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# Medihands Healthcare

## 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 Healthcare provides accommodation and personal care for up to 17 adults with mental health needs. At the time of the inspection there were 17 people using the service, only 2 people who used the service received help with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found  
people using the service were happy and told us they felt safe living there.

The provider had acted upon the breaches we found at the last inspection in relation to managing risk, premises and equipment, staffing and good governance.

The service employed enough staff to support people and there were robust recruitment checks in place. Medicines were administered safely by staff who had received the appropriate training to do so. Staff followed infection control guidance and the home environment was clean.

Risks to people, including those in relation to smoking and emergency evacuation plans had been updated recently.

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.

Staff received regular training and supervision which allowed them to support people effectively.

The home had undergone extensive refurbishment since the last inspection, these included new fire compliant doors, a new lounge with improved seating and lighting and accessible flooring and bathroom facilities.

People received appropriate support in relation to their diet and nutrition, including religious needs. Their healthcare needs continued to be met by the provider.

Feedback from people was that the service was well-led. There was warm atmosphere in the home and we noted some pleasant interaction between people and staff. The provider undertook a number of checks which helped to assure themselves that the quality of service was good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 03 November 2021) and there were breaches of regulation in relation to safe care and treatment, premises and equipment, staffing and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made in relation to the breaches and the provider was no longer in breach of these regulations.

### Why we inspected

This inspection was carried out to look at improvements against the breaches found at the previous inspection. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good based on the findings of this inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Medihands Healthcare on our website at [www.cqc.org.uk](http://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 effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Medihands Healthcare

## 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.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service. We spoke with the registered manager, the deputy manager, the premises manager and 2 care workers.

We reviewed a range of records. This included 2 care records, 4 staff files in relation to their recruitment, training and support, and medicines records. A variety of other records relating to the overall management and governance of the service were also looked at.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found although risks to people who smoked in their bedrooms were assessed and reviewed, management plans did not contain sufficient information on managing the identified risk in relation to smoking in bedrooms. We also found Personal Emergency Evacuation Plans (also known as a PEEPS) had not been reviewed since 2018 and were not readily available to staff in case of an emergency situation. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way the provider identified, managed and monitored risk. This meant the provider was no longer in breach of regulation 12.

- The provider had assessed and reviewed risks to people, including in relation to smoking in their bedrooms. These included management plans to reduce the risk and to keep people as safe as possible.
- PEEPs had all been reviewed since the last inspection and the provider had made them available in a grab bag in the main office that was accessible to staff in the event of an emergency.
- Risk assessments included assessing and managing risk around behaviour that could be seen as challenging, self-harm, self-neglect and other areas that were specific to each individual person. Staff we spoke with were aware of the risk to people and how they would support the to keep them as safe as possible.

### Staffing and recruitment

- The provider operated robust recruitment checks when taking on new staff. This helped to ensure their suitability for the role.
- Staff files included checks on staff's right to work in the UK, proof of identity, previous employment and references. People's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs, including taking them out into the community. The registered manager told us they often called extra staff to come in to support people for any visits, such as health appointments. This was reflected in the feedback we received from staff and people using the service.

### Using medicines safely

- People were supported to take their medicines in a safe way.
- Care plans included medicine consent forms that people had signed, indicating their agreement for staff

to support them with their medicines.

- Care workers completed medicines records when they administered medicines to people. These were filled out correctly.
- When people's medicines changed, medicines review forms were completed which documented the reason for the change. The provider also recorded any instances where people had refused their medicines and when medicines that were administered 'as needed' were given to people.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse and neglect.
- People using the service told us they felt safe living at the home.
- Records showed that staff had received training in safeguarding adults. They were aware of what steps they would take if they were concerned about people's safety and the reporting procedures.
- The registered manager confirmed there were no safeguarding concerns at the present time.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured staff was using personal protective equipment (PPE) effectively and safely.
- We were assured staff had received up to date infection prevention and control and PPE training.

Learning lessons when things go wrong

- The provider had systems in place to document any incidents and accidents that took place. This helped to ensure that any actions for improvement could be identified and implemented.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has changed 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 found staff did not receive regular, formal recorded supervision with their line manager. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in this area. This meant the provider was no longer in breach of regulation 18.

- Staff received appropriate training and support. This meant they were able to care for people effectively.
- Staff files included records supervisions that care workers received since the last inspection. These were carried out on a regular basis and meant that staff were given an opportunity to discuss any issues that were relevant to them, such as their performance and any training needs.
- At the last inspection, we made a recommendation to the provider to carry out and retain competency assessments to evidence staff learning and understanding. At this inspection, we found the provider had acted on this and had introduced competency assessments in relation to medicines training and also to assure themselves that staff understood the training they received as part of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed training that was relevant to their role and included, moving and handling, medicines, handling violence and aggression and consent.

### Adapting service, design, decoration to meet people's needs

At our last inspection we found the home's interior was sub-standard and needed updating. The flooring was uneven in places, there were leaking pipes which was causing some damp issues in walls. The main lounge used for socialising did not meet people's emotional support needs and some fire-resistant doors were fitted with faulty release mechanisms. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in this area. This meant the provider was no longer in breach of regulation 15.

- The provider had made a number of improvements to the environment, some of which were still ongoing at the time of the inspection.

- The provider had installed new fire doors throughout the home, all with working door release mechanisms.
- The main lounge had been fully refurbished with new seating arrangements, flooring and LED lighting. This made the environment more personal and a safe space for people to spend time in.
- New flooring had been installed throughout the home, including parts of the first floor.
- The bathrooms had been refurbished to make them more accessible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider confirmed that none of the people using the service were under a DoLS.
- People told us that their consent was sought by the care workers, we saw this in practice during the inspection where staff sought people's consent when administering medicines.
- People told us they were free to come and go as they pleased, but told staff where they were going for safety purposes.

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

- There were systems to assess people's needs and choices when they first began to use the service.
- Pre-admission documents were included which included an assessment of people's needs and other records such as their observations, their prescribed medicines and other information such as any food preferences. This helped to ensure their needs could be met.
- Records from commissioning bodies or previous placements were also included so the provider had all the relevant information needed to support people.

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

- People told us they enjoyed the food at the home.
- There was a menu in place, which was developed in consultation with people using the service. A comments book was also available and people provided feedback about the food on offer on a daily basis. The comments we reviewed were all complimentary about the food on offer to people.
- People's religious needs were respected. These preferences were recorded on people's care plans and people were provided with appropriate food which was stored and cooked separately.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's ongoing health and support care needs, including their mental health were met.
- There was evidence of external healthcare professional's involvement in people's care, including from local mental health teams.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the provider's governance processes were not robust in identifying the breaches found at the last inspection with regards to safe care and treatment, staffing and the premises. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in this area. This meant the provider was no longer in breach of regulation 17.

- The provider had acted upon the breaches we found previously and made improvements to the service.
- The risk assessments for people had been reviewed and updated.
- The provider had made changes to the training provision, such as introducing robust competency assessments to assure itself that staff had the relevant skills and knowledge to support people effectively.
- Extensive work had been done to the environment to make it fit for purpose and a more welcoming place for people using the service.
- Audits were completed to ensure the environment continued to be a safe space. These included health and safety checks, such as kitchen and bathroom cleaning records, daily and weekly fire safety checks and electrical safety.
- The home's current food hygiene rating was the highest available score, 5. This was carried out in March 2022. The food hygiene rating reflects the standards of food hygiene found on the date of the inspection by the local authority.
- An internal quality assurance check that was recently completed looking at areas such as incidents & accidents, safeguarding, complaints and other areas. Each area was scored using The Red/Amber/Green (RAG) classification. We found that actions for areas that were scored amber and minor areas of improvement were not always clearly identified. We raised this with the provider who told us they would ensure this was done in future. We were reassured by their response.
- Medicines records and daily notes were completed by support workers were checked by managers on a regular basis for accuracy.
- Communication and daily logs that care workers completed were checked by managers to confirm that all the required tasks and records were completed.

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

outcomes for people; 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

- There was a relaxed, friendly atmosphere in the home. People and staff were comfortable in each other's company and we observed some pleasant interaction between them.
- People and staff were equally complementary about the management style of the registered manager and the deputy managers within the home.
- The service's current CQC inspection report and rating were displayed in the home. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The provider had systems in place to seek the views of people using the service and staff.
- The provider sought regular feedback from people about the menu and food choices on offer.
- Resident meetings were held and people were asked for their views and provide feedback to the provider.
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- The provider also engaged with staff through supervision and team meetings. Topics that were discussed in team meetings included rotas, record keeping, training provision and issues related to people using the service.

Working in partnership with others

- The provider worked with other agencies and bodies. This was evidenced through records we saw during the inspection.
- The local authority had conducted a quality assurance visit during which there were no concerns or issues raised about the service provision.