

Methodist Homes

# Wellesley Court

## 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 the 15 December 2017.

Wellesley Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is brought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Wellesley Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Wellesley Court provided a personal care service to people who lived in a complex of private apartments. Whilst not all people needed support with personal care those that did could either choose to make their own arrangements or use the personal care service provided by Wellesley court staff. At the time of our inspection the service was providing personal care to seven older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. Other people who lived at Wellesley Court could receive care and support should they need it in an emergency.

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 felt safe and they were very much at the heart of the service. People felt staff went the extra mile and were experienced at looking after them. People received excellent care that was based around their individual preferences and which was responsive their needs.

Relevant recruitment checks were conducted before staff started working to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People felt they were treated with kindness and said their privacy and dignity was respected.

Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support.

People were supported to take their medicines safely from suitably trained staff. Risks to people were minimized through risk assessments.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

## 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.

Recruitment procedures were followed to ensure staff were safe to work with people. Staffing levels were sufficient to take account of people's needs. Staff had received training in safeguarding and knew how to report concerns.

Medicines were managed safely and people received their medicines when required. Risks to people's welfare were identified and plans put in place to minimise the risks.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received support with meals and drinks and had a restaurant on site or could have a hot meal brought over to their apartment.

### Is the service caring?

Good ●

The service was caring.

People consistently told us staff supported them with kindness and compassion and got to know people exceptionally well.

People were treated with dignity and respect. People's privacy was respected at all times. People were involved in planning the care and support they received.

People had positive care experiences and staff ensured people's care preferences were met. People were encouraged to remain as independent as possible.

### **Is the service responsive?**

The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and copies were available in people's homes.

People had access to a range of activities which they could choose to attend. People's views about the service were listened to. A complaints procedure was in place.

**Good** ●

### **Is the service well-led?**

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

The service had appropriate policies in place.

**Good** ●

# Wellesley Court

## **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 inspection took place on 15 December 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before this inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we visited and spoke with six people who were receiving a personal care service. We also spoke with the registered manager, and two care staff. We looked at a range of records which included the care records for four people, medicines records and recruitment records for four care workers. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

The service registered with the Care Quality Commission in January 2017. This was the first ratings inspection undertaken.

# Is the service safe?

## Our findings

People told us they felt safe when being supported by staff. One person told us, "I feel safe in their care. They [staff] look after me very well. [They] knew I lost my husband and have been very good to me". Another person said, "I feel perfectly safe with staff".

There were sufficient numbers of care workers deployed to keep people safe. Staffing levels were determined by the number of people using the service and their needs. One person told us staff arrived within a minute or two if they used their call bell. They said, "Staff are never in a rush". Staff were on site 24 hours a day, seven days a week. Staff said they generally had sufficient time to support everyone and were able to provide additional support if someone needed it, for example if they were unwell. The registered manager were also available on call out of hours for emergencies or advice.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I would discuss with my manager. We also have a number to call for the safeguarding team for advice". Another staff member said, "If reported to me I would tell [manager name] and make sure the resident is safe". Information and leaflets were displayed all around the building informing staff and people about what to do if they had any safeguarding concerns for them or someone else.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy. The registered manager told us, "I question staff at supervision and get them to look for the policy for safeguarding and whistleblowing. It's reassurance for me".

People's medicines were managed and administered safely. People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. When staff assisted people to take their prescribed medicines they signed a medicines administration record (MAR) to confirm the person had taken it. Records we saw showed people were receiving medicines as prescribed. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines. We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was

included in care plans and on MARs.

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed every month. These included environmental risks and any risks due to health and support needs of the person such as moving and handling, nutrition and hydration, medicines, falls and equipment. Fire evacuation risk assessments recorded the help people would require in an emergency.

Staff told us they supported people to take risks in their own home without minimising their independence. The registered manager told us, "I was aware a resident was taking their own knife down to the Bistro as they did not feel the knives provided were sharp enough for them". The registered manager had purchased new, sharper knives for the Bistro meaning that the person no longer had to walk carrying their knife.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The service had business continuity and an emergency disaster plans in case of emergencies. This covered eventualities where staff could not get to people's homes. This contained a set of procedures to follow and the main contact numbers for emergency services.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

## Is the service effective?

### Our findings

People we spoke with felt staff were well trained and carried out their duties to a high standard, supporting them in a way they liked. One person told us, "I'm happy here; [the] food is very good. Everyone gets looked after very well". Another person said, "Staff are very competent as far as I can make out. Highly competent". A third person told us, "Excellent no problem when having my bath. Staff always make sure the temperature is right, they know how I like my bath".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us their training included moving and handling, safeguarding, health and safety, medicines administration and first aid. One staff member told us, "Training is good". Another staff member said, "Lots of training and refreshers." The registered manager said, "There isn't any training staff can't access". Records showed staff had completed additional training on equality and diversity specifically in older people and in relation to people's religious needs and personal care. The registered manager told us, "Equality training for staff is mandatory".

New staff completed a comprehensive induction programme before working on their own. People told us new staff members were accompanied by a regular staff member and shown how people like things done. One staff member told us, "Induction training was for twelve weeks or longer, I shadowed shifts and was introduced to residents and shown around the site and fire training". Arrangements were in place for staff that were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support.

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. Staff were provided with supervisions (one to one meetings) with their line manager. These provided an opportunity for the registered manager to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly. One staff member told us, "Seems to be lots of supervisions I find them helpful."

People were supported at mealtimes to access food and drink of their choice. The service provided a restaurant on site which served breakfast and lunch and light take away meals for the evening if required. People spoke highly of the quality and choice of food available. One person told us, "We go to lunch downstairs every day, there is a nice choice. I have been here since April and haven't cooked a meal yet...I have booked for Christmas dinner with the family." A third person said, "I love that I can choose my food each day depending on what I fancy. As long as the chef has the ingredients in the kitchen, he is able to make it for me. I don't like to be a nuisance but sometimes I do not fancy what is on the menu and the Chef is very good at being flexible with the menu and letting us choose something else". People could also have meals from the restaurant brought over to their apartments if they preferred. The registered manager told us that when people first moved into the service they were offered free meals for a week so that they did not have to worry about food. Food in the restaurant was charged as cost price as the service did not aim to make a profit on the food, but rather to create an opportunity for people to get together and socialise. At the

time of our inspection nearly everyone was using the restaurant daily for their meals.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond. At the time of our inspection people were all currently able to consent to care.

People were supported to access healthcare services in an emergency or when necessary. Records were kept of any healthcare professionals visits so the next staff member was aware of the person's current health needs and any action needed. The registered manager told us, "I've done a lot of networking to support those using the service and have made contacts with occupational therapists, district nurses and GP's". They told us how they had supported one person to access equipment which made it safer for them to have a shower. They said, "I have also arranged for chair leg risers to assist people out of their chairs and kettle tippers to assist independence". If someone goes into hospital a copy of any medicines and health conditions were sent with them.

## Is the service caring?

### Our findings

People were treated with kindness and compassion. One person told us, "I couldn't manage without them they are brilliant. All the girls are brilliant". Another person said, "[staff members name] is terrific really nice. She's brilliant really friendly, helpful, knows how to treat people". A third person told us, "Caring very caring, can't fault anything, I don't have to tell them anything".

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. One staff member told us, "I love working here due to the residents. Such a lovely group of people in one place, the staff group are the same".

Staff supported people to remain in contact with those that were important to them. For example, as part of one person's birthday celebration, the registered manager arranged for staff to pick up friends of the person that they had not seen for some time. Catering was also arranged and staff members acted as waitress for a special tea in the person's apartment. The registered manager said, "It went well and they were over the moon".

People told that staff often supported people and helped them retain their independence and gave us many examples of this. One person told us, "I find all the Wellesley staff so helpful and friendly and all are approachable too. I thoroughly enjoy living here and love the little touches the Wellesley team do, like taking our rubbish down when they are leaving our flats and providing evening snacks and breakfasts on request when we are not feeling great, helping with online shopping so I can surprise my family with presents etc. I am very grateful to [managers name] and her team in making the transition into Wellesley a smooth and pleasant experience".

Another person told us, "I sometimes forget how to use my microwave but I do like to do it myself. If I buzz for a carer, they always come and they are always happy to show me how to use it. [staff members name] made me a 'how to guide' for using it so I can now do it by myself. I know [managers name] has also put together a 'how to guide' for the washing machine and dishwasher for another resident and we were talking about how helpful these are".

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff knocked on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One staff member said, "I make sure the resident is covered up and the door to the bathroom is locked. Keep warm and have two towels one to dry and one to cover up". The registered manager told us, "I check staff are caring by shadowing all staff once a month for personal care. It's an opportunity to hear what they are saying and checking its person centred. I also do one care shift a month so I can chat to people and make sure they are okay".

People were encouraged to be as independent as possible. Care staff knew the level of support each person

needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member told us about how they had helped promote someone's independence. They said, "[person's name] has a wheelchair and we managed to get door stops in his flat so he can come down stairs himself."

People said care staff consulted them about their care and how it was provided. Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view them. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

## Is the service responsive?

### Our findings

People received individualised care from staff who understood and met their needs. People told us they had confidence in the staff and felt they responded quickly when they pressed their call bell.

The registered manager told us, "We regularly consult with residents over what activities they wish for us to hold during the afternoons and have adapted the activities accordingly. We have a suggestion box in the reception area for residents to request a particular activity and we tailor make the activities calendar based on their requests. We always ensure all activities are suitable for everyone to join in with too. An example of this is on a Friday residents like to have a film event, residents choose the film to watch and I then source the film accordingly. However some residents wanted an easy watch film on Saturday mornings so we now offer an alternative film on Saturday mornings too which is very well received".

People told us about the activities they took part in. The site had a communal lounge and roof top garden which were used for activities which people could chose to take part in. One person told us, "Nice upstairs if you want a cup of coffee and chat to someone". Another person said, "its film club this afternoon. I try to go each day for whatever activity is on. Just to chat to people and enjoy their company".

People received care that had been assessed to meet their specific needs. Care plans provided information about how people wished to receive care and support. For example, they gave detailed instructions guidance about how they liked to receive personal care, how they liked to dress and were personalised with how people liked things to be done. Staff confirmed the care plans provided all the information they needed to support people appropriately and enable them to respond to people's needs.

Copies of care plans were available in people's homes allowing staff to check any information whilst providing care. These identified key areas of need, such as, personal care, daily living activities, mobility and meal preparation. There were also care plans for end of life with details on people's final wishes.

Staff at Wellesley Court were responsive to people's needs. The registered manager told us, "We have assisted a number of residents with their shopping online to save them some money in them either having us take them or having to rely on family when they are available. The online service is quite daunting for residents who are not used to it and not all have access to a computer. I have been utilising the staff training laptop for staff to assist residents with shopping. It also means they can have it delivered when it is convenient for them and we can ensure we are available to assist them with this should they want it. We are able to offer choice to residents with their shopping experiences and can also use this time to expand their knowledge by learning something new, which is being very well received and alleviates the precious family time with their loved ones when they visit".

One person told us, said, "When [managers name] visited me, she saw a pile of letters on my sideboard, and asked if she could post them for me. I had not posted them as the weather had not been very good and although the post box is only down the road, I am not very steady on my feet. [managers name] suggested she arrange for the [maintenance name] to install an internal post box for residents to use and staff could

post the letters once a day for us. I am not able to walk to the post box myself and I do communicate via letter a lot to friends and family so having a post box that is collected every day on site has been a god send for me".

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, "Early in the new year we have a resident moving in with a sensory loss. I am trialling a Dictaphone to record the information pack. I have sent it to them to see if it is clear. If it is okay I will do all the meetings and assessments by Dictaphone".

People told us they knew how to make a complaint. One person told us, "If I had a problem I would speak to [manager's name] or would ask the carers. They would definitely sort things out for me". Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. The registered manager demonstrated a knowledge of these procedures. There had been no complaints about the service over the last year.

## Is the service well-led?

### Our findings

People told us they felt the service was well led. One person told us, "I would recommend the service as good people and very good at their jobs". One person said, "The manager is an amazing girl, really thinks of you and is concerned about us." Other comments included, "Wouldn't want to go anywhere else." As well as, "Haven't had any regrets about living here."

Staff were positive about the support they received from the registered manager. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. One staff member told us, "Management are very supportive and experienced in housing. [The registered manager] likes to be involved and really good with people".

The values of the service were widely displayed around the service which were; respect, open and fair, body mind and spirit, dignity and best we can be. Our observations indicated that the registered manager and staff acted in accordance with these values. Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. They were also used to discuss concerns about people and to share best practice. This helped staff to improve outcomes for people. One staff member told us, "Staff meetings are every two months and I feel listened to". Staff also completed feedback surveys, which allowed the registered manager to identify areas of concern or specific training needs.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included health and safety, care plans, medicines, training, food safety and infection control.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The provider also completed audits to review the service's progress against the Care Quality Commission's key lines of enquiry. This involved care file tracking, looking at dignified care, safeguarding and consent. The most recent audit showed the service was rated very high and people enjoyed living at the service.

The registered manager informed us they kept their own knowledge up to date by attending training. As well as attending manager meetings across the providers other services to share best practice. They were also part of a dementia friend's forum. The service produced a newsletter which included stories about the service and peoples achievements.

The provider and registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the their registration. The provider had appropriate policies in place which were updated regularly.