

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

The inspection took place on 19 April 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The service provides domiciliary care to people who live at Welland Place. Welland Place are retirement living and care apartments run by MHA (Methodist Homes Association). They offer emergency call services directly linked to staff on site who are available 24 hours a day. There are currently providing domiciliary support to 16 people.

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.

People were safe because staff understood and practised their responsibilities for protecting people from abuse and avoidable harm. People were supported to be as independent as they wanted to be. Risk assessments were in place to manage risks associated with people's care routines and activities they chose to participate in.

The provider had robust recruitment procedures that ensured as far as possible that only people suited to work at Welland Place were employed. Sufficient staff were deployed to meet people's assessed needs.

The provider's arrangements for management of medicines were safe.

People were supported by staff with the necessary skills, experience and training. Staff were supported through effective supervision, appraisal and training. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People using the service told us that the staff team were kind and compassionate. They told us that they were treated with respect and their care and support was provided in a way they preferred.

A complaints process was in place and a copy of this was available to everyone. The people we spoke with told us that they knew what to do if they had a concern of any kind. They felt they would be listened to and any concerns would be acted upon.

Management and staff had a shared understanding of the aims and objectives of the service. The provider had effective arrangements for monitoring and assessing the quality of the service. The registered manager and staff were committed to continuous 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?

Good ●

The service was safe.

People told us they felt safe using the service and with the staff team who supported them.

Risks associated with people's care and support had been assessed and staff knew how to manage identified risks.

The service had robust recruitment and training policies which were followed.

Is the service effective?

Good ●

The service was effective.

New members of the staff team had been provided with an induction into the service. Care staff felt supported in their role.

Both the management team and the care staff working at the service understood the principles of the Mental Capacity Act 2005 (MCA).

People were supported with their nutritional and health needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff with dignity and respect.

Staff respected people's privacy.

People were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was centred on their individual needs.

People were supported to maintain and develop their hobbies and interests.

People knew how to raise concerns and were confident they were listened to.

Is the service well-led?

Good ●

The service was well-led.

People had been given the opportunity to have a say on how the service was run. They all felt the service was well led.

The provider had effective arrangements for monitoring and assessing the quality of the service.

Welland Place

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.

We carried out the inspection on 19 April 2016. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. This was the first inspection of the service since it registered in 2013. The service provided domiciliary care and support to people living in Welland Place which are retirement living and care apartments.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided.

Questionnaires were also sent to 16 people using the service and to their relatives to gather their views of the service being provided.

During our visit to the provider's office we were able to speak with the registered manager, the assistant housing with care manager, the senior team leader and a support worker.

We reviewed a range of records about people's care and how the service was managed. This included four people's care plans and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality assurance audits that the management

team completed.

Before the inspection visit we spoke with five people and two relatives who were using the service. This was to gather their views of the service being provided. Seven members of staff were also contacted by telephone before our visit.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service and with the care staff who provided their care and support. One person commented, "We don't wait long for things like this to be done, and of course, that keeps us safe too." Another person confirmed, "I feel safe the staff are very good."

Care staff we spoke with knew what to do if they had a concern regarding a person's safety. They were aware of their responsibilities for keeping people safe and knew what signs to be aware of that may indicate abuse. Records showed that staff received regular safeguarding adults training. The provider had an up to date policy and procedure that staff should follow if they needed to raise concerns. All staff told us they knew who to report concerns to including reporting to the Care Quality Commission and the local authority. This meant that staff had the information and knowledge they needed to keep people safe.

A member of staff told us, "I feel able to report things to senior staff and I am confident any concerns would be investigated." Another member of staff said, "I would report any concerns to the senior and would take it to higher management if nothing was done."

Risk assessments had been completed when people's care and support packages started. This meant the care staff could identify and act on any risks presented to either the person using the service, or the care staff themselves. Risk assessments were completed for moving and handling of people and general health and safety risks. This meant that wherever possible people were kept safe from harm and staff had the information they needed to minimise risk.

We found there were sufficient staff deployed to meet people's needs and keep them safe. People we spoke with told us staff were always available to support them when they needed them. We were told that staff did not make them feel rushed and staff came when they were needed.

We found that all relevant pre-employment checks had been carried out before staff commenced work. We were told that recruitment was carried out centrally by the provider's head office. Much of the paperwork associated with recruitment, for example, references were held by human resources at the head office. Where we found no references for a person the registered manager was able to have copies emailed to us to confirm appropriate checks had been carried out. We were also told that the provider had processes in place that prevented staff starting work prior to all the necessary checks taking place.

For people who needed assistance with their medicines, risk assessments had been completed. This information had then been transferred to the person's plan of care. This provided the care staff with the information they needed in order to support the person safely and in line with the provider's medication policy and procedure. Records showed following an incident that a person was reassessed and care staff were now assisting the person to take their medicines. This showed that the provider ensured people received the care and support they needed to keep them safe when taking their medicines.

Most people we spoke with told us they took responsibility for their own medicines. One person did tell us,

"My medication is kept in a locked box, and they sort all that out for me. I never have to remind them, they write it all down in my folder." Care staff told us they understood their responsibilities when supporting people to take their medicines. Training records indicated that staff received regular training and competence checks to ensure they were safe to support people with their medicines.

Records showed that each person had a personal emergency evacuation plan (PEEP). This meant that care staff had the information they needed to support people in the event of an emergency such as a fire.

There was a business continuity plan in place. This document included the actions to take in the event of an emergency or untoward event occurring. This document identified who was responsible for each action and how the staff team could continue to provide care and support to the people using the service.

Is the service effective?

Our findings

People told us that they felt staff were well trained, and able to provide care in a professional, and effective way. They also felt they were involved in planning their own care. One person told us, "I only need them to help me in the shower by scrubbing my back. I'm perfectly able to do the rest, and they respect that." Another person commented, "They are reliable, punctual, and capable people, we have no complaints at all." A relative told us, "[Person using the service] has help to give them a shower three times a week, and it works very well. They wouldn't be able to do it without them." People also commented that care staff did not "takeover" and supported people to remain independent.

Records showed that staff undertook an induction prior to starting work. We discussed with the registered manager that the induction packs were not fully completed as staff had not completed the section on what they had learnt each day. We were told that MHA were changing the induction to conform with the Care Certificate and so staff had not been encouraged to complete these sections. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.

Staff we spoke with told us they had completed an induction and they shadowed more experienced staff prior to them being allowed to work on their own. They were also introduced to people who lived at Welland Place not just the people who used the service. One staff member told us, "I'd been in care work before, but I still learnt an awful lot, and I felt able to ask any questions at the time." Another staff member said, "Training was helpful and sufficient. I shadowed two night shifts, followed by a week of shadowing during the day." This meant staff were given the time they needed to understand how to carry out their duties.

We checked the training records and these confirmed that a number of training sessions had been provided throughout 2015/2016. This included training in moving and handling, infection control and safeguarding and meant that the staff team were properly trained to carry out their role within the service.

We were also told that staff who were not directly involved with providing care and support, for example the facilities manager and domestic staff were provided with training such as dementia awareness. This was to help them understand the needs of people who lived at Welland Place.

Staff told us that the handover was very thorough. We were told that care staff would pass on verbally any important information to one another. One staff member said, "Of course it will all be written down, but it's good to have verbal confirmation also, if someone's not been well in the night for example." Staff felt communication was effective and they received up to date information to help them do their job. One staff member commented, "It's preferable to have information I don't need rather than need information and not have it."

Care staff told us that they had received regular supervision sessions and guidance. Records confirmed that staff were able to discuss concerns and any work practice queries they may have as well as look at their personal development 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The registered manager and assistant housing with care manager understood their responsibility around the MCA.

Capacity assessments had not been carried out. Where people had the capacity to understand and consent to their treatment we found that they had done so and been actively involved in decisions around their care. Where people did not have the capacity to consent to care and treatment the necessary assessments to confirm this and ensure that the person received the care that takes into account their specific needs and wishes had not been made. We brought this to the registered manager's attention. They told us that MHA had a standard capacity assessment form and they would introduce this to the service at once. We received a confirmation email following the inspection that this had been introduced.

Care staff we spoke with had an understanding of the MCA and their responsibilities within this and they had received training on this topic. One support worker told us, "It's about making sure they do things for themselves, make their own choices, we are just there to support them. If someone wants to go to the shops we are here to help."

Care staff we spoke with gave examples of how they obtained people's consent before providing their care and support. One explained, "I always ask people first before I help them, it is important that you get their consent before you do anything." Another told us, "It's important that you ask people if it's alright to help them, I ask on a daily basis, we should never assume it's just alright to help someone."

People told us that they had been involved in deciding what care and support they needed and the staff team always asked for their consent before they supported them.

Where people required assistance with food and drink the necessary support calls had been arranged. We saw on one person's care plan that they needed reminding to go to the restaurant at the complex. A staff member we spoke with confirmed that they would visit the person to remind them to go to lunch. Another person said they had had to go to a hospital appointment and that staff had put in an extra midday visit to remind their partner to go for lunch. They told us, "It gave me peace of mind to know they were being well cared for."

People told us that staff supported them when they felt unwell. One person told us, "If myself or my wife were not well, I feel we'd be in good hands. They'd certainly notice, and discuss with us what action to take." Another person said, "Once I had a bad fall in the night, and I called for help. They came very quickly, and helped me up. I did not need medical treatment, but that the night staff were very attentive, and stayed with me until I felt they could leave me."

Records we looked at showed us that where concerns were identified regarding people's health and welfare

the staff team had acted appropriately. This included contacting a person's GP when they had become unwell. Staff confirmed they would report concerns to the senior on duty and they would contact the GP. This showed us that the staff team took people's wellbeing seriously and supported them to access the relevant health professionals.

Is the service caring?

Our findings

People told us that staff treated them in a caring, compassionate manner. One person told us, "They are very good to my [person using the service], the care is excellent." The person went on to give us an example of how staff cared. "Recently one of the lifts in our block was out of order. Staff were wonderful, taking meals up to people on the fourth and fifth floors. They went out of their way to look after people, even though they were so busy." Another person told us, "Staff always ask if I need anything else done before they leave. For example, if I needed the bed changed, they'd do it for me without a grumble." We also were told, "They're more like part of the family now, always very kind and respectful. I don't think they could improve in any way."

Comments in questionnaires received included, "Carers are proactive in caring for my [person using the service] needs. I cannot speak highly enough of them," and "There are many residents here and staff work well together."

The care staff we spoke with knew the care and support needs of those they were supporting and they told us that they would report any changes in people's care to the management team straight away. A staff member said, "People here are able to say what help they need but the care plans tell us what we need to do. If someone isn't well or they need more help we tell the senior." Another member of staff told us, "We're very much like a community here. Everyone looks after everyone else."

Staff told us that they were able to spend time with people and get to know them. One staff member said, "People often sit in the communal areas and we are encouraged to talk with them and get to know them and they us."

The staff team gave us examples of how they maintained people's privacy and dignity when supporting them. One staff member said, "I make sure the door is closed, we always use towels to cover people if we help with personal care. We always ask what help they need. We know that everything we do is confidential."

People told us they felt listened to by the service. One person commented, "They don't ever make you feel like you're being a nuisance." Records showed that people had been involved in deciding what care and support they needed and they had been able to share their personal preferences in daily living.

Is the service responsive?

Our findings

People using the service told us that they had been involved in deciding what support they needed and had been involved in the planning of their care. We were also told that staff were flexible in their visiting times. If a particular time is requested, this can be accommodated. One person told us, "If my [person using the service] has a hospital appointment for example, times can be changed to suit us. Messages get passed on to the right people, so that it all works well."

The assistant housing with care manager explained that people's care and support needs were always assessed prior to support being introduced. As the people who used the service were already residents of Welland Place they usually knew the person quite well and could develop the person's care plan with them. Support could be tailored to each person and was personalised in such a way that it enhanced the person's ability to remain independent. For example, records showed that some people only needed very brief calls to assist with a single activity. This short intervention meant that the person was able to remain mobile and independent. We spoke with a person who confirmed that staff visited daily to carry out a single task. They told us, "Without this help I couldn't manage it on my own."

Diary records also indicated where staff had identified that a person was feeling unwell and support had been increased until they were better. We were also told that even where people were not receiving a formal care package staff knew if they hadn't seen someone and would call the person to check they were alright.

As Welland Place is a retirement complex there are a range of activities that people who lived there could be involved in. The complex had a gym, a snooker room and a swimming pool that was open to residents. We were also told that there were clubs such as Bridge and regular film nights. People told us that they were able to access the local community and staff confirmed that they had links with local shops in the area. The staff at the shops would contact Welland Place if a resident became unwell whilst out.

We saw that plans were reviewed regularly or as people's needs changed. They indicated that people were involved in these reviews and their views of the service were recorded. Reviews showed that support was centred on them as an individual. For example, staff were supporting a person and as the person's needs changed, they needed more assistance. Care staff were providing the extra support and they were still able to maintain the person's independence and access to the local community.

We were told that people who lived at Welland Place were given the support they needed, when they needed it. We saw that staff deployment meant that people were given the time they needed to receive their care in a person centred way.

A formal complaints process was in place and people we spoke with knew who to contact if they had a complaint, concern or query of any kind. One person told us, "Staff used to throw my clothes onto the chair, which I didn't like. I complained, and now they hang them up. My complaint was handled very well, and this has given me confidence for the future, should such a situation arise again." Another person told us, "I feel I'd be listened to, and from speaking to others, I feel any complaint would be handled correctly."

Records showed that the service had not received a formal complaint in the last 12 months. The registered manager told us they understood their responsibility to investigate all complaints received.

Is the service well-led?

Our findings

People we spoke with told us they were concerned that there was no manager in post. One person told us, "Of course we have been without a manager here for eleven months now, and that has impacted the place. It has made extra work for the staff, and I think they've managed very well." Another person said, "It's not been an easy time, but staff have worked very hard, and I don't think care has suffered."

Although there was a registered manager in post this person was not based at Welland Place and was the registered manager for a number of services within the MHA group. The dedicated housing with care manager's post was vacant and the service was being managed by the assistant housing with care manager. We were told by the assistant housing with care manager that they are currently recruiting to this post.

We spoke with the registered manager who told us that, although they were not present at the service daily, they were kept up to date by the assistant housing with care manager. They also told us they visited the service regularly to carry out checks. The assistant housing with care manager confirmed that they liaised regularly with the registered manager and sent regular reports about the service.

A staff member said, "There are no senior staff on at weekends, and although we cope, I do think somebody should be available if an issue arose." They also said, "Without a manager, senior staff's workload have increased. I think we've pulled together well, and we've been a good team." We were told by the assistant housing with care manager that senior staff were available if concerns arose at evenings and weekends. The senior team leader was available over the weekend and the assistant housing with care manager was available for emergency cover. This information was also available in the service's contingency plan.

Staff all said they felt that the management team were approachable and that everyone had "pulled together" whilst there had been no manager in post. All staff agreed that communication was good and that they could speak with the senior if they had any concerns.

The provider had a set of values that underpinned the care and support they provided. A copy of these values were available in the staff room and on the notice board in the reception area. Staff we spoke with understood the values and knew what standard of care was expected of them. A member of staff told us, "We are committed to providing high levels of care to residents at Welland Place, and to be available to help in any way we can." Another staff member told us, "We get told if we do something wrong but they also tell us if we get it right. That makes you feel valued, that the job you do is important."

Surveys had been used to gather people's views of the service provided. We saw the survey results for 2015 and the action plan that resulted from the survey. A copy of which was made available to people who lived at Welland Place. These showed that the provider listened to people who used the service and looked at ways of improving how they delivered care and support.

There were regular meetings for people who lived at Welland Place, these were run by residents and minutes were displayed on the notice board in the reception area. They discussed a range of issues that were

pertinent to people who lived at the complex, not just to people who used the care and support services at Welland Place. They showed that the provider listened to the residents where issues were raised.

We saw that staff meetings had taken place, providing the staff team with the opportunity to be involved in how the service was run. One staff member told us, "I feel listened to, if we come up with suggestions, we are listened to." We saw the minutes of the last meeting in February 2016. They discussed the new key working scheme and how to keep in touch with people who may become isolated at the complex.

Regular audits had been carried out to monitor the quality of the service being provided. These included incident and accident records, people's care records and medicines administration records. Where shortfalls had been identified these had been addressed by the senior team leader. Staff told us they were made aware of short falls and how to improve. The registered manager told us that they were made aware of the audits in the reports that the assistant housing with care manager sent to them. These included action plans and timescales where improvements were needed. Records indicated that these had been completed. This showed us that the management team regularly monitored the service being provided and made improvements where issues were highlighted.

Both the registered manager and the assistant housing with care manager were aware of and understood the legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. Where incidents had occurred we were informed in a timely manner.