

Methodist Homes

Waterside House

Inspection report

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Date of inspection visit:
11 December 2019

Date of publication:
05 February 2020

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

Waterside House is a purpose built home providing personal care to 51 people aged 65 and over at the time of the inspection. The service can support up to 60 people. Waterside House accommodates people across four separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

People were supported in a person-focused environment and systems in place ensured improvements were identified and made. People were given their medicines safely, we have made a recommendation about ensuring there is enough guidance for staff for 'when required' medicines. People felt safe and staff understood their safeguarding responsibilities. Risks to peoples' health and well-being were assessed and planned for to help keep them safe and lessons were learned when things had gone wrong. People were supported by enough staff, who knew their needs. Staff were recruited safely. People were protected from the risk of cross infection.

People were supported by trained staff who felt supported in their role. Staff had guidance about peoples' health conditions and they were supported in relation to these. People could access other health professionals when needed. People enjoyed the food and drink and had choices suitable for their needs. The building and environment was suitable for those living there and further improvements were being made to the décor and having memory boxes on all bedroom entrances. 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 by a caring staff team who treated them with dignity and helped them remain independent. People were involved in decisions about their care. We have made a recommendation about ensuring end of life plans are in place. People had personalised plans in place which were reviewed and staff knew people well. People had access to a range of activities to partake in and work was ongoing to help people achieve a dream day out or activity. People were supported to communicate in a way that suited them. People and relatives felt able to complain and concerns were investigated and improvements made.

Systems were in place to monitor the service and identify areas for improvements, such as for medicines, care files, oversight of health conditions and the environment. We observed one person being given food which did not meet their beliefs, so we have made a recommendation to ensure all staff are aware of people's beliefs and to follow these. People, relatives and staff were engaged in the service and encouraged to feedback. The provider had a vision for their services to ensure people were supported well and there was a positive culture. The acting manager was aware of their responsibility regarding duty of candour. The previous ratings was being displayed and notifications were being submitted as necessary. The service worked in partnership with other organisations.

Rating at last inspection

The last rating for this service was good overall, with requires improvement in safe (published 2 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 effective 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 well-led findings below.

Good ●

Waterside House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one assistant inspector. There was also an Expert by Experience who supported the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Waterside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, there was an acting manager and the provider was in the process of recruiting a manager with the intention of them becoming registered. 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 unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at the information we held about the service, such as the notifications submitted. Notifications are events the provider has to tell us about by law, such as deaths,

serious injuries or safeguarding allegations. We asked the local authority and Healthwatch if they had any information to share with us about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of care staff including some senior carers. We also spoke with laundry staff, the acting manager and area manager. We made observations in communal areas to check how people were being supported.

We reviewed a range of records. This included seven people's care records and multiple medication records. A variety of records relating to the management of the service, including audits, complaints and safeguarding records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection, improvements were needed to staffing levels as people waited long periods for support. At this inspection we found enough improvement had been made.

- There were enough staff and people did not have to wait long for support. One person said, "If need be, I press the buzzer, and someone comes along." Another person said, "There is always someone about."
- Staff told us there were enough staff. Our observations confirmed people did not wait for support and requests were dealt with swiftly.
- The acting manager and provider used a dependency tool to check how many staff were required per day. The acting manager completed checks to ensure staffing levels remained effective by regularly monitoring staff response times to call bells.
- Staff were recruited safely. There were checks on staff suitability to work at the service. The acting manager explained any criminal conviction would be risk assessed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe. One person said, "I like to live here, they are friendly here and there is always someone."
- Staff could recognise different types of abuse and understood their safeguarding responsibilities. They knew to report their concerns to a manager and to raise their concerns with other managers or the local safeguarding authority if they felt concerns were not being dealt with.
- Appropriate referrals were being made to the local safeguarding authority when there were concerns about people's safety.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and planned for to help keep them safe. One person said, "I am safe because I use the walking frame." A relative told us, "They are very good. My relative is safer than they have ever been."
- Plans and assessments were in place to help mitigate risks to people. For example, if people were at risk in relation to their skin integrity or they were at risk of falls, guidance was provided to reduce this risk. We observed staff following these plans, such as ensuring people were supported to move safely or putting cushions down for people to sit on to help protect their skin.
- Checks were made on the building and environment to ensure it remained safe. These included safety checks on the electrical system, gas and the kitchens.

Using medicines safely

- People were supported to take their medicines safely. One person said, "I take tablets when necessary, I know what they are for."
- Some people had medicine on a 'when required' basis, also known as PRN medicine. These were being given appropriately, however some guidance about when they might be needed for people who may not be able to verbally tell staff could be more detailed which we discussed with staff.

We recommend the home uses best practice guidance to ensure there are sufficient instructions for staff in relation to 'when required' medicine.

- People were not rushed when being given their medicines and staff explained what medicines were for to people. Plans were in place to guide staff how people liked to be supported with medicines.

Preventing and controlling infection

- People were protected from the risk of cross infection. People confirmed staff wore appropriate personal protective equipment (PPE). One person said, "Yes, they [staff] wear gloves." A relative confirmed, "I have seen gloves when they do the medication."
- The home was tidy and free from unpleasant smells.
- The home had been awarded a food hygiene rating of five out of five, which is the highest score possible, in May 2019.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accidents, incidents and medicines errors were reviewed to ensure appropriate action had been taken and the frequency of incidents such as falls was reviewed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported to access other health professionals when needed. One person said, "They have arranged everything if I need the hospital." A relative told us, "Health professionals visit time and again."
- A visiting health professional told us, "It is probably one of the better ones [care homes]. They refer appropriately. I'm not concerned."
- Records confirmed people had access to support when needed, such as physiotherapists, dentists, GP, speech and language therapists and district nurses. Plans were in place to ensure people were supported with their specific health conditions.
- People had their needs assessed and a plan of care was formulated to inform staff about the support they needed.
- People's health conditions were assessed using nationally accepted best practice tools, such as for skin integrity and nutritional assessment.

Staff support: induction, training, skills and experience

- Staff received training and support to be effective in their role and told us they felt supported. One staff member said, "I've received in house training, it is quite good. They have covered everything."
- Feedback from people and relatives confirmed this. One person said, "I think the carers know what they are doing because they are trained and have good leadership."
- Records confirmed staff had received training and were mostly up to date with this.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives were happy with the food and drinks provided. Comments included, "The dinners are very good", "Food is good, and we have a choice" and, "They always come round with drinks."
- Lunch was a largely positive experience. There was a choice of meals and other options could be prepared if necessary. People were shown the food options before it was served, so they could make an informed choice more easily. People did not have to wait long to be served and staff were not rushed when they supported people.
- Snacks and drinks were available throughout the day. We saw people were offered these and more food once they had finished a meal. People were also regularly offered drinks.
- People had their weight monitored when necessary to ensure they remained healthy.

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

- The building was purpose built to be a care home and had adaptations to support people. There were joint communal and dining areas, so people had a choice where to spend their time.
- Improvements were being made to the décor. Passive spaces, such as corridors, were being decorated to be more engaging, as some areas were plain and with no stimulation for people.
- Memory boxes were also being introduced throughout the home. Memory boxes are typically placed by the entrance to a person's bedroom in order to help people identify their own room and to aid reminiscence.
- There were a variety of other rooms people could access, such as a garden, music room and library so people had quieter spaces and could spend time with visitors.
- Equipment was available to assist people with their mobility, where necessary such as hoists, stand aids and wheelchairs.

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. 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.

- People and relatives confirmed they were always asked for consent prior to being supported. One person said, "They always ask for consent first" and, "I will not let them do anything I don't like. They check if it's OK." A relative said, "They [staff] ask for permission and get consent all the time."
- Staff had a good understanding of what capacity meant and knew about DoLS.
- Decision specific mental capacity assessments were being carried out and, where necessary, decisions taken in people's best interests were considered and documented. DoLS applications were being made.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- People told us they were well treated and supported by staff. One person said, "I find them very pleasant and respectful." Other comments included, "They treat you with respect all the time" and, "They do really care. The way they speak to me, it's polite."
- People were supported to discuss their diverse needs. For example, there was a Christian chaplain who worked at the service and they supported people with their religious needs. People of other faiths were also welcomed to the service. However, we observed one person not being supported in line with their religious beliefs.

We recommend the provider implement systems to ensure all staff are aware of people's correct religious beliefs and that these are followed.

- Relatives also confirmed they thought staff were caring. Comments included, "They are very polite the way they talk to everyone" and, "They are very caring, it shows in their mannerisms."
- There were caring interactions between staff and people and staff were patient with people if they could not respond straight away or repeated what they had already said.

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

- People were supported to be involved in decisions about their care. One person said, "They [staff] ask me and reassure me. They are very friendly."
- We observed people being offered choices, such as where to spend their time, where to sit and their food choices.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were treated with dignity and given privacy. One person said, "They [staff] treat me with dignity and respect, they never enter before they knock."
- People were supported to remain independent. One person told us, "I can eat on my own, I don't need assistance." We observed people being encouraged to eat on their own with support when it was needed.
- People's care records were stored securely to ensure only those who were entitled to access them could, to ensure people's privacy was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People did not always have their end of life wishes recorded in a plan, despite some people nearing the end of their life. This meant there was a risk they may not be supported in a way they wished.
- We saw people were supported to access medical support to ensure they had a pain-free and comfortable death, however we discussed with the acting manager the importance of ensuring people's cultural and spiritual preferences were recorded.

We recommend the provider consider best practice to ensure people's end of life wishes are planned for.

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

- People were supported in a way they liked and had their preferences met. One person said, "[Staff are] always responsive when you need something." Another person told us, "I prefer a bath and all I do is ask."
- People had care plans in place which detailed their needs and preferences, so staff knew how people liked to be supported. We observed staff supporting people in line with these preferences and care plans were regularly reviewed.

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.

- People were supported to access information in a way that suited them. For example, we observed staff showing people plates of food to help them choose.
- The acting manager was aware some people may not be able to communicate and explained to us how they may express themselves. We observed staff interacting appropriately to people's preferred communication needs.

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 were supported to maintain relationships and partake in activities they enjoyed. Relatives told us they could visit any time. One relative told us, "We can come any time." People told us they were friends with other people living in the home which supported their emotional wellbeing. One person told us, "I have some friends here, we chat."
- People told us about the activities they were involved in. One person said, "We do have some activities

and sometimes get to go out." We observed a hairdresser visiting and were told of other activities such as bingo, board games, singing and we saw staff using a ball game to entertain people and involve them. People also had access to magazines and newspapers.

- We observed a pantomime on the day of our visit and most people were supported to go and watch this in a large communal area and people seemed to enjoy this.
- The home had two dedicated activity coordinators who worked with people to provide a range of activities to choose from.
- A scheme called 'Seize the day' was being embedded which aimed to support people to do something they would love to do and helping to make people's 'dreams come true'. Some people had been able to take trips to things they had always wanted to do and we saw evidence of this.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns if they needed to. One person said, "If I had a problem, I would speak to the manager or the senior." Another person told us, "I have never complained; I can speak to the manager if there is a problem."
- When a complaint had been made, concerns were investigated, and this was fed back to the complainant and meetings held where necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The previous registered manager had left the service, although had not yet applied to de-register with us (CQC). The deputy manager was acting as the manager until a permanent home manager could be appointed and the recruitment for this was ongoing. We had not yet received an application to register a new manager.
- Regulatory requirements were being met. The previous rating was being displayed and notifications were submitted as necessary.
- There was a structured calendar of audits throughout each year, so the acting manager knew when checks were due. Audits were carried out on care plans to verify they were being written and reviewed in line with people's needs and procedure.
- There were regular reviews of people's weights, any wounds or pressure areas and changes in health to ensure appropriate action was being taken to support people.
- There were reviews of any medicine errors, again to ensure the correct action was being taken to protect people. There were audits carried out on medicines which were effective at identifying discrepancies. Our medication stock check identified only one medicine discrepancy, which was a low-risk medicine, but all other medicines matched the records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were engaged and asked for their opinion about the service. Relatives said, "They ask for feedback" and, "They consult us all the time." People and relatives also said they were listened to. One person commented, "The staff will listen if you have anything to say." A relative told us, "They [staff] always listen" and, "Their response to request is very good."
- Staff regularly had their competency checked to ensure they had remembered their training and were still able to adequately support people. There were staff meetings for staff to be kept up to date and to be able to feedback about their experiences.

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

- There was a positive culture which was focused upon the needs of people. The language used by staff and management was positive, it referred to people being on a journey with their conditions, rather than 'suffering' or more negative language. This helped develop a culture of inclusion.

- The provider had developed a 'Dementia Strategy' which looked at ways and targets to support people living with dementia and how to support them more effectively to live well. This meant they were dedicated to embedding a positive culture in their homes to ensure people had a fulfilling life, as well as receiving support.

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

- Systems were in place to monitor the service and to ensure concerns were identified and improvements made. When things had gone wrong these were reviewed. The acting manager understood duty of candour. They explained to us, "If something was to happen, it's about being open, honest and transparent, making sure families are aware of the details and get professionals involved. I think as an organisation I think we are open and honest."

Working in partnership with others

- The service worked in partnership with other organisations, such as health services and the local authority. The acting manager was also engaging with other local organisations such as schools to help with decoration improvements in the home.