

Methodist Homes Southcroft

Inspection report

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Date of inspection visit:
29 November 2021
30 November 2021

Date of publication:
23 December 2021

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

Southcroft is a specialist 'extra care' housing scheme. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Southcroft comprises 37 one-bedroom apartments, seven of which are for couples. Southcroft was built within the grounds of Psalter Lane Methodist Church. At the time of the inspection the service was providing personal care to 10 people living at the scheme.

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

People were happy with the care they received, and they told us they felt safe when receiving care from the service. Relatives agreed their family members were safe. People's care visits took place at consistent times, to suit their preferences. There were systems in place to ensure people's medicines were managed safely and people were protected from the risk of infection. Staff knew how to safeguard people from the risk of abuse and other identified risks to people were assessed and mitigated.

Before people started receiving care from the service, their needs and preferences were assessed, to ensure the service could provide the level of care each person wanted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People were supported to receive adequate food and drink to remain healthy. People chose what they wanted to eat and drink. Staff received regular training, supervision and appraisal so they were skilled and competent to carry out their role.

People were treated with respect. Care plans recorded how people were involved in their care. Their views and wishes were at the centre of their support. Care plans provided detailed direction to enable staff to deliver care which respected people's privacy and dignity. Daily notes recorded how staff encouraged people's independence.

Staff were proactive in engaging people with individual activities of their preferred choice. People told us they were able to join in activities provided in Southcroft if they wished. People received personalised care that was responsive to their needs. People told us the service was flexible and their preferences were adhered to. Systems were in place to deal promptly and appropriately with any complaints or concerns.

The manager and provider regularly sought feedback from people and relatives to ensure the service was tailored to their needs and preferences. There were systems in place to monitor the quality and the safety of the service provided.

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 28 October 2020).

Why we inspected

This was a planned inspection. We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

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.

Southcroft

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There was a care manager in post at the service. They had been in post for a month and had started the process of registering with CQC to become a registered manager. When registered the manager and 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. This was because it is a small service and we needed to be sure the provider or care manager would be in the office to support the inspection.

Inspection activity started on 29 November 2021 and ended on 30 November 2021. We visited the service on the 30 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people and three relatives by telephone about their experience of the support provided. We spoke with the care manager, a senior support worker, a support worker and maintenance person at the service.

We reviewed a range of records. This included three people's care and medicine records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Relatives and people said, "It's a very friendly, sensitive, safe and secure environment for an elderly person. There are always staff around and the carers who come in to do the regular care visits are exemplary", "We don't live locally so we can't see [name] regularly, but we know they're safe and that staff will talk to us regularly to keep us informed about how [name] is doing" and "Since my fall I've been told I need to use my walking stick around the flat. The carers keep reminding me I need to use it so I'm safe."
- The provider had appropriate systems in place to safeguard people from abuse. Staff received training about their responsibility to protect people from abuse. All staff were aware of the need to raise any concerns immediately with the manager so action could be taken. All staff were confident the provider or care manager would act on any concerns they raised, to ensure people were safe.

Staffing and recruitment

- The registered provider had a policy for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People and relatives told us care visits were on time, lasted the length of time stated in the care plan and care staff did not rush the care provided. They told us they, or their relatives, saw a familiar team of care staff and that new care staff would be introduced to them by familiar care workers. One person said, "The carers stay the time they should, in fact, if anything they sometimes stay longer so they don't have to rush me."
- The care manager kept staffing levels under review to ensure there were enough staff to meet people's needs and keep them safe.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People using the service were involved in the care planning and risk assessment process, so they could decide what level of support they wanted from the service. People's care records included assessments of specific risks posed to them, such as risks arising from their home environment and falls.
- People's care records contained enough guidance for staff about how to support people safely, to reduce

the risk of avoidable harm.

- Accidents and incidents were effectively monitored and analysed to ensure actions were taken to reduce the risk of incidents happening.

Using medicines safely

- Medicines were managed safely, and people were supported appropriately. There was clear guidance and policies for staff to support people with medicines. Staff told us they had received training in the safe handling of medicines and had a competency check completed on an annual basis, or before if required.
- There were audits in place to ensure safe and consistent practice.
- People who received support with medicines told us it was administered appropriately and in a timely manner. One relative said, "The GP surgery liaises with the care team, so we know the medication is right for [name of person]."

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE). People told us staff always wore PPE appropriately including masks and disposed of it safely after the visit.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- Support plans gave staff enough information to keep people safe while helping people to be as independent as possible. A care plan was created following the assessment process, so staff knew what care people needed and when.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and had the skills and training to meet their needs. All the people we spoke with thought the care staff were well trained to carry out care and support for them, or their relatives. One relative said, "The staff are so skilful, I think they do a brilliant job."
- Staff were supported to develop the right skills, knowledge and experience to deliver effective care. They completed training in a range of different subjects. Staff told us they were happy with the training they received.
- New staff completed an induction to ensure they were competent before they started delivering care to people. The induction process included shadowing more experienced staff.
- Staff received effective support from the provider and managers. All staff told us they felt very well supported in their roles. Staff told us they had regular supervision meetings with a senior member of staff or manager.
- Competency checks of staff's practice, training and supervisions were recorded on individual staff files.

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

- People's care plans contained information about the support they needed to eat and drink, so staff knew what support to offer people and if people had any dietary preferences. Several people ate their meals in the bistro located in the extra care scheme, but one person told us they received support with making meals and was happy that this worked well for them.

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

- Health action plans for people were detailed. Accurate records relating to health were maintained and regularly updated.
- People saw medical professionals when needed. One relative told us, "The carers tell me when they've involved the GP. It's good to know they're keeping a careful eye on [name]." One person told us they were pleased staff responded so quickly to their alarm fob going off when they fell and that an ambulance was

called immediately, with care staff staying with them until the ambulance arrived.

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.

- There were systems in place to ensure people consented to their care, if they had capacity to do so, and to ensure the principles of the MCA were followed when people lacked capacity to make decisions about their care.
- People told us care staff always asked for consent before carrying out personal care such as showering or dressing; if the person wanted something doing differently one day the care staff would listen and work flexibly to accommodate their needs. One person said, "The carers always ask me if it's alright to do things like help me get undressed and I keep saying they don't need to ask, but they still do."

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 we spoke with were very complimentary about the care staff. They told us staff were kind, caring, friendly and patient and that they upheld their dignity and privacy when providing care. Comments included, "The carers are warm and friendly, which [name] appreciates" and "I think I know all the carers now and they're all lovely people, so kind and caring. We have a good chat while they get on with their work. They're angels."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their families were able to contribute to their care planning. People we spoke with had been involved in the care planning and could recall care plan reviews where changing needs could be discussed. People had care plan folders in their homes and care workers wrote notes in them after visits.
- Reviews of people's care plans recorded people's comments and opinions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and there were systems in place to ensure people's personal information was protected. People told us their independence was very important to them and the care staff supported this. One person said "I'm very independent and some days I can do more than other days. If I wake up early, I'll get up and get all the things out that I need for breakfast and then that's ready for the carers when they come. They know I like to do that when I can."

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person-centred care which met their needs. Each person had a care plan which recorded the outcomes they wanted to achieve and contained information about how they wanted to be supported. People were fully involved in the assessment and care planning process to ensure their care was tailored to their own preferences.
- People told us they received the care they needed, when they needed it. When people asked for changes to their care and support, we saw this was actioned. One person told us, "I've got a care plan review coming up soon and I know I can raise any problems then, but I can talk to any of the carers or the manager any time anyway." Relatives told us they felt able to discuss their relative's care or changing needs at any time.
- The risk of social isolation was considered during the assessment process.
- People we spoke with told us about their activities and social interactions with friends and within the wider community. People were supported to maintain relationships with family members, if this was their choice. People and relatives said, "The carers tell me about all the activities I can go to on that day but I'm happy with my own company and I prefer to stay in my own flat, so that's my choice and they respect that" and "The carers get [name] ready every day so that they can decide what to do for the rest of the day. [Name] likes to join in the activities in the lounge and go to the morning service at the church next door, so it's important to them they are up and dressed in time to join in."

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 met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to by the provider and registered manager. The provider had a suitable complaints procedure in place, which was followed by the manager and staff.

- People and their relatives told us they knew how to complain and felt able to raise any issues or concerns with the manager and staff. People we spoke with told us they could name a member of staff that they would contact if they had a concern. People told us they would speak to specific care workers and they were confident they would take any issue to their manager. Relatives told us they would contact the manager directly.

End of life care and support

- Staff told us they had received additional training in this area.
- The service recognised the need to be led by people's wishes when taking an involvement in end of life care. Sensitive conversations about end of life care were held, where appropriate, with people and their relatives. We saw these discussions and preferences were recorded in people's care plans.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they would recommend the service to other people in similar circumstances and they could not think of anything the service could do better. Comments included, "We're happy and so is [name], so it couldn't be better all round" and "As a family we're all really pleased with the care [name] is getting." One relative said, "I appreciate the "wrap around care "provided at Southcroft alongside the personal care service, with the 24/7 staffing available on site, the bistro and activities."
- People and relatives, we spoke with knew there had been a recent change in management and had met, or spoken with, the new manager of the care service. They were confident they would have a good relationship with the new manager. They all thought the service was well managed because they had good experiences of the care provided. Comments included, "The new manager introduced herself, which I thought was very nice of her" and "I feel very comfortable with the manager. I know I can talk to her."
- Care workers told us the manager and other senior staff were supportive and very visible around the extra care scheme. They were confident the care or housing manager would always act in people's best interests and any issues they raised would be dealt with.

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 provider fulfilled their responsibilities to notify us of certain events such as allegations of abuse, and serious incidents.
- Relatives felt they had been informed of incidents in a timely manner.

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

- There was an experienced care manager in post at the service. They had been in post for a month and had started the process of registering with CQC to become a registered manager. When registered the manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The provider had good oversight of the service. The management of safety, risk and governance was effective.
- Quality assurance systems were robust. Audits completed by managers and the provider identified

shortfalls with showed action taken to address shortfalls.

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

- People who used the service, relatives, and stakeholders had been asked to feedback on how the service was being run or what could be done better to drive improvements.
- People and relatives told us communication with staff and management was good. One person we spoke with told us that a manager had rung them recently to find out how things were going. A relative said, "I had a telephone call from a manager from the internal quality assurance about six weeks ago and we were able to talk about how [name] was getting on with the service."
- Staff meetings were held where staff could discuss any issues and make suggestions to improve the service. Staff said, "We have regular staff meetings and the managers are always available. I feel we can talk openly with them."

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The manager and staff understood the importance and benefits of working alongside other professionals.