

Methodist Homes Assisi Place

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Assisi Place is a domiciliary care agency. It provides personal care to adults living in their own flats. At the time of this inspection on 15 and 24 January 2019 there were 31 older people who were being provided with personal care.

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 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.

At our last inspection published in August 2016, the service was rated Good overall with the domain of well-led being rated as requires improvement. At this inspection we found the evidence continued to support the rating of Good overall and improvements had been made in the key question for Well-led. 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.

The service continued to provide people with safe care. There were systems in place which were intended to minimise the risks to people and keep them safe, in their daily lives. There were enough care workers to cover people's planned care visits. Recruitment of care workers was done safely. Where people required support with their medicines, these were administered as prescribed. However, good practice was not always followed. We made a recommendation about this in the report. There were infection control systems in place to reduce the risks of cross infection.

People continued to receive an effective service. People were supported by care workers who were trained to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people required support with their dietary needs, systems were in place to deliver this. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

People continued to receive a caring service. People had positive relationships with the care workers, team leaders and the registered manager. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People continued to receive a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people that mirrored their choice. A complaints procedure was in place and complaints were acted upon and used to improve the service.

People received a well-led service. There was a registered manager in post and they were building links with the local community to improve people's lives. Incidents were used as learning opportunities and people's views were used to continuously develop and improve the service. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to improve.

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 remains good.

Is the service well-led?

Good ●

The service had improved to good.

Assisi Place

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 announced comprehensive inspection was carried out by one inspector on 15 and 24 January 2019. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service for older people and we needed to be sure that staff would be available.

We used information the provider sent us in the Provider Information Return (PIR). 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.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with four people who used the service and one relative. We spoke with the registered manager, deputy manager and two care workers. We reviewed four people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of three care workers.

Is the service safe?

Our findings

At our last inspection of August 2016, the key question Safe was rated Good. At this inspection of 15 January 2019, we found the service had sustained the rating of Good.

People told us they felt safe with their care workers. One person said, "I like living here. Staff are always close by if you need them." Another person told us they and their wife were safe. They said their family are happy because they know they are safe and get what they need.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from staff who were trained in safeguarding. Care workers said they knew what to do if they suspected a person was being abused or at risk of abuse. The registered manager took appropriate action when they had received concerns of abuse. Any previous safeguarding shortfalls were analysed and lessons learnt to ensure future risks were reduced.

Accidents and incidents were documented and reviewed for trends and areas for improvement. We saw examples where action had been taken following accidents. The registered manager also completed a post monitoring accident form to review any further shortfalls and drive improvements.

Risks to people's safety continued to be recorded and reviewed. People's care records detailed areas of risk and how risks could be reduced or removed. Each person had a plan in place to support them in the event of an emergency. A Personal Emergency Evacuation Plan (PEEP) clearly directed staff and fire staff the support people required.

People told us their care visits were always completed. We observed the staffing level continued to be appropriate to ensure there were enough care workers to meet people's needs safely. The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

Medicines were stored in people's apartments and some people administered their own medicines. Where people received support from staff in the administration of their medicines, staff had received training and recorded each administration. The service did not have systems in place to check incoming medicines against a list of medicines. We mentioned this to the registered manager who acknowledged this shortfall and immediately made changes to work in line with best practice.

Care workers and seniors were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons.

Is the service effective?

Our findings

At our last inspection of August 2016, the key question Effective was rated Good. At this inspection of 15 January 2019, we found the service had sustained the rating of Good.

People's care needs continued to be assessed. We saw records about people's physical, mental and social needs were reviewed with health care professional support. All staff worked with other professionals involved in people's care to ensure their needs were met in a consistent and effective way. This included where people needed to access other health care services.

People were supported to maintain a healthy diet. Records demonstrated that people received the support they required with nutrition. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. There was information in people's records to provide additional guidance around specific dietary requirements to staff.

People told us they felt the care workers and team leaders had the skills and knowledge to meet their needs. One person said, "They know what they are doing." Systems were in place to provide care workers with the training they needed to meet people's needs effectively. Care workers also completed person specific courses such as dementia and end of life care. Before new staff started working in the service, they completed an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. Further observations and spot checks were completed to ensure their practice remained effective.

Records and discussions with care workers showed they continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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 told us the care workers asked for their consent before providing any care. We saw some people who used the service lacked the capacity to make their own decisions and the service had taken appropriate action to support these people.

Is the service caring?

Our findings

At our last inspection of August 2016, the key question Caring was rated Good. At this inspection of 15 January 2019, we found the service had sustained the rating of Good.

People told us all staff continued to treat them with kindness and respect. One person said, "I cannot fault them really, they help me a lot." Another person commented, "They always respect me and my dignity."

We saw care workers and the registered manager continued to interact with people in a caring manner. They clearly shared positive relationships. The registered manager and care workers spoke about people in a compassionate manner. The registered manager and all the staff we spoke with knew the people they cared for. People had a life histories document completed if they wished. This document recorded all important aspects of the person's life. For example, family, holidays, jobs and pets. This showed people using the service were provided with a service by staff who knew them and their background.

Care workers received training on how people's rights to dignity and respect were promoted in people's care plans. People told us how their privacy was respected. One person said, "They ring my bell before they enter, I like it this way."

People were supported to maintain their independence. People's care plans identified the areas of their care they could attend to independently and how this should be promoted and respected. One member of staff explained how they supported a person using mobility equipment and encouraged their independence when doing so.

People told us the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person said, "We have meetings we attend to tell them what we think." People's care records identified they continued to be involved throughout their care planning. This included their choices about how they wanted to be cared for and supported, such as their usual routines and their likes and dislikes.

Is the service responsive?

Our findings

At our last inspection of August 2016, the key question Responsive was rated Good. At this inspection of 15 January 2019, we found the service had sustained the rating of Good.

People said they were happy with the care and support provided. People's needs had been assessed prior to their admission to the service and these assessments helped to inform their care plans. People's preferences, personal histories and specific health and care needs were documented. This allowed staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify their specific likes and dislikes and their personal abilities to manage their own care, along with information about the support they required from staff. People confirmed they were involved in discussions about the support and care they required.

Staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans were person centred and gave clear information to staff about how to support people. Reviews were completed with people and their relatives to ensure their needs and preferences were reflected and up to date. People's daily records included information about the care and support provided each day and their wellbeing.

People told us they knew how to make a complaint and felt it would be addressed. One person said, "There is nothing, but I would tell the manager if there was." There was a complaints procedure in place, each person was provided a copy with their care plan documents. Records of complaints showed they were listened to, addressed and used to improve the service. Staff told us how they spoke with people regularly to ensure that any concerns could be quickly addressed.

People's end of life wishes were recorded in their care plan. We saw evidence that people were supported to remain in their home until the end of their lives if they had expressed this wish. At the time of our inspection, no one was receiving end of life care.

The service had systems and processes in place to learn from mistakes and continuously strive for improvement. We identified minor concerns in relation to medicines and fed this information back to the registered manager. The registered manager immediately started taking steps to improve the areas of concern identified and minimise room for error in the future.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss. This meant staff understood how to best communicate with people. People could receive information in formats they could understand, such as in easy read or large print.

Is the service well-led?

Our findings

We found the service had improved to Good.

There was a registered manager in post. A registered manager is person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The deputy manager told us they felt supported by the registered manager. They told us and records confirmed, that meetings were held with organisational managers and staff members where they shared examples of good practice. We saw the registered manager had a visible presence in the office and premises and they clearly shared positive relationships with people who used the service. People were complimentary about the registered manager.

The registered manager continued to carry out a programme of audits to assess the quality of the service and identify issues. These audits included reviews of medication administration where applicable and care records. However, the medication audits had not identified the area of concern we raised in the safe domain.

The registered manager told us each month they reviewed at least 10% of care records. Where shortfalls were identified, timely action was taken to address them. Incidents and accidents, including falls, were analysed and actions taken to reduce future incidents. The service's Provider Information Return (PIR) identified the service understood their roles and responsibilities and plans were in place to continually improve the service.

The provider had a quality team who visited the service annually to review the standard of the service provided. We saw the report from their last visit in October 2018 which highlighted some areas for improvement.

The registered manager continued to promote an open culture where people and care workers were asked for their views of the service provided. People were asked to attend an annual review meeting to ask if people were happy with the current service and judge their level of satisfaction. Comments recorded on these reviews included, 'Okay, no concerns and no complaints' and 'good in every respect'. The provider also sent a survey for people to fill out in their own time every two years. This was another opportunity for people to announce their concerns and feedback.

All the staff we spoke with were committed to providing a good quality service to people and they were complimentary about the management team and how they led the service. The registered manager said they were proud of the staff team, who were committed to their role.

The registered manager was working to further develop links with community health care professionals,

local authority commissioners and safeguarding teams by sharing information.