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# Medihands Healthcare

## Inspection report

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Date of inspection visit:  
23 February 2016  
25 February 2016

Date of publication:  
05 April 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 23 and 25 February 2016. At the last inspection on 28 April 2014 the service was meeting the regulations we checked.

Medihands Healthcare provides accommodation and personal care for up to 17 adults with mental health needs. The care home is owned and managed by a private individual who has two other care homes in the local area. There were 17 people living at the home on the day we visited.

The home had a registered manager at the time of the inspection. The registered manager was also the provider/owner of Medihands Healthcare. We have referred to them in this report as the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern. We saw that people could speak to the provider or deputy at any time.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified, management plans were in place. Records showed that incidents or accidents were thoroughly investigated and actions put in place to help avoid further occurrences. We saw that regular checks of maintenance and service records were conducted.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS are put in place to protect people where

they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others.

Detailed records of the care and support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and cared for them. Personal care was provided in the privacy of people's rooms.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they felt happy to speak up when necessary. From our discussions with the provider and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home.

## 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 knowledgeable in recognising signs of potential abuse and the action they needed to take if they witness or have suspicions of abuse taking place. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people received the support they needed. The recruitment practices were safe and ensured staff were suitable for the roles they undertook.

We found the provider had systems in place to protect people against risks associated with the management of medicines.

### Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the appropriate actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

### Is the service caring?

Good ●

The service was caring. We observed staff treated people with dignity, respect and kindness. Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People we spoke with told us they felt able to raise concerns and would complain if they needed to.

### Is the service well-led?

Good ●

The service was well-led. An experienced provider, who was also the owner of the home promoted a high standard of care and support for people to ensure people's quality of life.

Staff told us they felt well supported by the provider and deputy who were approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a friendly welcoming atmosphere to the home and this was confirmed by people we spoke with.

# Medihands Healthcare

## **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 unannounced inspection took place on 23 and 25 February 2016.

This inspection was carried out by one inspector. Prior to the inspection we reviewed the Provider Information Return (PIR). The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We gathered information by speaking with eight people living at Medihands Healthcare, the provider, who is also the owner, and the deputy manager and five staff. We also spoke with a visiting healthcare professional and the training co-ordinator. We observed care and support in communal areas in an informal manner. We looked at three care records and three staff records and reviewed records related to the management of the service. After the inspection we emailed a questionnaire to six care managers to ask them their opinion of their clients care. We received one reply.

# Is the service safe?

## Our findings

One person we spoke with said "I am happy here; I am supported to do the things I want to do." Another person said "Staff are ok, I can go out when I want." People were made to feel safe at the home by the provider and staff. During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere and were able to speak openly and confidentially to staff and the provider at any time.

The provider helped to protect people from abuse. Staff we spoke with were aware and could explain to us what constituted abuse and the actions they should take to report it. They said they would speak up in the event of an incident and were confident the provider would take action to ensure people were protected. Records confirmed staff had received training in safeguarding adults.

When we spoke with the provider they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported. We saw that risk assessments and care plans were appropriate to meet a person's needs, including management of aggressive behaviour, travelling alone, and a person's vulnerability when in the community. Where risks were identified management plans were in place, which gave details of the risks and the preventative measures to take to help prevent an incident occurring. These were updated on a regular basis.

The majority of people had a mobile phone and would let staff know when they were going out and when they expected to return to the home. Staff could call people if they had any concerns as to their welfare and people could ring staff for reassurance or support when out of the home. The provider had appropriate arrangements to manage people's money to help protect them from financial abuse. Each person was responsible for their own money, which under a signed money management agreement could be kept securely in the main office. A person could request money at any time and staff completed a finance transaction book. People were free to spend their money in whatever way they chose.

The home had recently undergone a fire safety inspection which was compliant. Although we found that people did not have personal emergency evacuation plans (PEEP's). We spoke to the provider about this and they stated they had not been asked for these as part of their overall fire safety checks of the home but would put PEEP's in place for each person. On the second day of our inspection we saw that the provider had started this process. We saw that the service had contracts for the maintenance of equipment used in the home, including the fire extinguishers and emergency lighting, which were tested monthly. Fire drills were held regularly and all staff were trained as fire marshals. Records showed this training had been updated in February 2016.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. The provider had two other homes within walking distance of Medihands Healthcare and these

could accommodate people on a short term basis should the premises become unusable.

Throughout the inspection we saw staff were available, visible and engaging with people. Staff we spoke with felt there were enough staff to meet the needs of people. We looked at three staff's personal files and saw the necessary checks had been carried out before staff were employed. This included completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. We observed that medicines were being administered correctly to people by the care staff. People were encouraged to manage the timing of their medicines themselves and to ask staff at the correct time for which medicines they needed. This helped to promote independence in people. We looked at five medicine administration records [MAR] for people using the service, information included a photograph of the person, details of their GP, and information about any allergies they may have. The MAR sheets were up to date, accurate and no gaps in the administration of medicines were evident.

Medicines were stored securely in a locked cabinet. Medicines that needed to be kept cool were stored appropriately in a refrigerator and we saw records that the temperature in the refrigerator was checked and recorded on a daily basis. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.



# Is the service effective?

## Our findings

People were cared for by staff who received appropriate training and support. People said about staff "I like the staff," "you won't get better than this" and "staff take time to talk with me and listen to my opinions."

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training including safeguarding adults, first aid, food hygiene and equality and diversity. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. Records showed and staff told us that they had recently started training on the Care Certificate. The Care Certificate is a set of standards that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe and compassionate care. We spoke with the trainer who explained the different modules and how training could be flexible to meet staff work patterns and the needs of the service.

Staff told us they were fully supported by the provider. Staff received one to one supervision every four to six weeks plus an annual appraisal. Records we looked at confirmed this. We looked at the minutes of the last staff meeting in January 2016 which was signed by staff as accurate.

The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. Everyone at Medihands Healthcare had been assessed as able to make their own decisions.

DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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. All the people at Medihands Healthcare were independent and mobile. We asked people if they thought their freedom to do things was restricted in any way. People replied "I have my freedom here" and "I can go out and come back when I want." People told us and we saw records that showed people had planned holidays or weekends away, this included visiting family and friends. People could travel independently or staff could support a person if required. During our visit we saw people going out to the shops, for lunch, a walk, to college or to voluntary work or the day centre. People's freedom was not restricted.

People were supported to eat and drink sufficient amounts to meet their needs and maintain good nutritional health. People told us they chose what they wanted to eat and some people helped to cook the main meal each day. Staff encouraged people to be more independent by getting them to prepare their own breakfasts and lunch time meals. Two people we spoke with said they didn't like making their own meals and thought the staff should do it. But other people we spoke with said they were enjoying making decisions

for themselves in the food they ate. We saw that it was noted in people's daily notes what a person had eaten, if they had prepared it themselves or if a person had made the evening meal, with support from staff, for everyone to share.

We saw that the conservatory had been refurbished with a small kitchen area where people could make their own drinks, hot or cold and prepare snacks. This was also the main room used for people to eat their meals in. During our visit we saw that people were making full use of the room and preparing their own drinks and snacks. The refurbishment of the conservatory had made the area into a friendly, warm place for people to use, either for meals, reading, sitting or chatting.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that all the people were registered with a GP and their health care needs were well documented in their care plans. We could see that all appointments people had with health care professionals were always recorded in their health care plan.

Medihands Healthcare was based in three adjoining houses, linked by internal corridors. Bedrooms were all single with toilets, bath and shower rooms on each floor. There were two main sitting rooms and one smaller room. Dining areas were in the sitting rooms and the conservatory; tables were also in the garden. This meant that people had a choice of where they wanted to sit. There was a kitchen and a training kitchen, where people could practice home skills. The home was being internally decorated on the day of our visit and we saw this was an on-going process to improve the décor of the home. One person invited us to see their bedroom and we saw it was clean and tidy and furnished in their own personal style. People could with agreement bring their own furniture to the home. We saw the home was adequately furnished and clean. The changes the provider had made and was making helped to provide a homely feel to the premises.

## Is the service caring?

### Our findings

People were supported by caring staff. People commented by saying "I'm happy here," "staff have supported me to study," "staff help me to plan what I want to do" and "staff supported me through a family bereavement." A professional we spoke with said they felt the care given was satisfactory and improving all the time. People's needs were being met including food, health and independence. Another professional commented "I have no real areas of concern. The staff's approach to my client is consistent and they set achievable boundaries and have a clear plan on how to support them."

We saw that staff showed people care and respect when engaging with them. The staff knew people well and this was evident in the way staff and people spoke together. We observed staff engaging with people throughout the day in communal areas. We saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. People moved freely within the home and no restrictions were placed upon them. This knowledge of people gave staff the opportunity to support people in the most effective way.

Residents meetings were held monthly and everyone was invited. We saw the minutes of the last two meetings where menus, activities, improvements to the home and encouraging independence were discussed.

We observed that people received individualised care and support. People said staff spoke with them respectfully and maintained their privacy. We saw that if a person who used the service started a personal conversation with staff about their care in a communal area, staff encouraged them to continue the conversation in their room or in a quieter area. This meant that a person's privacy and dignity were maintained.

People said they were told about the rules of the home and felt they were fair and for their safety and the safety of other people living at the home. We saw that people had signed a zero tolerance to violence agreement. People were requested not to smoke in their rooms or in the communal areas. We saw that people smoked in the garden and there was a covered shelter for smoking under when it was raining. This helped people to live together in a way that suited and was beneficial to everyone.

## Is the service responsive?

### Our findings

People's needs were assessed before they moved into the home and care was planned in response to their needs. Assessments detailed the care requirements of a person for daily living, including general health, medicines, communication, continence and mental health. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately.

People's care plans were organised and securely stored and accessible to staff. The care plans included information and guidance to staff about how people's care and support needs should be met. The information included how a person would like to be addressed, their likes and dislikes, details about their health history and past life. The provider told us that people's care plans were developed using the information gathered at the person's initial assessment.

The care plans we looked at included information about the person and their family, their life and psychiatric histories, their personal needs for mobility, medication, diet and personal care. Risk assessments had been completed and included a person's history relating to physical and verbal behaviour and self-neglect. People who used the service with the help of professionals had set themselves targets and goals to achieve that were underpinned by risk assessments. We found that details of a person's progression against their agreed goals were not documented in the person's care plan, but we heard from people and staff some of the excellent work and progression people were making. We asked the provider about this, they showed us the daily notes where this type of information was kept. We saw the information was comprehensive and informative. They said in future this information would be transferred to the person's care plan. The provider told us they were looking at the structure of the care plans and where necessary they were being changed to be more relevant to the person and their support needs.

Care plans were reviewed twice yearly or more often if needed. Other professionals, families and the local mental health teams were all involved in the reviews. A daily record log was completed and kept up to date, noting sleep patterns, medication taken, what people did and how they were feeling.

With the support of staff people organised their own daily activities. Some people attended local day centres, or had voluntary jobs or went to college. A few people visited family during the day and helped elderly relatives with their shopping. Staff were trying to encourage people to be more active and one staff member told us "I am drawing up a menu of local activities and events and we'll use this to encourage people to attend." People we spoke with were happy with the level of activities they did each day. Staff supported people to budget their money so that it would last for the week and so they could pay for activities or save for items they wanted to buy or for a holiday. This helped people to develop life skills and encouraged their independence.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The complaints forms were available in a standard and also in an easy read format; this made the process accessible to everyone at the home. People told us they knew who to make a complaint to and said they felt

happy to speak up when necessary. They had confidence that the provider would deal with any concerns promptly.

## Is the service well-led?

### Our findings

We could see that people who lived at Medihands Healthcare knew who the provider, deputy and staff were by name and could freely chat with them at any time. One person said "[staff name] is very good to me; he supports me in anything I want to do." All the people we spoke with spoke positively about staff and management.

The service was led by the owner/provider, who was supported by a deputy manager and other senior staff. From our discussions with the provider and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The provider and deputy both worked in the home with people. This helped to ensure that the management team were fully aware of what was happening within the service and were available to people when needed. The provider told us they kept an 'open door' policy and people, relatives and staff could come in at any time to speak with them. One member of staff said "The staff here are very skilful and management are good."

The provider kept up to date with changes in social care through meetings with the mental health teams assigned to the home, the clinical commissioning group [CCG]. CCG's are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England, through a managers forum at a local day centre and via training. This knowledge helped the provider to keep policies and procedures up to date and relevant to the people they were supporting. Policies were readily available for staff to refer to when necessary and any updates or changes were discussed at team meetings.

Systems were in place to monitor and improve the quality of the service. The provider conducted surveys to gain feedback from people and relatives about the quality of the service that was being delivered and to identify areas for improvement. The last survey for relatives was in February 2015 and the results we saw were positive. A new survey was in progress for 2016.

Regular audits were conducted of the premises and environment including any equipment used, such as fire extinguishers and smoke detectors, furnishings and emergency lighting. Any faults were remedied by the maintenance person and we saw signed and dated evidence of this. We saw the record of a recent medicines audit by the supplying pharmacy in October 2015 who found medicines were administered, stored and kept securely. Where mistakes were found they were dealt with promptly so that staff were aware of the mistakes and this helped to ensure people received their medicines safely.