

Methodist Homes

Rowanberries

Inspection report

3 Baldwin Lane
Bradford
West Yorkshire
BD14 6PN

Tel: 01274884889

Website: www.mha.org.uk/hs51.aspx

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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 3 January 2019 and was announced.

Rowanberries DCA operates within the Rowanberries Housing with Care complex in the village of Clayton and is part of the Methodist Homes (MHA) group. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People receiving care lived in apartments within the complex. Out of 46 apartments, 40 people currently receive care and support from the DCA.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 2008 and associated Regulations about how the service is run. The registered manager was off work due to extended leave on the day of inspection and the service was being supported by the assistant manager, the provider's area support manager and regional manager.

Staff were being recruited safely and there were enough staff to take care of people's care and support needs. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the management team and were receiving formal supervision where they could discuss their ongoing development needs. Staff competencies were assessed regularly.

People who used the service and their relatives told us staff were helpful, attentive and caring. Staff demonstrated they treated people with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were mostly in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe and appropriate referrals were being made to the safeguarding team when this had been necessary.

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.

Medicines were being managed safely and people's healthcare needs were being met. Staff knew about people's dietary needs and preferences. The service was not currently supporting anyone at nutritional risk.

People told us they knew how to complain. Records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the management team and said they were approachable and supportive. The provider had systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. 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? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

Rowanberries

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 checked 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 3 January 2019 and was carried out by two adult social care inspectors and one assistant adult social care inspector. The inspection was announced. We gave the service short notice of the inspection because we needed to be sure that management support would be available during our inspection. At the time of our inspection, the service was supporting 40 people with personal care and support.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. A notification is information about important events which the provider is required to send us by law.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On 3 January 2019, an adult social care inspector spoke on the telephone with four people who use the service and two care staff. Also on 3 January 2018, one adult social care inspector and an assistant adult social care inspector visited the provider's office and spent time looking at records, which included four people's care records, four staff files and records relating to the management of the service. Whilst at the provider's offices, we spoke with the area support manager, the assistant manager, the regional manager, one person who uses the service, five staff and one person's relative. We also visited and spoke with four people who use the service in their own apartments.

We took all this information into account when making our judgements about the service.

Is the service safe?

Our findings

The service remains safe.

People were kept safe from abuse and improper treatment. People told us they felt safe living at the service. Staff had completed safeguarding training and told us they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. Appropriate referrals had been made to the safeguarding team when required. This meant staff understood and followed the correct processes to keep people safe. One person told us, "Definitely (feel safe). Everything about it here makes me feel safe really. I can't put my finger on what it is. It's an atmosphere you feel that you belong, that's why I feel safe."

People were protected from any financial abuse. The registered manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were obtained.

Safe recruitment procedures remained in place to ensure only staff suitable to work in the caring profession were employed. Sufficient staff were employed to ensure people received the care and support they required at the time they requested. Records showed and people told us staff generally arrived at the specified time and stayed for the right amount of time. Staff we spoke with told us there were enough staff to ensure people's needs were met and they were not rushed in or between calls.

Assessments were generally in place which identified risks to people's health and safety. These clearly showed what action had been taken to mitigate these risks. However, we saw one person did not have a current bed rails risk assessment in place, although this was covered as part of the person's mobility risk assessment. We discussed this with the assistant manager who immediately put this in place. We concluded this was an isolated omission.

Medicines continued to be managed and administered safely. We looked at a sample of medication administration records (MARs) and these were generally well completed. From our review of records and speaking with people, we concluded people were given their medicines as prescribed.

Staff had access to personal protective equipment, such as gloves and aprons and people told us they were using these appropriately.

Accidents and incidents were recorded. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. However, a more robust system was required to facilitate better analysis of themes or trends.

Is the service effective?

Our findings

The service remains effective.

The registered manager completed needs assessments before people commenced receiving support from the service. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. These were regularly reviewed.

Staff were well trained and supported to carry out their roles effectively, including a comprehensive induction programme. Staff were up to date with training or booked to receive training updates. Staff we spoke with told us the training had equipped them for their role. People told us they had confidence in the ability of staff. One person said, "Yes, I have confidence in the staff, they know what they are doing."

Staff were provided with monthly supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and could go to the management team for advice or support. Annual appraisals were completed which looked at staff performance and development over the year.

People's nutrition and hydration needs were being met. Policies and procedures were in place in relation to supporting people with their nutrition and hydration. At the time of our inspection, the service was not supporting anyone at nutritional risk.

People's healthcare needs were being met. In the four care files and the healthcare communication file we reviewed, we saw people had been seen by a range of healthcare professionals; for example, GPs, nurse practitioner, district nurses, dietician, speech and language therapists and opticians.

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 they lack mental capacity to take 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. For people living in their own home, this would be authorised via an application to the Court of Protection.

Most people using the service had capacity and had consented to Rowanberries providing them with care and support, although the assistant manager recognised one person's capacity assessment required further clarification. The management team understood their legal responsibilities under the MCA. Where people lacked capacity, decisions about the care were made in their best interests if no Lasting Power of Attorney (LPA) for health and welfare was in place. A LPA is a legal document that allows someone to make decisions for you, if you're no longer able to. We saw the registered manager had requested supporting documentation about one person's LPA. The assistant manager agreed to review one person's care documentation that appeared to contain some conflicting information about their capacity. People were

asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. This showed us the registered manager understood their responsibilities to act within the legislation.

Is the service caring?

Our findings

The service remains caring.

Staff treated people with dignity and respect and people told us staff were kind and caring. Comments included, "The staff are always kind and caring, they always take the time", "I am happy here. I don't think I could do any better than here. If I need something, someone is here. I have no complaints" and "The staff are always very pleasant, they always ask if I'm alright or if I need anything. They do extra little things for me; my family buy me lots of beautiful plants - I try to remember to water them but don't always remember. Staff always check to see if I have done this."

One person's relative commented, "I think it's absolutely marvellous - everybody is great. Never heard anybody spoken to sharply. Staff help (person) get washed, dressed, prompt (person's) medicines and help (person) to come to the lounge. (Person) can have whatever support (person) needs with (person's) day to day living." A staff member told us how they enjoyed working at Rowanberries and commented, "The bond we get with the tenants. It means a lot. We get the chance to sit and chat with them. We're like one big family."

People who used the service were supported to be as independent as possible. For example, we saw a staff member assisting a person with their medicines and asked the person to get their own glass of water to take the tablets with. One staff member commented, "There's still a level of independence, they can go out. We're just here. They've still got that element of independence, freedom and choice." One person's relative commented, "(Person) came out of hospital with pads on and we've persisted - staff have helped getting (person) to the toilet. (Person) couldn't walk when (person) came out of hospital and here have persisted. (Person) now walks with a walker - they encourage (person) to walk which I think is marvellous."

People who used the service told us staff were mindful of their privacy. We saw staff knocked and waited to be allowed entry to people's apartments and this information was clearly documented in people's care records. One person told us, "At all times (staff respect my privacy and treat me with respect). My door is never locked; they knock, open the door and call out. I then tell them to come through." Staff we spoke with explained how they ensured curtains and doors were closed and people were covered up when delivering personal care to maintain their dignity.

Staff knew people's favourite activities, likes, dislikes and how they liked to be communicated with. Information about people's life history was included within people's care plans to aid staff to better understand the people they were caring for. From speaking with staff, it was clear they knew people well. Many staff had been employed at Rowanberries for several years which meant they had built good relationships with people living at the service.

People who used the service and relatives had been involved in developing their care plans.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service

ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the assistant manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. Staff were sensitive to people's needs. For example, people could choose if they preferred male or female care staff and this was adhered to wherever possible.

Is the service responsive?

Our findings

The service remains responsive.

People's needs were assessed before people started using the service to ensure Rowanberries could meet their care and support needs. Care plans were developed with people's and/or relative's input following the needs assessment. Care records were detailed, regularly reviewed and reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes. One person commented, "We only have to say something and they'll redo our programme again – they came to see us in November to ask us there was any change." One person's relative told us, "(Person's relative) is involved with (person's) care plans."

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

Peoples' end of life care needs were planned for. Care records we reviewed included detailed plans including the type of music people wanted to be played and how they wanted to spend their final days.

Complaints were taken seriously and investigated. The complaints procedure was detailed in the service user guide. One person who used the service told us, "I would go to the office. I have never needed to complain, so I have never thought about it." A number of compliments had been received about the level care and support provided by staff at the service.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The provider had policies and procedures in place. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. For example, one person was encouraged to use word cards to assist their communication.

We saw good evidence of people being encouraged to take part in community and social activities within the apartment complex and in the surrounding community.

Is the service well-led?

Our findings

The service remains well led.

There was a registered manager in post who provided leadership and support, although they were on extended leave at the time of our inspection. They were supported by an assistant manager, the provider's area support manager and regional manager. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team. Comments included, "I like it. Compared to some other homes I've worked in. Everyone works together better. Everyone is happy. It's really nice", "I could go to anybody - (Assistant manager's name, registered manager's name, regional manager's name)" and "If I needed to offload something or to speak to any staff about anything, I would speak to (assistant manager's name)."

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service.

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open, positive and encouraged the values of promoting people's independence and putting people who used the service first.

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included care plans audits, medicine audits, health and safety audits and environmental audits. We saw if any shortfalls in the service were found action had generally been taken to address any issues.

People who used the service had been asked for their views about the service they were receiving through regular tenant meetings and quality survey questionnaires, although the last questionnaire sent out was dated 2017. The responses of this and from people we spoke with showed they were highly satisfied with the care and support they received.

Regular meetings for staff were held. A staff questionnaire had been sent completed in 2017 with some actions completed as a result. However, no survey of staff views had been completed since this date.

The assistant manager told us they had good communication and support from the provider and the area manager and regional manager visited the service on a regular basis. Management support and sharing of 'best practice' was also provided with regular manager meetings, held at different service locations throughout the year. The assistant manager told us they also kept up to date through provider policy and email updates.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home; we found the service had also met this requirement.