

Methodist Homes

Weston House

Inspection report

Weston Road
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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 18 May 2016 and was unannounced.

The service was registered to provide accommodation for people who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury. They are registered to support up to 48 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 48 people were using the service.

The accommodation at Weston House is all single ensuite rooms, in a four house group arrangement. Two house groups are situated on the ground floor and two on the first floor.

The service had a registered manager. 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.

At the last inspection on 7 August 2013, the service met all the outcomes they were inspected against.

People felt safe and staff knew how to protect people from avoidable harm and abuse. People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

There were enough staff to meet people's needs. We saw that people's needs were responded to promptly and the registered manager reviewed staffing levels to ensure they were suitable. Staff had been checked to ensure they were suitable to work with the people who used the service.

Medicines were safely managed, stored and administered to ensure that people got their medicines as prescribed.

Staff were suitably trained to meet people's needs and were supported and supervised in order to effectively deliver care to people. Staff understood how to support people to make decisions and when they were unable to do this, support was provided in line with current legislation and guidance.

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met. People's health was monitored and access to healthcare professionals was arranged promptly when required.

People were treated with kindness and compassion and staff showed regard for people's wellbeing in a caring way. People were encouraged to make choices about their care and their privacy and dignity was

respected.

People received person centred support from staff who knew them well. They were offered opportunities to participate in activities that interested them and could spend their time how they chose. Care plans contained information on life history and preferences so that staff had the information they needed to be able to provide support to meet individual needs and requirements.

People knew how to complain and staff knew how to respond to complaints. A complaints procedure was in place and we saw that this was followed when complaints were received. People and their relatives were encouraged to give feedback on the care provided. The registered manager and provider responded to feedback and changes were made to improve the quality of the service provided.

The registered manager understood the conditions of their registration with us. We saw that systems were in place to monitor quality and that the registered manager analysed information and took actions to make improvements when required. There was a positive atmosphere at the service and people felt the registered manager was approachable and responsive.

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.

People felt safe and staff knew how to protect people from avoidable harm and abuse. Risks were assessed and managed and care was delivered as planned. There were enough staff to keep people safe and people's needs were promptly responded to. People's medicines were managed, administered and stored safely to ensure people got their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people effectively. People were asked for consent and supported to make decisions in line with relevant legislation, to ensure their legal and human rights were respected. People had support to eat and drink enough to maintain a healthy diet. Access to healthcare professionals was arranged when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and were encouraged to make choices about their care and treatment. People's privacy was respected and staff provided care in a dignified way. There was a homely and friendly atmosphere.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs and preferences from staff who knew them well. People had the opportunity to access activities that interested them. People knew how to complain and complaints were dealt with in line with the provider's procedure. .

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the registered manager and there was an open culture where people and relatives were encouraged to give feedback about the care. Quality assurance systems were in place and were effective to drive continuous improvement. The conditions of registration with us were met.

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 was 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 inspection took place on 18 May 2016 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection, we asked the provider to complete 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 used the information in the PIR completed by the provider to help plan our inspection.

We looked at other information we held about the service. This included looking at notifications. A notification is information about important events which the provider is required to send us by law. We also looked at information we had received from the local authority and members of the public.

We spoke with two people who used the service and six visiting relatives. We spent time observing care in communal areas because not everyone was able to talk to us about their experiences. We spoke with seven members of care staff, two nurses, the chef, a visiting professional, the registered manager and the area support manager.

We looked at six people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, five staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I feel safe, I'm happy, I just feel secure and they look after us and keep us safe, I love it here". A relative said, "Oh [Person who used the service] is very safe, she's well looked after here. She can't tell me, but I think she's content and if you're content you feel safe."

Staff knew how to protect people from avoidable harm and abuse. All the staff we spoke with were able to describe the types of abuse that may occur and how they would recognise the signs that may give cause for concern. One staff member said, "A person may be anxious, or quiet, anything different from the way they usually are. I'd report it to the nurse in charge." We saw that potential abuse had been reported to the local authority when required in line with the local safeguarding adult's procedures. Suitable investigations into allegations had been carried out when required and the registered manager had a good understanding of procedures and oversight of safeguarding matters.

People's risks were assessed and managed so that they were supported safely. Some people were at risk of falls and we saw that measures were in place to reduce risks without restricting people's independence. Some people had sensor mats in place to alert staff when they were on their feet and requiring support. One relative said, "They've had a little thing put in the bedroom [sensor] so that staff are always there when my relative needs them." We saw that another person required a particular type of bed, a sensor mat and crash mat in place due to their high risk of falls from bed. We saw that these were in place and staff described why these were needed and this matched what was recorded in the risk management plan.

We saw that one person was at risk of developing pressure areas and there was a risk assessment and management plan in place. To reduce the risk of skin damage the person required creams to be applied. We checked the topical creams administration records and saw that creams were regularly applied in line with the risk management plan and the person's skin was healthy. Some people required one to one support from a staff member to keep them safe during certain hours of the day and we saw that these people had suitable staff support in place.

People told us and we observed that there were enough staff available to meet people's needs. A relative said, "The staff here are great, they always know where [my relative] is and what they are doing." When people asked for support, we saw they received it promptly. For example, one person asked for a cup of tea and a staff member responded, "Of course, I'll just put the kettle on." The person received the drink they requested promptly afterwards and thanked the staff member. A staff member said, "There's enough staff, it works well. I like to be busy and we are, but it runs nicely and people get what they need." The registered manager told us and we saw they completed a dependency tool quarterly and this helped them to review the staffing levels based on the needs of the people using the service at that time. They told us that staffing had recently increased following a review of the dependency levels of people using the service. A relative commented that staff numbers had increased and we saw that positive comments about staffing levels had been made at a recent residents and relatives meeting. This showed that the registered manager and provider assessed, monitored and took action to ensure that staffing levels were suitable to meet the needs of people who used the service.

Staff told us and we saw that safe recruitment practices were followed. This included references and Disclosure and Barring Service (DBS) checks to make sure that staff were safe and suitable to work at the home. The DBS is a national agency that keeps records of criminal convictions.

Medicines were managed safely so that people received them when they needed them. One relative said, "Oh yes, I see that they get the medications on time, they [staff] are very efficient." We observed that people were offered pain relief medication and protocols were in place and reviewed monthly. These helped staff to know when to administer medicines for people who were prescribed 'as and when required' medicines. Nurses administered medicines and were knowledgeable about the medicines they were administering. We saw that people were given the time and explanations they needed to take their medicines and nurses only signed the Medicines Administration Records (MAR) when they saw that people had swallowed their medicines. When people were prescribed topical creams, we saw that a separate record was kept by care staff who applied the creams. These were checked by the nurses and we saw the topical creams records showed that people got their creams as prescribed. Systems were in place to ensure that medication was stored, managed and administered safely and we saw that these were effective.

Is the service effective?

Our findings

Staff told us and we saw they had completed training to equip them with the knowledge and skills to support people effectively. A relative said, "They [staff] are obviously well trained, they are brilliant." Staff told us and we saw they had received training in order to help them support the people who used the service. One staff member said, "I've had plenty of training around supporting the residents and keeping them safe. They [the provider] gave us dementia training to help us to talk to the residents and to gain an insight into the resident's lives." We observed that staff effectively supported people with Dementia. For example, one person became distressed and was shouting for help. We saw a staff member immediately respond to them, holding their hand, kneeling down next to them and providing reassurance. The staff member spoke in a soft tone and sang to the person which made the person smile and relieved their distress.

Staff were supported to carry out their roles effectively. They told us they completed an induction which included online and face to face training and shadowing a 'work buddy' who was a more experienced staff member to enable them to support people effectively. One staff member said, "The induction got me ready to start supporting people but I'm still learning all the time." Staff told us they had regular supervision and said they found this useful. One staff member said, "We have supervision and appraisal, it's useful. We talk about how we are getting on, any concerns you might have and any ongoing training needs. I requested first aid training through supervision and I've done it and passed it."

People told us and we saw that people were asked for consent before they were supported. For example, we heard a staff member ask, "Can I help you with that?" 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were trained and had a good understanding of the MCA. One staff member said, "We assume that people have the capacity to make their own decisions but if they don't we make sure any decisions are made in their best interests." This showed that staff were working in line with the principles of the MCA. When necessary, we saw that people's mental capacity to make their own decisions was assessed and recorded and best interest decisions were taken when required, in line with the principles of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that referrals for DoLS authorisations had been made when required and staff understood the reasons why these were in place and how they needed to support people in the least restrictive way.

People told us and we saw they were offered choices of food and drinks and they enjoyed what they were served. One person said, "I enjoy the meals, they're always good. We are well fed." A relative said, "I often stay here for lunch and the meals are wonderful." Another relative said, "The menu is up on the wall and it's

always up to date and it's fantastic." We spoke with the chef who had a good knowledge of people's specialist diet requirements. They told us that 18 people required diabetic diets and they always ensured a dessert suitable for people with diabetes was available. When people required support to eat their meals we observed that people were not rushed and staff chatted to them as they supported them to help them enjoy their mealtime experience. We saw that some people required pureed food and thickened drinks and they were given this in line with their care plans.

People were supported to maintain good health and had access to healthcare professionals when they needed them. We saw that the doctor visited the home on the day of the inspection and relatives said their family members had prompt access to the healthcare they needed. One relative said, "They get him straight to hospital when it's needed." People's records showed they had access to a variety of health professionals including Speech and Language Therapists, GPs, Physiotherapists and specialist nurses.

Is the service caring?

Our findings

People told us and we saw they were treated with kindness and compassion. One person said, "They're lovely." A relative said, "They [staff] are so lovely. I can't fault them." We saw that positive caring relationships were held between people and staff. For example, people sitting in armchairs had pillows placed under their feet or behind their head where needed to ensure they were comfortable. We heard staff say to one person, "Hello [Person's name], how are you? You look lovely today." We saw that a person was struggling to pick up their cup and a staff member said, "Let me help you with that [Person's name]" which made the person smile. This showed that staff showed concern for people's wellbeing in a caring way.

People and their representatives were involved in choices and decisions about their care. We observed that people were offered choices of where to sit, what to eat and how to spend their time. A relative said, "They do help my relative to make choices, my relative can't talk but they seem very good at understanding them." We saw that plans were in place to help staff communicate with people who needed support to convey their choices. For example, one person's care plan directed staff to use therapeutic touch to engage with the person and we saw staff using this with them successfully. It also directed staff to show the person their options instead of verbally asking them and we saw staff did this in order to help them express their choices.

People's privacy and dignity was respected. We saw that people's bedroom doors were closed when they were being supported with personal care. A relative said, "They always stand outside the toilet door to give my relative privacy but make sure they are safe." Another relative said, "My relative had a key to their room and was able to go and use the key to have some privacy if they wanted to." We observed that staff took care to ensure that people's dignity was respected. For example, a staff member discreetly asked a person if they could wipe their mouth for them at lunch time. We saw that one person came out of their bedroom with only one arm in their cardigan. A staff member immediately went to them and said, "Are you all right young man? Shall we put the other half on?" They helped the person without rushing them to ensure they were suitably dressed to maintain their dignity.

We observed a homely, friendly atmosphere. People, relatives and staff chatted together and relatives visited when they liked and were able to bring their pets into the home which made people smile. A relative said, "It's lovely here, there's a very warm atmosphere." Staff enjoyed their work and were caring towards people. One staff member said, "I love it here. I love helping everyone and supporting the families too. I like to see people smile." Another staff member said, "I love looking after and supporting the residents, it's a really nice atmosphere here, really calming, you can feel it as soon as you walk in."

Is the service responsive?

Our findings

We saw that people received personalised care that met their needs and could spend their time how they chose. We observed that people got up when they chose and breakfast time was flexible to meet people's preferences. We saw one person helped a staff member to wash the dishes, they chatted as they did this and the person was smiling. Staff knew people well and chatted to them about their background and interests. We heard one staff member talking to a person who had dementia, they were knowledgeable about the person's background which enabled the staff member to have meaningful conversation with the person and engage them in discussion about their past. The staff member said, "You used to live in London didn't you, what part?" The person then chatted happily about their life and career. This showed that care was personalised as staff knew people as individuals. A family member said, "They certainly do know my relative very well."

Relatives told us and we saw that people had access to activities that interested them. One relative said, "My relative used to help in the garden when they were able and they used to take them to buy plants too. Some go to watch the panto at Christmas." Another family member said, "My relative joins in with the music, it's a wonderful home." We saw staff asking people "Do you want to come and have a game of dominoes?" Some people were supported by staff to play the game and they laughed and joked together as they played. We saw that an activities timetable was on display and this included activities such as bowling, quizzes, egg collecting and petting at the home's chicken run, musical movement, aromatherapy and coffee mornings. The home also had their own Chaplains and a reflexologist who were available for people to access as and when they chose.

People and their relatives were involved in the planning and review of their care. Relatives told us they were asked to be involved in care planning when their relatives were unable to contribute to their own plans. We saw that care plans contained information about people's preferences, likes and dislikes. This ensured that staff had access to the information they needed to provide personalised care and meet individual needs. Regular reviews of care plans were completed and changes were made as required to ensure people received care that met their needs and preferences. We saw that care plans were specific and detailed and staff were aware of and followed these plans. For example, one person needed to be supported in a particular way at mealtimes to encourage them to eat their meal. This included turning off the television to avoid distraction and we saw that staff followed the care plan to ensure the person got the care and support they needed.

People and relatives told us they knew how to complain if they needed to and they would feel able to do this if required. One relative said, "I would know how to make a complaint, I would have a word with the staff but I can't imagine having a complaint anyway." Staff knew how to respond to people's complaints. A staff member said, "I'd try to deal with it there and then but I'd report it to the nurse in charge." A complaints procedure was in place and was displayed clearly on a notice board near the entrance of the home. We saw that all complaints, including verbal complaints were logged and responded to in line with the procedure.

Is the service well-led?

Our findings

People, relatives and staff felt supported by and had confidence in the registered manager. Relatives said they often saw the manager around the home and she was approachable. One relative said, "If you want to get hold of her fast you go up and knock on the door." Staff enjoyed working at the home and felt valued by the management. One staff member said, "The manager is very approachable, she's lovely. We are listened to, I feel like the feedback I give in supervision is listened to." Another staff member said, "Management are very supportive. I love my job and I'm proud to work at Weston House."

We observed a positive culture that was open and inclusive. Relatives told us they were encouraged to give their views during regular residents and relatives meetings and via an annual survey. One relative said, "We're on the residents committee and we meet with the manager once a month. Nurses keep us up to date on things too." Another relative said, "You can bring up anything at the meeting and discuss it." We saw that the registered manager communicated the outcomes of the annual survey with people and results were displayed on the notice board in the home alongside an action plan. Actions were taken when people and relatives made requests. For example, a relative had requested more sofas instead of chairs in the lounge so that they could sit close with their relative and we saw that these were in the process of being purchased.

Quality checks were completed by the registered manager. These included medication and care plan audits and analysis of accidents and incidents. We saw that the registered manager reviewed information and looked for any trends and where concerns were identified, action was taken to improve quality. For example, a falls analysis identified that one person had a number of falls from bed so a senior mat was put into place alongside a low bed and crash mats. The person continued to fall, as highlighted in the registered manager's analysis and so they called meetings with the person's family to discuss a number of ways of managing the risks. Information was also shared with the provider to give them an overview of activity at the service. This showed that quality assurance systems were effective to drive continuous improvement.

The registered manager was aware of their registration requirements with us and we were notified of significant events as required. Staff knew about and understood whistleblowing procedures and said they would feel confident to use these procedures if required.

The management and staff at Weston House were taking part in a research project about managing agitation and raising the quality of life for people living with dementia. The person leading the project said, "Staff have been very open and honest with us and have been very receptive to the project, and have been fully involved even though some of the questionnaires have asked them for quite personal information". This showed that the management and provider were open and inclusive and worked with other agencies to help improve the quality of the service provided to people.