's best interests when they are unable to do this for themselves.

People were protected from the risks of abuse because staff understood what constituted abuse and took action when people were at risk of abuse. There were appropriate numbers of staff employed to meet people's needs. People's care needs were planned and reviewed regularly to meet their needs.

People were assessed before they started using the service to identify if their needs could be met by the provider. Staff had the knowledge and skills for caring and supporting people.

People told us the staff ensured that they had enough to eat and drink. There was a restaurant within the premises and staff supported people to go and have their meals there if they were not able to prepare their own meals.

People were involved in the care planning process and in decisions about their care and treatment. They told us, and we saw that staff were kind and treated them with dignity and respect.

Care was tailored to meet people's individual needs. Care plans detailed how people wished to be supported. People were supported to engage in activities they enjoyed. They were supported to access the local community in order to minimise or prevent isolation. There were systems in place to support people if they wished to complain or raise concerns about the service.

People who used the service, their relatives and the staff were very complimentary about the registered manager of the service. We saw that the registered manager was accessible and people felt free to approach them if they had any concerns. People were encouraged and supported to provide feedback on the service. The provider had effective systems in place to review the quality of the service provided.

We identified that the provider was not meeting some of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we inspect against and improvements were required. You can see what action we have told the provider to take at the back of the full version of the report.

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.

People were protected against the risk of abuse because staff were able to recognise abuse and took appropriate action when it was suspected. People had risk assessments and care plans to guide staff on how care should be provided. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Legal requirements were not always followed when people's liberties were restricted. People did not always have mental capacity assessments in place to identify decisions staff could make in their best interest. People were assessed to ensure that their needs could be met by the service and they received care from staff that had the knowledge and skills to care for them. People were supported to eat and drink sufficient amounts to remain healthy.

Requires Improvement



Is the service caring?

The service was caring.

People told us and we saw that staff demonstrated kindness and compassion when they provided care. Staff knew people's needs, likes and dislikes and provided care in line with people's wishes. People were treated with dignity and respect and were supported to express their views about their care. Their views were listened to and acted upon.

Good



Is the service responsive?

The service was responsive.

People's care plans reflected their individual needs and preferences. People were encouraged and supported to be involved in activities and hobbies of their interest. The provider had a system in place to respond to concerns and complaints about the service.

Good



Is the service well-led?

The service was well-led.

The provider promoted an open culture within the service and supported staff to carry on their roles effectively. The provider had effective systems in place to monitor the quality of the service provided. The registered manager was available and people told us they were approachable.

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 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 was carried out by one inspector on 7 April 2015 and was announced.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local

commissioners of the service. Other than safeguarding concerns which the provider had notified us and the local authority of, no other concerns were had been raised about the service.

The provider had completed a Provider Information Return (PIR). 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 visited two people in their apartments, accompanied by staff to observe how staff supported them. We talked with them about their experiences of care and spoke with two other people in the communal area about their experiences of using the service. We spoke with two relatives, a professional who visited the service, two members of care staff and the registered manager for the service.

We looked at three people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe and protected from harm. One person said, “I can always use the buzzer to call for assistance”. Another person said, “I do feel very safe and secure here”. They told us they had been given a call button which they could take with them anywhere within the building to use if they needed support at any time. They told us this made them feel safe.

People told us they would not hesitate to raise concerns if they were unhappy about how they or other people were being treated. All the relatives we spoke with said they felt that people were safe and protected from harm because the provider took measures such as providing people with call pendants, ensuring the premises were secure and notifying other services when people were at risk of harm.

Staff we spoke with gave us examples of how they had dealt with incidents of suspected abuse. They told us they had received training in safeguarding and were able to give examples of what actions needed to be taken if abuse was suspected. Information had been provided in the staff room of how to contact external agencies like the Local Authority to report abuse. This meant that staff had information if they wanted to contact external agencies directly to raise concerns of suspected abuse.

Where safeguarding concerns had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved. A log of incidents that had been reported was maintained. This showed that the provider took steps to identify potential abuse and took appropriate action to deal with incidents of abuse; and prevent reoccurrence.

People had been individually assessed before they began using the service in order for the provider to determine whether their needs could be met by the provider. Risk management plans put in place to protect people from harm and maintain their safety. For example, one person was supported to attend day care services regularly. The person lived with dementia and did not always know how to keep themselves safe when they were out and about. Arrangements were made for the person to be supported to attend day care service with support from staff. Risk assessments and plans were in place to maintain their safety when they were out in the community.

Another person who was partially blind and was at risk of falling had falls risk assessments and management plans to guide staff on how the person should be supported. We observed staff supporting the persons to access communal areas. These showed that these people’s freedom and independence was supported whilst ensuring that risks relating to their care were appropriately managed by staff.

There were sufficient numbers of adequately trained staff to provide people with care and support. People told us that they did not have to wait long when they required support in their flats. One person told us, “When I press the button on the pendant, they are not very long in coming”. The person demonstrated this by pressing the pendant and their call was responded to almost immediately by a staff member. Relatives told us that staff were always available to offer care and support. They told us that staff were always available to support their relatives to attend appointments if they were not able to do so themselves.

The service operated an on-call service so that additional staff support could be provided when needed. The registered manager told us that the provider had approved their request for additional staff to be recruited so that there would be sufficient numbers to cover any unforeseen staff absences.

People’s medicines were managed safely. People were supported to administer their medicines independently. One person who suffered with dementia had prompts in their flat reminding them of when and how to take their medicines. The registered manager said, “They [Person] are managing their own medicines; There are notes all over their apartment prompting them of when to take their medicine”. Those who required supervision from staff had assessments and care plans in place to guide staff on how support was to be given. One person said, “They [staff] make me a cup of tea and give to take with my medicines. If my back is sore, I have a pain killer rub. They help apply it for me”. We saw that the person had been prescribed a pain killer rub to be used ‘as required’ (PRN).

We saw guidance for staff on when and how the PRN medicine was to be administered. We saw that records were maintained when to demonstrate that the person was supervised to have their medicines. The registered manager carried out regular audits of people’s medicine administration records (MAR). They told us that this was to ensure that people received their medicines as planned and that staff followed the guidance provided.

Is the service effective?

Our findings

We visited one person who could not go out of their flat unless they were supervised by a family member or staff. Some of the electrical appliances in the person's apartment had been switched off and could only be used by the person if they were being supervised by a family member or by staff. The provider told us that the person's relative had been involved in these decisions because the person did not have capacity to make certain decisions. The person's family member did not have Lasting Power of Attorney (LPA) in place although they were the main carer for the person. 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. Mental capacity assessments had not been carried out by the provider to identify what decisions they would make in the person's best interest. Legal requirements were not followed to ensure that the person was lawfully restricted through the Court of Protection. Failure to do this constituted a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities), Regulations 2014.

Staff we spoke with did not have a good understanding of the principles of Mental Capacity Act (MCA) 2005 and the Court of Protection orders. The Mental Capacity Act (MCA) 2005 and Court of Protection orders set out legal requirements that protect and support people who are unable to make decisions for themselves in community settings, by ensuring that decisions are made in their best interests.

People who used the service and relatives told us that they felt that the staff understood their needs and had the skills to provide them with care and support. People's needs were assessed and planned to ensure that they received appropriate care and support from staff that had skills and knowledge to meet their needs. The registered manager told us that the provider also requested for people to have an assessment from other professionals such as occupational therapists before they started using the service. They told us this gave them [the provider] a better understanding of the type of support people required before they started using the service; and whether their needs could be met by the staff available.

Staff told us they had received training to give them the skills they needed to provide care and support. At the time of the inspection staff were receiving training on how to complete care plans. A staff member said, "We actually sit with people and discuss the care package with them". Staff told us they had regular supervision and were supported by the registered manager to carry out their roles effectively. We saw new staff members who were going through an induction process. These showed that staff were supported to have skills and knowledge to provide people with care and support.

People were supported to have adequate amounts of food and drink. One person told us that staff helped them every morning to make their breakfast because they struggled to do this themselves. We saw that people who wished to have their meals in the onsite restaurant were supported to go to the restaurant during meals if they required assistance to get there. The provider ensured that the quality of the meals provided at the restaurant was monitored regularly.

People had nutritional assessments to ensure that their nutritional needs were met appropriately. One person who had lost weight before they started using the service told us that staff had supported them to improve their weight and they were pleased about it. They told us that staff always checked to make sure they had eaten. We saw records which indicated that the person had contacted their GP to request a review of their nutritional supplements. This was because they were now eating well and had gained the required weight they needed. This showed that the people were being supported to have adequate amounts of food and drink.

People were supported to access other health and social care services. One person told us that a carer had taken them recently to an appointment. A relative told us, "[person who used the service] is not in good health. They have a variety of health concerns. They [staff] often go the extra mile to help out. They've taken [person who used the service] to appointments when we have not been able to go". Records showed that people were referred to other healthcare professionals when staff were concerned about their health and well-being. This ensured that people maintained good health and had access to other healthcare services when they needed it.

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion and we observed this. One person said, “It’s nice because at night time, they [staff] give me my pain killers, they get the covers over me and make sure I am comfortable before they go out”. We observed another staff member checking on one person who used the service. The spoke politely to the person and gave the person time to express themselves. They communicated with this person in a caring and compassionate manner. We saw that the person was pleased for the staff member to be around and when we asked them if they were happy; they made a ‘thumbs up’ gesture and said, “very, very”. The person asked if the staff member would be returning and the staff member reassured them they would check on them again. Another person who used the service said, “They [staff] are very friendly and professional; it’s not just like they are doing a job”. A relative commented, “Staff are excellent. They are very caring and very attentive. [Person who used the service] feels very comfortable with them”. This showed that people were cared for by kind and compassionate staff.

The registered manager said, “We sit with them when they request a care package and we adapt the care package to meet their personal needs. We make sure that it’s what they want but not what we think they should have”. People

we spoke with confirmed this. One person told us staff had discussed with them about what times they required support in the mornings and how they wanted the support to be provided. They told us they received the support in line with their wishes. Another person had routine cards in their flat which prompted them of when they had to carry out certain activities like taking their medicine. The registered manger told us that they involved the person’s nearest relative when the person’s care was being planned. They said, “We [the provider] just oversee [person’s name] going through the routine cards”. This showed that people were supported to express their views about how they wished to be supported and staff respected people’s wishes.

People told us that staff treated them with dignity and respect and we observed this. One person said, “They always knock on the door first before coming in and then they stand by the bedroom door and say “Good morning [Person’s name] before they come into my bedroom”. We observed staff knocked on people’s front doors and waited to be invited in before they went in. The registered manager told us that the staff induction process included dignity training and staff were expected to respect people’s wishes around staff access into their properties. These wishes were also recorded in people’s care records. This showed that people’s dignity was maintained and their wishes respected.

Is the service responsive?

Our findings

People received comprehensive assessments of their health and social care needs to ensure that the service was suitable and could meet their needs. People's care records contained information about their individual likes, dislikes and care preferences and people told us that their wishes were respected. One person told us that they expressed the wish for their independence to be promoted, when they began using the service. The person said, they were able to make some snacks for themselves and book appointments with the support from staff to see healthcare professionals. They told us that their independence was promoted. Their relative confirmed this. They told us, [Person who used the service] was very keen that Adlington House wouldn't be like a care home. They've [the provider] have lived up to our expectations. They allow people to live an independent life if they [people who use the service] are able to".

People were supported to engage in activities they enjoyed. People were encouraged to access communal areas in order to minimise the risks of isolation. Staff

supported people to access communal areas where a variety of activities took place. One person told us "I like talking to the other residents. I enjoy the groups". Another person said they enjoyed going for quizzes and staff supported them to attend quizzes in the company of other people who used the service. This showed that people were supported to engage in activities of interest and to develop and maintain relationships with people in order to avoid isolation.

People told us that they had not had any reasons to complain about the service but said they would not hesitate to raise any concerns with the registered manager. They told us they were confident their concerns would be dealt with appropriately. Records showed that no complaints had been made about the service. People had been provided information about how to raise complaints or concerns if they wished to do so. This meant that people could raise concerns anonymously if they did not wish to speak to the staff face-to-face. The provider had a complaints policy and procedure in place and complaints monitoring formed part of the quality monitoring systems.

Is the service well-led?

Our findings

People who used the service told us that they knew the manager and could approach them if they had any concerns. They told us that the manager or a senior member of staff was always available and they could go to them if they had any concerns. Relatives told us that they were kept informed of any concerns and their views were always sought. Staff told us they the manager was supportive and approachable. One staff member said, “I have a great working relationship with [Manager’s name]. I am never left in a difficult position. They are such a great manager”. Staff understood what whistleblowing was but said they felt that they would approach the manager in the first instance if they had concerns.

The registered manager met with people who used the service regularly to obtain their views about services. We saw minutes of these meetings held with people who used the service. We observed that people felt comfortable approaching the registered manager for concerns and a general chat. This showed that a positive and open culture was promoted at the service.

Service user questionnaires were given to people to comment about the services they received. People had not raised any concerns about care provision but had raised some concerns about the layout of the premises. We saw that the provider was taking steps to support people to

raise their concerns to the management company responsible for the premises. These showed that the provider obtained the views of people and took action on comments and suggestions made.

The manager had a good understanding of their responsibilities and told us how they ensured that the home was well-led. We checked if the provider had notified us of all incidents that we should be notified of. The provider’s records showed that there had been no recent accidents or safeguarding incidents that were being investigated and that we needed to be notified of. This showed the provider adhered to the CQC registration requirements.

The provider carried out regular audits and checks to ensure that quality services were provided. These included, care documentation, medicines management, accident and near miss, safeguarding, complaints and compliments and maintenance audits. We saw records of weekly and monthly audits that had been carried out and noted that where concerns had been identified, the provider took action to deal with them. The provider had a team responsible for monitoring the quality of services provided. The team carried out spot checks on the service and an annual quality audit. The registered manager sent evidence of quality audits that had been undertaken and evidence that outstanding actions had been carried out. The team also provided support and guidance to staff and the registered manager when required. This showed that the provider had effective systems in place for monitoring the quality of services provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards in order to ensure that people were not restricted unlawfully.</p>