Methodist Homes

Maidment Court

Inspection report

47 Parkstone Road
Poole
Dorset
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10 December 2019
17 December 2019

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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

About the service
Maidment Court is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 28 people were receiving care and support from the service.

Maidment Court provides extra care housing in 87 purpose built one and two bedroom apartments and studio apartments. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 99 people living at Maidment Court at the time of the inspection. Staff provide personal care to some people and emergency support to everyone living in the building.

People's experience of using this service and what we found.

People and relatives told us the service provided staff who were caring and supportive. People received care that was responsive to their individual needs. Staff had a good understanding of how people preferred to have their care and support provided.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely. We have made a recommendation about medicines training and supporting staff to administer medicines.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People felt listened to and consulted when planning and agreeing what care and support they needed. People and relatives told us they could confidently raise any concerns, and these were addressed appropriately.

There were sufficient numbers of trained, experienced staff to meet people's needs. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

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. People and, where appropriate, their relatives were involved in decisions about their care.

Systems were in place to ensure there was oversight of the service was robust. Issues were identified, and

actions taken to address any shortfalls.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 8 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Maidment Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and an assistant inspector on the first day of the inspection and one inspector on the second day of the inspection.

Service and service type
Maidment Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built 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.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection visit. We needed to be sure people were informed we would be visiting, and we needed a manager to be available to facilitate this inspection.

Inspection activity started on 9 December 2019 and ended on 17 December 2019. We visited the extra care site on 9 and 10 December 2019.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection
During the inspection we spoke with eight people who received care and support from the service. We also spoke with the registered manager and eight staff.

We reviewed a range of records including three care plans and medicines records, three staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, complaints and accidents and incidents.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included seeking further staff opinions and contacting health professionals and commissioners to ask for their views of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● People described the staff as reliable and caring. Staff raised some concerns about the number of staff available but none of the people we spoke with had concerns about the way staff were allocated to them or the care and support they received.

● Staff reported that people's needs were not always fully met in one visit or at the time they would prefer. They said that people often had to wait until staff had time later in the day to come back and finish. Any care or support that was time critical was provided as required.

● Traditional domiciliary care services are planned around people's requirements for a specified number of calls per day for a specified amount of time. People receive rotas telling them which staff will visit them and when. Staff have protected time to spend on each visit. People at Maidment Court did not have rotas giving specific visit times for their care and support.

●Staffing at Maidment Court was scheduled via a general rota that provided staff for shifts as they would be in a residential care home. During our inspection, the staffing calculation made by the registered manager meant there were five care staff available between 7am and 1pm, four care staff between 1pm and 7pm and two waking care staff between 7pm and 7am. In addition to providing personal care and support for the 28 people who received a regulated service, staff were also responsible for administering medicines to a further eight people and answering emergency call bells for any of the 99 people living in the building. This meant that people did not have protected time for their care calls as staff could be called away to answer emergency bells or support other people.

● Some staff had previously worked in residential care homes. They told us they felt there were "Blurred lines" at Maidment Court with many people having expectations that staff would be available to them at any time they required in a 24-hour period rather than for specific, planned, time limited calls.

● Staff told us that they found this way of working very stressful: they were worried they may be distracted when administering medicines and make an error as well as often having to leave people without completing all that they needed help with. They confirmed that they had raised this with the management of the service but, at the time of the inspection, no action had been taken.

● Staff told us they felt that people were having their care and support needs met but gave us examples of not having time to support a person with some aspects of personal care at their morning visit and people having to wait until staff had time to go back later in the day to finish some tasks. One member of staff told us, "We carry a phone with us that is constantly ringing so if a person rings the bell it goes straight through to the phone. I have to answer straight away in case they have fallen but sometimes this can be whilst I'm administering medication and you have to put it all away. It's stressful and it's not easy." Another member of staff said, "We come to work but we are really scared that at any time we could make a mistake because we are so busy."

● A volunteer told us, "Staff morale varies depending on the workload. I think they do struggle in the

mornings and it has been hard to change from a care home to home care. Particularly with people using the call bell. I think the resident's expectations are different in retirement living and I think sometimes some of our residents expect a care environment and some staff want to give it as that is what they are used to. They haven't gotten used to spending just half an hour with them."

We recommend the provider reviews and assesses the numbers and deployment of staff at the service to ensure that the needs of people using the service are met at all times.

● Recruitment practices were safe. The service had not always gained a complete employment history for some of the staff at Maidment Court. This meant that any unexplained gaps in their employment had not been explored and therefore the required information that should be obtained to demonstrate a person's suitability to work was not available. However, the provider's own quality assurance systems had already identified this, and steps were being taken to ensure all information was gathered.

Using medicines safely
● People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
● People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly
● All of the staff we spoke with raised concerns that they were at risk of making mistakes in administering medicines to people because they were often interrupted by emergency call bells or distracted by people, visitors etc. Many of the staff were not used to model of medicines management used by domiciliary care services and preferred the resident care home model where one senior member of staff was responsible for all medicines administration.

We recommend the provider reviews the training and support provided to staff to ensure they are confident to administer medicines without concerns about interruptions or distractions.

Systems and processes to safeguard people from the risk of abuse
● Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
● The manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.
● Three of the staff we spoke with did not fully understand the term "whistleblowing" and were not confident they would know how to raise concerns to either the provider (except the registered manager and senior staff) or able to tell us how they [staff] knew how to raise concerns internally and to external organisations such as the local authority safeguarding team and CQC. The registered manager confirmed that all staff had undertaken trained but confirmed that this would be added to the next staff meeting and discussed in staff's next supervision.

Assessing risk, safety monitoring and management
● Staff understood the actions they needed to take to minimise the risk of avoidable harm
● People told us they felt safe and well cared for. One person told us, "The care staff are nice." Another said, "The staff are caring."
● Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
● Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring

to people or staff.
● There was a contingency plan in place in case of events that affected the service running safely, such as staff sickness, problems with the office or adverse weather.

Preventing and controlling infection
● People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice.
● Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong
● Accidents and incidents were reviewed and analysed by the registered manager so any trends could be identified, and learning could be facilitated.
● Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs and choices were assessed before the service started to provide any care or support and were then regularly reviewed.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person-centred care and support plans.
- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes, storage of medicines and telephone emergency alarm systems.

Staff support: induction, training, skills and experience

- People told us their needs were met by staff with the right skills, experience and attitude for their roles.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. A member of staff said, "Training is pretty good. It is online and face to face. Competency checks are completed by a senior member of staff when our training has finished"
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- Staff completed a comprehensive induction which included shadowing experienced staff on visits. They did not work unsupervised until they and the management team were confident they could do so safely. A programme for updates and refresher training was in place.
- Where staff were new to the role of care they were also expected to complete the Care Certificate within three months. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, any concerns or training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff who understood their food and drink needs and preferences.
- Care plans reflected the support people needed to eat and drink.
- People had different choices available for where they wanted to eat their meals. Some people were independent in purchasing and cooking their meals whilst other people had support from staff to prepare food. A restaurant was situated in the building which provided breakfast, lunch and an evening meal for people. There was mixed feedback about the quality and quantity of the meals: some people were very complimentary, and others said portions were too small and that the kitchen often ran out of popular items.

The registered manager advised that there had been recent staffing changes in the kitchen and these issues would be addressed.

● Some people had specific dietary needs. This had been assessed and could be catered for by the restaurant or staff supported people in their own homes.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

● Collaborative working with other agencies, such as GPs and district nurses, had ensured people received the support they needed as quickly as possible. People were either supported by staff to do this for themselves or staff made arrangements on people's behalf.

● People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals.

● Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from healthcare professionals.

● Records showed instructions from healthcare professionals were carried out.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● Where people had capacity to make decisions, they had signed their care records to show that they consented to the care and support they were being provided with.

● People's care plans recorded if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. Proof of this authority was requested by the service and held on file.

● Staff had a good understanding of how to support people who, at times lacked, capacity to make daily decisions. Staff told us they continued to offer choice but simplified the options to make it easier for people.

● We saw that care plans had requested people's consent to taking photos, accessing their records and supporting them with any care needs. People had signed this or if they were unable, a representative with the appropriate legal authority to act on their behalf had signed this.

● People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.

● Training records confirmed that staff had undertaken training in relation to the MCA.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People praised the care and support they received from staff. Comments from people included that were kind, caring and respectful.
- A volunteer at the service told us, "People that receive care feel like they are getting the care they need and are loved and supported by the staff."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity.
- The service provided a Methodist chaplaincy service for 30 hours a week. However, they supported anyone who needed them regardless of their faith or personal beliefs. They had developed good relationships with local churches and people were supported to attend services as required. They also provided a visiting service for people from the service who spent time in hospital.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. Our observations of care, review of records and discussion with people and staff showed the service promoted people's rights. People were asked for their views in this area through care planning and reviews.

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with felt included in how their care and support was planned and delivered. They confirmed they had opportunities to have their opinions heard.
- If people needed independent support with making decisions, the manager had information available about advocacy services but also, such support could be provided via the chaplaincy service.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff were respectful of their privacy, dignity and independence. During discussion with staff, they gave us examples of actions they took to promote people's privacy and dignity.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●People had personalised care plans that explained how they would like to receive their care, treatment and support. Care plans contained information on people's life history, interests and preferences. Each person's plan was regularly reviewed and updated to reflect their changing needs.

● At each visit, staff completed the person's daily notes which were part of the care record kept in the person's home. This recorded the date and time of the visit and the support given.

● Staff communicated well between each other during the shift with the use of portable phones. There was a formal meeting at each change of shift where any issues or concerns were discussed and passed to the incoming staff to attend to.

● People said staff provided them with the care and support they required; they told us they felt well cared for and were consulted about what they needed.

● The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. Staff confirmed care plans and other records contained good detail to enable them to meet people's care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.

● People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital.

● The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

●The provider had effective systems in place to respond to people's complaints.

● People were given information about the service and how to complain when they first started to receive support from the service.

● The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.

● People told us they knew how complain if they needed to and felt confident they would be listened to.
● No complaints about the care and support people received had been made for over 12 months.

End of life care and support
● The service was not supporting anyone with end of life care needs at the time of our inspection.
● People had been given the opportunity to discuss their end of life wishes and these were documented where they had chosen to do so.
● Staff had received training in supporting people with end of life care and the chaplaincy service was also available to support people and relatives.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. People and staff said there was a clear management structure in place and that they were responsive to any issues raised. A member of staff told us, "Communication and support is good."
- Staff spoke positively about teamwork. A member of staff told us, "I'm always helping colleagues. If I finish my list, I call my colleagues. If they need help, I always help. The team is good here. We always help each other."
- An annual audit of the service was carried out by the provider. The most recent had been completed in August 2019. This showed matters highlighted for attention at the audit in 2018 had been addressed and an action plan was in place for the very few issues identified at this year's audit.
- Records of staff meetings, quality assurance checks and audits showed when issues were identified, these were shared appropriately, and action was taken to address any shortfalls.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people.
- People told us the registered manager and senior staff were approachable and they would have no hesitation in raising concerns or making suggestions. Staff also said they could approach anyone in the management team.
- The manager promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider had systems in place to regularly ask people and staff for their views on the service, so they could continually improve.
- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews of their care. There was also a suggestion box for people to use.

Information gathered from these methods was used to improve the service and to highlight good practice or care.

● Quality assurance surveys were sent out to people annually. The most recent survey had been completed in September 2019. A report had been created following the survey and this, together with an improvement plan for those areas that required it, had been shared with people and staff. This meant the service was continually checking to ensure people received the best possible care and support.

● Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people. They acknowledged that some of the issues they raised, such as the staffing levels, could not always be addressed by the registered manager.

● There were regular meetings held for people living at the service and for the staff. A member of staff told us, "[Registered manager] does resident meetings so they can discuss their issues and [registered manager] has staff meetings so the staff can raise concerns." Minutes from these meetings showed people's and staff's views and needs were considered.

Continuous learning and improving care. Working in partnership with others.

● There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.

● The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.

● The service had good links to the local community, local churches and schools whilst reflecting the needs and preferences of people living at the service.