

Methodist Homes

Hatherlow House

Inspection report

27 Park Crescent
Southport
Merseyside
PR9 9LR

Tel: 01704545237
Website: www.mha.org.uk

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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

The inspection visit at Hatherlow House was undertaken on 20 September 2016 and was announced. 48 hours' notice of the inspection was given to ensure people who accessed the service, staff and visitors were available to talk with us.

Hatherlow provides personal care assistance for people who live in their own apartments situated within a large, three-story building. The office is on site and there are communal lounge areas and a dining area facilitated by external caterers. The service supports younger and older adults who live with dementia. Staff provided care packages and were onsite 24 hours-a-day to maintain people's safety and welfare. At the time of our inspection, Hatherlow was supporting 29 people.

A registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the previous manager only left in August 2016 and we saw evidence the new manager had almost completed their application to register.

At the last inspection on 01 May 2014, we found the provider was meeting the requirements of the regulations.

During this inspection, people and their relatives told us they felt safe and secure at Hatherlow. One person said, "It always smells nice and feels safe and secure." Staff received safeguarding training and knew who to raise concerns with to protect people from abuse or poor practice.

The manager verified staff had a full employment history and obtained recruitment checks before employing them. Rotas we looked at confirmed staffing levels were sufficient to meet people's urgent needs and their agreed care packages. We found staff had training and regular supervision to develop their skills. A staff member confirmed, "Training is very thorough and it needed to be. I wouldn't want to be cared for by someone who wasn't well trained."

Suitable arrangements were in place to ensure people received their medicines when they were required. The manager provided medication training to underpin their knowledge and competency testing to review their abilities. One person told us, "The staff are very good. They check me having my medication."

Staff files evidenced employees received relevant training in the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. People said the manager and staff discussed care with them and supported them with a collaborative approach. One person stated, "We were given choices and made any decisions with their help. The staff never took control."

People could cook for themselves, access the dining area or be assisted by staff as part of their care

packages. We found care files included care planning and risk assessment to safeguard people against the risks of malnutrition.

People and their relatives told us their care packages were personalised to their needs. The manager had recorded each person's life histories and their preferences about their support requirements.

We found staff were friendly and caring when they engaged with people. A relative stated, "I'm always hearing [my relative] giggle away with them in the bathroom." The manager provided staff with personalised care training to assist people to maintain their independence.

We found the provider supported the new manager to undertake their role and responsibilities. Staff, people and relatives told us the new manager was supportive and approachable. The management team met with people and provided opportunities for them to comment about the quality of their care. The manager completed audits to ensure their continued safety and welfare.

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.

People and their relatives said they felt safe and secure at Hatherlow. Staff received training in relation to the protection of people from abuse or poor practice.

The manager had safe processes to protect people from the employment of unsuitable staff. People said there were sufficient staffing levels to meet their needs.

Suitable arrangements were in place to ensure people received their medicines. Staff had training to underpin their skills.

Is the service effective?

Good ●

The service was effective.

The manager recognised the importance of staff training and supervision in the skilled provision of care.

When we discussed the Mental Capacity Act 2005 with staff, they demonstrated a good understanding.

The provider demonstrated good standards in nutritional support. People told us their meals were enjoyable.

Is the service caring?

Good ●

The service was caring.

We observed staff were kind and people were chatting happily with each other, as well as smiling and laughing with staff. They said they felt very involved in their care planning.

We found staff maintained people's dignity and respect throughout our inspection.

Is the service responsive?

Good ●

The service was responsive.

Care records held assessments of people's needs to ensure the service was suitable to meet them. People and relatives told us their care packages were personalised to their requirements.

A programme of activities was available to stimulate people who used the service and assist them to develop their social skills.

The manager provided people with clear, concise information about how they could make a complaint.

Is the service well-led?

Good ●

The service was well-led.

We found the new manager was supported to undertake their role. Staff, people and relatives told us the management team was supportive and approachable.

People were assisted to comment about the quality of the service in a variety of ways. The manager completed a range of audits to ensure their continued safety and welfare.

Hatherlow House

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 team consisted of one adult social care inspector.

Prior to our unannounced inspection on 20 September 2016, we reviewed the information we held about Hatherlow. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own apartments.

We spoke with a range of people about this service. They included two people who used Hatherlow, two relatives, two members of the management team and two staff members. We did this to gain an overview of what people experienced whilst using the service.

We also spent time looking at records. We checked documents in relation to three people who had received support from Hatherlow and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

People and relatives who used Hatherlow told us they felt safe and secure. One person who lived with their relative and accessed the service stated, "We are both living in a very safe environment." Another individual said, "I feel very safe." A relative added, "When I leave I am absolutely confident [my relative] is safe." Another relative confirmed, "[My relative's] safe and well looked after."

Where incidents occurred, these were documented in the person's care file. We also found accidents were retained in a logbook. We noted both records had appropriate information about the incident or accident and actions staff undertook to manage them. We saw each apartment contained video phones to contact staff and those who used the service wore neck and wrist alarms. The manager explained this helped people to gain immediate attention in urgent situations. Consequently, they had systems to minimise potential environmental risks to everyone in the building.

Care files contained a document staff were required to sign once they had read and understood each person's risk assessments. We found assessments were detailed to manage risks to people from receiving unsafe support. They covered risks associated with, for example, medication, continence management, movement and handling, falls, mental capacity and nutrition. Additional records included a 'falls diary' to evaluate how they occurred. The document covered actions taken by staff and a review of risk assessments to ensure people's continued safety. Furthermore, staff had risk assessment training to underpin their skills and knowledge.

When we discussed the principles of safeguarding and whistleblowing with staff, they demonstrated a good understanding. They received training in relation to the protection of people from abuse or poor practice. The manager provided easy access information to guide staff to reporting procedures. One staff member explained, "I would report to [my line manager] and inform MASCOT (the local safeguarding authority) and CQC."

People lived in their own apartments within the building that also housed the office. In addition to agreed care packages, this meant staff were available in emergencies, for a friendly chat or to talk through any concerns. Furthermore, the provider ensured staff were on duty 24-hours per day. This gave extra, immediate cover in urgent situations and to support the majority of those who lived with dementia. One relative confirmed, "There are staff on 24-hours-a-day if [my relative] needs them. It's been a hugely positive impact upon our lives." Another relative added, "There's plenty of staff on. I have no doubt my [relative] gets her needs met."

The manager told us there had been no missed visits over the past year. Rotas we looked at confirmed staffing levels were sufficient to meet people's needs. Staff expressed they felt there were enough staff to complete each person's care package. One staff member said, "I feel we have enough staff and we have relief bank staff to cover for leave." The manager had ensured staffing levels were adequate for people's requirements.

Staff files we reviewed contained an audit to check recruitment requirements had been completed. This formed part of the manager's safe processes to protect people from the employment of unsuitable staff. Records we looked at included references and criminal record checks obtained from the Disclosure and Barring Service (DBS). The manager additionally verified staff had a full employment history and explanations of any gaps. Staff told us their recruitment was professional and confirmed they did not commence in post until their DBS and references were in place. One staff member said, "I felt the interview was very thorough and they got my references and DBS before I started." A relative stated, "There's been some new staff recruited. They seem to be caring and knowledgeable."

Suitable arrangements were in place to ensure people received their medicines when they were required. A relative told us, "[My relative's] supposed to have important medication that were missed at her own home. Here, the staff make sure she always gets them on time. I'm so relieved about that." We saw associated records were completed accurately. For example, there was a variety of risk assessments to ensure the safe management of medicines. They included risks linked to general procedures, self-medication and when required medicines.

Up-to-date information, such as medication information leaflets, was made available to staff to guide them about different medicines. The manager provided medication training to underpin their knowledge and competency testing to review their abilities. The management team undertook monthly audits, in addition to six-monthly checks by the local pharmacy, to check procedures were safe. The medication file also contained protocols, such as those associated with when required medicines, to give staff immediate reference. Medication was stored securely in each person's flat. This demonstrated the manager protected people from unsafe medicines procedures.

Is the service effective?

Our findings

People we spoke with told us staff were experienced and effective in their work. One person stated, "The staff are very good. They are experienced and really aware." A relative said staff were knowledgeable and added, "They understand [my relative's] condition and treat her well and sensitively."

Once staff were recruited, the manager provided induction training, including workbooks, face-to-face review and reflective practice. This covered, for example, communication, personal care, medication and mental capacity to ensure new staff were safe to work with people. Following this, all staff were required to complete learning and development plans throughout each year. They included fire and environmental safety, risk assessment, safeguarding, people handling, infection control, food hygiene, nutrition, equality and diversity, medication and first aid. Staff further completed recognised qualifications and were obliged to undertake competency testing. A staff member told us, "They observed me to check I understood my training and that I was competent. Another staff member said, "I've done all the in-house training. It helped to prepare me for the job." This showed the manager recognised the importance of staff training in the skilled provision of care. A relative added, "The staff are well trained and know what they are doing."

The manager provided supervision for staff every six to eight weeks to support them in their roles. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. This was a two-way discussion between the staff member and manager, which covered areas including work performance, agreed targets and training needs. A staff member told us, "It's a good way of planning my goals and training."

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.

We saw the manager completed each person's mental capacity assessments and best interests to guide staff to prevent limitation of their liberty. Staff files contained evidence employees received relevant training and when we discussed the MCA with them, they demonstrated a good understanding. One staff member said, "Helping people to be independent can only be done by following their wishes and helping them to make decisions." A relative added, "[My family member] is given lots of choice about where she goes, what wants to do and what she wants to eat."

People and their relatives told us the manager and staff discussed care with them and supported them with a collaborative approach. We confirmed this by reviewing records and saw they had signed and dated their consent to care. This included decision-specific consent to, for example, care plans, tenancy agreements, medication, key holding and access, bedrails and trips out. Throughout our inspection, we saw staff consistently explained tasks to people and checked for their agreement before proceeding. A relative said, "They ask rather than imposing anything."

People had a good standard of cooking facilities in their own apartments. Staff could also support them to meet their nutritional needs where this formed part of their agreed care packages. For example, we saw staff offered a choice and then waited patiently until the person gave their chosen option. Additionally, a communal dining area, called 'The Bistro', was situated on the ground floor. This was designed to a high specification for people's comfort and offered space for socialising during meals. The Bistro was run by an external caterer, who showed us food safety certification and special dietary guidance for staff. The manager also carried out further auditing of the kitchens to maintain food safety standards and ensured staff received hygiene training. A relative told us the Bistro was, "Well organised and it feels like a restaurant." We observed lunch was structured and people socialised a great deal with others who used Hatherlow and staff.

Furthermore, the provider understood the importance of good standards in nutritional support. We found care files included care planning and risk assessment to safeguard people against the risks of malnutrition. Their special, cultural and religious dietary requirements were documented, along with any associated medical conditions. People told us their meals were enjoyable and staff offered them choices if they did not like any of the main options. One person told us, "I have a [medical condition] and they're brilliant. They know what I like and what I can eat."

We saw healthcare services' contact details were recorded in each person's care file. This included information about when individuals accessed, for example, meals-on-wheels, district nurses, day care services, GPs and social workers. Staff documented all professional visits or appointments and then updated care plans to any outcomes. A relative confirmed, "They'll get the doctor in if [my relative's] unwell. They call us and keep us updated." This showed the manager recognised the importance of people's continuity of care in accessing other services and planning care around this.

Is the service caring?

Our findings

People and their relatives said staff were caring and kind when they provided their care packages. One person told us, "The staff are very caring." Another individual who accessed Hatherlow stated, "It's a very nice place." A relative added, "The staff are really interested in what [my relative] has to say and who she is." Another relative said, "All good, good, good."

We found staff were friendly and caring when they engaged with people who used Hatherlow. We observed individuals were chatting happily with each other, as well as smiling and laughing with staff. One person told us, "We can have a laugh." A relative added, "The staff are ten times better than the previous service. They talk with [my relative] in ways that make her matter." The manager provided training for staff to guide them to the provision of person-centred support. They had a clear understanding of each person's personalised care planning and preferred routines. A staff member said, "I would treat people how I would want my mum and dad treated. I want to see them well-dressed and all those other standards so they get the best quality of life."

We found staff maintained people's dignity and respect throughout our inspection. For example, they knocked and rang their doorbells before entering. A relative told us they found staff were very respectful and caring towards their family member. They added, "When they ask how [my relative] is they listen really keenly. It helps her to feel like she's a person that they care about." Staff demonstrated a good understanding of the importance of helping people to retain their privacy and self-esteem. One staff member stated, "Their dignity is dead important. I always shout when I go in after they've said it's ok to come in. They need time to feel they've covered themselves up properly."

People and their relatives said they felt very involved in their care planning. A relative stated, "We are fully involved in [my relative's] care plan. They keep us up-to-date and we continue to discuss her care at regular intervals." Care records included a document people and their representatives signed to confirm they had discussed and understood a number of processes at Hatherlow. This covered, for example, emergency alarms, fire safety, security and use of facilities in the building. This assisted people to make informed decisions in order to be involved in their agreed care packages. Another relative said, "I was encouraged to do as much as possible for my [relative]. I felt I still had a relationship with her." Staff demonstrated a good awareness of the importance of involving individuals in their care. A staff member told us, "It's so important to get to know the person so that I can understand how to help them."

Care plans we looked at were aimed at helping people to maintain and enhance their independence. The manager provided staff with personalised care training to assist them to enrich each person's life and self-determination. One staff member said, "I want to help people get their independence, which means treating people as individuals with different needs."

A chaplain visited the service on a weekly basis and provided wellbeing visits, as well as pastoral care. The manager told us it was an important aspect of support to help people to meet their spiritual needs. They added, "[The chaplain] is excellent and is part of our approach to end of life care because she discusses with

the client about any wishes they may have." Care records we looked at contained details about people's end of life wishes, including preferred music, funeral type and funeral directors. Consequently, the manager had sensitive tools to help people consider their futures with a careful approach.

Is the service responsive?

Our findings

People and their representatives said staff were responsive to their needs. One person told us, "I'm feeling much better since I've been here." A relative added, "[My relative's] only been here for a month and they have already made a massive difference." Another relative stated, "When we agreed to use this service they discussed [my relative's] needs with all of us."

Care records held assessments of people's needs to ensure the service was suitable to maintain their care. This included checks of, for example, physical and mental health, socialising, nutrition, medication, mobility and communication. Where needs were identified this formed part of the person's agreed care package. Staff documented what this was and how the individual wished to be supported. The manager had recorded each person's life histories and their preferences about their care packages. This included what they wished to be called, end of life wishes, their religion, interests, medication preferences, daily routines and food choices. This also checked which family members and friends the individual wanted to attend care review meetings with them. Future goals were agreed with people to develop a purposeful and meaningful life. A relative told us, "They are interested in who [my relative] was, what her life was like and what support she wanted."

Furthermore, people and their relatives told us their care packages were personalised to their requirements. We observed staff respected their preferences and consistently supported them to make decisions. The manager ensured staff were knowledgeable and skilled in the provision of person-centred care through training and in-depth care plans. For example, staff were required to sign care plans, risk assessments and updates to demonstrate they understood how to assist people. A staff member explained, "It's a lovely job. I enjoy chatting with clients and getting to know them. That's such an important part of my role."

The manager held frequent care and support planning meetings with people and their relatives. The purpose of this was to review care planning and update this process to the person's continuing requirements. They signed amended documentation to demonstrate their agreement and staff updated their records in line with those held at the office. This meant the manager guided staff to meet people's needs consistently.

A programme of activities was available to stimulate people who used the service and assist them to develop their social skills. This included, physical exercise, knitting groups, bridge nights, choir group, Sky television and DVDs, computer and internet access, a piano, gardening and bingo. The manager told us, "One of the activities at the moment is knitting poppies for Remembrance Day." Ground floor apartments and communal areas had access to two gardens. This provided comfort and relaxation for people, as well as associated activities. For example, a raised garden area assisted those with mobility issues to tend to flowers and plants if they chose to. The manager added people had fed back activities were limited and infrequent. Consequently, they were addressing this through the recruitment of a volunteer specifically as the activities co-ordinator.

Furthermore, there was an onsite beauty salon for hairdressing and nail therapy. The manager told us, "It's a

really good way for people to socialise." Those who used Hatherlow said they were fully occupied and there was ample opportunity to enhance their social skills. One person said, "I like my books and I love Game of Thrones (a television programme). I have plenty to do." A relative added, "Although [my family member] was very active she was becoming more and more insular. Being here has had a massive impact on her." The provider also understood the importance of assisting individuals to maintain their important relationships. For example, we saw an overnight room with a double bed and en suite facility was available for families and friends.

Care files contained the service user handbook, which gave clear, concise information about how people could make a complaint. This included the steps they should take and the timescales within which the provider would respond. The manager told us they had not received any complaints in the last 12 months. One relative told us they were confident if they had concerns they would be listened to. They added, "I was given a complaints form, which explained what I could do if I had concerns. I don't have any because it's a really good service."

Is the service well-led?

Our findings

There was no registered manager in place on the day of our inspection. However, the previous manager had only left recently. We are aware the new manager has almost completed their application process to register with CQC. We observed Hatherlow had a calm and warm ambience. People, relatives and staff we spoke with confirmed the new manager was settling into post and making a positive impact upon the service. A relative stated, "The new manager seems really caring and approachable."

We reviewed how the new manager was supported to undertake their role and found senior managers regularly attended the service. They did this to support her and staff in their roles and responsibilities. The manager told us the provider was well structured and organised. They added, "Everything is audited and mapped out so that I know what I'm doing. It's a safeguard for me."

The senior managers also checked people's quality of care. They spent time talking with those who used the service to understand their experiences. Indeed, on the day of our inspection a senior manager facilitated a pre-planned 'resident meeting'. We found this was well attended and people were given a clear voice to air their concerns and suggestions for improvement. We noted the management team took action to respond to feedback from this group. For example, the manager was in the process of recruiting a volunteer co-ordinator when people who used Hatherlow identified this need. Additionally, it was another example of how the management team had suitable arrangements to support the new manager in their role. We found minutes from the last meeting were publicly displayed for individuals to read and confirm what was actioned.

The management team further supported those who used Hatherlow to feed back about the service budget, accounts and plans for the forthcoming year. They discussed staffing levels, care packages and the building environment, as well as that of their own apartment. This was a good way of involving people in quality assurance, assisting them to express what benefited them and what else they wanted. They and their relatives were encouraged to complete surveys to check their satisfaction levels with the service. Areas covered included, their welfare, service charges, personal care, staff emergency response and meals. The outcomes were shared with people and their relatives and the provider assured them any dissatisfaction would be addressed. We found one person commented, 'Just being checked on gives you extra comfort.' Additionally, a suggestion box was available if people and their relatives wished to make anonymous comments.

Staff told us the manager was supportive and assisted them in their roles. We observed they were hands-on in their approach and worked alongside staff. One staff member told us, "I can go to the managers at any time if I had any concerns. They are very approachable." This staff member stated the new manager gave them more responsibility and added, "It helps us to feel valued and to be able to move on in our careers." Another staff member added, "[The manager's] good. She's approachable." Three-monthly team meetings took place to offer staff the opportunity to explore any concerns or ideas to improve Hatherlow. We saw records related to the last meeting and noted areas covered included health and safety, medication, volunteers, new staff and forthcoming events. One staff member told us, "We've had regular team meetings."

They're really good and if I've got a suggestion I'm listened to."

The manager carried out a variety of processes to monitor people's safety and wellbeing. These included fire safety and evacuation plans, care records, internal and external medication checks, staff files and infection control. Additionally, the manager monitored staff completed care packages on time, within agreed timeframes and all duties were undertaken. There was also a range of audits intended to manage everyone's safety, including environmental safety and Control of Substances Hazardous to Health (COSHH). We found the manager took action to follow up on any identified issues to maintain people's welfare.