Methodist Homes

# MHA Care at Home - Wesley Branch

## Inspection report

Pilgrims Court
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Newcastle Upon Tyne
Tyne and Wear
NE2 4RL

Website: www.mha.org.uk

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30 December 2015
31 December 2015

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 30 and 31 December 2015 and was unannounced.

We last inspected this service in May 2014. At that inspection we found the service was meeting all the legal requirements in place at the time.

MHA Care At Home Wesley Branch is a domiciliary care agency providing care to older people in their own flats within a sheltered housing complex. It does not provide nursing care. It was providing a personal care service to five people at the time of this inspection.

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.

Staff had been trained in the protection of vulnerable people from abuse, and were knowledgeable about the signs of abuse. They knew how to report any concerns and told us the registered manager responded appropriately to such reports.

Risks to people were regularly assessed and control measures put in place to minimise any risks identified. Accidents were recorded and analysed, to prevent recurrence. Systems were in place to check the safety of the building. Plans were in place to deal with any emergencies.

There were sufficient staff hours available to ensure people's needs were fully met, in an unhurried way. Staff recruitment processes were robust and professional, and ensured only suitable applicants were employed. The staff team were skilled and experienced and received regular training to meet people's needs. Staff were supported in their roles by regular supervision and an annual appraisal of their work.

People were assisted to take their medicines by staff who had been appropriately trained, and had their competency checked.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom.

Appropriate assessments had been undertaken of people's capacity to make particular decisions. Where people lacked such capacity, appropriate 'best interest' decisions had been taken, with the involvement of the person's family, and these were clearly recorded. People were asked for their consent before staff members carried out any care tasks or other interventions.

People and their families were fully involved in the assessment of their care needs, including their health and nutritional needs. Support to meet those needs was given in the ways the person wished. This was recorded in their care plans, and regularly reviewed. People were encouraged and supported to be as independent as possible in their daily lives.

The staff demonstrated a genuinely caring approach to people, and treated them as individuals. Staff were knowledgeable about people's likes, dislikes and wishes. Relationships between people and staff were based on mutual respect and affection. People's privacy and dignity were protected by the staff team.

People were given the information they needed to understand the services available to them and to make informed choices about their daily lives. Advocacy services were available to those people who needed such support. Any concerns or complaints were responded to promptly and professionally.

People were protected from the risks of social isolation and were offered stimulating activities and companionship.

The service was well-managed and had an open, inclusive and listening culture that respected the views of people, their families and staff members. Systems were in place to monitor the quality of the service being provided and there was a commitment 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. Staff were trained in protecting people from abuse, and were knowledgeable about the signs of abuse.

There were sufficient staff hours available to meet people's needs in a timely way. Staff recruitment practices ensured only suitable staff were employed.

People were assisted to take their medicines safely.

### Is the service effective?

Good

The service was effective. The staff team were experienced, skilled and well-trained. They received appropriate support by means of regular supervision and appraisal of their work.

People's rights under the Mental Capacity Act 2005 were understood and protected. People gave their consent to their care.

People's health needs were monitored and appropriate support given to keep people healthy and well-nourished.

### Is the service caring?

Good

The service was caring. People spoke very highly of the genuinely caring attitude and approach of the registered manager and all the staff team.

People were provided with the information they needed to understand their services and make choices. Advocacy was made available, where required.

People's privacy and dignity were respected and they were encouraged to be as independent as possible.

### Is the service responsive?

Good

The service was responsive. People and their families were fully involved in identifying their needs and deciding how those needs were to be met.

People were encouraged to keep mentally and physically active.

Complaints were taken seriously, and responded to professionally.

## Is the service well-led?

Good

The service was well-led. People and staff were complimentary about the quality of the management of the service.

There was an open, inclusive and listening culture in the service.

Systems were in place to regularly monitor the quality of the service. There was a commitment to continuous improvement.

# MHA Care at Home - Wesley Branch

**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 30 and 31 December 2015. The inspection was unannounced.

The inspection team was made up of one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities and Healthwatch to gain their experiences of the service. We received no information of concern from these agencies.

During the inspection we talked with four people who used the service and two relatives. We spoke with six staff, including the registered manager, administrator, three care staff and the maintenance person. We 'pathway tracked' the care of three people by looking at their care records, talking with them and with staff about their care. We reviewed a sample of three staff personnel files; and other records relating to the management of the service, including medicines, recruitment, staff supervision and appraisal, accidents and quality monitoring systems.

Good

# Is the service safe?

## Our findings

People told us they felt very safe in the service. Comments included, "We get 100% care and friendships, here, and no abuse"; "I don't lock my door, I feel safe"; and, "I'm safe. I have no worries." People's relatives agreed. One relative said, "I'm a frequent visitor and I've never seen anything of concern."

The service had a clear policy and procedure for addressing incidents of abuse. The contact number for the local authority safeguarding unit was prominently displayed in the office for staff. A safeguarding log was kept. No incidents of abuse had been recorded in the previous twelve months. Staff members we spoke with told us they had been given regular safeguarding training and were clear about their responsibility to keep people safe. Staff told us they knew the procedure for reporting actual or potential abuse, and were confident the registered manager would take all appropriate steps to report such issues to the relevant authorities. Staff told us they had never witnessed anything that caused them concern in the service.

Systems were in place for the safekeeping of any money held for, or spent on behalf of, people living in the service. The registered manager told us people were encouraged to manage their money independently, where possible, and no one was currently being assisted with their finances.

The service had policies in place to protect people and staff from discrimination on any grounds. People we spoke with could not give us any examples of any forms of discrimination, and spoke positively of the inclusive culture in the service.

Risks to people using the service were assessed on admission, and regularly thereafter. Areas of risks assessed included falls, moving and handling, medicines, finances, fire and the environment. We saw a positive approach was adopted to risk, which allowed people to balance risks against their need for independence. We discussed with the registered manager the need to ensure that the control measures identified in risk assessments were always transferred to the person's care plans.

The safety of staff was enhanced by the provision of personal protective equipment such as disposable gloves, masks and anti-bacterial hand gel. High visibility jackets were available for external work, and staff were offered personal alarms. One staff member said, "This is a safe building and a safe, secure work environment. Staff pick up and report potential risks, such as a wheelchair blocking a corridor."

The registered manager carried out monthly health and safety audits of the building. The maintenance person showed us the records of the regular checks and tests carried out to ensure the safety of the building. These included fire safety systems and equipment, safe water storage and building cleanliness. The maintenance person told us, "I'd say it's very safe, here. Staff are very safety-minded and have had the necessary training."

A plan for responding to emergencies was displayed prominently in the office. This plan included contact details for all stakeholders and emergency services, people's personal emergency evacuation plans and the fire plan for the service. Arrangements were in place to relocate people to a local church hall, if necessary.

The service had a low level of accidents and incidents, with one accident, only, in the previous twelve months. Accidents were recorded in detail, and copies sent to the provider's national health and safety and quality teams for analysis. Where a lesson had been learnt, this was shared with all of the provider's services in the form of a 'safety notice', which all staff read and signed.

Staff hours were discussed and agreed with each person using the service. In addition, 24 hours staff cover was provided to respond to emergencies. The registered manager told us they were confident the staff could meet all the assessed needs of people using the service. They gave us an example of having recently increased the staff hours available for a person who was waiting to transfer to nursing care. People told us they were content with the contracted hours they received, and said staff were flexible. In the opinion of one staff member, "We have enough staff and enough hours to do our jobs. We have time to sit and talk with people."

The recruitment of new staff was professional and included all the required checks of health, character, any police convictions, employment history and work references. Interviews were recorded, and used a score-based approach.

A policy was in place for the safe administration of people's medicines. Staff told us, and records confirmed, they had been given regular training in the administration of medicines, and had their competency assessed. They were able to describe the main elements of the medicines policy. Appropriate systems were in place for receiving, recording, administering and disposal of unwanted medicines. The medicine administration records were found to be fully completed, up to date and to contain no unexplained gaps. The registered manager carried out monthly spot checks of medicines records and six monthly full audits. They told us the service operated a 'no blame' policy to ensure that staff reported any errors in administration. Extra supervision and training was given in response to any staff errors.

We found the assessments carried out to judge the risks to people of taking responsibility for their own medicines were not sufficiently robust and did not fully identify such risks. The registered manager agreed to research a better assessment model and introduce it as a priority.

Good

# Is the service effective?

## Our findings

People told us they received care that met their needs promptly and effectively. One person told us, "The staff know what they are doing."

Relatives confirmed the effectiveness of the service. One relative told us, "My (relative) was vulnerable and isolated before coming in here. I thought there would be an initial dip, but (relative) blossomed straight away." Other relatives' comments included, "This place has given my (relative) their life back"; and, "The quality of my (relative)'s life has been transformed."

The registered manager told us all the permanent members of the staff team had been in post since 2009, and said the team was really knowledgeable in all aspects of care. The registered manager said, "The staff are pro-active. They look up the side effects of newly-prescribed medicines, for example." A member of staff told us, "I was impressed with the levels of skills and knowledge of the staff when I started here. They are definitely skilled."

A structured induction training programme was in place, which included the completion of work books and a two week period of shadowing experienced staff. New staff members' competence would be assessed at the completion of this process by the registered manager, with input from people receiving the service. An individual learning plan was developed as part of the induction. One staff member told us, "I had a good, thorough induction, which gave me what I needed." The service had made the necessary plans for the use of the new Care Certificate for future starters, and had given senior staff preparatory training regarding the implementation of this.

Staff training records showed that all staff were either up to date with all required training, or were booked to attend further training shortly. The registered manager told us the training used a mixture of face-to-face training and e-learing. They told us they routinely checked that staff members had fully absorbed such training by asking them questions after the training episode. The registered manager and another member of staff were qualified trainers in areas including moving and handling, dementia care and first aid. We noted that all staff held National Vocational Qualifications or the Diploma in social care.

Staff were encouraged to apply for additional training to enhance their personal and professional development. The registered manager told us, "The staff have a thirst for knowledge and volunteer for extra courses." Qualifications in the staff team included the Registered Manager award, Leadership and Management, dementia care facilitator and moving and handling trainer. Staff were able to apply for funding for personal development courses.

Staff were given support by regular one-to-one supervision sessions and an annual appraisal of their work. Supervisions included a review of work performance, skills, knowledge and practice, new policies and training and development needs. Staff told us they were able to express their views and opinions in these meetings, and found them useful and supportive.

At their initial assessment, a person's ability to communicate their views and wishes was assessed. Where a person could not communicate verbally, care was taken to establish their non-verbal ways of indicating assent or refusal. A relative told us, "I've noticed an improvement in my relative's verbal communication, due to the frequent attention and good communication skills of the staff."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw a 'mental capacity assessment and best interests plan' was completed when a person started receiving a service. The registered manager told us there were no capacity issues with people currently receiving a service. All staff had been trained in capacity issues. Where people had made formal advanced decisions about their future care (for example, a wish not to be resuscitated) these were prominently noted at the front of the person's care record.

Care records demonstrated people were asked to sign their consent to their assessments and care plans, and for specific issues such as allowing staff entry to their flat for maintenance purposes, for photographs and for sharing personal information with other professionals. Staff told us they always asked people for their permission before carrying out any tasks. They said they would always respect a person's refusal, but would discuss their reasons for declining and explain the benefits of the proposed intervention. People we spoke with confirmed this. One person told us, "I'm always asked for my consent, it's not like hospital." A relative said, "Staff are clear that 'no' means no."

People's nutritional needs were assessed. The assessment included specific dietary needs, allergies, aids and food preferences. The registered manager told us no-one had any particular dietary needs, currently, but that these would be catered for if required.

People were supported to take responsibility for arranging their own routine health care needs, wherever possible. The registered manager told us, however, that staff were alert to any deterioration in people's health or general demeanour and promptly reported these. Prompts were given to people if they seemed to be in danger of neglecting their health. We saw evidence that people used the full range of community health care professionals.

Good

# Is the service caring?

## Our findings

People told us the staff were very caring. One person told us, "They are friends, not carers. They do the extra things they are not paid for. If I tell them my back is playing up, they take extra care. Nothing is too much trouble." Other comments received included, "This house works on love and warmth and cups of tea", and, "The first thing that struck me was how friendly everyone was, from top to bottom, and you can't pay for friendship." Relatives commented very positively on the caring nature of the staff, and told us they felt staff cared for them, as well. One relative said, "They are supportive of me, very understanding and flexible."

We observed there was a lovely 'family' atmosphere in the service. People and staff greeted each other with smiles and affection, and every person passing the open door of the office stopped for a chat with the registered manager and the administrator. People obviously felt very comfortable coming into the office, taking a seat and exchanging pleasantries. We observed this relaxed atmosphere throughout the service. In addition, the registered manager told us they rang each person every day, to see how they were and check if they needed anything.

People told us they felt involved in how the service was run, and that their views were sought and respected. One person told us, "We are empowered to do what we want. We can go to the manager with ideas and they are often put into practice. The manager responds to us." An equal opportunities policy was in place, and all staff had been given training in this area.

People were provided with plenty of information about the service. They were given copies of the service's statement of purpose, guide for new tenants, guide to available services and the latest Care Quality Commission inspection report. Information on the availability of benefits advice and debt advice was provided. There was a monthly newsletter giving information about events, activities, other parts of the service and tips on diet and keeping safe. A 'resident induction checklist' in place on each person's care record was used to check people had been given all the information they required, including the complaints procedure, statement of rights, and a needs assessment. The registered manager told us they had previously worked as an advocacy manager. They said no one had required advocacy services in the past year. The contact details for two local advocacy services were displayed on communal noticeboards.

Staff supported people to keep in contact with families and friends in person, by phone and by email. We saw an example of one person being helped to email family members living abroad. A relative said, "The atmosphere created by residents and staff together is so important to people's well-being. There is an overall sense of being a community, here." People told us their privacy and dignity was respected by staff, who were careful to knock and wait to be invited into their flats. They said they were able to request care from a male or female staff member, and were called by their preferred name and title. Staff noted important dates in the person's life and prompted them where necessary.

The service worked to keep people independent and, where possible, learn new skills. The registered manager told us the levels of support offered to people were renegotiated as their health improved. For example, people were helped to become self-catering again, to put themselves to bed and to shower

independently. A staff member told us, "We will work alongside a person, rather than do it for them, for example, helping the person understand their new washer." A relative told us, "The staff respect people's independence, and encourage them to do things for themselves."

A policy was in place regarding people's end of life care. Living Wills, Advanced Directives and a detailed 'final wishes' document gave people the opportunity to state their wishes regarding how their care should be given, and what funeral arrangements they wanted. All staff had been given the provider's 'final lap' training, which aimed to ensure that the service was a place where dying and death were faced openly and positively, and with the appropriate support. The service had the support of a chaplain, who often conducted people's funerals.

Good

# Is the service responsive?

## Our findings

People told us the staff team were very responsive to their changing needs. One person told us, "They are most obliging. They would do things differently if I asked them. They fit in with me." Another person commented, "Staff come as quickly as possible. I never have to wait a long time. I feel listened to by the manager and all the staff."

Relatives also said the service was responsive. One relative told us, ""The staff are so calm and understanding, so flexible and responsive to my relative's needs."

People's needs were assessed before they were offered a service. Assessments included the person's background, life history, medical history, mental health and wellbeing, social, leisure and spiritual needs. Care plans were drawn up to meet identified needs and preferences. People currently using the service had low levels of dependency and their care plans reflected this, with an emphasis on maintaining their independent skills. The format used for care planning had been identified as needing better focus, and the registered manager showed us the new document being introduced. Care plans demonstrated that staff acted upon people's wishes and were flexible and responsive to their changing needs. Relatives told us both they and the person were fully involved in the assessment and care planning process. They confirmed that meetings were held every six months to review and update people's care plans. Relatives told us both they and the person were fully involved in the assessment process.

Staff told us they were given the appropriate level of information in the care plans to meet people's needs in the ways they wanted, and said they were involved in drawing up the care plans. Most people we asked had read their care plans and had agreed to the content. Care practices were person-led. One person said us, "I tell them what to do and how to do it."

People were able to access a wide range of activities in the wider housing complex. These included monthly bus trips, meals out, theatre visits, and an in-house activities programme. One person told us, "We never get bored, there's always something to do, activities, shopping, lots of things." We saw that there was no risk of social isolation, as people received staff and other contacts several times a day. A house newsletter was circulated monthly, giving news, details of forthcoming events and other information.

Care records clearly showed the choice people were given in every aspect of their daily living. They were able to choose the times of their service delivery, the member of staff who delivered their care, and how their care was given. A relative told us, "People always have choice. My (relative) doesn't have set bath days, for example, they just ask when they want one."

The service had a complaints policy in place which committed the staff to 'react positively and quickly to complaints, resolve the issue and improve the service.' People were told of the timescales for dealing with complaints and how to appeal against a finding. The complaints log showed three complaints had been received in the previous twelve months. All had been recorded in very good detail, showing how the complaint had been investigated and what the outcomes were. Where appropriate, the registered manager

had tendered formal apologies in writing to the complainant, and described the actions taken to prevent a recurrence of the issue (for example, one person was supported to move to a different flat within the complex). A relative told us, "Any concerns are sorted out very quickly."

Where a person wished or needed to transfer to a different care setting or be admitted to hospital, we saw there was careful planning, with the involvement of the person and their families. Copies of relevant documentation went with the person and the service kept in contact with the person after their move. The registered manager told us, "We go at the person's pace, and support them through the move." They also told us they were planning to introduce the 'hospital passport' document, to formalise the information passed to the new service.

Good

# Is the service well-led?

## Our findings

The service had a registered manager, who had been in post for four years. The registered manager was fully aware of the responsibilities their registration entailed and was conscientious in notifying us of all relevant information and events.

People told us they felt the service was well-managed. One person said, "It's very good service, I would recommend it, it's managed well." Other comments included, I can't think of any improvements. If I did, I would tell the manager. She listens and responds. " Relatives spoke highly of the way the service was led. One told us, "It's an absolutely well managed service."

The service had a clear management structure, with a chief executive, director of retirement living, and service manager, and a responsive human resources department. The registered manager told us they were well supported, and that they could speak with any of the senior managers at any time. They commented, "I get brilliant support from the senior managers."

We found an open and very positive atmosphere in the service. The registered manager, staff and people receiving a service treated each other with mutual respect and affection. Several staff and people made comments about the service being "One big, happy family." Staff told us they felt they delivered a very good standard of care. One staff member said, "We are proud of the service." Another staff member commented, "I always enjoy coming to work. There's a relaxed atmosphere."

Staff told us they enjoyed working in the service and were proud of their work. They told us they were treated with respect by the registered manager and the provider's representatives; that they were listened to and their views were taken seriously. Staff spoke highly of the registered manager, and said she gave clear leadership to the staff team. One staff member said, "The manager is excellent. Very fair. If you have a problem, work or personal, you can just come in and tell her, and she will help in any way she can." A second staff member described the registered manager as being, "Very professional, very thorough, and always has time for you." We were told the registered manager set high standards of behaviour and care practice, and demonstrated them herself. A staff member told us, "The manager leads by example. She will get stuck in with whatever needs doing, showers, whatever." We were also told, "The manager is absolutely clear in what she wants from staff and will tell you if you don't achieve it."

The registered manager told us all the staff clearly enjoyed their work, especially in being able to support people's independence and help them enjoy life to the full. The registered manager said her philosophy was to create an environment where people receiving a service, and the staff who supported them, felt able to express themselves freely, be listened to and respected. They also commented, "I want this to be a loving place, with people helped to be still in charge of their own lives." We saw the service's 'vision and values' statement was prominently displayed for people and staff to see. People we asked confirmed that the stated values, which included respect, dignity, openness and fairness, and the nurturing of people's body, minds and spirits, were put into practice daily by the registered manager and staff team.

Part of the service's vision statement was a commitment to continuous improvement of the service. We saw there were notices displayed urging people using the service, their relatives and staff, to forward all comments, concerns, and compliments to the service's head office, freepost, by phone or by email. These notices also gave people the contact details of the local authority and the Care Quality Commission. Staff told us they felt able to discuss and even challenge practices in the home. and told us care practices were discussed on a daily basis with the registered manager. The registered manager confirmed this and told us, "Staff speak up if they have any concerns and I encourage this." One staff member told us, "Yes, we can challenge things, but there is nothing to challenge. I can't think of any improvements we could make."

Surveys were sent out to collect the views of people and of staff. The most recent survey of people's views had been completed earlier in December 2015, and showed high levels of satisfaction with the service received. There was evidence that the few areas of dissatisfaction expressed had been taken seriously and were being addressed. The most recent staff survey had just been completed and the results were still being collated.

Staff meetings were held every two months, and the meeting minutes showed good attendance by staff. The agenda included people's care needs, policies, professional boundaries, staff issues and learning points from other services. Staff were able to add issues to the agenda, and told us their views were taken seriously. A staff member said, "We are asked our opinions in the team meetings, and they are listened to. We can disagree and our views are respected."

A wide range of systems were in place for auditing the quality of the service. The registered manager carried out monthly checks of areas such as medicines, health and safety and fire safety. Quarterly audits of cleanliness, housekeeping, food hygiene and infection control were conducted. Additional audits were carried out by the service's line manager (quarterly) and by a registered manager from another of the provider's services, annually. There were regular visits by board members. Any deficits noted by these inspections were recorded in detail and actioned promptly. For example, we noted recent action taken to install window restrictors, upgrade fire doors, improve the landscaping of the grounds and install a ramp to improve access to the building.

The registered manager told us they tried hard to foster good links with their local community, and gave examples of the involvement of local schools and churches, and of the involvement of people with local charities, including fund raising. A local choir rehearsed in the main lounge, with people who used the service in attendance.