

Methodist Homes

Anjulita Court

Inspection report

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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

Anjulita Court is a residential care home with nursing for up to 62 older people. Some people may be living with dementia. At the time of our inspection there were 61 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Anjulita 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 checked 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.

This comprehensive inspection took place on 29 August 2017 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. The service met the regulations we inspected against at the last inspection which took place in June 2015.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration, general observations and activities.

We spoke with six people who used the service and three relatives of people who used the service. We also spoke with the registered manager, the deputy manager, the area manager, the quality assurance manager, two bank care assistants, four care staff, two nurses and the cook.

We reviewed four people's care records, eight medication records, six staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, it's safe here." A relative said, "I know mum is safe here." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan which covered a variety of potential issues including; flood, power failure and complete evacuation. This was to ensure people would still receive the care and protection they required in the event of evacuation.

The provider had a robust recruitment process in place. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Records we saw confirmed these checks had taken place before staff had started to work.

Prior to our inspection we received anonymous information stating staffing levels were low and rotas did not match staff on duty. Rotas we saw matched the number of staff on duty. We also checked past rotas and staff work allocations and found the numbers did match. There were sufficient staff with varying skills on duty to meet the needs of people who were using the service. Some staff we spoke with thought they were short staffed although others said there were enough staff. One member of staff said, "Sometimes it is busy but it depends on who is on to be honest. Teamwork is the thing really." The deputy manager told us they used a dependency rating tool to ensure staffing numbers reflected the amount of care and support people required. We did not observe staff appearing to be rushed.

People's medicines were managed safely. Staff told us only staff that had been trained carried out medicine administration. We observed medication being administered. This was carried out correctly and records were completed. Medicines were stored correctly in a locked trolley which was secured to the wall in a medicines room. We checked eight Medication Administration Records (MAR) which had been completed in line with guidance. We also carried out a stock check on some boxed medication. Stock matched records.

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. A member of staff said, "We have a lot of training – all the training necessary to support our job. I am supported to maintain my nursing registration as well. Documentation we saw confirmed all staff had completed training appropriate to their role.

Staff told us they were well supported by the management team. One member of staff said, "I have no issues with the management. They are really supportive." We saw records which showed staff received regular supervisions and competency observations.

People were asked for their consent before care was provided. A relative said, "They are aware of [relative's] needs. They do ask – even the basics [relative] has input. They gauge [relative's] reactions. "We observed staff gaining consent throughout the inspection. For example, people were asked if they wanted assistance, were ready for lunch and where did they want to sit or wanted to join in activities. Signed consent was in people's care plans.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Correct guidance and procedures had been carried out to protect people who used the service.

People told us they enjoyed the food. One person said, "It (the food) is lovely, well, do I look like I am wasting away?" A relative said, "The food always looks nice, mum does not have a good appetite but she enjoys what she has." We saw people were assisted to eat their meals when required. Special diets were seen to be catered for. The menus were displayed on the dining tables which were set with cloths and napkins; low music was playing in the background. Meal times were a social event. There was a choice of two main and dessert courses. Staff told us that if people did not like what was on the menu an alternative would be offered. The catering manager had a folder of individuals likes/dislikes, specific diets and preferences.

People were able to access additional healthcare when required. A relative said, "If she needs to see a doctor, they will call one. I have no worries about that." Documentation showed referrals had been made when required and people were assisted to attend appointments.

Is the service caring?

Our findings

People told us they were treated with kindness. One person said, "It is lovely here, we have a laugh and a joke with the staff." A relative said, "They are all very good. They really know mum well."

It was obvious from our observations that people were treated with kindness and compassion. One relative said, "The staff are very caring." Another relative said, "What I like best is staff continuity- I see the names on the board (who is on shift that day) and I know them and I know they know mum." We observed positive interactions between staff and people. For example; one person asked to go downstairs for the activity. The staff member told them the activity coordinator would fetch her, but if they had not gone by a specific time she would take them to make sure they did not miss it.

Staff were able to tell us about each individual, for example, their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks. There was light hearted banter between staff and people using the service, and this was enjoyed by both.

One person we spoke with told us they and their family had been involved in planning how they wanted their care to be carried out. A relative said, "I am involved in the reviews." Care records we viewed showed the person or relative, if appropriate, had been involved.

The registered manager told us that there was an advocacy service available for anyone who needed it.

We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately, using preferred name and when being assisted with meals or care.

We saw people visiting throughout the day. Visitors were made to feel welcome. One visitor said, "I come most days and the staff are always welcoming."

Is the service responsive?

Our findings

People had been involved in their pre assessment. The registered manager told us that they carried out assessments on people to ensure they were able to support the person with their required needs. Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which showed people's strengths as well as the support required, their life history completed with the person and family, where appropriate, and their likes/dislikes.

Care plans had been written in a personalised way for each individual and were reviewed regularly. One relative told us they were always invited to attend the reviews for their loved one. They also said, "They will call me if [Name of person] is not well or if I need to know anything." The area support manager told us that the format for care planning was being reviewed by the provider as it was recognised that the current layout was long and could lead to information being lost.

Staff carried out a variety of activities on a daily basis along with visiting entertainers and sing a longs. On the day of our inspection we observed a group of people knitting, one person was doing a jigsaw with staff assistance and during the afternoon a game of bingo was played.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. Complaints were managed appropriately and in line with the provider's policy.

The provider used annual questionnaires to gather people's views. We saw the results for the previous year. Where comments had been made the provider had responded. They had analysed the results and used these to improve if required. There were a lot of positive comments from people and families.

Is the service well-led?

Our findings

People and their relatives told us their views were listened to and acted on. One relative said, "I think it is very positive. I can go and speak and things are addressed. Our thoughts and opinions are counted. "Staff told us they were involved in the development of the service and that the manager supported this by listening to their views. One member of staff said, "The manager and deputy are really good, they are supportive and understanding and listen to our views."

Staff meetings had been held on a regular basis. Residents meetings had also been held to give people who used the service an opportunity to voice their views. A relative told us they always attended the relatives meetings and suggestions made were acted on. They went on to give us examples.

There was a registered manager in post who met their CQC registration requirements. 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 was aware of the day to day culture of the service. They knew all of the people who used the service and the staff.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place.