

Methodist Homes

MHA Care at Home - Wesley Branch

Inspection report

Pilgrims Court
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29 August 2018

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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

This inspection took place on 21 and 29 August 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

This service is a domiciliary care agency. It provides personal care to older people living in their own flats within the Pilgrims Court complex.

Not everyone using MHA Care at Home – Wesley Branch receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

On the days of our inspection there were 45 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in December 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at the service.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

MHA Care at Home - Wesley Branch

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 29 August 2018 and was unannounced. One adult social care inspector carried out the inspection.

Inspection site visit activity started on 21 August and ended on 29 August 2018. It included a visit to the provider's office on both these dates to speak with the registered manager and office staff; and to review care records and policies and procedures.

During our inspection we spoke with four people who used the service and two family members. In addition to the registered manager, we also spoke with three members of staff. We looked at the care records of four people who used the service and the personnel files for one new member of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including local authority commissioners and safeguarding staff.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. People we spoke with told us they felt safe. They said, "I feel safe living here. I like someone to be here if I'm in the shower", "There's always someone I can call day and night" and "I feel safe. I have a pendant to call for assistance." Family members told us, "All the safety aspects are considered", "If you pull the chord, they [staff] come quickly" and "[Name]'s felt very safe and secure here."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service and were reviewed monthly. Staff, people who used the service and family members did not raise any concerns regarding staffing levels at the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. People who used the service were involved in the recruitment of new staff.

Accidents and incidents were appropriately recorded and any lessons learned were identified and disseminated to staff to reduce the risk of a recurrence.

Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place controls to prevent accidents from occurring.

Regular checks were carried out to keep people safe. For example, health and safety, fire safety and checks of the premises. The provider had procedures in place for the prevention and control of infections.

There had not been any safeguarding related incidents at the service. The provider's safeguarding policy was on display, the registered manager understood their responsibility to safeguard vulnerable adults, and staff had received appropriate training.

We found appropriate arrangements continued to be in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "The staff are so cheerful, nothing upsets them", "I'm really happy with the staff" and "[Staff] have a willingness and cheerfulness to do anything." A family member told us, "They [staff] are very supportive, not just of the resident but family members as well."

Staff were supported in their role and received regular supervisions and an annual appraisal. The registered manager monitored compliance with training and staff received training appropriate to their role. Additional training was provided to staff in anticipation of people's changing needs. For example, training in Parkinson's disease and end of life care. The registered manager told us staff "always seek as individuals, as well as a team to improve, and try to become the best that they can be".

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs as necessary. Where dietitians had been involved, we saw their guidance was included in the care records.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection. People's mental health needs were recorded, including their capacity to make decisions. Consent was clearly recorded and signed by the person or their representative, including consent for photography and giving access to care records.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records were up to date and showed the person who used the service had been involved in the decision-making process.

People were supported with their health care needs. A family member told us, "Liaising with district nurses and the GP has all worked well" and "We needed to chase up the district nurse and [staff member] did it this morning, very efficient."

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People who used the service told us, "Staff are so kind and good humoured. They do treat me with respect" and "I ask and they always say yes, yes." Family members told us, "They are kind and loving. All of them have been the same", "The staff have been angels" and "They are very supportive, not just of the resident but family members as well."

The registered manager told us the staff team had a "passion for care" and went the "extra mile". They also told us staff "respect every resident, family members, friends as well as each other as unique individuals, treating everyone with the dignity they wish for themselves". They provided an example of when during the bad weather earlier in the year, staff stayed in the guest room overnight to ensure care delivery was not interrupted. They also told us one member of staff came in every Christmas Day, whether on duty or not, to organise a Christmas tea.

People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

Staff respected people's privacy. We observed them knocking on the doors of flats and introducing themselves before entering. Care records described how people wanted staff to respect their dignity. For example, "[Name] prefers showers and to use shower gel to get washed" and "[Name] will only allow male staff to shave him." This demonstrated the provider promoted dignified and respectful care practices to staff.

People were supported to remain as independent as possible but where support was required from staff, this was clearly recorded. For example, "[Name] feels much more reassured when a member of staff are with her just for general support", "No assistance needed, [washing] carried out independently" and "[Staff] prompt and assist with brushing teeth."

People's communication support needs were recorded and these described how people were given information in a way they could understand and the level of support they required with their individual communication needs. Where people had made specific choices, these were documented in their care records. For example, whether they preferred male or female staff.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. People's care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Care records we looked at were regularly reviewed and evaluated. Records included important information about the person, such as next of kin, medical history and details of their personal background, family and friends, and interests. We saw these had been written in consultation with the person who used the service and their family members. A family member told us, "The care plans are changed appropriately, I'm involved with these. It's a two way thing."

The service was responsive to people's changing needs. For example, one person was having mobility difficulties and with their permission, staff discussed the person's changing needs with their social worker. As a result, a specially commissioned wheelchair was ordered to ensure the person still had access to the community.

Support plans were in place and included personal care, bathing, dressing, continence, mobility, nutrition, skin care and mental health. These included information for staff on how to meet people's individual needs.

People's future wishes were recorded, which described their preferences for their end of life care, who they wanted to be contacted and their funeral arrangements. All staff had completed the provider's 'final lap' end of life training and a chaplain was employed on the staff team. The registered manager told us how they supported people with end of life needs and where possible, supported the person to remain at the service during this time.

Daily records were maintained for each person who used the service. Handover meetings took place where people's care needs were discussed and handover sheets were completed. A family member told us, "There's good communication. Handovers are good. Whoever's coming on knows what's going on."

We found the provider protected people from social isolation. Trips were organised to local shopping centres, entertainment venues and other local attractions. Volunteers visited the service to support with coffee mornings and other events. Regular group activities took place such as 'craft and chatter', and 'knitter and natter' sessions, and gardening. The provider had in place an initiative called 'Seize the day' which facilitated personal and memorable opportunities and activities for people who used the service. This could be a specific event or activity, or to visit a location that held special memories.

The provider had an effective complaints policy and procedure in place, and we saw complaints had been dealt with appropriately. A person who used the service told us, "If anything crops up, it is dealt with straight away."

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since November 2012. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us they had nominated the staff team for an internal award. This was due to the support they provided the registered manager, ensuring they provided a "first class service to our residents". They told us, "Nothing is too much bother for them [staff]."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community, particularly local churches. A local church singing group visited the service once per month. A church service was held every Sunday, with visits from ministers from the local churches. The registered manager told us at the 'craft and chatter' sessions, people made hats and scarves for the homeless, and blankets for the local hospital premature baby unit. People who used the service and staff were active members of the local Dementia Action Alliance group.

The service had a positive culture that was person centred and inclusive. The registered manager told us, "A lot of the service is resident led" and "We promote residents to make decisions for themselves". People who used the service told us, "The manager's door is always open. You can go to her at any time" and "I take part in the running of the home. I arrange the flowers, notice boards and the magazines." A family member told us, "Everyone goes the extra mile." Staff we spoke with felt supported by the management team.

The provider continued to have an effective quality assurance process in place. Quarterly audits of the service and an annual quality assessment took place. The registered manager maintained an annual planner that was used to ensure audits and quality assurance checks were up to date. Audits included medication, health and safety, infection control, and food safety.

Regular surveys were carried out where people could provide feedback on the quality of the service. Where any issues were identified, action plans were in place. A 'Manager's newsletter' was delivered to all the people who lived at the complex to keep them up to date with what was happening at the service.

Staff meetings took place regularly and staff completed surveys, which provided feedback to the registered manager on things that were done well and whether there were any areas that required improvement.