

Methodist Homes

# Hebron 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

### About the service:

- Hebron Court is a retirement living community where people have their own flats. Methodist Homes provides home care services to people who require support with personal care.
- At the time of our inspection there were 19 people who received personal care services in their own flats.
- The service focused on supporting people to live independently in their own homes.
- People supported included older people who might be living with dementia, physical disability or sensory impairment.

### People's experience of using this service:

- People received a service that was safe, effective, caring, responsive and well led.
- The service had the characteristics of a good service in all areas.
- One person we spoke with said it was "overall a good service with high standards".
- There were effective processes in place to keep people safe and learn lessons to improve the service if things went wrong.
- Staff received training and support to maintain the skills required to support people according to their needs and choices.
- Staff supported people, including those with a sensory impairment, to take part in decisions about their care.
- The provider worked with other agencies and professionals to achieve good outcomes for people in line with their needs and preferences.

### Rating at last inspection:

- At the last inspection (published 10 June 2016) we rated the service good.

### Why we inspected:

- This was a planned inspection to check the service remained good.

### Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 remained safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well led.

Details are in our well-led findings below.

**Good** ●

# Hebron Court

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

- One inspector carried out this inspection.

Service and service type:

- Hebron Court is a retirement living community where people have their own flats. Methodist Homes provides home care services to people who require support with personal care.
- People's care and housing are provided under separate contractual agreements. Some people had no care package, and some had contracts with other agencies to provide personal care and other services.
- CQC does not regulate the premises used for this type of service. This inspection looked at people's personal care service.
- Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, that is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
- The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- We gave the provider two days' notice of the inspection site visit. We needed to be sure the registered manager or other senior staff member would be available, and we needed to give the provider time to obtain people's consent for us to contact them.
- Inspection activity started on 7 March 2019 and ended on 8 March 2019. We spoke with people by telephone on 7 March 2019. We visited the location on 8 March 2019 to see the registered manager and staff, to speak with more people and their family members, and to review records.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections.
- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We reviewed the previous inspection report.
- We contacted a social care professional who worked with the service.

During the inspection:

- We spoke with eight people who used the service and one family member.
- We spoke with the registered manager and three staff members.
- We looked at the care records of two people.
- We looked at other records to do with the running of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People were consistently safe and protected from the risks of avoidable harm and abuse.
- Everyone we spoke with said they felt safe when care workers were in their flat.
- One person told us they "trusted all the staff implicitly".
- The registered manager had a system to make sure staff did not work if their safeguarding training was out of date.
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- The provider's "time critical event" report made sure safeguarding concerns were recorded, followed up, and reported to relevant agencies, including notifications to the local authority and to us.
- The registered manager's monthly report included information about any safeguarding concerns. This allowed the provider to track and have oversight of concerns which might affect people's safety.

Assessing risk, safety monitoring and management:

- People were involved in identifying, assessing and managing risks to their safety and well-being.
- One person told us actions to reduce their risk of falling had been effective and they had not had any recent falls.
- People's individual risk assessments included moving and positioning, medicines, falls, poor nutrition, and financial risks.
- Individual risk assessments informed people's care and support plans. One person's moving and positioning risk assessment had fed into a "safe system of work" plan and led to a referral for occupational therapy to maintain their mobility.
- Where a person was at risk of behaviours that might harm them, the provider had consulted with the community mental health team. They had put in place measures to reduce any feelings of isolation arising from sensory impairment which might have been a trigger for the behaviours.
- The provider managed risks to keep people safe in ways that meant they had the most freedom possible, regardless of disability or other needs.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to make sure people had a consistent and reliable service.
- People told us they received planned care visits at the correct times, including at weekends.
- People told us staff responded immediately if they used their emergency call system.
- The provider recruited regularly to maintain staffing levels in line with agreed care packages, and covered absences from employed staff without using employment agencies.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.

- If they did not receive sufficiently detailed references for new employees, the registered manager followed up by telephone to try and get evidence of their satisfactory conduct in previous employment.

#### Using medicines safely:

- Staff managed medicines consistently and safely and kept accurate records.
- People who received support with medicines told us this was done according to their needs and wishes.
- One person told us staff made sure they had their medicines "every four hours".
- There were weekly medicines audits which checked records, that any changes to people's prescriptions were reflected in their records, that records were complete and accurate and that medicines were stored safely in people's flats.
- People received their medicines from trained staff who had their competency checked. Staff completed three introductory training modules followed by a written competency check, which included confirmation they had read and understood the provider's medicines policy
- Records relating to medicines were accurate, complete and up to date, including those for medicines prescribed to be taken "as required".
- The registered manager's focus on the medicines process had led to a reduction in the number of errors in administering people's medicines.

#### Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- People told us staff used personal protective equipment, such as disposable gloves, when appropriate.
- Staff received training in infection control and food hygiene.
- The registered manager complied with government guidance with regular infection control audits and a yearly infection control statement.
- There were reasonable steps in place to protect people from the risk of infection.

#### Learning lessons when things go wrong:

- There was an open and transparent process to record and follow up "time critical events" which included safeguarding concerns, accidents and near misses.
- Staff were aware of their responsibility to report incidents honestly and felt supported to reflect and identify lessons.
- There were opportunities to reflect on where improvements to the service could be made in individual staff supervisions and staff team meetings.
- Where necessary the provider made changes to the service to promote people's safety.

# 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

Good: 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:

- Comprehensive assessments and care planning led to good outcomes for people.
- People we spoke with all said their care and support met their needs and took their choices into account.
- One person told us, "The care is good. We are looked after properly. They do what is needed and little bits extra."
- The registered manager or senior care worker assessed people's care needs and developed care plans that were detailed and individual to the person.
- People's care assessments took into account guidance and updates from relevant organisations.
- Where people had individual needs, the provider took advice from other health and social care professionals such as occupational therapists.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.

Staff support: induction, training, skills and experience:

- Staff had the right skills, knowledge and experience to carry out their roles.
- People were satisfied their care workers were properly trained.
- One person said, "They seem to know what is required. I think tailored training is available. New staff are shadowed."
- Care workers told us their training had prepared them for situations they might meet while supporting people.
- A senior care worker had received "teach the teacher" training in moving and positioning to allow them to pass on skills and best practice to their colleagues.
- The provider's induction training was based on the Care Certificate, which defines national standards for care workers.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- People living at Hebron Court were independent in their choices of what they ate and drank.
- Staff supported people with preparing their food, and prompting and encouraging them to eat a healthy, balanced diet.
- Where other healthcare professionals had concerns about how much a person ate and drank, staff kept records of their intake at mealtimes when they received support. The service worked with other agencies to support people to eat and drink enough.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked in cooperation with other agencies to understand and meet people's needs.
- Where people had engaged another care agency, their care plan made clear the responsibilities of both agencies.
- The provider worked with other professionals, such as occupational therapists, to make sure people had timely interventions.
- The provider had received positive feedback about their cooperation from other agencies such as the community nursing team and community mental health team.

Supporting people to live healthier lives, access healthcare services and support:

- People experienced positive outcomes regarding their health and wellbeing.
- The provider offered a wellbeing service to people living at Hebron Court. This included a daily wellbeing check and a 24/7 emergency call service.
- One person told us it was "comforting to know there was somebody around".
- Staff supported people to live healthier lives, for instance by helping them to take a walk if they wanted to.
- Where appropriate staff arranged appointments or visits by people's GP or community nurses.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 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 checked whether the service was working within the principles of the Act.

- Staff received training in the Mental Capacity Act 2005 and were aware of the principles of the Act and its associated guidance.
- Nobody supported by the service at the time of our inspection had been assessed as lacking capacity.
- Records showed people had consented to their care plans and other arrangements.
- Staff were aware of their responsibility to deliver care only with the person's consent.
- All the people we spoke with were happy everything was done with their consent.

# 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

Good: 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 had positive relationships with staff who treated them with dignity, respect and kindness.
- People described staff as "friendly, caring people", "pleasant people, a good team", and "fine, very nice people".
- One person said, "They are all caring. They have a chat. They pop in to check I am OK if I have not been well."
- Staff said they had time to have conversations with people. One staff member said they liked seeing people happy and talking about their previous lives.
- Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background.
- Steps taken to support people with a sensory impairment included helping a blind person to use the phone, and providing large print hymn sheets so more people felt included in religious ceremonies by the provider's chaplain.
- A visiting professional had written in the provider's comments book, "All the staff are very kind, helpful and supportive. I would be happy to live here."

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

- The provider supported people, their families, and other relevant people to be involved in decisions about the service.
- People and their families were involved in reviews of care plans and risk assessments.
- The provider had set up a focus group for people, their families and other advocates to be consulted about the wider service they received.
- One person told us, "They are happy to listen to us and take action where they can."
- Where people were living with sensory impairment staff took appropriate steps to make sure they understood. These included writing things down for a deaf person.

Respecting and promoting people's privacy, dignity and independence:

- People we spoke with all said they felt staff respected their privacy and dignity.
- One person said, "They put me at ease."
- People's care plans contained detailed and individual guidance on how to promote people's privacy, dignity and independence.
- One person's care plan instructed staff to make sure the person's cutlery was within reach at meal times and to check use-by dates on food because the person's vision was affected by cataracts.
- The provider worked with other agencies to make sure people's care and support was delivered in a way that respected their independence and was appropriate for people living in an independent living service.

## Is the service responsive?

### Our findings

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

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

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

- Staff supported people according to care plans which took into account their needs, preferences and risks involved in their care.
- One person said, "There is never any problem discussing my needs."
- Another person said, "They take into account your little preferences and choices."
- The provider had received a written compliment from the community nurse team, thanking them for their support. It stated, "As a result of their dedication one of the resident's on-going condition has improved immensely, resulting in reduced clinical intervention."
- The record of a contact with a specialist nurse stated, "...continue to monitor and encourage his eating and drinking and thanked us for the good job we are doing and said she will not need to visit again." The care and support people received led to successful outcomes for people.
- The provider met people's communication needs where they were living with sensory impairment, taking into account the Accessible Information Standard for people with specific communication needs.
- A senior care worker and other staff had learned British Sign Language to support a deaf person. They used this skill to interpret for the person when talking with other healthcare professionals. This made sure the person had full access to healthcare services.
- The provider supported people to maintain their interests and hobbies at Hebron Court.
- There was a gardening group who made use of the enclosed garden, and a minibus which was used to take people on a variety of trips.
- The provider arranged for a local school choir to entertain people and arranged events for Christmas and pancake day.
- Staff supported some people to take part in activities at the provider's nearby residential care home.
- When staff helped a person celebrate their birthday, they received a thank-you from the person's family which said, "We don't really know what the future holds, but today has created a lovely memory."
- People and their families appreciated it when the provider went over and above the usual scope of this type of service to support people's well-being.

Improving care quality in response to complaints or concerns:

- The provider had a system to log, follow up and close complaints.
- There were two complaints on file, only one of which was relevant to the regulated activity of personal care.
- This complaint had been addressed and followed up in writing and at the next residents meeting.

End of life care and support:

- The provider made appropriate arrangements to support people in their final days.
- Staff had access to specialist in-house "final lap" training.

- End of life care took into account the wishes of people and their family.
- The provider worked with specialist palliative care services to make sure the person was comfortable and pain-free.
- The provider had an employed chaplain who provided pastoral support to people, their family and staff if required.
- Additional support for staff included counselling and dedicated staff meetings.
- The family member of a person who had received end of life care wrote, "We cannot express how grateful we are for the superb way in which you and your staff looked after Mum in the final year of her life. The kindness and patience shown towards her by all the care staff was wonderful."

# 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

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

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

- The service was well led and had a positive, person-centred culture.
- Staff told us the registered manager had successfully shared an ethos which encouraged independence and people's enjoyment of life.
- People we spoke with were complimentary about how the service was run.
- One person said, "I commend the manager. She has worked very hard to deliver a good service."
- Another person said, "There is more communication with the manager now."
- The registered manager was aware of their responsibility to be open in communications with people and others involved in their care.
- A family member told us there had been improvements since the registered manager took up her post. They said she was "approachable" and her door was always open.

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

- There was a clear and effective management system.
- The registered manager had delegated appropriate tasks to a senior care worker.
- Staff were clear about their responsibilities and described the service as well organised. They said they were always informed about relevant changes.
- There was an effective quality assurance system which included monthly internal checks and a yearly corporate audit.
- The yearly quality audit showed a year on year improvement from 75% to 87% compliance for the service.
- The registered manager showed an understanding of regulatory requirements. The ratings from our last inspection were clearly displayed in the service and on the provider's website.
- The provider notified us of certain events as required by regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider used a range of methods to engage with people and staff
- There was a yearly corporate survey for people using the service and staff. Recent feedback from this had been good.
- There were regular staff and residents meetings.
- In addition to an "open door" policy, the registered manager had informal "drop in" sessions for people who used the service and their families.

- There was a compliments book and a system of continuous improvement cards for people to use.
- An entry in the compliments book showed that people living with a sensory impairment were encouraged and supported to take part in these processes.

#### Continuous learning and improving care:

- The registered manager had an ongoing improvement plan to drive and sustain enhancements to people's service.
- Actions were identified from quality assurance audits, comments from people who used the service, and staff.
- Recent suggestions which had been implemented were to do with how to use the enclosed garden.
- The improvement plan identified who was responsible for the action and when it should be completed. Actions were monitored regularly by the registered manager and their line manager.
- In addition, the registered manager had "blue-sky thinking" sessions with staff to generate ideas for improvement.

#### Working in partnership with others:

- The service worked collaboratively to deliver joined-up care.
- There was internal cooperation with the provider's nearby residential care home to provide a smooth transition if people's needs were assessed to be better met in that type of service.
- There was external cooperation with clear boundaries of responsibility where the service worked with other home care agencies to meet people's needs.
- The provider had good relationships with other healthcare providers, including GPs, community nursing team and occupation therapists.
- There was good communication with social services.