Methodist Homes

Emmandjay Court

Inspection report

Valley Drive
Ben Rhydding
Leeds
West Yorkshire
LS29 8PF

Date of inspection visit:
06 June 2018

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24 July 2018

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

Emmandjay Court provides a personal care service to people living in their own flats within the Emmandjay Court housing complex. The main office is situated on the ground floor of the housing complex which is situated in the village of Ben Rhydding, close to Ilkley town centre. On the day of our inspection 15 people received personal care from this service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff were kind, caring and had a good knowledge of people which they used to deliver personalised care. People told us they were treated with respect and staff had a high regard for protecting their privacy and dignity. Staff demonstrated they were dedicated to providing personalised care and support.

People received visits at consistent times and from staff who were familiar to them. A low turnover of staff meant people received consistent care and were able to develop positive relationships with the staff who cared for them.

Staff supported and encouraged people to prepare and consume foods and drinks which met peoples' individual preferences.

Staff managed risk in a proactive and personalised way. Staff were skilled in identifying changes, risks and concerns with people's health and worked in partnership with other professionals to ensure people maintained good health.

Overall medicines were managed safely, although some improvements were needed to the documentation of medicine support provided.

People were asked for their views about the care they received and how the service should be operated. Staff listened to and acted upon peoples' views to ensure they provided a personalised and responsive service.

Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people. There were enough staff to ensure a reliable and consistent service was provided. A new wellbeing worker role provided additional support if there was an incident. Staff received appropriate support and training to undertake their role.

The provider had effective systems in place to monitor the quality of care provided and where issues were identified they took action to make improvements.

People and staff provided very positive feedback about the new registered manager. We saw they had implemented some positive improvements to the service and were committed to ensuring the quality of care continuously improved.

The provider had clear values and staff were true to these values in their day to day work.

We found all fundamental standards were being met. 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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Emmandjay Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspecton. The inspection took place on 6 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service so we needed to be sure that the office would be open.

The inspection was completed by one adult social care inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with four people who used the service and one relative. We also spoke with the registered manager, the area manager, a care worker, a wellbeing worker and a senior carer. We looked at two care plans, two staff recruitment files, medication records, audits, meeting notes and surveys. We also spoke with two health professionals about their experience of working with the service.

Good

Is the service safe?

Our findings

Staff had a proactive approach to risk management. They had a thorough understanding of the specific support people needed to promote their independence whilst ensuring risks were reduced. Care plans included detailed and informative risk assessments. These included risks associated with skin integrity, nutrition and moving and handling. Assessments were individualised and provided staff with clear guidance on the support people needed to mitigate risk.

Incidents and accidents were recorded and action taken to reduce the likelihood of them reoccurring. Robust systems were in place to ensure appropriate action was taken and that lessons were learned. There were very low levels of accidents which occurred at the service.

Safe systems continued to be operated to reduce the likelihood of abuse occurring or going unnoticed. People told us they felt safe and did not raise any concerns. Staff received safeguarding training and understood the different ways people could be subjected to abuse. Staff knew how to report any concerns and were confident any concerns raised with the registered manager would be dealt with appropriately. The registered manager was aware of their responsibility to liaise with the local authority and Commission if safeguarding concerns were raised. Previous safeguarding incidents had been appropriately reported and managed.

Where people were supported with their medicines we saw clear information about what support they required, the type and dosage of medicines they were prescribed, potential risks such as side effects and if there were special instructions such as if a medicine needed to be taken with, before or after food. When medicines were prescribed to be taken on an 'as required' basis we found clear guidance for staff to follow. This helped make sure these medicines were used consistently.

Staff completed medication administration records (MARs) when medicines were given. We found MARs were fully completed. Where people were prescribed medicines in a monitored dosage system there were two MARs. One was from the pharmacy which stated what the medicines were and an additional MAR was kept which staff signed to say they had given the medicines. Staff told us they found this system confusing. At the time of our visit only four people received support with medicines. We were concerned if peoples' needs changed or more people began to use the service this duplicative approach may increase the risk of errors. We recommend the registered provider reviews and refine their systems for recording when medicines are given.

Staff were recruited safely and there were enough to ensure people received consistent care. A new wellbeing worker had been introduced and was available to people 24 hours a day. We saw this was a positive improvement. It ensured there was always an additional staff member available to respond to incidents and complete key tasks such as chasing up health professionals. This helped ensure staff scheduled to complete visits could focus on this.

Staff had access to a supply of personal protective equipment whilst caring for people. Our discussions with

people and staff led us to conclude staff followed appropriate hygiene techniques.

Good

Is the service effective?

Our findings

Staff had a proactive and collaborative approach to ensure people maintained good health. We saw examples where staff had identified and responded to changes in peoples' needs to ensure they were supported to access specialist input from healthcare professionals. Staff also continued to encourage positive partnership working with healthcare professionals. The health care professionals we spoke with told us staff made appropriate referrals, followed their advice and used their knowledge of people to raise potential issues or identify where they felt peoples' needs may have changed. One professional told us, "Any advice given to staff they listen to and put in place what is within their sphere of competence. They have had complex residents and with our support have delivered some very good support to residents."

Staff received effective training and support. The registered manager kept a training log which enabled them to clearly track when training was due. The log was kept up to date, regularly monitored and showed that staff received ongoing training in key areas. Staff told us the training was effective and they felt well supported through supervisions with their manager. The registered manager had arranged a number of specialist training sessions which had been attended by staff and people who used the service. This included awareness sessions on dementia and diabetes. People had enjoyed learning about these conditions and staff found it useful to have discussions with people about what support they would prefer if they developed these conditions in the future.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no DoLS had needed to be made. The service assessed people's capacity to manage aspects of their own care and we saw evidence peoples' choices and views were sought and respected by staff.

Where people were supported with meals there was personalised information within care records to highlight what foods and drinks they liked and disliked. Staff said they used this information as a guide but always ensured they asked people what they wanted and offered choices on a day to day basis. Nutritional risks were assessed and staff took appropriate action to mitigate them.

Good

Is the service caring?

Our findings

The service continued to provide personalised good quality care. People told us staff were kind, caring and always treated them with respect. One person told us, "We are absolutely well cared for. It's first rate. I press my buzzer and it's like having an Aladdin's lamp, you press it and a genie appears!" A relative told us, "We get good quality care from people who know [my relative] well."

Health professionals also told us people received a good standard of care. One health professional said, "I visit many establishments in my role and I have always been impressed by the level of care and commitment to service users, the care staff go the extra mile for the service users and in the past did go above and beyond for a previous lady I had living there. I would be very happy for a relative of mine to live in this establishment and would feel reassured they were in a safe environment that at the same time would promote independence." Another health professional told us, "The environment is warm and welcoming and staff are very approachable."

People continued to receive continuity of care from staff who were familiar to them. There was a low turnover of staff and this helped ensure the development of good, strong relationships between people and staff. Staff knew people well and had clearly developed positive relationships with the people they cared for. One person told us, "All of the staff are just marvellous. They take their time with you, they sit and chat and take a great interest in you, they make me feel important." When we asked one person about the staff who cared for them they began to smile at the sound of the staff names and said "We laugh, I like them all."

Care records contained personalised information to enable staff to deliver bespoke care to people. There was clear information about what people could do for themselves as well as where and how they may need support. This helped prompt staff to ensure they helped people to maintain their independence. For example, one person's care records stated that the person,'Likes to have shredded wheat for breakfast and a cup of tea with one sweetener. [Person's name] likes to open the shredded wheat packet and put the milk on themselves.'

People told us staff had a high regard for respecting their privacy and dignity. One person told us, "They are always so respectful, not just of me but of my home and my belongings."

Staff treated people as individuals and respected personal preferences and needs. People's individual needs were supported and respected. For example, we saw information about peoples' religious needs were included within their care records. People were supported to access local churches and regular services were held in communal areas for those people who did not wish to go out to worship. We saw no evidence to suggest anyone was discriminated against and no one told us anything to contradict this.

Staff actively involved people in making decisions about their day to day care. Staff listened to people and respected their preferences. One person told us, "They always ask me what I want to do, I feel like I am in charge."

Good

Is the service responsive?

Our findings

Staff told us care visits were well planned and gave them sufficient time to ensure people received personalised care. One staff member told us, "Calls are very well paced, I always have conversations with people and this helps to ensure I can form a strong bond with the people I am caring for. Not only is that important for job satisfaction and care quality but it also ensures I can spot if there is an underlying issue."

Care plans contained good information about peoples' individual needs and how staff should adapt the support they provided to ensure people received the support they needed. For example, one person's care plan stated that the person's dementia meant they needed to be given additional time to respond when staff asked them a question. Health professionals told us staff delivered individualised care and were skilled at responding well to peoples' individual care needs.

Staff considered peoples' individual communication needs when developing care plans, delivering support and in the running of the service. The registered manager had arranged for information to be projected onto a big screen during residents meetings because they recognised some people had a hearing impairment. They explained this approach helped enable people to follow the discussions more easily and therefore feel involved and included in these discussions.

Care plans were subject to regular review and we saw evidence people and their relatives had been involved in these reviews with their views recorded and acted upon.

People told us they knew how to raise concerns if they had any problems. Information about the complaints procedure was made available to people and the provider had clear procedures for how complaints would be investigated and dealt with. None of the people we spoke with raised any concerns and at the time of our inspection no formal complaints had been raised. However the registered manager was fully aware of the process to follow if any complaints were made in the future. The provider also kept a record of compliments so they knew where they were meeting and exceeding people's expectations.

Staff approached end of life care in a respectful and personalised way. Care planning demonstrated staff spoke to people and their relatives to help establish their end of life needs and wishes. Staff used this information to produce personalised care and to ensure people's cultural and spiritual wishes were respected. A relative had sent a card to compliment the staff on the quality of the end of life care they had given to their loved one. They commented, 'A massive thank you for all the care, compassion and support you gave Mum. Even during the difficult times you often brought out a smile or a laugh and you helped fulfil her wish to stay at home.'

The registered manager had arranged a number of activities to help reduce the risk of social isolation for people. This included external speakers and social events such as cocktail afternoons. There was also information in the entrance to highlight community events and details of the local access buses so people could access the local community independently.

Good

Is the service well-led?

Our findings

A new registered manager was in post. 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 had introduced a number of improvements since taking up their post. For example, they had changed the way accidents and incidents were logged to enable community health professionals to access key information about people when they visited people. Feedback from people, staff and health professionals about the registered manager and the improvements they had made was extremely positive. One person had written the registered manager a card which stated 'Emmandjay Court has become a better place with you.'

The registered manager was committed to continuous improvement and regularly sought areas to develop the service and improve the quality of care provided. For example, they had implemented their own system of checks of staff practices. They recognised that although these were not routinely done by the provider, they had seen them used to good effect in their previous role so had introduced them as another way to measure the quality of care provided.

The provider had clear systems in place to check the quality and safety of the service they provided. The records of audits and checks demonstrated the provider and registered manager both identified areas for improvement and ensured any issues were promptly addressed.

The provider continued to support people to have a say in the running of the service. There were regular meetings and surveys to ensure people's views were captured and changes made to the care provided. A key change which had been made in relation to peoples' feedback was the introduction of the new wellbeing worker role. People and staff told us this had been a positive change to ensure there was always a designated staff member available to respond to incidents.

The provider had a strong vision and clear values which focused upon ensuring people were treated with respect, dignity and fairness, ensuring people could live a fulfilled life and that the quality of care provided was continuously improved. Staff were trained on the values and our discussions with them and the registered manager confirmed that they were true to living these values in their day to day work.

The service worked in partnership with other agencies to help improve the quality of care provided. For example, they had worked with local tissue viability nurses to implement 'React to Red.' A scheme which was aimed at helping to improve training and awareness of pressure area care.