

# Methodist Homes Welland Place

## 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

What life is like for people using this service:

- People continued to receive safe, compassionate and good quality care.
  - Staff understood their roles and responsibilities to safeguard people from the risk of harm.
  - People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.
  - People received care from enough staff that had received training and support to carry out their roles.
  - People were supported to have enough to eat and drink to maintain their health and well-being.
  - Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.
  - People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.
  - Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care.
  - People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.
  - People were involved in the planning of their care which was person centred and updated regularly.
  - People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.
  - There was a positive culture within the service where staff communicated well and people's needs were met. People were involved in how the service was run.
  - The provider and registered manager continually assessed and evaluated the quality of care and made the necessary changes to improve the service.
- The service met the characteristics for a rating of "good" in all key questions.
- More information about our inspection findings is in the full report.

Rating at last inspection: Good (3 June 2016)

About the service: This domiciliary care agency provides personal care to older people living at the Methodist home, Welland Place. At the time of inspection 12 people were receiving personal care.

Why we inspected: Scheduled inspection based on previous rating

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Welland Place

## Detailed findings

### Background to this inspection

The 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.

Inspection team: One inspector

Service and service type: Domiciliary Care Agency

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:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity was carried out on 15 January 2019. It included speaking with people that used the service, their relatives and staff. We also visited the office location on 15 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

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 reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people at Welland Place.

During this inspection we visited and spoke with three people using the service. We also spoke with five members of staff including the registered manager, deputy manager and three care staff.

We looked at the care records of people who used the service including daily records, medicines records and the assessments and care plans for three people. We also examined other records relating to the management and running of the service. These included four staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

People told us they felt safe receiving care from staff at Welland Place.

People's risk assessments

- People's risks were assessed, for example for the risk of falls.
- Risks assessments were regularly reviewed or as people's needs changed.
- Staff followed care plans to reduce the assessed risks; staff were informed of people's changing needs and changes to care plans in a timely way.

Staff recruitment

- The provider had ensured that all new staff had a satisfactory enhanced Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- New staff had been recruited using safe recruitment procedures. Previous employment history and character checks had been made.

Staffing levels

- The registered manager ensured there were enough staff deployed daily, with the skills and experience to meet people's needs. Staff told us the staffing levels were good, and they had enough staff to provide people's care.
- The registered manager and the deputy manager provided an out of hours on-call service for staff to contact them in case of emergencies.
- People received their care at the planned times.

Safeguarding systems and processes

- Staff knew how to recognise and report any concerns about poor care or ill treatment. One member of staff told us, "I would go to [registered manager] with any concerns, she would always do something about it."
- The registered manager reported all safeguarding concerns to the relevant authorities including the local safeguarding team.
- Staff received training in safeguarding of vulnerable adults; the registered manager displayed information on notice boards of how to raise a safeguarding concern for staff and people living at Welland Place. The poster stated 'Safeguarding is everyone's business' which reflected the inclusive way people and staff were expected to think about each other.

#### Using medicines safely

- People were assessed for their ability to manage their own medicines; people received their medicines safely as staff followed the provider's policies and procedures.
- People were supported to be independent with their medicines where they chose to. One person told us, "Staff check I have remembered to take my pills."
- Staff received training in safe medicines management and understood their responsibilities.
- The registered manager audited people's medicine records and acted where issues had been identified.

#### Preventing and controlling infection

- Staff had access to and used facilities to prevent the spread of infection such as personal protective equipment and hand washing facilities.
- Staff infection prevention competencies were checked by testing of their hand washing techniques.

#### Learning lessons when things go wrong

- The registered manager and provider reviewed incidents and accidents and used this information to learn how to avoid future incidents. For example, assessing people's footwear to help prevent falls.

# Is the service effective?

## Our findings

Effective – this means 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

- People were assessed for their needs before receiving care from staff at Welland Place to ensure the service could meet their needs.
- People's assessments were based on best practice guidelines and evidence based care, for example, falls risk assessments.

Staff skills, knowledge and experience

- New staff had an induction to the service which included basic training and shadowing of experienced staff. One new member of staff told us, "The training is very good; useful and relevant to my job."
- Staff received ongoing training in areas that met people's needs. For example, dementia and managing infections.
- Staff received on-going support from the registered manager in the form of one to one meetings and supervision.

Supporting people to eat and drink enough with choice in a balanced diet

- People were assessed for their risks of not eating and drinking enough to maintain their health and well-being; people were referred to their GP where people were assessed as at risk.
- Staff received training in safe food handling and hydration and nutrition which included special diets. Staff prepared people's meals to meet their needs, taking care to ensure people's allergies and preferences were considered.

Accessing healthcare

- People were referred promptly to health professionals where they showed signs of ill-health or had falls.
- People were supported to attend health appointments. Staff ensured people received their support in a timely way so people would be ready for transport to appointments. One person told us, "Staff are coming early tomorrow so I can be ready for the ambulance by 7am tomorrow."

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 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 were assessed for their capacity to manage their medicines safely.



- People provided their consent to care and to have their information shared with health professionals.
- Staff sought people's consent before they provided care.

## Is the service caring?

### Our findings

Caring – this means 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

- People told us they were treated well. One person told us, "I am very well looked after."
- People told us the care staff were, "Very good", "Lovely", "Kind" and "Excellent."
- Staff knew people well and had good relationships with them.

New staff were introduced to people before they provided care. One new member of staff said, "Everyone is friendly, I've met everyone."

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

- People were involved in the review of their care; this was recorded in their care plans. Where people required additional support, their relatives were involved.
- Staff knew people's likes, dislikes and preferences and used this knowledge to care for them in the way they liked.
- Where people were unable to recall events in the recent past, staff supported people to use a diary and talking about recent them to orientate people.
- The provider promoted well-being in all areas of care. They had literature to explain the importance of spirituality and how relationships, family and friends play their part in people's well-being. The provider had employed a chaplain to support people to talk about and write their life stories.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity.
- One person told us, "Staff maintain my dignity." Another person said, "[Staff] always close the door and keep me covered with a towel."
- People were supported to maintain their independence by staff allowing people to do as much as they could for themselves and supported people only where needed.
- Staff supported people to express themselves in the way they dressed; people chose what they wanted to wear.
- Staff referred to people in a respectful way; people's notes also reflected this.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

### Personalised care

- People received care that was personal to their individual needs.
- People were involved in creating and updating their care plans which reflected their specific needs.
- Staff knew people's preferences and ensured people received in the way they chose. For example, the order people liked to receive care and the way people liked their meals.
- People received their care as planned. Staff referred to people's care plans to ensure people received their planned care every time. One person told us. "They [staff] are meticulous."
- People's care plans included support to mobilise and socialise. For example, people were helped to join activities held in the afternoons at Welland Place.

### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and were confident their issues would be dealt with by the registered manager.
- There had not been any complaints relating to the service since the appointment of the new registered manager.
- The registered manager knew how to respond to complaints in line with the provider's complaints policy.

### End of life care and support

- Staff had received training and support relating to end of life care.
- Staff worked closely with people's GP and district nurses to support people to receive their end of life care where they wished, for example, at home.

# Is the service well-led?

## Our findings

Well-Led – this means 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.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and all staff demonstrated how they placed the people receiving care at the heart of the service.
- The staff and registered manager were good at listening to people; people's opinions and preferences were used to planning their care.
- Staff described an open culture where they felt supported and trusted the registered manager. Staff told us, "I can talk to [registered manager] about anything, she is really nice."
- Staff were very happy in their roles, one member of staff said, "It's great [working here], I can't think of a lovelier place to work."
- The registered manager had taken time to employ a team who had the qualities they were looking for to provide people with compassionate care; they told us they were proud of their team.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider carried out regular extensive quality monitoring through audits, in all areas of the service.
- The registered manager and provider analysed the audits and set action plans which had been allocated for completion or had been completed.
- The registered manager understood their role and submitted information and notifications as required.
- The rating from the last CQC inspection was displayed on the notice board in the reception in Welland Place; in line with the regulations.

Engaging and involving people using the service, the public and staff

- People had the opportunity to meet up weekly at coffee mornings to discuss how the service was run; the minutes to these meetings were displayed on the notice board in Welland Place.
- The registered manager displayed information on how to complain and supplied a suggestions box for people to raise their concerns anonymously if they wished. People had used the suggestion box; the issues raised did not relate to the care service provided.
- The registered manager supported staff to develop their English skills by adapting the rota's so they could attend English lessons. They also adapted staff training to be manageable and not overwhelming. Staff told us they appreciated the registered managers' support.

