

Methodist Homes

Weston House

Inspection report

Weston Road
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Website: www.mha.org.uk/care-homes/dementia-nursing-care/weston-house

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31 May 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Weston House is a residential care home providing personal and nursing care to up to 48 people across four separate units. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 42 people using the service.

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

People were not always aware of the new management team, however felt able to speak with staff should they have any feedback. Quality assurance tools were not always completed in a timely or effective way to ensure improvements required were identified and actioned.

People were supported by safely recruited staff who had received training. People felt able to share concerns with staff should they arise. People were supported in a timely and caring way by enough staff. People told us they received their medicines as prescribed by trained staff.

People were supported by staff who had received training in and were adhering to infection control guidelines. People were supported to have visitors whenever they would like these.

People had access to healthcare professionals should they require these. Accidents and incidents were reviewed by the management team so that lessons could be learned when things went wrong.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 12 January 2019). At this inspection the rating has remained the same.

Why we inspected

This inspection was prompted by concerns we had received about medicines, assessment of risk and how staff were wearing their protective clothing, such as masks, gloves and aprons. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. However, improvements were required to the oversight at the service. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.
Details are in our safe findings below.

Good 

Is the service well-led?

This service was not always well led.
Details are in our well led findings below.

Requires Improvement 

Weston 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 Health and Social Care Act 2008.

Inspection team

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.

Service and service type

Weston House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Weston House a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the provider was in the process of recruiting a registered manager. The home was being supported by an interim manager and the provider's wider management team at the time of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed seven people's care records and multiple medicines records. We also spoke to ten members of staff including the area manager, quality improvement manager, deputy manager, nurses, care assistants and the cook.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Prior to our inspection we received concerns around the safe management of risk. At this inspection we found people had care plans and risk assessments in place which reflected their needs and gave clear guidance for staff on how to meet these. For example, where people had a catheter in place there was guidance in place for staff on how to reduce the risks related to this.
- Despite this, we found one person who required oxygen did not have a risk assessment for this. We raised this with the management team who ensured this was in place by the end of our inspection.
- When people became anxious or distressed, we observed staff supported them in a timely way to reduce their discomfort and any associated risks this may have to those around them.
- Whilst staff had training in restraint for if people became a danger to themselves and others, this had been used only as a last resort when all other non-physical interventions had been tried.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Prior to our inspection we received concerns around the safe management of medicines. At this inspection we found whilst some improvements were required, these had been identified by the management team and were underway. For example, where staff had not administered people's medicines as they were prescribed, the management team increased audits of medicines to reduce future risk.
- People told us they received their medicines as prescribed. One person told us, "I have four tablets in the morning and two at night. [Staff] always do it right."
- Where people's health and medicines required review, staff ensured people had access to healthcare professionals. One relative told us, "The staff arranged for the GP to see [our relative] about their cough. [Our relative's] feet and legs were swollen badly when they came in but now they are nearly fine."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt 'safe' and able to raise concerns with staff. One relative told us, "The care is wonderful and I know [my relative] is safe here."
- People were supported by staff who were trained in safeguarding and understood the different types of abuse and how to report concerns around people's care. One staff member told us, "If I had concerns, I would go to the nurse in charge and they would check on the person. I would then report it to the relief manager or the safeguarding team if the concerns were about them."
- Where potential safeguarding concerns had arisen we saw the management team had reported these to the local authority as required.

Staffing and recruitment

- There was sufficient staff to meet people's needs in a timely way. One person told us, "There has always been enough staff about whenever I've needed help with anything."
- People were supported by safely recruited staff who had employment checks completed prior to them commencing work. For example, the provider arranged for checks to be completed by the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- Newly recruited staff completed an induction, training and shadowed more experienced staff prior to working alone with people. One staff member told us, "I had an induction for 12 weeks and I was shadowing two experienced staff members for three weeks. It was definitely useful."

Preventing and controlling infection

- Prior to our inspection we received concerns around the staff not wearing their protective clothing (PPE) in line with government guidance. At our inspection we saw all staff were wearing their PPE correctly.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors as per their preferences without limitation.
- People were encouraged to have essential care givers who could continue to provide support if there was COVID-19 in the home.

Learning lessons when things go wrong

- Lessons were learned when things went wrong as the management team completed an analysis of falls in the service. For example, the management team began completing spot checks on people's falls records to ensure these were being completed in full and action was taken in a timely way to reduce future risk.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Whilst improvements were underway to ensure quality assurance tools were consistently in place and effective at identifying where improvements were required, further improvements were required at this inspection. For example, records showed there was a gap in quality assurance tools being completed from March to May 2022. This meant the management team could not be assured all areas of improvement were identified and actions were taken in a timely way to make improvements to people's care.
- Staff reviewed people's care plans monthly, however this had not identified where improvements were required to ensure there was always sufficient information to meet people's needs. For example, were people required support to mobilise using the hoist, their care plans did not always contain information about how to use their mobility slings safely.
- The management team reviewed five percent of people's care plans monthly to ensure they continued to contain accurate and up to date information. However, this would not ensure all people had their care plans reviewed by the management team annually and therefore any improvements were identified in a timely way.
- The management team understood their responsibilities of their registration with us and had notified us of events that had occurred at the service.

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

- People and their relatives were not always aware of who the management team were. There had been a lot of recent changes to the management team which may have impacted upon this. We raised this with the provider who advised they would take action to address this concern.
- Despite this, people and their relatives gave overall positive feedback about the management team. One relative told us, "I feel so confident with them and comfortable about raising anything. I think [my relative] has settled in. There is a homely atmosphere and the staff are calm."
- Staff gave positive feedback about the management team. One staff member told us, "I have a very good rapport with [the management team]. I think they are a very supportive. It has let the door open to positive change."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback about how the management team engaged with people and their relatives to

gain feedback. One person told us, "There have been no meetings recently. They did quite a few a while back in the past." Another relative told us, "They do sit and talk to residents. The home is warm and welcoming and there is good communication."

- Despite this, people and their relatives told us they would feel comfortable and able to raise concerns should these arise.
- There were gaps in staff supervision and appraisal records due to the changes in the management team. However, staff told us when they had these they had been useful and we saw the management team had held engagement events with staff following the change in management to support staff to feel more comfortable.

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

- The management team understood and was meeting their duty of candour as they were open about accidents and incidents with people and their relatives and apologised when things went wrong.

Working in partnership with others

- People were supported to access health and social care professionals should they require this. For example, people were supported to contact their GP.
- Professionals we spoke with gave positive feedback about the management team.