

Morley Care Services Limited

The Wesley Centre

Inspection report

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Tel: 01709811171

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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

The Wesley Centre provides personal care and support to people who require assistance in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were two people receiving personal care at the time of our inspection.

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

People said they were happy receiving the service from The Wesley Centre. They told us they enjoyed being with the staff and the independence the service promoted.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training including, safeguarding and whistleblowing. Staff were employed following the appropriate recruitment checks.

Risks were minimised and to support people to be safe risks to people were identified and when needed a risk plan was in place. Staffing numbers were sufficient to meet people's needs. This meant people were supported safely. People told us they felt safe living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain good health, received timely medication and went to see external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Care records contained clear and detailed personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. The provider had recognised the need to make the medication audit more robust. Staff described the registered manager and other senior staff as supportive and approachable.

This service was registered with us on 15/12/2017 and this is the first inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our responsive findings below.

Good ●

The Wesley Centre

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

The inspection consisted of one inspector.

Service and service type

This service is a supported living and domiciliary care agency. It provides personal care and support to people living in their own homes.

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 announced and took place on 2 October 2019. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does 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 two people who used the service to gain their experience of the care provided. The registered manager was not available on the day of our inspection. We spoke with two members of staff including the deputy manager and a member of the support team. We reviewed a range of records, including; people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider's procedures gave staff guidance and steps on how to keep people safe. People's comments included; "I feel very safe here," and "I am very happy and safe now that I am here."
- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies. Staff we spoke with told us information on how to recognise abuse and report concerns was clearly displayed around the property.

Assessing risk, safety monitoring and management

- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor them and the action to take to reduce these risks.
- People's care records contained risk assessments which had been reviewed regularly. These related to a variety of needs, including nutrition, behaviours and any specific health conditions.
- Care plans were updated regularly and reflected the actions identified from the risk assessments. Care plans were comprehensive and individualised to meet the person's needs. The combination of risk assessments and care plans provided appropriate guidance to staff about the action they should take to promote people's safety and ensure their needs were met.
- Equipment was managed in a way that supported people to stay safe. For example, regular maintenance checks took place of services, such as; water, gas and emergency lighting.
- A personal emergency evacuation plan (PEEP) had been completed for everyone to ensure that there were arrangements in place to support them to evacuate the building safely in the event of an emergency and these were reviewed regularly.

Using medicines safely

- Medicines were predominantly managed safely. Processes were in place for the ordering and supply of medicines and medicine administration records demonstrated people received their medicines regularly. However, we found some inconsistency in; the recording of the room temperature where medication was kept. We also found where topical medicines, in the form of creams, were used, these were not recorded on a body map. Whilst these issues did not pose a significant risk to people, a member of the management team told us the issues would be addressed immediately through team meetings and individual supervision.
- Staff told us, and records confirmed, they had received training in administering medicines and their competency checked. Members of the management team told us the system of regular audits of medicines

was in the process of being overhauled to ensure any concerns were identified in a timely manner.

Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- People and staff told us they thought there were appropriate staffing levels to meet people's needs.
- Staff rotas indicated safe staffing levels were provided for both day and night time.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- People told us staff helped them to keep their home clean and tidy. One person said, "I like to keep the house clean and staff help when I need them to."
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff to use.

Learning lessons when things go wrong

- Details of accidents and incidents were logged and recorded with appropriate actions taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. The management team carried out regular reviews of accidents and incidents in the home as well as complaints and concerns to identify if there were any trends or patterns.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- We saw information was available to staff to enable them to keep up to date with best practice guidelines and meet people's needs effectively.
- People told us staff made them aware of advocacy services in the event people were unable to advocate for themselves or had no representative. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Staff support; induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff told us the training was good and relevant to their role; they felt well supported to deliver good standards of care. Comments included; "We always have training available."
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

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

- People told us they enjoyed a positive, individualised meal time experience and continued to be supported to have enough to eat and drink and to maintain a balanced diet. One person said, "We have a weekly menu which is decided by us. We don't all have the same thing to eat, we choose what we want."
- Other comments included, "I like to shop for the ingredients and help to cook healthy meals."
- Staff were aware of people's likes and dislikes as well as any medical requirements or allergies.

Staff providing consistent, effective, timely care within and across organisations

- Care plans showed people's needs had been assessed and monitored in conjunction with various healthcare professionals.

- Where people's needs had changed, staff consulted with GP's, and other relevant health and social care professionals.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

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

- The property was shared by two people. They told us they had appropriate space to socialise with others, eat in comfort, receive visitors or spend time alone if they wished to.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People told us staff consistently asked for their consent before providing any care or support. For example, obtaining permission before supporting them with their medicines. One person said, "Staff always ask me if I want help or do something by myself."
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. 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; equality and diversity

- People were complimentary of the support they received from staff. Comments included; "All the staff are nice," "I am very happy here," and "It really is the best place I have ever been, it's like I am alive again." Staff in all roles had a good knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, supportive and caring.
- Care and support was delivered by a small, consistent staff team. Staff said this promoted a comprehensive knowledge and understanding of people they provided support to. One staff member said, "It's a tightknit team which helps our understanding of the service we provide."
- People were actively encouraged to maintain relationships with their friends and families and to make new friends with people living in the home. People told us there were no restrictions on when they could have visitors. We saw contact and visits to family members was clearly documented and promoted.
- Staff were motivated about the care they provided to people. One staff member told us, "It's a great place to work, the best I've been to."

Respecting and promoting people's privacy, dignity and independence

- Care plans identified what was important to people and how staff could support them to maintain their independence. One member of staff said, "We have goals that we are working towards which is important to them."
- People were actively supported to achieve increased independence. One person told us, "I really want to work, and staff are helping me to find a job."
- People were supported to learn and improve skills. One person told us; "I like to do the gardening and other things around the house."
- People were supported to make choices about the kind of support they wished to receive and who they wanted to deliver this support.

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

- There was a commitment to involving people in making decisions about their daily lives and care. People lived their lives as they wanted and chose to. People gave us examples of the choices they made daily such as, decisions on their daily living routines, meal times, activities and accessing the community.
- People had as much support as they individually desired or required and at the times they preferred. This ranged from practical living skills to support with mental health and emotional wellbeing. One staff member told us, "The job is just so rewarding and different."
- Staff understood the importance of people's views, preferences, wishes and choices being respected. For example, regular house meetings highlighted people's wants, needs and preferences regarding various

aspects of the service they received such as, the physical environment, social dynamics within the house and activities.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. This meant people's needs were met through good organisation and delivery.

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

- People told us about the range of social and therapeutic activities they enjoyed doing. Examples of comments included "I go to the gym and also swim, I like to be healthy," and "I am planning to build a hedgehog sanctuary in the garden. I also have big plans for the other areas of the garden."
- We observed staff engaged with people with a calm positive approach. People responded very positively to the way the staff were supporting them.
- Care records showed positive actions had been implemented to deal with difficult situations that could arise due to the nature of some of the behaviours that people displayed.
- Assessments and care records showed people's needs were identified. Assessments were based on personal needs such as general and mental health, personal care, finance, communication and medicine management. Assessments regarding mental health were comprehensive and covered capacity, communication, behaviour, memory, emotional and social ability.
- Information in care records also showed people were actively encouraged to plan and decide what sort of care and support they felt they wanted.
- Staff attended handover meetings at the start of each shift throughout the day where the plan for the day was discussed alongside any changes to people's needs. These meetings were an effective way to ensure that key information about people's wellbeing and care needs were handed over to the staff coming on duty.

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 enjoyed a wide range of stimulating, individual social and recreational activities that promoted their physical and emotional wellbeing. They were encouraged and supported to continue their interests, both within and outside the home. This contributed to an enhanced sense of purpose and belonging. People were happy with the range of activities they could access. Minutes from the last house meeting demonstrated people's preferences were sought. We saw personal goals had been set as, "I want to do a parachute jump," and "I want to save and buy a metal detector."
- One person received a great deal of enjoyment from attending a local astronomical society.
- Staff supported people to follow their own interests and activities and at times acted as companions for people. For example, one member of staff told us how they supported a person to go away on holiday to Skegness.

End of life care and support

- The service does not support people at the end of their life and was not supporting anyone with end of life care at the time of the inspection,
- Care records showed staff had explored people's preferences and choices in relation to end of life care. Records also included preferences relating to each person's protected characteristics, culture and spiritual needs.

Improving care quality in response to complaints or concerns

- People told us if they had a complaint they would confidently raise the matter with the staff or the registered manager. One person told us, "Any problems and I'd speak to staff or one of the managers, no problem."
- People told us there was a copy of the complaint's procedure in the property. They said it clearly explained how people could make complaints if they had them.

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.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Identified information and communication needs were met for individuals. For example, information was provided to people in a format that met their needs, such as large print and pictorial formats.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Appropriate quality assurance systems were in place, various members of the management team conducted several audits to ensure quality of care and health and safety standards remained high. Whilst these were regularly undertaken they had not always identified areas for improvement such as, medicines room temperatures not being consistently recorded.
- There was a clear staffing structure in place led by the registered manager. Staff told us they always had access to managerial support.
- The leadership team had good knowledge of their regulatory responsibilities.

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

- The registered manager promoted person-centred care within the staff team, to ensure positive outcomes for people. We saw examples of how the service had successfully worked with people to achieve their desired goals as described in the responsive domain of this report.
- The registered manager knew people well and was a visible presence within the service.
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff were visible within the service and knew each person well.
- Staff and people spoke highly of the registered manager. Staff told us they could speak to them at any time. One staff member told us, "The manager is very supportive and always available."
- Staff told us morale was good as they had a strong team who worked for each other.

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

- Staff confirmed the registered manager encouraged staff to reflect on their practice and learn lessons where these were needed. Staff also told us the registered manager demonstrated an open and transparent approach to their role.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Services that provide health and social care to people are required to inform the Care Quality Commission

of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.

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

- People were provided opportunities to have their say about the service and how it could improve. People's views were sought through reviews of their care and support needs and house meetings.
- Staff's views about the service were sought through supervision and team meetings.
- There were good links with the local community and people were engaged with local community groups in a range of activities and events.

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in their home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others.

Continuous learning and improving care

- There was evidence that lessons learned from incidents, accidents or near misses were shared amongst the team.