

Methodist Homes

Adlington House

Inspection report

Nelstrop Road
Heaton Chapel
Stockport
Cheshire
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Tel: 01619750411

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20 March 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:

Adlington House 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 and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The purpose built three storey building, set in its own grounds, offers 52 self-contained retirement apartments. The building consists of two communal lounges, a communal garden, an activities room and a restaurant. The building also has staff facilities, including an on-site office and a staff room.

Not everyone living at Adlington House received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 11 people living at Adlington House were receiving a regulated activity.

People's experience of using this service:

We saw the service had received many compliments from people who used the service and their relatives. One compliment said, "We sincerely believe that the kindness and consideration shown to [person name] played a huge part in enabling her to hold onto her independence and self-respect, and to live out the last of her life in the safety and warmth of her own home."

People were supported to understand how to keep safe and to raise concerns if abuse occurred. People continued to tell us they felt safe with their care and support.

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's outcomes were consistently good, and people's feedback confirmed this. One person told us, "I enjoy life here, this place has changed my life."

The service worked with people's social workers to ensure their needs were met, and professionals spoke positively about the service. People's needs were comprehensively assessed and regularly reviewed. People and families were involved in reviews.

We observed positive interactions between staff and people. Staff had good relationships with people and knew them well. Staff were seen to be caring towards people, and respected people's wishes.

People were supported to express their views. People we spoke with told us they had choices and were involved in making day to day decisions.

All the people we spoke with could tell us how to make a complaint but did not feel they needed to. One person remarked, "The staff are gentle, kind and pleasant and respect me as a person. They are all like that, I couldn't single anyone out good or bad. I have no complaints".

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The service continued to meet the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

Good (report published 23 May 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good in all areas and Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

Adlington House

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:

Two adult social care inspectors carried out the site inspection on both days.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using this service receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the CQC. This means that 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 due to the service being small and we needed to inform people, we would like to visit their apartments to talk with them.

Inspection site visit activity started on 19 March 2019 and ended on 20 March 2019. We visited the office location on 19 March 2019 and 20 March 2019 to see the manager and office staff; and to review care records, policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about, such as abuse. We contacted the local authority safeguarding and commissioning teams to gather information about the service. We had

requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and four relatives to ask about their experience of the care provided. We also spoke with the registered manager and three staff members, including a senior team leader and care workers. In addition, we spoke with a professional who worked with the service.

We reviewed a range of records. This included three people's care records, risk assessments and medication administration records (MARs). We also looked at three staff personnel files around staff recruitment, training and supervision records. In addition, we reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

People continued to tell us they felt safe with their care and support. One person told us, "The carers are vigilant. Company and security is both important." Another person said, "I feel safe, and I feel secure with my buzzer."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- There was a safeguarding and whistleblowing policy in place.
- Staff we spoke with had a good understanding of their responsibilities and how to safeguard people. One staff member said, "I would report concerns to the local authority safeguarding team."
- Staff received appropriate safeguarding training and refresher courses.
- The service followed safeguarding procedures and made referrals to the local authority, as well as notifying CQC as required.

Assessing risk, safety monitoring and management

- People moving into the apartments were given an induction to ensure they knew how to raise the fire alarm, summon assistance, how to access the staff team and the office and use of assisted equipment such as bathroom aids and call systems. This was recorded in people's care files.
- Each apartment had an alarm system fitted to alert staff when there was a concern such as a fall. People could have welfare checks at intervals suitable to themselves.
- Staff were on duty for 24 hours a day over seven days a week which meant staff could respond to people's needs as and when required.
- People had person-centred Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. PEEPs were updated monthly or when required.
- Care files had 'disaster plans' in place. These plans set out procedures in the event of a serious incident and identified items that were important for people to take with them to their identified place of safety.
- Risks to people's safety were regularly assessed, monitored and reviewed. Where risk was identified clear instruction was given to staff, for example, where risk of falls was identified staff were instructed to ensure the person wore a pendant at night, so staff could immediately be alerted.
- People we spoke with felt staff managed their needs well. One person said, "I feel safe with the carers helping me." A relative we spoke with told us, "It is incredibly safe, and such a weight off to know how safe and happy people are. Staff show a high level of respect and understanding."

Staffing and recruitment

- We looked at three staff personnel files and there was evidence of robust recruitment procedures.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure

and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

- People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "They are never short of staff, and they are quick to replace staff if someone is off."
- Staff rotas we saw confirmed staffing levels remained consistent, so that people continued to receive continuity in their support.
- There were sufficient staff on duty, and one care worker told us, "There are busy times, but we always have time". However, the staff member also told us that night time can be difficult as there is only one member of staff on duty. The contingency plan was to unlock the main doors remotely which meant that in an emergency staff would be able to stay with a person and admit emergency services should the need arise. They also had access to 24 hours on call via managers and had a buddy system in place. We raised this with the registered manager who told us this system had been implemented by the provider and the contingencies did work in practice.

Using medicines safely

- The provider had a medicines policy in place which covered varying levels of medicines support based on peoples' needs assessments. People were encouraged to self-medicate and appropriate risk assessments were in place for this.
- People were issued information about the importance of taking medicines as directed, which included advice to help people to take their own medicines.
- Records showed staff were up to date with medicines training and staff received regular competency checks. We asked people if they had any concerns regarding their medicines. One person said, "I have no concerns with medication being administered."
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines.
- Medicines errors were acted upon appropriately.
- Regular weekly audits of medicines took place by the registered manager.

Preventing and controlling infection

- Staff received training in the management of infection control.
- Personal protective equipment (PPE) was available in people's properties and communal areas. A relative we spoke with told us, "Staff always wear PPE."
- A food safety policy was in place. Records confirmed staff were also required to complete training in safe food handling.
- The registered manager conducted full infection control audit every three months.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager for patterns and trends.
- The service conducted a falls analysis in January 2019. This showed some people who had falls were not injured and could be supported back up. As a result, the service invested in additional lifting equipment.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "I enjoy life here, this place has changed my life." Another person said, "I have been very happy with the care here. The support has made a difference for me." A relative we spoke with commented, "What you get from here is absolutely amazing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; adapting service, design, decoration to meet people's needs

- People's needs were comprehensively assessed and regularly reviewed.
- People had an initial assessment to ensure the service could meet their needs. This looked at what support each person required to enable them to live their life as independently as possible.
- People's preferences, likes and dislikes were recorded. Information included meal choices, personal hygiene routines and other documentation related to people's home environment.
- People were involved in their care planning and the people we spoke with confirmed this. One person said, "They involve me in the reviews and care plans. One of them [staff] comes to see me and discusses it."
- People told us they could request additional support if they needed to and this was facilitated promptly. One person commented, "Staff can't do enough for you. When I press my buzzer, staff are here in seconds. I don't know how they do it."

Staff support: induction, training, skills and experience

- Staff received induction, training and ongoing supervision to help enable them to be effective in their role. A staff member told us that some of the training provided, especially around safeguarding and dementia care was, "Brilliant."
- The induction was recorded and linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs.
- Staff we spoke with felt supported. One staff member told us, "I have enough say in what goes on, we have an open-door policy."
- We asked people if they felt staff were competent. One person said, "Staff are very skilled." Another person told us, "Staff are excellent."

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

- Some people independently managed their food and nutrition. Where people did require support, the level of support was agreed and documented in their care plan.

- People had a choice to be supported into the restaurant for their meals, or to have meals prepared by care workers in their apartments.
- People were supported to eat and drink enough. For example, one person told us staff support with preparing their meals daily.
- People had food profiles which detailed their likes, dislikes, allergies and intolerances. It also included details of, portion size, foods to be avoided due to medicines and references to cultural and religious preferences.

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

- Where necessary, the service supported people with arranging healthcare appointments.
- Records showed the service worked with other agencies to promote people's health, such as district nurses and General Practitioners (GPs).
- Information was available to other agencies if people needed to access other services such as GPs, health services and social services.
- Professionals spoke positively about the service. One professional we spoke with told us, "I would move in here if I could."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The application procedure for Deprivation of Liberty Safeguards (DoLS) in a community setting is made via the Court of Protection. We found no referrals had been made as people had capacity to make their own decisions.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "We have done the training. It's about assessing people to see if they have capacity by speaking to them. You have to assume they have capacity unless proven."
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision.
- Records showed people signed to consent for their care and treatment.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

People continued to voice that the staff and approach at the service was caring. One person told us, "I can't speak too highly of them [staff]." A second person commented, "I have been very happy with all the care here and all the staff are very nice to me. We are like a family."

Ensuring people are well treated and supported; equality and diversity

- We observed positive interactions between staff and people. Staff had good relationships with people, and knew them well. Staff were caring towards people, and respected people's wishes.
- Staff showed a good awareness of people's individual needs and preferences. For example, staff were aware of what was important to each person such as, one person liking particular food.
- People told us staff were kind, courteous and sensitive. One person said, "They [staff] are kind to me. Always treat me with a smile in the mornings."
- Relatives we spoke with also spoke positively about the staff. One relative told us, "They [staff] are brilliant. We are very lucky dad is here."
- The service supported people to meet their religious needs. For example, a chaplain was available on site and staff supported people to see the chaplain.
- Equality and diversity was promoted. The service ensured all people had access to the activities arranged. For example, those people who were unable to weight bare were supported to the activity room. The registered manager also employed a mixture of staff with different cultures and beliefs. These staff members told us they felt supported.
- Staff told us they had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "We respect all people, their culture and beliefs, even no beliefs. We treat people the same regardless."

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

- People and families were involved in reviews. We asked people if they were involved in planning their care. One person told us, "Staff discuss my needs with me. I am involved."
- Regular meetings were held with people and their relatives or friends had opportunities to attend.
- We saw in people's care files they could make decisions regarding their preferred care worker.
- People we spoke with told us they had choices and were involved in making day to day decisions. One person said, "The carers ask me what I want each morning."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "Carers maintain my privacy and dignity when doing my personal care. They don't make me feel uncomfortable. That's important to me."
- We observed staff knocking on people's doors and identifying themselves before entering.

- People had access plans in their care files, which detailed how people would like staff to access their apartments. For example, by knocking and calling out upon entering, or ringing the door bell, etc.
- Staff we spoke with gave examples about how they respected people's privacy. One staff member said, "I always knock and call out [when entering apartment]." A relative also told us, "Dad is treated with respect and his privacy is very respected."
- Promoting independence was reflected in people's care plans. Staff gave us examples about how they involved people doing certain aspects of their day to day activities which supported them to maintain their independence. One person also told us, "Staff encourage me to do things for myself. They support my independence."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

People continued to tell us the service meets the needs of people effectively. One person told us, "I enjoy this place. I have made good friends here. I get involved. They have a lot of things on." A second person commented, "I can't fault it, I must admit." A relative we spoke with added, "It is fabulous here. The carers deal with him brilliantly."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Packages of care were negotiated with the individual, so they could vary from week to week. This meant people could generally access support in a way and at a time which suited them. For example, one person enjoyed a later start to the day and had arranged a 10:30 call.
- The service employed 'well-being' workers on duty 24 hours each day, which meant that they offered a flexible service. 'Well-being' workers provided people with 'check' calls to ensure people were safe. If care needs fluctuated they could be re-assessed by the registered manager or seniors to adapt care packages. However, we were told by one visiting relative that the service was unable to accommodate their relatives needs at a specific time and had chosen to seek a different provider for that call.
- An up to date photograph alongside personal details; an assessment identified needs on arrival and any specific equipment or aids, such as glasses and hearing aids were included in the care record.
- Care plans continued to be finely detailed, including information such as the type and brand of toiletries the person preferred. We looked at a vascular dementia care plan which gave precise information to support the person, for example, 'taking clothes off: always take good side off first; then over head and then the weaker side. Putting clothes on: start with the weaker side then stronger side can manoeuvre better into the sleeve'.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. Information was provided in a way that met the Accessible Information Standard (AIS) and the provider could access information in different languages or methods to support people who were visually impaired.
- Care staff assisted the people they supported to engage in a wide range of activities organised by the people who lived in Adlington House. One person told us they enjoyed playing whist and others that they took advantage of the weekly film night. During our visit there was a Zumba class in progress, and a small group were learning how to get the best from their laptops, tablets and mobile phones.

Improving care quality in response to complaints or concerns

- All the people we spoke with could tell us how to make a complaint but did not feel they needed to. One person remarked, "The Staff are gentle, kind and pleasant and respect me as a person. They are all like that, I couldn't single anyone out good or bad. I have no complaints". A visiting family member told us, "I have had not one gripe in all the time [my relative] has been here".
- When we looked at the complaints log we found that complaints related to day to day management such

as rates and payment, the lifts in the building, or the service in the restaurant. There were no complaints about the care provision. Each complaint had been thoroughly investigated and a reply sent to the complainant. Where remedial action was required this was carried out.

- We saw the service had received many compliments, and the people we spoke with were also complimentary. One relative told us, "I'd be happy to be here. I would recommend this place to anyone."

End of life care and support

- The service had produced an end of life charter which was on display in the main entrance hall. All the staff we spoke with recognised the importance of allowing people to die in a dignified and pain free a way as possible. One staff member told us, "We lost two residents [who were at end of life] recently. We took direction from the GP and district nurses, and made them as comfortable as possible."

- There remained evidence that people's wishes for their end of life care had been considered, and people were given the opportunity to discuss their wishes for how they would like to be supported as they neared death. We saw detailed advanced care plans included, amongst other considerations, what they would like to wear, how they would like to be supported, touched and comforted, where they would like their funeral and any chosen hymns or music to be played.

- The registered manager told us it was important to take off some of the burden by ensuring that the person was being treated with dignity and respect in their final days and hours. She told us, "Families knowing the person is safe at the end is a weight lightened for them".

- The relative of a person who had recently died at Adlington House told us, "Palliative care was incredible, everyone worked to ensure [my relative] died here. One care worker sat through the night to ensure [my relative] was not alone. It's bittersweet; they turned a positive from an awful experience that restored faith in how kind, caring and supportive people can be."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

People continued to speak positively about the leadership and management of the service. A visiting relative told us, "Who [Name of registered manager] employs are like-minded people. They are amazing right across the board." A staff member we spoke with also said, "She [registered manager] is the best manager I have ever had. She encourages you to progress and do other roles."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a mission statement to 'Improve the quality of life for older people inspired by Christian concern'. The service had developed this idea further and had introduced a motto, 'What happens to you matters to us' and we saw that the registered manager inspired staff to work by this motto.
- People told us that the staff knew them well and responded to their needs in a person-centred way. A member of staff explaining their daily routine told us, "We know what we have to do and have the time to do it. We can spend time talking with people and listen to what they have to say. We get to know their needs, what they can do themselves and their personality which helps us when we are helping them with tasks. We know their limitations too".
- Services were planning according to need. Each person could commission their own hours, which could be increased or decreased in line with their need.
- The registered manager understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong. They were aware how and what to notify the CQC of.

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

- A visiting relative told us "[Adlington House] has an outstanding leader in [Name of registered manager], her passion shines through all the organisation. She continually sets high standards which all the staff follow. There are no edges and a consistent approach. She just wants everything to be good and sets the bar high. She leads by example and all the staff follow her lead to maintain such high standards". Another told us, "The management here are brilliant at their job, and staff at Adlington ensure that [my relative] is safe, comfortable and content, they do a sterling job"
- The provider and registered manager continued to follow governance systems which provided effective oversight and monitoring of the service. For example, the registered manager audited 10% of all care plans each month, and risk assessments were also reviewed on a monthly basis.
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice if they needed to.
- At this inspection we saw that the rating from our last inspection was displayed throughout the building

alongside a copy of the report, and on the service website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Staff told us they regularly talked with people they supported to check if anything could be improved and then responded to this, which was also evident in the care file reviews.
- The service held monthly residents' meetings which staff also attended. We saw minutes which showed these were well attended with opportunity for people to contribute. The people who lived at Adlington House had formed their own residents committee.
- A 'You said, we did' poster in the staff area highlighted action the company was taking following a recent staff survey. Staff told us that they were involved in discussions about issues of service provision during team meetings
- The provider had recently appointed two Quality Business Partners to support managers to drive up the quality of service provision. When we spoke to the registered manager they told us the business partner and the area manager had been supportive and helpful.

Working in partnership with others

- The service worked in partnership with other organisations such as the local authority and NHS. There was a good working relationship with GP surgeries and staff and the registered manager worked closely with district nurses and other health staff to ensure that the people they supported received appropriate and timely health care. This showed a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The registered manager attended regular meetings with managers of other services run by the provider and attended local care provider forums.