Methodist Homes

Weston House

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

This inspection took place on 27 November 2018 and was unannounced. At the last inspection completed on 18 May 2016 we rated the service Good. At this inspection the service continues to be rated as Good.

Weston House is a Residential 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.

Weston House accommodates up to 48 people in one adapted building. At the time of the inspection there were 45 people using the service.

There was a registered manager in post at the time of our inspection. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from abuse. Risks to people were assessed and planned for to keep people safe. People were supported by sufficient safely recruited staff. People's medicines were administered as prescribed. People were protected from the risk of cross infection. The provider learned when things went wrong.

People's needs were assessed and plans were put in place to meet them. Staff had access to an induction and training and felt supported in their role. People were supported to live in an environment which was suitable to meet their needs.

People received consistent support from staff. People had a choice of meals and were supported to eat and drink. People were supported to maintain their health and well-being and had their health needs monitored.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by staff that were caring. People could make choices and were supported to maintain their independence. People had their privacy and dignity protected.

People's preferences were understood by staff and their communication needs were assessed and planned for. People had access to a range of activities. People were clear about how to make a complaint and these were responded to. People were supported to consider their preferences for care at the end of their life.

Notifications were submitted as required and the registered manager understood their responsibilities.

People and their relatives were engaged in the service and felt able to approach the registered manager. Staff felt supported in their role and were involved in the service. Quality audits were in place and were used to drive improvement.

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 continued to be good.	**Good**
Is the service effective? The service continued to be good.	**Good**
Is the service caring? The service continued to be good.	**Good**
Is the service responsive? The service continued to be good.	**Good**
Is the service well-led? The service continued to be good.	**Good**

Weston House

Detailed findings

Background to this inspection

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

This unannounced inspection visit took place on 27 November 2018. The inspection team consisted of two inspectors and two Experts 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). 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.

During the inspection, we spoke with two people who used the service and eight relatives. We also spoke with the registered manager, the deputy, the care coordinator, the administration manager, the regional quality lead, two therapists, two nurses and four staff.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. 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 the care records of two people and looked at three more to check things. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection on 18 May 2016, we rated Safe as Good. At this inspection Safe remains rated as Good.

People were safeguarded from abuse. Everyone we spoke with said they felt people were safe at the service. All relatives confirmed they had no concerns about safety. One relative told us, "I am totally confident that [person's name] is safe and well cared for here." Staff we spoke with were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. The registered manager had a system in place to ensure all possible safeguarding concerns were dealt with and the appropriate authorities were contacted when required.

People's risks were assessed and managed. One relative told us, "The staff move [person's name] around with equipment and make sure they are sitting on cushions with their feet up to prevent them getting sore and uncomfortable." The provider told us clinical risk assessments were completed where a risk had been identified for example with tissue viability, falls, and weight loss which were reviewed monthly or when changes occurred. Records confirmed this and staff were clear about any changes and updates. We observed staff followed people's risk assessments when providing care and support. For example, one person presented at risk due to behaviour that challenged, staff understood how to calm the person and we saw when the person became anxious staff knew how to engage the person to help reduce the risks posed to themselves and others.

People were supported by sufficient staff. One relative told us, "The environment is always calm and generally there are enough staff around." We found staff were available to people when they needed them and they did not have to wait for support. There were plans in place to manage absences using regular agency staff which enabled people to have consistency. There was a system in place to check staffing levels were enough to meet people's needs and ensure staff had time to spend talking with people.

People received support from staff who had been safely recruited. The provider told us they carried out checks to ensure staff were safe and suitable to work in the home including references and a Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions. Staff confirmed checks were carried out to ensure they were suitable to work with people. This meant safe recruitment procedures were being followed.

People's medicine records had guidance in place to show staff how to administer medicines. Where people needed medicines on an 'as required' basis to help calm them down when they became anxious there were clear plans in in place which gave instructions to staff on other steps to take before administering the medicine. Nurses confirmed they followed this and we saw people did not have the medicines unless they needed them. The records required nurses to record the effectiveness of the medicine when it was administered, we found this had not been consistently recorded. The registered manager confirmed they would be speaking to staff about this using a record of discussion which was used to help staff reflect and prevent this from happening again.

Medicines were administered safely. Relatives told us medicines were given by staff and these were always on time. One relative told us, "Medicines are never a concern and the nursing staff are brilliant." Nurses told us they received training for safe medicine administration and had their competency checked. We observed people receiving their medicines, with an explanation of what it was for and the process was not rushed. Medicines were stored safely with regular checks on the storage room for example the temperature was checked daily. We found medicine administration records (MAR) were in use and there were no gaps in records.

People were protected from the risk of cross infection. One relative told us, "It's so clean and well-furnished I am very happy leaving [person's name] here." Staff were trained in how to minimise the risk of cross infection. Staff wore appropriate personal protective clothing when offering personal care and serving meals and we saw the home was clean and fresh throughout the inspection.

There was a system in place to learn when things went wrong. The provider told us in the PIR they had introduced a 'Record of Discussion'. This was to enable staff to have an opportunity for reflection on practice with a line manager about incidents which had happened and how they may in future manage a situation differently. We saw this was used with staff and the registered manager carried out these discussions about the recording issues we found during the inspection. We saw there was a system in place to monitor and review accidents, incidents and complaints for example to look for trends and patterns and ensure any preventative actions were taken.

Good

Is the service effective?

Our findings

At our last inspection on 18 May 2016, we rated Effective as Good. At this inspection Effective remains rated as Good.

People had their needs assessed and plans put in place to meet them. The provider told us they carried out individual assessments which looked at people's care needs, abilities, interests, health and spirituality for example. The assessment involved the person and their relatives to ensure they were based on choice and this was used to develop an individualised care plan. Relatives confirmed their involvement in assessments and care plan development. We found the assessment included consideration of how people with protected characteristics would be supported. Staff confirmed this information helped them to provide effective support and we found staff were knowledgeable about people's needs.

The provider had systems in place to ensure staff were inducted into their role and had regular updates to their training. The provider told us staff and volunteers had an induction which enabled them to develop skills, knowledge and receive training. The induction used the care certificate to ensure staff received the required training. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. There was a system in place to refresh the training on a regular basis and this was discussed with staff in regular supervisions. Staff confirmed this was in place and told us it was effective in helping them develop in their role. We observed staff were knowledgeable about people and displayed appropriate responses to meeting people's needs. Relatives also confirmed they felt staff were well trained in all aspects of the role, commenting on staff understanding the individuals' varied needs. Relatives also commented on the staff knowledge of supporting people living with dementia and how to handle challenging behaviour.

People could choose what they wanted to eat and their nutrition and hydration needs were met by staff. One relative told us, "[Person's name had lost quite a lot of weight before coming here, staff worked really hard to encourage them to eat, the process of little and often worked well and they have now put on weight." The relative added, "If [person's name] wouldn't eat it, the staff didn't give up, they would blend the dinner into a soup which [person's name] would then eat." We saw staff offering people a choice of meals and drinks and supporting them to make choices. Staff used their knowledge of people's preferences to assist people. One person was at risk of choking. The person had been assessed by the Speech and Language Therapy Team (SALT) to give guidance on what the person could eat and drink. We observed staff followed this advice when supporting the person with their meals and drinks. Where people were at risk of malnutrition, plans were in place to ensure they had enough to eat and drink and their intake was recorded. Weights were monitored monthly with clear plans for escalating to professionals if people lost weight.

People received consistent care. The registered manager told us they had consistent staff in place to support people. Staff confirmed they had good communication systems in place to stay up to date about any changes in people's needs. One staff member said, "The handover document is good, it keeps us up to date about how people have been." Staff were familiar to people, we saw recognition when staff

approached people and relatives confirmed there were consistent staff available to support people.

People had access to support with their health and wellbeing. One relative told us how staff had identified their relative was unwell, and this was promptly referred to the nurse who then referred the person to a health professional and their illness was diagnosed. The person was given advice and treatment and the care plan was updated. We saw people were referred to health professionals when needed and care plans included specific guidance around people's health needs which we saw staff followed. For example, one person had a Percutaneous endoscopic gastrostomy (PEG) as they were unable to eat orally. A PEG is a medical procedure which involves a tube being passed into a person's stomach to provide a means of feeding when oral intake is not adequate or possible. Specialist advice had been sought and this was incorporated into the person's care plan. We found staff were following this advice.

People were supported in an environment that had been designed to meet their needs. One relative told us, "The staff move [person's name] around with equipment and make sure they are sitting on cushions with their feet up to prevent them getting sore and uncomfortable." We saw people had a calm quiet environment and they could walk around freely. The registered manager told us they were mid-way through a refurbishment and they were trying to colour code lounges and furniture to help with recognition as there were people living with dementia at the home. Relatives told us memory boxes had been ordered and they had been asked to bring specific items in to help people with recognition. We were told pictures and art work were also on order to help give people something familiar to look at. There were adapted toilets and bathrooms for people to use to meet a variety of needs.

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 with appropriate legal authority. 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 and found they were. We saw the registered manager had made appropriate referrals to the Local Authority where people had restrictions in place and staff understood how to ensure the least restrictive options were used.

People were asked for consent where they were able to give it. Where people lacked capacity to consent MCA assessments were carried out and decisions were taken in people's best interest. For example, one person had a best interest decision in place relating to having their medicine given without their knowledge in food and drinks. The person's relatives, doctor and a pharmacist were involved in the decision.

Good

Is the service caring?

Our findings

At our last inspection on 18 May 2016, we rated Caring as Good. At this inspection Caring remains rated as Good.

People were supported by caring staff. One relative told us, "Staff are very sociable and involve everyone in open discussion and banter. They will engage and talk about our past and family which is very supportive." Another relative told us, "I can't speak too highly about the home, its exemplary and the care is first class, we feel part of the family." Another relative commented, "The staff are wonderful, they really care." Whilst another relative said, "It's an excellent establishment, the staff are very good, very attentive, they let me know of [person's name] progress." We saw staff were attentive to people, they spoke to them and there was recognition from people smiling and joining in conversations. We confirmed through our observations and conversations with staff they had time to spend talking with people and knew them well.

People were encouraged to make choices about how and when they were supported and to maintain their independence. Relatives told us staff ensured people were offered choices. One relative described how staff would offer a choice relating to personal care. Another told us about the choices people had at meal times. Most people needed staff to support them with choices. One relative told us, "The staff are very responsive to individual needs and recognise immediately if their character changes from the 'norm'." Another relative told us, "The staff will always contact me at home because they know I like to be involved in any decisions." We saw people were offered a choice throughout the day, this included what to do, where to sit and we found staff used their knowledge of people to help them make these choices.

People had their privacy and dignity maintained. One relative told us, "They are really kind and caring showing respect and understanding for everyone." Another relative told us, "The staff have every regard for privacy and dignity and appreciate the need to be individual." Staff were respectful in their interactions with people. They were discreet when offering support to people and ensured people had their needs met in privacy. Peoples care plans also gave guidance for staff on how they could ensure dignity for individuals. For example, one plan advised staff to ensure the person had access to a napkin for wiping their mouth when they had food and drinks.

Good

Is the service responsive?

Our findings

At our last inspection on 18 May 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People and relatives were involved in their care and support. One relative said, "The staff will always talk to me about [person's name] care and so I feel like I still have some involvement and control." Another relative told us, "The staff are extremely responsive and recognise the need to involve the family in any changes." Whilst another relative said, "[Person's name] used to have some medicine at home purchased from the chemist. I asked if they could have it if I bought it in. The staff were brilliant and spoke to the doctor who prescribed it, so now I don't even have to buy it." One relative told us, "The staff are always very responsive if asked a question. They are very respectful and recognise that they are our relatives and we know them." Relatives confirmed there were no restrictions on visiting and they felt welcome and part of the home. One relative told us they would be spending Christmas at the home with their loved one. We saw care plans were reviewed and people and relatives were involved in this process.

People were supported by staff to meet their diverse needs and preferences. Staff understood who was important to people and their life history and gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender and faith. We saw a chaplain visited regularly and supported people to follow their chosen religion. The registered manager told us that equality, diversity and human rights had been a focus for the company and shared examples of how the providers polices supported individuals.

People were happy with how they spent their time. Relatives told us, "The activities and stimulation are very effective and staff appear to have a good knowledge and understanding of people as individuals. If people are reluctant, they will encourage but not force them respecting their choice and current mood." Another relative told us, "They have an outside summer house which is heated and they use this area for some activities. Families can also request to use the summer house for celebrations and the home will provide tea and cake." Staff told us they understood what people enjoyed doing and used this knowledge to support and encourage people to be active during the day. The provider employed therapists to offer people individual reflexology and music therapy. The therapists told us they undertook an assessment of people's usual behaviour before the therapies and then assessed the person again to see if this had been effective in reducing people's anxiety and distress. Relatives told us this was particularly enjoyed by people. We saw this helped to keep people calm.

The provider was meeting their responsibilities for accessible information. People had their communication needs assessed and plans were in place to meet them. We found the assessment considered how people communicated verbally, their level of understanding and gave guidance to staff on the best approach, including where to position themselves what to say and what tools may assist such as pictures. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Complaints and concerns were responded to and used to improve the quality of people's care. Relatives told us they understood how to make a complaint and felt these would be responded to. One relative told us, "I have never had to raise a concern as such, I just ask one of the staff if I need something and they make sure it is sorted for me." The registered manager had a system in place to respond to complaints and we saw where people had made complaints these had been investigated and responded to with actions taken to learn and make changes to the service.

People were supported to receive care at the end of their life. We saw where people were coming to the end of their life other health professionals were involved in planning for people's care. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected.

Good

Is the service well-led?

Our findings

At our last inspection on 18 May 2016, we rated Well Led as Good. At this inspection Well Led remains rated as Good.

The provider told us in the PIR they were a charity driven by values and policies which aim to provide the best possible quality and service at a fair price for people. The registered manager told us they had developed an open and transparent culture and valued putting people at the centre of their care. We found people were supported in a person-centred way with their care designed to meet their individual needs and preferences. Relatives confirmed they felt people were well supported by the service. One relative told us, "The home feels, organised and well managed with all staff appearing to be well informed." Another relative told us, "Very satisfied with how they respond to any queries, never make you feel awkward about asking."

The home was well organised and everyone we spoke with told us they could approach the management team. One relative told us, "I think the registered manager is very good and I feel at ease to talk to them." Another relative told us, "The home is like a well-oiled machine and I think the registered manager is very good." Staff confirmed they really enjoyed working at the home. They told us the provider was good and gave them opportunities to develop. Staff told us they had a good relationship with the registered manager and felt they were very supportive with both professional and personal issues.

The provider had systems in place to check the quality of the service. For example, there were checks in place to make sure people had their medicines as prescribed. We found when medicines had come into the home at the start of the medicines cycle the balance carried forward had not been completed. The following week, the week of the inspection, an additional stock check should have been done this also had not been completed. This meant the nurses would not have an accurate count of medicines available and it would make it difficult to know if someone had not had their medicine if a missed signature was found. The nurse told us this would be investigated and a full count of medicines would be done to confirm stocks. We could confirm the monthly audit carried out by the registered manager would have identified this error. The registered manager confirmed this would now be addressed with the individual nurses responsible for the error and the records updated.

The registered manager carried out checks on peoples care records to ensure they were up to date and accurately completed. Support plan audits were carried out and these identified actions which once completed were signed off by the nurse. Accidents and incidents were reviewed to identify if there were any actions needed to prevent reoccurrence.

The provider and registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. The registered manager was supported in their role by operational managers and the provider. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.

People and relatives were involved in reviewing the quality of the service and making suggestions. One relative told us, "Residents meetings are informal and very informative." Whilst another relative commented, "There are minutes of each meeting so people can be kept up to date even if they are unable to attend." The provider told us in the PIR views on the service being provided were sought using a survey and results were analysed and an action plan developed to make improvements. We found the home was currently looking to rename the units where people lived following the refurbishment. People, relatives and staff were being asked to make suggestions about what the names should be. Suggestions had also been sought from a local school from the children who visited the service.

The provider sought ways to continuously improve the service. The registered manager told us they used a local network to provide link nurses for specific conditions such as tissue viability, continence care and malnutrition. The nurses were involved in identifying best practice and cascading this information to staff. The registered manager was also involved in a leadership and management improvement program. There were regular checks and analysis about all aspects of the service provided undertaken, some of which was carried out by external staff and reports were given to the provider on the outcome of these to drive learning and improvement across the organisation.

The registered manager told us they sought ways to work in partnership with other community groups and resources. For example, they had started working with a local nursery school to engage the children attending in group work with some of the people at the home. This was to support the development of relationships and understanding and in line with research which suggests bringing children and people living with dementia together had benefits for all involved. This work was in the early stages and more input was planned.