

Methodist Homes

MHA Care at Home - St Helens Branch

Inspection report

Heald Farm Court
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 21 and 23 June 2016 and was announced. The service was last inspected in March 2014, and was found to be meeting those standards we looked at.

The service provides domiciliary care support and support to people within an extra care setting. This is where support is delivered to people within their own flat. The service operates across three different sites within St Helens. At the time of the inspection there were 56 people receiving care and support from the service.

The service had a manager who had been registered with the CQC since March 2014. 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.

There were sufficient numbers of staff available to meet people's needs. People told us that there were sufficient staff to respond to emergencies and that staff had time to talk with them. Staffing rotas confirmed that staffing levels were consistent.

People were protected from the risk of abuse. Staff had undertaken training in safeguarding vulnerable people and knew how to report any concerns they may have, inside and outside the organisation.

People were supported to take their medicines as prescribed. Staff had received training in the safe management of medicines and received routine checks to ensure they were competent to do so. Medicines audits were carried out by the registered manager, and any issues identified were followed up and remedial action taken.

Staff had received training that ensured they had the appropriate skills and knowledge to carry out their roles effectively. The registered manager kept a record of staff training to ensure their skills and knowledge were up-to-date.

Care records contained information around people's dietary requirements. This ensured that staff were aware of any support people may need during meal times. We observed examples where staff offered appropriate support to those people who needed it whilst they were eating their meals.

Staff were kind and respectful towards people. People told us that they had developed a good relationship with staff, and spoke very highly of them, commenting that they were "friendly", and made them feel at ease. This helped ensure the development of positive relationships.

People's confidentiality was respected. Care records that contained personal information were stored in a

secure cabinet within a locked office.

People received personalised care and support. Care records contained details around people's likes, dislikes and life history. There was also detailed information around their care and support needs, and how staff should respond to meet these needs. This ensured that staff had access to relevant information to allow them to provide the correct level of support.

The registered provider had a complaints policy in place which people were familiar with. People told us they knew how to make a complaint, and who to raise any concerns with. They also told us they felt confident their concerns would be listened to. The complaints procedure was available in the different schemes, and people received a copy of this information when they first started using the service.

People spoke positively about the service and the registered manager. Staff told us that they felt well supported and were aware of the management structure within the different schemes. Staff were encouraged to make suggestions around ways of improving the service, and there was an incentive scheme in place around this.

The registered provider and the registered manager both completed quality monitoring checks of the service on a routine basis. These focussed on areas such as care plans, medication and staff knowledge of key areas such as safeguarding. At the last quality monitoring check completed by the registered provider the service scored 90% which resulted in staff receiving a bonus.

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.

There were sufficient numbers of staff in place to meet people's needs.

The registered provider had safe recruitment processes in place which ensured people were supported by people of good character.

People received safe care and support with taking their medication, from staff who had received appropriate training.

Is the service effective?

Good 

The service was effective.

People's rights and liberties were protected in line with the Mental Capacity Act 2005. Staff were aware of their roles and responsibilities in relation to the Act, and had received training in this.

Staff had received the training the needed to carry out their role effectively.

People received the support they required with meal and drink preparation, which ensured that people were protected from the risk of malnutrition and dehydration.

Is the service caring?

Good 

The service was caring.

People told us that staff were kind and caring in their approach.

People's confidentiality was protected. Records containing people's personal information was stored securely.

Staff were aware of how and when to access support from the local advocacy service. This helped ensure that people would be supported to express their views.

Is the service responsive?

Good 

The service was responsive.

Care records were personalised and people told us that staff adopted a personalised approach.

Records contained detailed and up-to-date information that allowed staff to respond to people's needs appropriately.

The registered provider had a complaints procedure in place, and people told us that they would feel confident in making a complaint if they had to.

Is the service well-led?

Good 

The service was well-led.

There was a clear management structure in place with clear lines of accountability. Staff told us that they felt well supported by management.

There were quality monitoring systems in place which had successfully identified areas where improvement was needed. Follow up action had been taken to rectify any issues identified.

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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 the 21 and 23 June 2016 and was announced. The provider was given a short period of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by an adult social care inspector. Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams who did not raise any concerns around the service.

During the inspection 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 spoke with eight people using the service and two people's relatives. We looked at six people's care records, three recruitment records and other records relating to the management of the service. We spoke with six members of staff including the registered manager, and one visiting professional.

Is the service safe?

Our findings

People told us that they felt safe using the service. Their comments included, "Yes I feel safe", "Everything is fine here" and "I feel at ease with staff". People's relatives also commented that they felt confident leaving their relatives in the care of staff. One relative commented, "I have no qualms about letting staff support [name]. I know they'll be safe".

Throughout the inspection there were enough staff to meet people's needs and ensure their safety. Rotas indicated that staffing levels were consistent and there were examples where staff had sufficient time to sit down and have a chat with people. People's comments included, "Occasionally the girls will make time to come in and have a chat with me", "Sometimes [name] has to wait after pressing the buzzer, but they're never at risk because of staffing" and "They respond well to emergencies. We've no problem with that". Staff commented that they had sufficient time to complete tasks and did not feel rushed, which was evidenced by the relaxed atmosphere within the three schemes.

The registered provider had a robust recruitment process in place which ensured people's safety. We looked at the recruitment records for three members of staff and found that these contained references from the staff member's most recent employer, and evidence that a check had been carried out by the disclosure and barring service (DBS). The DBS informs employers of any previous criminal convictions that would make staff unsuitable for the role. New staff had submitted an application outlining their employment history, skills and qualifications. They had also been through an interview process to ascertain their suitability for the role.

People were protected from the risk of abuse. Records indicated that staff had undertaken training in safeguarding vulnerable people, and staff spoken with demonstrated a good understanding of the different kinds of abuse and the procedures for reporting any concerns. The registered provider had up-to-date safeguarding and whistleblowing policies in place, and also held a copy of the local authority's safeguarding policy. These were accessible to staff who demonstrated they knew where these were kept. We saw an example, where the registered manager had appropriately reported safeguarding concerns to the local authority, which had resulted in one person receiving the care and treatment they needed to remain safe.

Risk assessments were in place which provided information for staff on how to ensure people's safety. These included risks around falls, nutrition, and physical and mental health issues. Daily notes and incident forms demonstrated that staff had acted appropriately to manage risks. For example, staff took the required action to support one person with unstable diabetes by monitoring physical signs of deterioration, completing regular checks and offering medicines as prescribed. Each time this person became unwell, staff had clearly documented the person's symptoms and the action taken to support them.

Accidents and incidents were monitored by the registered manager. Accident forms were filled out following an incident and contained details about the location, time, any injuries and follow up action that had been taken. This information could be used to identify any trends and make alterations to people's care as required. In one instance the registered manager had organised a review of a person's care needs in

response to them having had a number of falls. This had resulted in an increase in the support being provided.

People received appropriate support to take their medicines as prescribed. Training records indicated that staff had undertaken training in the safe administration of medication, and had been assessed to ensure that they were competent to do so safely. People's care records contained information around the level of support they required with taking their medicines, and where people had the capacity to do so, forms had been signed to indicate that they agreed with the support being provided. There was an up-to-date policy in place around the safe administration of medication.

Is the service effective?

Our findings

People told us they received care and support from staff who were well trained and good at their job. Their comments included, "Carers are competent and skilled. They know what they're doing", "The care is exceptional" and "Staff seem competent and I feel safe with them".

During the inspection we spoke to a visiting healthcare professional who spoke positively about the relationship between the service and themselves. They told us, "There's good partnership working between us which is good for the patient". Care records demonstrated that where required, people had been supported to access input from health and social care professionals. In one example, staff had been persistent in requesting medical support for a person who had become unwell. Initially this was not forthcoming, however due to the efforts of the registered manager and the staff team, this person had been admitted into hospital where they had received the support they needed to get better.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. People in community-based settings, such as extra care require an application to the Court of Protection (CoP) to ensure that any deprivation of their liberty is being done within the law. At the time of the inspection there was no one subject to an authorisation by the CoP, however we saw examples where staff had acted appropriately to seek support and guidance from the local authority around this.

People's rights and liberties were protected. Staff had received training in the MCA and were aware of their roles and responsibilities in relation to this. One member of staff commented, "We do things the way people like them to be done. Some people who don't have capacity and need decisions to be made in their best interests to keep them safe". People told us that staff gave them choice and control over the care being provided, their comments included, "I choose my clothes in the morning and they help me with the rest" and "Staff always ask what I want. They never try and force me to do anything I don't want to".

Staff had received training that enabled them to carry out their role effectively. Training records indicated that staff had been trained in areas such as moving and handling, equality and diversity, infection control and first aid. The registered manager kept a clear record of training that had been undertaken by staff, and when any refresher courses were due. Some members of staff were being supported to complete further qualifications in health and social care, which helped ensure that they were being supported to continue to develop professionally, and keep their knowledge and skills up-to-date.

New staff completed an induction which included a period of shadowing experienced members of staff.

They were also required to complete training which included those subject areas outlined above, and to read through the registered provider's policies. During the induction period staff were given an induction booklet which outlined key skills and areas of development which they were required to complete. As the staff member progressed through the induction, these areas were signed off by a buddy, who supported them through this process. During the inspection we saw a new member of staff completing an online learning module. This helped ensure that new members of staff had the necessary skills and knowledge to carry out their role.

Staff told us that they received regular supervision with the registered manager or their line manager. This gave staff the opportunity to discuss any issues or areas of further training and development. Records indicated that supervisions were used constructively by management to discuss any performance related issues, and to discuss any disciplinary action that was being taken to ensure the quality of the service being provided was maintained.

People's care records contained information around the support they required with meal and drink preparation. Information around any special dietary requirements was also clearly outlined, for example people who required a sugar free diet, or people who required their food being cut into small pieces. People told us that staff offered them choice and control during meal times. Their comments included, "Carers ask me what I want to eat. In the morning I usually like porridge, which they prepare for me" and "I always choose what I want for breakfast" and "Sometimes I like to eat in the bistro, so I go down there instead of staff preparing food for me".

There were communal dining areas in all three of the schemes. We observed examples of staff offering support to people during meal times if they were struggling, and also saw that they gave people space to enjoy their food and relax in the company of other people. During meal times one person decided that they did not like what had been prepared, and was offered a different option by a member of staff. Because it was a warm day staff prompted people to drink sufficient fluids by offering a choice of drinks and ensuring there was juice and water available.

Is the service caring?

Our findings

People told us that they had a good relationship with the staff that supported them. They commented that there was a good level of consistency amongst care staff due to a low staff turn-over that had enabled the development of good relationships. Their comments included, "Staff are respectful and friendly, but not over friendly. They're professional", "The staff are very nice. It's nice to see a smiley face", "Carers chat with me to make sure everything's ok, and to put me at ease. They're excellent" and, "You couldn't get better staff. They're fantastic. They're all the same".

Staff spoke passionately and with warmth about the people they were supporting. Their comments included, "I've loved getting to know the people and having a cup of tea with them if I have a spare minute" and, "I love caring for everyone. You really have to care to do this". The chaplain who worked within the service commented to us, "I'm always really impressed with the care staff. They go the extra mile. There's a vibrant, family atmosphere within the schemes. People seem to feel at home. They seem calm". We saw examples of staff spending time talking to people and ensuring that they were comfortable. Throughout the schemes there was a homely feel, and people seemed relaxed and at ease. We spoke with a group of people who were sat laughing amongst themselves and with staff. They told us, "This is a happy place", "Staff are great" and "Oh gosh staff are so approachable".

People's relatives commented that they had a good relationship with staff and spoke positively about the support being provided to their relatives. Their comments included, "Everyone is friendly with [my relative]. We feel comfortable with care staff", and "Carers really care and they are respectful when they come into our home". People commented that staff were respectful and treated them with dignity. One person told us, "Staff are respectful and maintain my dignity when they're helping me". Staff were aware of ways to ensure that people's dignity was maintained. One member of staff commented, "I make sure people are covered up and that doors and windows are closed so it's private". This meant that people's privacy and dignity was respected.

People were treated equally by staff, and their beliefs were respected. The registered provider employed a chaplain who acted as a source of spiritual and emotional support to people with and without religious needs. The chaplain commented to us, "I aim to support religious and non-religious need and act as a source of support. If staff notice something may be up with someone I try to go have a chat with them". The schemes also had links with local churches who delivered services and gave Holy Communion to people. Staff had completed training in equality and diversity, and dementia awareness and people told us that they were kind and respectful towards them.

There was no one within the service who required the use of an advocate, however staff and the registered manager were aware when it would be appropriate to seek their support. There was information available to people on notice boards within the schemes around how to access the local advocacy service. An advocate acts independently to promote the rights and interests of people who need support with making decisions. This helped ensure that people's rights were upheld.

The registered provider had a service user guide, which outlined to people what they should expect from the service. This was made available to people when they first started using the service. Included within this was also the statement of purpose which outlined the vision and values of the registered provider.

People's confidentiality was maintained. Care records were kept locked in filing cabinets in the main office, with up-to-date copies being kept in people's own homes.

Is the service responsive?

Our findings

People told us that the care they received was right for them, and that their needs were being met. People's comments included, "Staff know what my needs are. They always check my pressure areas and if there's any issues they let us know" and, "Staff approach us if they feel we need something". This indicated that where required staff anticipated and responded to people's needs.

An initial assessment was completed prior to people being supported by the service. This incorporated information around people's physical, mental and day-to-day needs. Information from other professionals was used to ensure that the service could meet the person's needs. A more in-depth assessment was completed after the person started with the service. This provided a detailed account of the support that the person required, such as their mobility needs and any assistance they required with personal care. Care records were reviewed on a regular basis to ensure that information was up-to-date and correct. Where required changes were made. This ensured that staff had access to sufficient and current information to effectively support people.

Handovers were completed at the start and end of each shift, which helped ensure that staff were up-to-date on any developments or changes in people's needs. Daily notes were recorded after staff had provided support to people, which provided a written account of the support given, and any developments or issues that had arisen. Staff also completed supplementary charts such as behaviour charts for those people who may demonstrate challenging behaviour. These included information around the cause of the behaviour, what had occurred and how the member of staff had responded to resolve the issue. This ensured that information was available to other members of staff, and could be looked at to identify any emerging patterns. This information was used to determine where additional support was required, and whether support from health and social care professionals was needed.

Care records contained personalised information which enabled staff to adopt an individual approach to people's care needs. Care records contained a brief life history and 'significant dates', such as their relative's birthdays. Some people also had a memory diary, which outlined important aspects of people's lives. This information could be used to help develop positive relationships and facilitate discussions between people and staff.

People's likes and dislikes were recorded in their care records, for example people's preferred daily routine, favourite foods and favourite music. People had also been asked how they would like to be supported at the end of their life, or in the event of their death. One person's care record stated, "I would like to listen to 40s music and spend time in the communal area during my final days if possible". This ensured that staff could provide appropriate care and support to people, in line with their needs and wishes.

People told us there were activities available within the schemes which they were able to participate in if they wanted to. There was an activity rota on display which outlined what was on for the coming week. For example there were entertainers and pamper sessions amongst other activities. People commented that they did not feel socially isolated, and were able to spend time in their own flats if they did not want to

participate. One person told us, "Carers never try to force me to do anything. I prefer to spend time in my flat, whilst other times I will join in".

The registered provider had a complaints policy in place which was available for people in each of the different schemes. When people started using the service they were provided with a service user guide, which contained details around how to make a complaint and who to go to. People commented that they were familiar with the process, and felt confident that any concerns they had would be dealt with by the manager. Their comments included, "I would complain if I felt I had to, but I don't have any complaints" and "I would make a complaint if I needed to. The manager is very approachable".

The registered manager maintained a copy of any complaints, however the complaints received did not relate to the quality of the care. Complaints records and minutes from resident meetings demonstrated that the registered manager responded promptly to concerns, and where required raised them with other people to try and resolve any disputes. This showed that the registered manager was responsive to people's concerns.

Is the service well-led?

Our findings

People spoke positively about the service they received, and felt that staff were friendly and approachable. Their comments included, "We're friendly with all the staff. We've no regrets about having moved here", "Carers are excellent" and, "The staff are really friendly". People described the registered manager as "approachable", and we saw examples where she spent time mixing and talking with people.

The registered provider had received seven compliments over the past 12 months. Some of the comments made included "Thank you to everyone for your kindness. When I need help it's there. It's the little acts of kindness from people that made a difficult journey less so". Another compliment also praised one of the senior staff members and the chaplain for their support.

The registered provider had a set of vision and values in place which promoted equality and independence. People comments indicated that staff promoted these values, for example one person commented, "Staff are quite good at standing back if you want to do it yourself, or they'll help if you're struggling". This meant that people's independence was being promoted. We observed examples where staff were respectful and kind towards people with a varied and diverse range of needs, and people commented that staff conducted themselves professionally.

Staff were aware of the management structure within the service, and told us that they felt supported by the registered manager and their line managers. Their comments included, "The manager has a fair approach. Any concerns get dealt with", "The manager's are really approachable. We have regular staff meetings and supervisions. This is useful as it provides direction" and "I find discussions with my manager helpful. They really boost my confidence". Throughout the inspection we observed manager's interacting positively, and in a friendly manner with both people and staff. This meant that the service had a culture of positive leadership with clear lines of accountability.

Staff spoke positively about the registered manager, and told us that they felt able to approach her with any suggestions that may have a positive impact upon the service. The registered provider had a system in place where staff or people were awarded a Tesco's voucher if they made a suggestion that was taken on-board by the service. In one example a member of staff had suggested a change around the use of the internal call system, which had resulted in this system being more readily available for emergencies for people who needed support with their care needs.

There were quality monitoring systems in place to ensure that the delivery of service remained to a high standard. Each month the registered manager audited a selection of care records to ensure that they had been completed and reviewed appropriately. The registered manager also completed a medication audit on a monthly and quarterly basis. Spot checks on the storage of medication were also carried out. Audit systems had effectively identified where there were any issues, and action had been taken to resolve these.

The registered provider carried out an annual quality monitoring visit. At the last audit in November 2015 the service scored 90%, which had resulted in staff being given a bonus. The registered provider had identified a

number of areas for follow up by the registered manager, for example they had found staff were unclear around how to report safeguarding concerns outside the organisation. During the inspection staff were fully aware of how to raise any concerns they may have. In another example the registered provider had found an example where behaviour charts were not in place for people who needed them. We followed up on this and found that action had been taken by the registered manager to rectify this.

There were groups where relatives and people using the service could meet to discuss any issues they may have. The registered manager attended these, and at the beginning of each meeting any actions agreed from the previous meeting were followed up and discussed. Topics covered within these meetings included staffing, activities and any complaints or concerns. The registered provider had also sent out a health and wellbeing questionnaire to people using the service, to ascertain their views, and was awaiting the results from the current questionnaires.