

Methodist Homes

MHA Care at Home - Alexander Branch

Inspection report

Walcot Court
Walcot Gate
Bath
Somerset
BA1 5UB

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03 October 2018

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Tel: 01225428476
Website: www.mha.org.uk

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

We undertook an inspection of MHA Care at Home – Alexander Branch on 3 October 2018. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection.

MHA Care at Home - Alexander Branch is a domiciliary care and extra care housing service that is registered to provide personal care to people living in the flats owned by Methodist Homes at Walcot Court. There were 16 people receiving personal care at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People received a safe service and were suitably protected from potential abuse and risks to their health through risk assessments and safe medicines management.

Staff received training, frequent supervision sessions and appraisals, this meant that staff had the skills and knowledge to meet the needs of people.

People were assisted to access healthcare services when required. Care plans were sufficiently detailed and reflected people's wishes and preferences. The service organised various activities and this meant that people were not at risk from social isolation.

Interactions between staff and people were caring, staff knew people well and treat them as individuals.

There was a clear staff structure and positive team culture. People, staff and relatives spoke positively about the registered manager.

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

Further information is in the detailed findings below

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

MHA Care at Home - Alexander 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 comprehensive inspection took place on 03 October 2018 and was announced. The provider was given 48 hours' notice because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection.

Our team consisted of one inspector and one 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.

Before the inspection we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

We reviewed records including: the programme of medication records, four care plans, three staff recruitment and training files and other information relating to the management of the service including quality audits. We observed interactions between staff and people using the service.

We spoke with 13 people using the service and five relatives. We contacted professionals both before and after our inspection, however we did not receive any responses. We spoke with the registered manager, one senior and three care staff.

Is the service safe?

Our findings

The service remained safe.

People were kept safe from potential harm or abuse as staff were clear about how to protect people. Staff received safeguarding training and told us confidently what actions they would take if abuse was witnessed or suspected. Comments from staff included, "Our role is to make sure that everyone is safe, that there is no abuse going on." Comments from people included, "I feel safe here because I couldn't look after myself and staff here understand my awful condition." Awareness of fraudulent activity had prompted the service to arrange a visit from a local bank to raise awareness of scams being operated and actions that people could take to remain safe. There had been no recent safeguarding incidents. Policies and procedures were in place so staff had clear guidance to follow.

Risk assessments were completed and people's safety was monitored. For example, falls risk assessments considered the types of medicines a person was taking which could affect their balance, for example. Any hearing and sight impairment was considered and if the person could report falls that occurred unwitnessed. Actions were taken as required, including urine samples being taken and medical advice being sought. When an accident or incident occurred, this would trigger the registered manager to review all accident and incident records to ensure that there were no themes or patterns occurring. This meant that people were supported to stay safe.

There were enough suitably qualified staff available to meet the needs of people. The staffing levels were determined by the hours of personal care required and the needs of people receiving care. Staff told us that calls were completed on time and that they never felt rushed to finish calls early. Comments from staff included, "If people aren't happy, we'll sit and talk to them and take time out, even if they don't have a planned visit."

The service ensured that medicines and creams were managed safely. There were medicines risk assessments in place and records of administration were completed correctly. When a cream was opened, the date was recorded on the container in line with guidance. When a cream is opened, this can affect the expiry date and should not be used. When medicines errors occurred, the service took corrective actions. For example, when a staff member administered an incorrect dose, they were required to retake medicines training and were observed on two occasions to ensure their competency.

The measures taken to prevent infection protected people. Staff received infection control training and the registered manager told us that staff were expected to change their personal protective equipment between each task. We saw that gloves and aprons were available and staff were encouraged to access them when needed. There was hand washing guidance displayed on the walls and we observed staff washing their hands at appropriate times. When required, the service worked with people to improve the prevention and control of infection, for example introducing a wipeable mattress.

Is the service effective?

Our findings

The service remained effective.

Staff worked in partnership with external healthcare professionals to achieve good outcomes for people. For example, we saw evidence that the service had recently worked with a professional when a person living with dementia began having trouble getting dressed. The service implemented changes and this meant that the person could continue accessing the community. One person said, "GP available, I see the chiropodist every 6 weeks."

Care was delivered in line with legislation and guidance to protect people's rights. For example, staff could describe the principles of the Mental Capacity Act (MCA) 2005 confidently and accurately. One staff member said, "Everybody has the right to make a decision." When required, mental capacity assessments were completed in line with the MCA and best interest decisions were made with friends and relatives where appropriate. This meant that people could live as independently as possible.

People's consent was gained when necessary and was recorded in their care plan for example, if people consented to having their photograph taken and who they would like their information shared with. One relative said, "Very good at managing the right to choose. He may not choose to have a shower some days and the carers take his wishes in to account. He does what he chooses and they encourage that."

Staff received regular and varied training. An induction programme was completed with all new staff and this was undertaken in line with the Care Certificate. The Care Certificate is a set of 15 standards that helps people who are new to care learn the basic skills and knowledge required to be effective. Training was delivered using various methods, including e-learning and practical sessions. Comments from staff included, "We all know what we are doing."

People were supported to eat and drink sufficient for their needs. People's care plans included a detailed food and drink assessment, this contained details about the person's likes and dislikes, the level of support needed to prepare food and drink and details of medicines that may affect appetite. Comments from people included, "If I don't want to go to the Bistro [the café in the housing complex] staff will bring my dinner to my room, only have to ask." The service had recently identified that a person was losing weight, a referral was made to the GP and after successful treatment the person was now gaining weight.

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Equality, diversity and human rights were considered so staff had information about treating people equally.

There was an equality and diversity policy available and it included details of the types of discriminatory behaviours that were not acceptable alongside links and references where further information could be found. The service had made publications available that offered lesbian, gay, bisexual and transgender and people living with dementia advice, guidance and contact details of suitable organisations that offered support.

Is the service caring?

Our findings

The service remained caring.

People's dignity and privacy was respected. Staff knocked on people's doors before entering their homes and made the person aware of which staff member it was. A 'dignified care' audit was used to check that people's privacy, dignity and respect was considered while they were receiving support. Comments from relatives included, "Before Mum moved, she was depressed, isolated and withdrawn. Now she loves the sense of dignity life here gives her."

People and their relatives told us that they were treated kindly. Comments from people included, "Enough staff to help you if you need it- a caring place", and, "Care is brilliant – can't fault it!". We observed many caring interactions between staff and people, this included people being spoken with in ways that helped them to better communicate. For example, we observed one staff member changing the tone of their voice and speaking more slowly when speaking with one person.

People were supported to maintain their independence. Care plans were written in a way that encouraged staff to support people to make their own choices, for example one care plan read, "Staff to assist [person's name] to get dressed into clothes of his choosing." Comments from staff included, "We are not restricting people, we encourage people to do what they want" and, "We help people choose what they want to wear."

People were offered the opportunity to express their views about the service they received. Regular questionnaires were sent to people, meetings with people and staff were held, the service circulated the minutes of the meetings to people and placed a copy in the reception area.

We reviewed the compliments folder and there were many compliments that had been received from people, their relatives and visitors. Comments from relatives included, "I just want to say how very much we appreciate all the support that you, and your team are giving us", and from people included, "The help provided.... was exceptional."

Is the service responsive?

Our findings

The service remained responsive.

People received care that was personalised to meet their needs. For example, when people required assistance with bathing, this included the exact temperatures that people would like their bath water and detailed the level of assistance required. One care plan we reviewed had a picture of how the person liked to have their bed made, including the positioning of cushions and a soft toy.

People's care plans contained important details about their life history, what was important to them and detailed the level of support the person required, for example the medicines assessment considered, "What you are able to do and what support is needed."

The service arranged events so that people were less at risk from social isolation. For example, a film night was held every two weeks, volunteers visited to facilitate exercise sessions and people's birthdays and other significant events were celebrated with friends and relatives.

People were supported to have a comfortable, dignified and pain-free death. Considerations were recorded about clothes preferences, music choices and messages that people wished for staff to pass on to relatives when a person had passed away. When one person's needs had changed towards the end of their life, staff received Percutaneous Endoscopic Gastrostomy (PEG) feeding training. This meant that the person could remain being cared for by staff at MHA Care at Home - Alexander Branch and remain in their own home, according to their wishes.

The service had recently worked in partnership with a local University to undertake a study that aimed to better understand what care providers could do to promote people's well-being and what people could do to promote their own well-being.

There were no recent complaints recorded and people told us that they could approach the registered manager if required. For example, one person said, "If I get worried I can talk to the staff. I see the manager every day, could talk to them anytime". The complaints procedure was displayed in the reception area.

Is the service well-led?

Our findings

The service remained good.

A registered manager was in post. 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.

People, staff and relatives spoke positively about the registered manager. Comments from staff included, "I've had support from day one, [registered manager's name] is very supportive, always there for you" and, people said, "The (registered) manager is a very good manager. Very well managed. Any problems I can talk to the manager."

The service used a paper based system to inform staff who they would be visiting, the lengths and times of the visits, including details about the levels of support the person required. There was potential to develop the system to make reviewing missed or late visits more effective, which we discussed with the registered manager. Comments from people and staff regarding the times that visits were completed were positive. For example, comments from staff included, "There is never a missed visit" and one person said, "Carers bring in my tablets same time every day, very good."

The service had built links with the local community. For example, people visited a local Church. We observed volunteers leading an exercise session during our inspection and local businesses were invited to set up clothes and gift shops at the service.

The achievements of people and staff were recognised. For example, a tea party recently celebrated the length of time a person had been working at the service and there were postcards available for staff to write positive messages to their colleagues. The service had recently been nominated for two awards across the wider organisation.

There was a positive culture and care was delivered in a person-centred way. Comments from staff included, "We work so hard, we are here for them [referring to people who used the service]" and people said, "She loves the carers dropping in, never finds it intrusive as the tone is just right."

Meetings occurred regularly and offered people and staff the opportunity to discuss issues they considered important. One person said, "There are regular tenants' meetings, [person's name] takes notes. We get updates on any suggestion."

We saw evidence that the service learnt lessons and worked to improve the service. For example, when a person began experiencing an increased number of falls, the service supported the person to change the layout of their furniture in their home. This resulted in the number of falls they had experienced, decreasing.

There was a clear staffing structure, two senior care staff and care staff supported the registered manager. Staff were supported to carry out their role. We saw that regular supervision sessions, observations and appraisals were completed with staff to ensure that they had the correct skills to care for people safely. One staff member said, "We get our appraisals and one to ones" and, "I have regular supervision and appraisal."