

Methodist Homes

MHA Care at Home - Wesley Branch

Inspection report

Pilgrims Court
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Date of inspection visit:
27 November 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

MHA Care at Home – Wesley Branch is an extra care service. The service provides personal care to older people who live in their own apartments in a modern building. At the time of our inspection there were 12 people using the service.

Not everyone who used the service received personal care. 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

The provider's quality assurance system was not always effective and had not led to actions to improve the service or mitigate risks. Audits did not always identify shortfalls and where they did, actions were not always completed.

Medicine records were not always completed in line with the provider's policy and did not accurately reflect medicine administered. Staff told us they had raised concerns with management about the safe management of medicines. Staff were unsure what had happened as a result of those concerns.

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. However, the policies and systems in the service did not always support this practice. For example, we found conflicting information regarding Lasting Power of Attorney in people's care and support records.

People felt positive about the care they received and felt the staff were friendly and kind. They told us they felt safe and were looked after by a consistent team of people. They told us the registered manager was very approachable and responded to concerns or queries in a prompt and efficient manner.

Staff told us this was a positive place to work and they felt supported by their colleagues and the registered manager was approachable and they could speak up if they needed to. Staff had training, including safeguarding and felt they had the skills and abilities to keep people safe. There were enough staff to support the people living there.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 October 2018).

Why we inspected

We carried out this inspection due to the length of time since the last inspection.

This report only covers our findings in relation to the key questions Safe and Well-led. 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 from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MHA Care at Home – Wesley Branch on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and effective governance at this inspection.

We have made recommendations in the safe key questions in relation to the Mental Capacity Act. Please see these sections for further details.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

MHA Care at Home - Wesley Branch

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and 1 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

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 November 2023 and ended on 7 December 2023. We visited the location's service on 27 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we received from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who uses the service and 2 relatives. We spoke with 4 staff, including 3 care staff and the registered manager. We reviewed a range of records. This included 3 people's care records including medicine records. We looked at 2 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, risk assessments and policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Records relating to medicines management were not accurate and were not completed in line with the provider's policy. For example, we found gaps in the recording on medicines administration charts and they were not always signed by the person administering the medicine.
- Incorrect codes had been used when medicines were refused by the person. The reason for the refusal was not always documented and did not always correspond with information included in the daily notes.
- Some staff told us they had raised concerns with management about the way medicines were managed, for example, medicines not being locked away when they should be. Staff were unsure what had happened as a result of their concerns.
- Medicine administration records did not always show when medicines had been discontinued which increased the risk of medicine errors.

We found no evidence that people had been significantly harmed. However, risks relating to the safe administration of medicines were not always effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines were administered by staff who had received training in medicine management.
- Family members told us they had no concerns about the way medicines were managed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff were working within the principles of the MCA. However, care and support plans documented conflicting information regarding relative's legal status.
- Family members had signed care plans on behalf of people without evidence they had the correct legal authorisations to do so.

We recommend the provider reviews their systems and processes recording information in relation to MCA to ensure decisions are made in line with legal frameworks and by those who have the correct authorisations in place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Overall, risks to people were managed safely in the service. They had been appropriately assessed and documented within their care plans
- The provider had an electronic system in place for staff to report accidents and incidents.
- Risk analysis was completed for tasks in the home such as preparing meals and moving furniture.
- A system for the analysis of risks was in place and we saw evidence of lessons learnt and action planning as a result of this.
- Staff and people felt able to report concerns to the registered manager.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who used the service.
- Staff and managers understood their responsibility to safeguard people. Any potential concerns were reported appropriately.
- Staff received safeguarding training and felt this provided them with the skills and information they needed to keep people safe.
- People and relatives said they felt safe living in the service. One person told us, "Yes I feel safe and they are very kind – kindness and friendliness is a trademark of this place."

Staffing and recruitment

- Overall, there was enough staff to meet the needs of the people.
- Staffing needs were monitored by the registered manager with a system in place to arrange additional support in times of staffing pressures. During periods of sickness, the registered manager supported by providing care herself.
- Overall, staff were recruited safely. The provider had recruitment processes in place. We found some evidence of gaps in employment histories, however. This issue was raised with the registered manager during the inspection, and she took immediate action to rectify this.
- People were supported by a regular team of staff. One family member told us, "Yes that's what I like about MHA, mum knows them, and they know her."

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The provider had quality assurance systems to monitor and improve the quality of the service. However, they had not been fully implemented. Identified actions had not been reviewed and signed off by the provider for completeness. For example, we reviewed audits and spot checks where actions had been identified, however, they were not signed and dated to say the actions had been completed.
- Medicine audits were not always effective at identifying shortfalls. Additionally, audits were not always signed off by the registered manager and senior management in line with the provider's process.

The provider's governance systems were not always effective and actions had not always been completed to ensure improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their regulatory responsibilities and notified CQC of significant events.

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

- We observed a friendly, open and positive culture where people's independence was respected and supported.
- People and their families were involved in planning their care. One family member told us, "I was involved in mum's care plan."
- People, their families and staff told us they felt the registered manager and staff were approachable and helpful. One family member told us, "If there are any queries about anything they are on it and they sort it out. Minor changes I ask for they get done. They are very responsive."
- The provider's values were displayed around staff areas and staff were committed to supporting them.

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

- The provider had an up-to-date Duty of Candour policy in place.
- The registered manager understood their responsibilities under the Duty of Candour to support an open, honest and transparent culture and demonstrated these values during the inspection.

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

characteristic

- Staff meetings were taking place, and a record was kept for those who could not attend.
- A handover meeting took place every morning to communicate important information to staff coming on shift.
- Feedback was sought from people at care plan reviews and resident's meetings.
- The provider obtained feedback from people and their families via questionnaires. One person told us, "Mum gets them [questionnaires] as well which we have done together."
- Supervision records captured the views of staff members working in the service and staff told us they felt able to speak up if they had a concern or disagreed with something.

Working in partnership with others

- Care and support records demonstrated staff worked in collaboration with other health and social care professionals to support the people who used the service.
- A chaplain was available to provide pastoral and spiritual support to people who wanted this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes to ensure the proper and safe management of medicines were not fully implemented or effective. Regulation 12(2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess, monitor and improve the quality and safety of the service were not fully implemented. Quality assurance processes did not always result in corrective actions or improvement. Regulation 17(1)(2)