Methodist Homes

Fitzwarren Court

Inspection report

Fitzwarren House
Kingsdown Road, South Marston
Swindon
Wiltshire
SN3 4TD

Tel: 07580414140

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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 5 June 2017 and was announced. We gave the registered manager 48 hours' notice of the inspection. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

Fitzwarren Court provides a domiciliary care service to people living in their own apartments. At the time of our visit there were 15 older people using the care and support service.

There is an onsite office from which the care and support service is managed, including facilities such as a beauty parlour, bistro and communal lounges.

People who live in Fitzwarren Court are predominately independent in their day to day living and require some additional support to maintain their independence.

At the time of our inspection there was a registered manager in place. 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.

People were supported to make day to day decisions such as their daily care routines, meal times and taking part in activities. The care plans were underpinned by the Mental Capacity Act 2005, which documented the decisions people could make. People had consented to their care and support package.

Care records included people's background and detailed people's preferences on how their care and treatment were to be delivered. There were a range of activities people could take part in if they wished.

Staff explained the procedures for safeguarding of vulnerable adults from abuse. They were able to tell us the types of abuse and their responsibilities to report abuse. We saw people approach the staff and seek interaction from them. We saw people responded in a positive manner to the staff on duty.

Risks were assessed and staff were knowledgeable about the actions needed to minimise identified risks. Risk assessments were devised on how to minimise risks identified.

Staff told us staffing levels were appropriate for them to deliver the care required in the time given.

The staff were supported to meet their roles and responsibilities. Staff attended training as set by the provider. The staff said the training was good, they attended refresher training and specific training to meet the needs of the people they cared for.

The views of people were gathered about the quality of the service.

Quality assurance systems were in place to assess the standards of care provided.

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.

Medicines were administered safely and people received their medicines on time.

People told us they liked the staff who supported them and felt safe in their presence.

Risk assessments were in place to ensure people were safe and these were regularly monitored. Staff had appropriate guidance in order to keep people safe.

There were safe recruitment practices in place to ensure any new staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were well trained.

There was an onsite bistro where people could have their meals.

The registered manager and staff were knowledgeable about the Mental Capacity Act 2005 and of their responsibility in ensuring people's rights were protected.

Staff received on-going support through supervision and appraisal with their line manager.

Is the service caring?

Good

The service was caring.

People and families told us the staff were kind and caring.

Staff knew people well and their preferred routines and preferences for their daily care.

We observed that staff were attentive to people.

People were able to express and document their end of life wishes.

Is the service responsive?

Good

The service was responsive.

People were able to take part in a range of activities.

Care plans were person centred and reflected how people preferred their care and support to be delivered.

People and families were aware of how to make a complaint if needed.

A residents committee liaised with the registered manager about the running of the building.

Is the service well-led?

Good

The service was well led.

The service carried out regular audits to check the safety and quality of the service provided.

People and families were able to give their feedback about the quality of the service provided.

Accidents and incidents were recorded and analysed to ensure action was taken to prevent further occurrences.

Fitzwarren Court

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 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.

The inspection took place on 5 June 2017 and was announced. We gave the registered manager 48 hours' notice of the inspection. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

The inspection was completed by one inspector who visited the service and an expert by experience who contacted people who use the service by telephone. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using this type of service.

Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We obtained a provider information return (PIR). The PIR is information the provider sends us about the service.

As part of the inspection we spoke with six people who use the service and four relatives, the registered manager, deputy manager, the activities co-ordinator and four staff involved in the delivery of care to people. We looked at the records relating to care and decision making for three people who use the service. We also looked at records about the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe in the presence of care staff and in how their care was delivered. People told us there were sufficient staff available to provide the care they needed. Staff usually arrived on time and they knew who the staff were. The allocated time was appropriate to enable staff to complete the agreed care and support. Staff told us they were able to complete the care routines within the timescales set. One staff member told us if people did not wish care at the time agreed they would go back at a later time. The registered and deputy manager were also available in the event of staff shortage. The sister care home which is on the same site, would provide care staff in an emergency.

Staffing levels were determined by the needs of people who use the service and were monitored to ensure people's changing needs were met. People using the service did not require care during the night time, however there was one member of care staff available and there was an on-call arrangement in the event of an emergency. If people required support or there was an emergency during the night, each person had a call pendant to alert the member of staff on night duty.

With regard to financial systems and charging for the service, this was arranged through staff recording the time of visit and care delivered in a charging book kept in each person's home. This information was used for billing purposes and we saw that invoices were itemised and correct according to the charging information.

Care staff told us they would have no hesitation in reporting suspected abuse or where people were at risk of harm. Staff were knowledgeable about what constituted as abuse and their responsibility in reporting such incidents. Staff told us the registered manager would listen if they had any concerns around people's safety. They received regular training around safeguarding and training records confirmed this.

Medicines were managed and administered safely. Each person had a lockable cabinet in their home to keep their medicine and only designated staff had access to the cabinet. People and their relatives arranged with a local pharmacy to deliver their medicines and no stocks of medicines were held at the service. Staff supported people to take their medicine or prompt them when required. Care plans stated how people would like to be supported with their medicines including any potential risks of taking the medicine.

Medicines were contained in a dosette box and the medicine administration records (MAR) completed by care staff were checked to make sure they corresponded to the stock levels within the box. A dosette box is a pre-prepared and sealed box which is delivered to the person with the tablets to be taken for each day. Where people were prescribed 'as required' medicines (PRN), there were protocols in place detailing when they should be administered. For one person, the recording of when they took their PRN medicine stated they took it for pain but not the type of pain. Recording the specific location of pain would enable the staff to better monitor the person's well-being and highlight any potential deterioration in health. The registered manager told us they would address this.

The service carried out regular audits of medicines and where shortfalls were identified an action plan was

put into place to prevent further errors. Each member of staff undertook training in medicines management and competence checks were carried out to ensure they remained competent to administer medicines. Where errors had been made by care staff, action was taken regarding refreshing their training and on-going support.

There were systems in place to ensure only invited visitors had access to people in their homes. Visitors could only access the building through the use of a security code. At night time the building was made secure.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to minimise the risk of falls, which considered environmental factors along with the person's vision and mobility. Other risk assessments looked at medicines and where staff were required to use a hoist or a sling to support with moving and handling. The risk assessments gave clear guidance on how to safely use the equipment in order to minimise potential risks. Environmental risks were also reviewed for the communal areas and people's homes. Risk assessments were reviewed monthly or more often if additional risks were identified.

There were effective recruitment procedures in place, which ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records for three recently employed staff. The records demonstrated the recruitment procedures were being followed.

Regular checks were made on the premises and the equipment people used to ensure it was safe. Each person had a personal emergency evacuation plan (PEEP) in the event of an emergency and staff had easy access to this information should it be required. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Contingency plans were in place in the event that the location would need to be evacuated.

Good

Is the service effective?

Our findings

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 legally authorised under the MCA. For people receiving care in their own home, this is an Order from the Court of Protection.

Staff demonstrated a good understanding of the principles of the MCA. They were able to describe how they supported people to make decisions and around gaining their consent when delivering personal care. Staff were aware that it was always assumed that each person had capacity.

People who received a care service at Fitzwarren Court had signed to agree to their contract of care. Documentation within care records included people's capacity to make decisions and people had signed to consent to share information and to their care plan. There were processes in place to carry out a mental capacity assessment where required and to involve the relevant agencies. For example, some people had a Lasting Power of Attorney (LPA) where in the event that the person was not able to make decisions around finances, the LPA would be applied for to enable family members or their elected representative to take on this role. The registered manager was aware of this information to ensure they adhered to the principles of the MCA and acted in the person's best interest. Staff confirmed they had received training in the Mental Capacity Act 2005 which was evidenced through the training matrix.

Staff told us they had regular supervision meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff received an annual appraisal to review their progress throughout the previous year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. A staff member told us "I love my job and enjoy working with the other staff and residents. The managers are great managers and have helped and supported me with all my training. They are very approachable and supportive and good at their jobs".

Supervision and staff meetings were used to embed learning and identify refresher training needs of staff. Staff said they had sufficient training and development in order to carry out their work safely and competently. A staff member commented "We get plenty of training and also get to do workshops which are really interesting".

Mandatory training included medicine management, health and safety, food hygiene, infection control and dementia care. The registered manager explained how some training courses were also offered to people and their families. For example there were different levels of learning around dementia and people and families who had completed the training were presented with a certificate. In June 2017 the service was offering training to staff, people and families interested in 'degenerative diseases'. The registered manager told us this supported families and people to understand different conditions and also enabled staff to discuss people's concerns with them. Other training specific to people's needs was provided for example, caring for a person following a stroke, epilepsy care and diabetes management.

New care staff completed the Care Certificate. This is training which helps new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, to enable them to provide people with safe, effective, compassionate, high-quality care. When new staff were recruited they completed a comprehensive induction programme. This included shadowing an experienced member of staff and not working independently until they had been assessed as being competent to do so.

Staff supported people by making snacks or drinks but did not provide a meal service directly to them. People had facilities in their apartment to cook or make snacks. Where people had been identified as needing support around eating and drinking, risk assessments and care plans were in place. These were monitored and reviewed to ensure people received the support they required. Where people required a specialised diet, feedback from one person stated "there is a willingness to adjust menus to suit medical conditions".

There was an onsite bistro where people could take their meals and meals could be delivered to people in their apartment. This was one of the services offered to people who lived in their own homes. People had a choice of taking up to three meals a day in the dining room and there was an additional charge for this. The bistro was laid out with dining tables of seating for four people, napkins, cutlery and condiments. There were two meal time options and people were asked which they would prefer. A menu was displayed on the wall with that day's choice of breakfast, lunch and dinner. People told us they enjoyed meeting up for a meal with their family, friends and people from other apartments. Special dining nights were arranged such as 'Steak night'.

When we asked people about the quality and variety of the food on offer, there were comments such as "it's bland" and "there isn't a good choice". In the compliment folder a family had stated "food is good and visitors also enjoy eating here and it is good value for money". The registered manager was also responsible as the service's manager for the running of the building and services. They told us they had received complaints around the standard of the food and this had been passed to the provider. They told us they were actively working to improve the standard of catering which people paid for.

People living at Fitzwarren Court were very independent and took responsibility for contacting health professionals where required such as their GP or district nurse, unless agreed otherwise with the service. As part of ensuring people were well, staff monitored people's health care needs and any changes in their health or wellbeing was investigated. The care records evidenced where health professionals were involved and staff worked alongside to ensure any changes to people's care was implemented.

Staff told us they supported the same people which allowed for consistency and changes in people's needs to be noticed more quickly. Where required the registered manager made referrals with the person's consent to health and social care professionals. People confirmed this. People had access to a pendant call bell system to alert staff if they required assistance. One person told us how they had 'slipped over' at night time and the staff had quickly contacted the ambulance service to attend.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received as were the family members we spoke with. People told us they were introduced to their carer before they began supporting them and over time had gotten to know them well. People told us "Yes we were introduced to them and have been here a year now, so know them well" and "they are all very caring".

During our visit we observed staff interactions with people whilst they were in the dining room and communal areas. Staff were engaged in social 'chatter' and were kind and respectful towards people. When people asked the staff questions, staff listened and were mindful to give people time to express their views.

Staff told us they had a nice rapport with people, they got to know people well and when they first started with a new person, they would spend time just getting to know the person's likes, dislikes and history. A staff member told us "We usually chat to people when they are in the library, just finding out what they used to do, about their family and things that are important to them" and "I get job satisfaction from being able to help people, I like to chat with people and to learn about their background. I find it really interesting. I hope that I have made some difference to their lives".

The service received many written compliments about the quality of care people received. Some from relatives were, "The carers provide excellent care for her and how much they manage to do for her in a call. This is sent with much gratitude and what a lovely lady she is [the carer]", "We are pleased with the exceptional care X [staff member] gives our loved one every morning" and "Excellent staff and now a better manager". People visited the office to compliment and thank the carers. Some of the feedback from people included "You [the staff] are all marvellous as you do so much for everyone here", "What a marvellous job X [staff member] had done cleaning the flat", and "Thank you for your support and friendship".

People's privacy and dignity was respected by staff who knew the correct procedures to follow when supporting someone with personal care. Staff told us they ensured doors and curtains were closed. People told us "They [the staff] knock on our flat door first if they come to see us." and "When I needed help with showering and personal care, the carers are always thoughtful of how I might be feeling and use towels in a way for me to keep my privacy and dignity. They always knock on the door before coming in."

Relatives told us how the staff considered if people wished to have privacy with one commenting "Sometimes my mother does not like being in the communal lounge and I have seen and know that carers will take her back quietly to her flat". Other comments from relatives were "They [the staff] call her by her preferred name." and "They knock on their door. They let my relative choose the independent option. But they are there if help is asked for." One relative told us the staff were very good at looking after their loved one's welfare stating "If she does not come down for dinner, they [the staff] will notice if she is missing and will either encourage her to go down. Or they will bring food to her flat." In addition to people's planned care visits, each person received a daily 'wellbeing' visit from a member of the care team to ensure they were safe and well.

Staff understood the needs of the people they were providing care for and people told us staff delivered care according to their preferences. One person told us "Yes. I can't fault any of them." People and their relatives were involved in the care planning and review process and relatives were kept up to date of any changes or concerns. A relative told us "We are very involved. We visit often and the assistant manager will email me regularly."

People who live at Fitzwarren Court are very independent and the level of care and support required for most people was minimal. Some people only received care and support when required, for example after an operation. Staff supported people to maintain their independence through recognising what people could and wanted to do for themselves. This information was clearly laid out in the person's care plan.

Within the care plans information was available for those people who wished to express their end of life wishes. Some people did not want to discuss this and their wishes were respected. Other people had completed a 'Do Not Resuscitate' order and staff were aware of their preference around this.

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised and clearly documented the care people wished to receive. We looked at three care plans which reflected people's needs and choices. People and their relatives told us they were involved in discussion about their care plan and reviews and had signed to consent to the care being delivered. Care plans included people's background, what personal well-being meant to them, what they wanted to achieve and how the service could help them to achieve their objectives.

People's changing needs were supported which meant that at times people would need less support. People were supported to take their medicines, to get up in the morning and support with their personal care. People told us, "They [the staff] don't need to do as much as before, as I am much better. They now call me in the morning (telephone) to make sure that I am ok." and "When I first arrived I was not well. They [the staff] helped dress and shower me, made my breakfast, washed up and made my bed."

People's needs were reviewed regularly and as required. The registered manager told us there was constant communication between people and the office and any changes would be dealt with immediately. Staff told us they were always kept up to date on people's changing needs through discussion with the registered manager and by reading the care plans.

Speaking with people they told us they were confident that carers knew what was in their care plans. Staff told us when they were due to visit a person for the first time, they would read through their care plan to ensure they knew what was expected of them. We saw that staff completed a daily record for people after each visit and recorded information on the support given and the person's wellbeing during that visit.

The service arranged activities and an activities co-ordinator was employed to provide these. There was an events schedule displayed on the activity board to inform people of forthcoming events such as afternoon tea, a forthcoming summer garden party, visit from a mobile clothes and jewellery shop, a performance by a local entertainer, chair exercises, cinema club, crosswords, card and board games. There were two communal areas where people could watch television, one with a DVD player and a computer. Onsite there was a beauty parlour which offered hair dressing and other treatments. Twice a day a bus was available to take people into the local town.

Other activities were organised by the 'residents' management committee' which had a chair who liaised with the registered manager on the running of the building. The committee discussed items such as the menus and the quality of the food, the safety of the building and fund-raising events for social activities. The committee had recently been successful in gaining access to nearby woodland . This meant people could go for walks and also exercise their dog in the woodland.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The provider told us the service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure

and how they would address any issues people raised in line with it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. Comments included "I haven't needed to, but it would be the manager or the deputy I would speak to" and "I did have a moan once about the food and went to the manager and also wrote to head office and it was sorted." Relatives told us "Yes, I would feel able to. I would first contact staff in the office. And if I had to. I would go further." And "Yes I would speak with the manager".

Good

Is the service well-led?

Our findings

There was a registered manager for the service. 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 and deputy manager were available throughout the inspection.

We observed there were clear lines of leadership and accountability, for example when staff approached the management team for guidance. Staff were aware of their responsibilities and the line management of the service. The registered manager and the staff team had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maximised people's independence.

Written compliments from people and families included "staff and carers are amazing", "pleased with everything", "someone always available to help", "accommodation is excellent" and "marvellous place, we are very lucky to live here".

Staff felt they were well supported and were positive about how the service was managed. They told us they felt valued and the management team were always available with their door open. People and families were encouraged to give feedback about the quality of the service either in person with the registered manager, to staff or through comment cards. A survey to find out people and families' view about the quality of the service had been sent out and the service was collating the responses at the time of our visit.

Regular audits and assessments were carried out such as the environment and premises, infection control, medicines, nutrition, staff training and supervision. Audits identified areas for improvement and how they could be achieved. For example, a shortfall had previously been identified in the administration of medicines. The results of these audits were used to develop an action plan for the service and we saw that actions had been followed up.

The registered manager had a development plan in place for the service. They told us as a fairly new scheme they currently provided a minimal ninety hours a week of care. They intended to increase the availability of care and support to ensure that when care needs increased they were able to match those needs. Another development was to increase the level of social events and activities available to people. For example a bowls court was due to be built in the garden and this was possible due to donations made to the amenity fund.

Accidents and incidents were recorded and analysed. The nature of the incident, injuries sustained and the agencies that were informed about the incident were recorded and any follow up action which should be taken.

Services that provide health and social care to people must inform CQC of important events that happen in

the service. The registered manager was knowledgeable of the requirements to notify CQC of any significant events and had done so accordingly.