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Medihands Clifton

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Medihands Clifton is a residential care home providing personal care for up to 14 people who require support to maintain their mental health. At the time of the inspection, there were 11 people living there.

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

The provider had made improvements since the last inspection in how they monitored the safety and quality of care they provided to people. The provider used the systems in place to identify concerns and areas that needed to be improved. Medicines were stored appropriately in a lockable cabinet. Staff managed and administered medicines safely to people as prescribed. Staff were up to date with training that enabled them to provide care effectively.

Staff understood the abuse that could happen to people and knew the action to take to minimise the risk of avoidable harm. Risk assessments and management plans were in place. Staff managed risks to people's health and well-being in line with their support plans.

New staff underwent checks for their roles before they started providing care. People were supported by sufficient numbers of staff. The provider took action when incidents and accidents happened and learnt lessons to improve the quality of care. Premises were checked for cleanliness and safety to ensure they were safe, clean and suitably adapted to meet people's needs.

People's needs were met by staff who followed guidance and support they obtained from health and social care agencies. Staff were trained to carry out their roles and received appropriate support through induction, team meetings and supervisions to discuss their work and performance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care in a person-centred manner. People using the service felt confident to approach the deputy managers and staff to raise any concerns or suggestions they wanted to discuss. The provider worked closely with external agencies to develop the service and make improvements when needed to plan and deliver safe care to people.

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 requires improvement (published 16 July 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

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.

Why we inspected

We received concerns in relation to staffing and whether staff had the knowledge and skills they needed to support people using the service. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Medihands Clifton on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Medihands Clifton

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections.

We reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two members of staff including the provider, deputy manager and a care worker.

We reviewed a range of records. This included five people's care records and their medication records. We looked at five staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives of people using the service and four members of staff. We received feedback from a professional who regularly visit the service.

Is the service safe?

Our findings

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

Using medicines safely

At our last inspection, we found medicines were not stored securely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- We found that medicines were stored and managed appropriately.
- People's medicines were administered and managed safely. Medicines were kept in a locked cupboard inside a lockable room. Medicines administration record charts had been completed appropriately and there were no gaps in recording. Staff followed the guidance for the administration of people's 'when required' medicines. This included the dose and frequency of administering these in 24 hours.
- People's care plans included information about their medicines and how they needed and preferred them to be administered. Staff received training in safe medicines administration and had their competence assessed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed regularly, this included the support they required. Staff followed guidance provided by healthcare professionals to support people safely.
- People using the service and their relatives were happy with the care and support provided. Staff undertook training and felt competent to meet people's needs.
- People using the service and their relatives had access to the provider and the mental health community team for support about people's mental health needs. The ensured people received safe care in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had arrangements to help protect people from the risk of neglect and abuse. Staff were trained to recognise abuse. They understood their responsibility to report concerns to ensure people were kept safe.
- Staff were up to date on their training in safeguarding adults training and up. Staff told us, "I know the various types of. I would report any concerns to the manager and external when needed" and "I know when to whistleblow to social services, police or CQC if my concerns of abuse are not taken seriously."
- The provider investigated allegations of abuse and shared findings with staff to ensure they learnt from incidents and to prevent a reoccurrence.
- The provider worked closely with CQC, the local authority's safeguarding teams to ensure people were protected from the risk of avoidable harm.

Staffing and recruitment

- People received care from staff who were recruited in a safe manner. New staff underwent appropriate checks to ensure they were suitable to provide care and support to people using the service.
- People were supported by the right number of staff and felt they received care when needed.
- The provider ensured they were enough staff to deliver care, cover staff absences such as annual leave and sickness. The provider and two deputy managers provided cover when needed to minimise the risk of delays to people receiving care. People received continuity of care as there was a stable staff team who provided care.

Preventing and controlling infection

- People received care in a way that minimised the risk of infection. The premises were visibly clean and free of unpleasant odours.
- Staff undertook training in infection prevention and control and received updates when needed. People were supported people to keep their bedrooms clean and safe to ensure they were free of infection risks such as discarded food, rubbish or hoarding.
- The registered manager ensured staff followed good infection prevention and control guidelines in relation to the COVID-19 pandemic. Staff underwent COVID-19 checks to minimise the risk of spreading of infection. We observed staff follow good hygiene practices by using personal protective equipment (PPE). Staff told us they had access to sufficient stock of PPE.

Learning lessons when things go wrong

- The provider took action to minimise the risk of people receiving unsafe care. For example, when a person showed behaviours that challenged themselves and other, they raised a safeguarding concern. The provider used the systems in place to ensure learning occurred when things went wrong. The provider maintained records of investigations of incidents, accidents and concerns and showed action taken to minimise the risk of a reoccurrence. The provider monitored trends and any patterns to enable them to take action when needed.

Is the service effective?

Our findings

At our last comprehensive inspection, this key question was rated as 'requires improvement.'. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we staff did not undertake regular updates of their training to ensure they had the appropriate knowledge and skills to deliver care effectively. found medicines were not stored securely. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff had received training and undertook refresher courses to update their knowledge and skills which enabled them to undertake their roles effectively.
- Staff received training and had their ability to do the work checked before they were able to provide care. The provider ensured staff had regular updates to refresh their knowledge and skills.
- Staff attended induction and ongoing training to ensure they were able to provide the care needed by people.
- The provider ensured new staff were supported during their induction and probation period on a one-to-one basis to enable them to understand people's needs and provide support effectively.
- Staff told us and records showed that staff requested and undertook additional training which assisted them to provide care suitable for people's specific needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People using the service had their needs assessed to ensure staff were able to meet them. People and their relatives were involved in the initial assessment and took part in regular reviews and updates of the support they required.
- Care records showed support plans and assessments of risks were in line with current legislation, standards and best practice which ensured staff provided care appropriate to people's needs.
- People's support plans and assessments were person centred and showed their individual care needs which included choices, preferences and medical needs.

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

- People were supported to meet their nutrition and hydration needs.
- Staff involved people to plan menus and provided the food and drinks required to maintain their health needs. People and their relatives told us staff respected their choices about the food and drink they wished to have.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People received the support they required in managing their health and wellbeing needs as staff made appropriate referrals to partner and external agencies.
- Staff followed guidance they received from healthcare professionals which ensured people's healthcare needs were met effectively, for example working closely with the community mental health teams and GPs.
- The provider worked closely with mental health professionals to coordinate care to people with complex mental health needs, including during times of crisis or an emergency.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained in MCA and understood their responsibilities to help protect people's rights.
- People using the service and their relatives were involved in planning the care and support provided.
- Care plans and risks assessments showed the provider ensured staff considered people's needs in relation to mental capacity and consent.
- Relatives told us and staff confirmed they made assessments to ensure they understood the mental health needs of each person and planned their care to meet these. Staff knew that decisions about capacity were specific to each task and told us they adapted care in the event a person's mental capacity changed.

Is the service well-led?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been some disruption in relation to the presence of the registered manager over the previous 15 months. The registered manager had been away for an extended period during this time although this had a minimal impact on the care people received. People and staff told us they were not clear about the role and presence of the registered manager at the service. The post of a registered manager is not a condition of registration of this service. This is because the provider is an individual and is therefore personally in day-to-day charge of carrying on the regulated activity.
- We raised this with the provider and highlighted the need to be open and transparent about the role and continued involvement of the registered manager at the service. The nominated individual said they had appointed two deputy managers, one who worked part time and another in full time employment to manage the service in the absence of the registered manager. People using the service and their relatives felt this arrangement was working well and were listened to.

Continuous learning and improving care

- The provider had made improvements and continued to develop the service since our last inspection.
- The provider used a range of audits and checks to monitor quality of the service and identify areas they needed to improve. Regular checks were made on medicines management, care planning, record keeping, risk management, premises, staff training and support. The provider ensured they followed up actions where necessary and addressed concerns which ensured the quality of care and support provided was safe.

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

- People using the service and their relatives felt the staff team and provider listened to them and acted on their concerns. They said they did not have any concerns with how the service was run. People were given opportunities to feed back their views and ideas about the service.
- The provider met people using the service and communicated with their families and health and social care professionals involved in their care.
- The registered manager discussed the regulatory obligations and the requirement to provide safe care and support by telephone, one to one and team meetings, supervisions and via emails. Staff said the provider and the deputy managers encouraged them to provide feedback about how they could improve the service.
- People met with the provider and deputy managers to discuss their health and concerns, which ensured they developed a culture of respect and understanding of the service delivered.
- The provider told us they engaged staff in response to concerns about the care provided. This included emphasising the culture of delivering safe care, taking ownership when things went wrong and providing

retraining and additional support where required.

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

- People and their relatives told us they had not spoken to the registered manager in a while since the COVID-19 pandemic began. However, they felt the staff were open and honest in dealing with concerns when things went wrong.
- The provider told us they encouraged people using the service and their relatives to raise a concern if any aspect of their care did not meet their expectation. People told us the provider informed them of the action they had undertaken to resolve their issues.
- Staff told us they deputy managers and provider met with them when they undertook investigations and kept them informed about what the action taken to resolve issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider ensured staff understood their roles in relation to managing risks and meeting people's needs through good communication and sharing of ideas. Staff received updates about people's health and well-being, changes to policies and procedures, reviews of medicines management, record keeping and how to access support services available to them particularly during the pandemic.

Working in partnership with others

- The provider had developed a close working relationship with other health and social care professionals and agencies.
- The provider involved the local authority and mental health specialists to ensure people using the service received safe care.