

Methodist Homes

# Connell 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Connell Court is a residential care home providing personal care for up to 37 people aged 65 and over. At the time of the inspection, the service was supporting 33 people across four floors. The ground floor housed the main dining room, accommodation and office space. It also provided access to a large garden.

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

The service was exceptionally good at providing sensitive, responsive end of life care. End of life care plans were personalised, fully detailed and produced with the involvement of the person and their relatives. Relatives were actively encouraged to stay with their loved ones and facilities were provided to assist them. People's emotional and spiritual needs were understood and supported. Staff were well-trained in the provision of end of life care. The service worked very effectively with healthcare services to ensure people could remain at Connell Court if they wished.

People were consistently encouraged to engage in a wide range of meaningful activities and to maintain important relationships. Activities were developed to reflect people's needs and preferences and gave people a sense of self-worth. People and their families spoke positively about the service and how they were made to feel welcome. Activities and events were organised to encourage relatives to visit. People's communication needs were understood, and different approaches were used by staff to promote engagement. Care records were personalised for each individual and contained details about their specific needs and preferences.

Connell Court operated effective systems which kept people safe. People and their relatives commented positively on the safety of the environment and the care provided. Medicines were received, stored, administered and disposed of safely in accordance with best-practice. There were sufficient numbers of staff employed and on duty to meet people's assessed needs.

The service worked effectively with other agencies to ensure people received specialist healthcare support. Staff knew people well and provided care in accordance with their needs and preferences. Staff received a good range of support including regular training. People were supported to eat a varied and nutritious diet based on their individual preferences. The service operated in accordance with the principles of the Mental Capacity Act 2005.

Staff treated people with kindness, compassion and respect. Positive and caring relationships had been developed between people and staff. People were encouraged to remain as independent as possible and their rights to privacy and dignity were protected.

The service had a positive learning culture where people were supported to reflect on performance and improve practice. People had good outcomes and their health and wellbeing was prioritised by the service. The registered manager and provider constantly monitored the provision of care and the environment to

further improve people's experience of receiving care. The service worked with internal and external partners to develop practice.

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

Rating at last inspection and update

The last rating for this service was Good (published 17 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

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

#### Inspection team

The team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Connell Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

This inspection was completed in one day and was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service. We also spoke with five relatives about their experience

of the care provided. We spoke with six members of staff including the registered manager, a senior carer and an administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at records in relation to staff supervision and a variety of records relating to the management 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- People and their relatives spoke positively about the safety of the service. Comments included; "Never had any issues", "I couldn't fault it" and "I feel secure here."
- Staff were confident about how to report safeguarding concerns. We checked the record of incidents against safeguarding referrals and notifications to CQC. All incidents had been reported as required.

Assessing risk, safety monitoring and management

- The service managed individual and environmental risk effectively.
- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- Risk was assessed following incidents and adjustments to the way care was provided were made if required.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- People had individual emergency evacuation plans in place.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines had received appropriate training and were assessed as competent to support people with their medicines.
- People were given their medicines at the right time. Records of medicines' administration were fully and accurately completed.
- The registered manager and provider completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's needs.
- Some staff reported occasional difficulties when colleagues called in sick because the service relied on permanent staff to provide cover. We checked the allocation of staff against the providers own assessment and found the correct numbers of staff were deployed.
- Staff had been recruited safely. Records were maintained in accordance with regulations.

### Preventing and controlling infection

- Arrangements were in place for making sure the premises were kept clean and hygienic and people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves when providing personal care.
- People spoke positively about the cleanliness of Connell Court. We found the home to be clean and tidy throughout.

### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service worked effectively with other agencies to ensure people received specialist healthcare support. The registered manager and senior staff had good relationships with health and social care professionals who had contact with the service.
- People's healthcare needs were addressed in a timely and effective manner. One relative commented, "If [relative] needs a doctor then staff will make an appointment with [their] own GP."
- Regular meetings were held at the service to discuss people's needs. Healthcare professionals saw people regularly and referrals to specialist services were discussed and taken forward.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed before they moved into Connell Court; this helped to ensure their needs were understood and could be met.
- Assessments were reviewed regularly and following incidents or accidents.
- Assessments of people's care and support needs were completed in appropriate detail and provided guidance for staff to support people based on their life histories, needs and choices.
- Staff knew people well and provided care in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training.
- Training was appropriate and gave staff the skills to meet people's needs. Training records showed staff training was kept up-to-date.
- Relatives told us staff were well trained and completed their duties to a high standard.
- Staff received regular supervision and appraisal to support their developmental needs. They were given opportunities to develop their career within the service.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- The dining room was bright, homely and well-equipped. Tables were set with flowers, table-cloths and condiments giving the impression of a high-end café.
- The menu offered alternatives to the main meal and additional snack and drinks were made available throughout the day. People could help themselves to fresh fruit and snacks in the dining room and lounge.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's

weights were monitored. We saw evidence of people's weight improving as result of the service working in partnership with healthcare professionals.

Adapting service, design, decoration to meet people's needs

- The premises were suitably adapted and decorated to meet people's needs.
- Accessible bathing equipment was provided and signage throughout the building promoted people's independence. One person had the lighting changed in their room in responses to deteriorating sight. This helped them to stay safe while maintaining their independence.
- Each room was personalised with photographs and other items.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been made when needed and were regularly reviewed.
- At the time of this inspection none of the people receiving care at Connell Court were subject to DoLS.
- Mental capacity assessments had been completed to identify when a person had capacity to make a specific decision.
- Staff obtained consent from people before providing care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness, compassion and respect.
- Positive and caring relationships had been developed between people and staff.
- Staff were able to identify people with different religious and cultural needs and explained how these needs were met. Important information about faith was recorded in care plans.
- People and their relatives spoke positively about staff and the relationships they formed. Comments included, "[Staff are] very good. Definitely kind and caring" and "[Staff are] very nice, do anything for you."
- Relatives said they were made to feel very welcome and they could arrive at any time. Relatives were present throughout the inspection and were clearly familiar with staff.

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

- Residents' and relatives' meetings were held to enable people to raise issues and contribute to the running of the service.
- Questionnaires were sent regularly to people and their relatives to monitor the quality of the service provided. The results of the most recent survey were positive in all areas.
- We observed staff asking people for their views on several topics throughout the inspection. For example, explaining the inspection process and asking if they would like to contribute.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible and their rights to privacy and dignity were protected.
- Some people's health conditions meant their independence was at risk. Staff worked with healthcare specialists to maintain and maximise people's independence. For example, in relation to deteriorating mobility, sight and hearing.
- Relatives told us staff encouraged people to do things for themselves when they could. We saw staff encouraging people to mobilise and engage in activities with minimal support.
- Staff understood the need to protect people's privacy and dignity when providing care. When asked they provided practical examples of how this could be achieved.
- Confidential information was stored securely and treated in line with data protection laws.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

### End of life care and support

- Connell Court was exceptional at planning and providing end of life care.
- People's end of life care needs and wishes were discussed and recorded in detail. For example, one care plan contained details of; donations the person wished to make from their estate, their religious needs, favourite music and performer and hymns and prayers for the funeral service. Another person specified the type of service to be conducted, their preferred route for the funeral procession (which passed Connell Court) and the presence of a favourite soft toy in their coffin. While a third person requested the inclusion of a particular item on their person to represent their career.
- Families were actively encouraged and supported to visit and stay at Connell Court when their relatives were receiving end of life care. The service provided facilities for overnight stays including guest beds in people's rooms if they wished. Toiletries and washing facilities were made available to reduce the risk of relatives having to leave the service as their family member approached the end of their life. The relative of someone recently deceased said, "The care was superb. I have no qualms about the service [relative] received at all. I think the whole caring system was excellent. The staff checked [relative] every so often. The district nurses and palliative care were in. They looked after me as well."
- Anticipatory care plans were developed with local healthcare services to ensure people's wishes were fully considered and their pain was managed effectively. This allowed people to remain at Connell Court in accordance with their wishes instead of being admitted to hospital.
- Staff were extensively trained in end of life care through face to face sessions, e-learning and experience in hospice settings. Staff understood the importance of end of life care for the person, their relatives and colleagues. We saw examples how staff developed and maintained relationships with people receiving end of life care. In one example a kitchen assistant visited the same person each time they were on shift and shared music and photographs.
- The service made arrangements to recognise and celebrate the lives of people who had passed away in their care which met their personal preferences and spiritual needs. For example, relatives, other people living at Connell Court and staff were invited to regular remembrance services.
- Where people had declined to discuss their end of life wishes, this was recorded.

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

- People were consistently encouraged to engage in a wide range of meaningful activities and to maintain important relationships.
- Staff used positive, individualised approaches to maximised participation. They recognised the benefit of people engaging in activities at any level. For example, we saw one person who initially declined an activity

was encouraged to observe. The person quickly joined in conversations about the activity which visibly lifted their mood.

- The service employed an activities coordinator who organised individual and group activities. The activities were developed in response to people's needs and wishes and were subject to regular review. People spoke positively about the activities available to them. Comments included; "[Relative] will join in any of the activities and likes the arts and crafts and the quizzes. [Relative] also gets trips out to the local coffee shop" and "[Relative] likes the activities and [has been] asked what places [they] would like to visit. There have been trips to the theatre and to Llandudno."
- Where people had difficulty with group activities, personal time was given to ensure they were supported and stimulated. A 'Seize the Day' initiative supported people to engage in a range of activities of their choosing within the local community and further afield. For example, one person had been supported to spend a day at a local market. This was chosen as it was an activity they enjoyed as a child.
- Other activities were developed with support and engagement from the local community. For example, a children's dance group provided entertainment for people and a local historian gave a talk on the history of Southport. The service also encouraged people to organise their own entertainment and contribute to the community. One person living at Connell Court volunteered to organise classical concerts and movie nights, set tables in the dining room and run errands for other people living at Connell Court. Another person knitted items for the homeless of the area. People told us their health and wellbeing had improved as a result.
- People and their families spoke positively about the service and how they were made to feel welcome. Activities and events were organised to encourage relatives to visit. For example, a monthly family quiz night and seasonal events.
- People's spiritual needs were met by a dedicated chaplain who also provided support for staff and family members.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood, and different approaches were used by staff to promote engagement. These approaches had been particularly successful.
- Care plans contained information about the support people might need to access and understand information. For example, one person had been supported to make contact with a specialist organisation which provided talking books and newspapers. The service had supported the same person by purchasing and installing tactile signs in the passenger lift to help them use the lift independently.
- The service used microphones and a 'loop system' for people who used hearing aids during meetings. Important information was made available in accessible formats like large print after the meetings.
- Staff explained how some people were resistant to join-in group activities and discussions. They identified they were having difficulty understanding what was said due to hearing loss. Staff adapted the way they communicated with people to reduce the impact this had. For example, relaying information in a quiet area and facing the person as they spoke. In another example, a care plan included specific guidance for staff when a person's conversation became 'muddled'. This helped to reduce the person's anxieties and frustration.

#### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were personalised for each individual and contained details about their specific needs and

preferences. For example, what time people preferred to get up and go to bed and their favourite foods.

- Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed.
- Daily notes were kept and these detailed what care had been provided during the day and information about people's physical and emotional well-being. This information was used to handover to staff when shifts changed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- Each complaint was recorded and addressed in accordance with the relevant policy.
- The relatives we spoke with had not had to make a complaint but were satisfied that any complaint would be fully addressed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive learning culture where people were supported to reflect on performance and improve practice.
- People had good outcomes and their health and wellbeing was prioritised by the service. For example, one person was admitted to hospital after developing a serious illness. The service worked effectively with healthcare colleagues to develop a plan of care which allowed them to return safely to Connell Court where their health improved.
- The registered manager and provider constantly monitored the provision of care and the environment to further improve people's experience of receiving care.

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

- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- Each of the staff we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibility to share information with people when care had not met the expected standards.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. Family members, the local authority and CQC had been notified accordingly.

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

- The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the registered manager was good. Feedback had resulted in changes to the service. For example, people were being supported to grow their own vegetables in response to a request.
- People were provided with information about Connell Court in the form of a welcome pack.

#### Continuous learning and improving care

- The provider placed continuous learning and improvement at the heart of their practice. They made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents in other services were shared with managers and staff to improve practice.
- Learning from other services managed by the provider was shared with senior managers and staff as appropriate.

#### Working in partnership with others

- The service worked with internal and external partners to develop practice.
- There was clear evidence of working with healthcare professionals and commissioners to improve outcomes for people.
- The registered manager discussed the benefits of joining local meetings and forums to further develop practice.