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Medihands Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

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 16 people using the service.

People's experience of using this service and what we found

People were positive and happy with care they received and said they felt safe living at the service. We found that their care needs were met by the provider through good care planning and support.

Despite the positive feedback, we found some areas of concern. We found the décor of the home needed updating and there were some areas within the home that could compromise the safety of people. Some of the risks in relation to fire safety for individual people had not been fully completed and their evacuation plans had not been reviewed in over a year.

Although there were governance procedures in place, these did not always identify the areas of concern we found at the inspection.

The provider assessed risk in relations to people care needs, including their mental health. There were appropriate recruitment checks in place and there were enough staff employed to keep people safe. People were supported to take their medicines and the provider had effective infection control procedures in place, including those in relation to COVID-19.

Staff received an induction to the service and completed mandatory training, however staff supervision had not been completed on a regular basis.

People were supported by staff in relation to their healthcare and their dietary and nutrition needs.

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.

People told us they were treated with respect and dignity. Staff demonstrated a caring attitude towards people.

Care plans were reviewed on a regular basis and people were supported to access the community to avoid social isolation. People told us they knew who to speak with if they were unhappy.

Some aspects of the service were well managed. The registered manager was approachable and worked with local partners to ensure peoples received the appropriate support.

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 3 May 2018).

Why we inspected

The inspection was part of a thematic review looking at a sample of services rated Good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing, the premises and good governance at this inspection. We have also made two recommendations to the provider to carry out competency checks to assure themselves that staff have the appropriate skills to carry out their duties and to gather feedback from relatives and healthcare professional on a more formal basis. Please see the action we have told the provider to take at the end of this report.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced, the second day was announced.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

We did not ask the provider to complete 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.

During the inspection

We spoke with the two people using the service, the registered manager, the deputy manager, the premises manager and two care workers.

We reviewed a range of records. This included three care records and four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We spoke with two relatives of people using the service and received feedback from two healthcare professionals.

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 Good. At this inspection, this key question has deteriorated 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.

Assessing risk, safety monitoring and management

- The provider had completed individual fire risk assessments for people, including where people smoked in their rooms which we saw on both days of the inspection. These had not been fully completed, as although they identified the risks involved there was no action plan or measures included to manage the risks.
- The purpose of a Personal Emergency Evacuation Plan (also known as a PEEP) is to provide people who cannot get themselves out of a building unaided with the best possible escape plan in an emergency. Although PEEPS were in place, some of them had not been reviewed since 2018. The PEEPS were also not readily available on the day of the inspection. These need to be readily available to staff in case of an emergency situation.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at increased risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk in relation to people's physical and mental health needs were reviewed on a regular basis, including when there were any changes which could potentially affect these. These included a crisis plan for managing people's mental health when it deteriorated.
- The provider ensured some of risks in relation to the environment were assessed for safety. We saw current certificates for electrical installation, gas safety, fire extinguishers, fire alarm system and emergency lighting. A Legionella test was recently completed in June 2021 and daily and weekly fire safety checks were carried out.

Staffing and recruitment

- There were enough staff employed to meet the needs of people using the service. Staff rotas showed there were three or four support workers during the day and one sleep-in support worker at night. People we spoke with felt there were enough staff employed to meet people's needs.
- Staff files were fully completed, usually containing one professional and one personal reference. Application forms were completed with a full employment history.
- The provider had completed Disclosure and Barring service (DBS) checks for all staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. This meant that staff were safe to work with people.

Using medicines safely

- People received their medicines as prescribed in a safe way from staff.
- Medicine Administration Records (MAR) were completed for people, and these were checked against the stock balances of medicines and were found to be correct.
- Care plans included a medicines consent form and details of people's prescribed medicines.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People told us they felt safe living at Medihands Healthcare, they told us, "I feel safe, they all look after me" and "Yes, I feel safe."
- Staff were aware of what steps to take if they were concerned about people's safety or felt they were at risk of harm or abuse. Comments included, "Safeguarding is to make sure residents are safe. If they come and speak to me, I would listen and speak to [the managers] to alert the authorities."
- There was one current safeguarding concern within the home. The registered manager demonstrated that the appropriate steps had been taken in response to this, alerting the local authority and updating the necessary risk assessments to ensure the person at risk was kept as safe as possible.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors to the service had their temperature taken and asked if they had recently displayed symptoms of COVID-19.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents and other events that occurred such as complaints and safeguarding were recorded. These were shared with staff to try and prevent them from happening in future.

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 Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The homes interior was sub-standard and needed updating. There was refurbishment work taking place to update the bathrooms within the home and modernise them.
- On the first day of the inspection we identified some areas of concern in relation to the environment. We noticed water leaking onto the partition wall outside the bathroom and the flooring around this area was uneven. We also saw a step leading to a kitchen was loose and not fixed, this was a potential trip hazard. We raised these with the managers and, on the second day, saw they had contracted workmen to work on these issues.
- We identified some health and safety issues relating to the home's physical environment and maintenance in general including, fire safety equipment. For example, some fire-resistant doors were fitted with faulty release mechanisms. This meant these doors would not automatically close in the event of the fire alarm being activated, contrary to best fire safety practice.
- The pull chord for the light in the drying room was damaged. There were also a number of out of use pieces of equipment that were stored in a secondary lounge and boxes that were left in the hallway and in the main kitchen which were potential safety hazards.
- The main lounge used for socialising did not meet people's emotional support needs. All the sofas were turned facing the wall. Whilst the premises manager told us this was to encourage social distancing, the provider had not made any attempts to rearrange seating so as to provide an appropriate environment for people. The only place to sit was a small dining table. We saw one person sitting on a single chair in the lounge.
- Although the provider took prompt action when we raised some of these issues with them, the home would benefit from a more proactive approach to maintenance and general upkeep.

We found no evidence that people had been harmed however, the premises were not always suitable or properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Supervision records indicated that staff did not receive regular, formal recorded supervision with their line manager. One person's most recent supervision took place in May 2020, two staff had their last recorded supervision in November 2020, and a fourth had only received one supervision since October 2020.

We found no evidence that people had been harmed however, staff did not receive appropriate supervision

to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers were supported to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- Staff files contained certificates to evidence that standards of the Care Certificate had been completed. However, there was no record of competency assessments to evidence care worker understanding and learning of the standards. This was also the case with medicines training. We raised this with the registered manager during the inspection who said they would put this into practice.

We recommend the provider carries out and retains competency assessments to evidence staff learning and understanding. We will follow this up at the next planned inspection of the service.

- Induction training for new staff was completed in-house by the deputy manager and took place over a number of days and included an introduction to the service, and other training the provider considered mandatory. Staff handbooks were also issued to staff, providing guidance on a range of topics including safeguarding, health and safety, orientation to mental health, promoting independence, autonomy, inclusion, person-centred care and independent living skills.
- Records showed that staff received regular training in a range of topics that were relevant to their role, these included food safety, conflict resolution, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

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

- The provider completed a comprehensive admission report when people moved into the service, this helped to ensure the information received from the commissioning service was accurate and identified any additional support needs. This included an assessment of their health and care needs, and any risks in relation to their support needs.
- Care and support plans were developed during the first few weeks of people moving in, this meant that any relevant support needs were captured.

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

- We observed staff preparing lunch for people. People told us they enjoyed the food at the home. Although there was a menu in place, people told us they were offered a choice if they did not want the meal choice on offer. One person said, "The food here is OK, we do write it down – they cook the food and tell us, it is nice. It does change they always mix it up." Another said, "I get three meals a day, it's very good."
- Care plans included people's wishes and support needs in relation to their diet. For example, one person preferred a vegetarian diet, this was recorded in their care plan and they told us that staff respected their choice.
- People's religious needs were respected. For example, one person required a Halal diet and the provider purchased appropriate food for them and stored it separately.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Only one person was under some restrictions following a DoLS authorisation which had been appropriately sought, the provider was meeting these conditions.
- People using the service were free to leave the service and there were no restrictions in place to stop them from doing so. People confirmed they had keys to their bedrooms and to the main door and were free to come and go.
- The provider held best interest decision meetings involving people's families, and other professionals where people were not able to make decisions for themselves. This helped to ensure that any decisions made were in people's best interests.
- Staff told us they encouraged people to make decisions for themselves and sought their consent before supporting them. They were familiar with the MCA and its use. Comments included, "The MCA is to do with decision making, we would make choices on their behalf if they don't have capacity after speaking to other people such as relatives and the GP" and "If they refuse, it's their right to do so. They can decide to do something or not."

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. One person said, "We are registered with the GP and they help me, if I feel unwell I can go."
- Health care plans were in place, these included people's support needs and how staff could support them to manage their health.
- There was evidence of external healthcare professional's involvement in people's care, including from local mental health teams.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this Key Question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people to receive care in a way that met their diverse needs and treated them equally.
- There was a pleasant atmosphere in the home, people and staff were comfortable in each other's company. We received positive feedback from people and their relatives about the care provided. Comments received, included, "The staff treat me well", "I enjoy here, it's OK. They (staff) are friendly."
- Staff demonstrated a good understanding of person-centred care and what it meant when supporting people.
- Care plans included people's religious and cultural beliefs and how these could be met by staff.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt able to express their views and make decisions about the care and support they received. They told us that staff respected their choices.
- Care plans included details of people's wishes and their preferences in relation to their support needs.
- During the inspection we saw staff speaking to people in a respectful manner, asking them what they would like for lunch and supporting them appropriately. Staff told us they were aware of the need to respect people's choice. They gave us examples of times they had done this, "If they refuse medicines, we complete and sign the MAR chart with 'refuse', let [the deputy manager] know and she will follow up with the Doctor" and "We always ask before helping people. We try and encourage people but if they refuse we would respect that. We would never force them, it's wrong."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence and treated them with dignity.
- One person told us, "They try and make us be independent like washing our plates, giving us the tools to clean our rooms." Another said, "They give me a hand if I want to go out" and "They help me with my laundry."
- Staff told us they were conscious about protecting people's dignity and respecting their privacy when supporting them with personal care. They gave us examples of how they did this in practice such as asking them how they would like their personal care to be delivered.
- Staff told us they encouraged people to maintain their independence, especially in relation to aspects of their daily living. For example, there was a second kitchen which was used as by the occupational therapist to support people with their cooking skills. Staff told us, "If someone says can I cook, we would encourage them and just be there to supervise them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this Key Question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider completed pen portraits for each person which contained person centred information about people's likes and dislikes. The manager had also developed summarised care plans, providing staff with a snapshot of people's support needs.
- Care plans covered a number of areas of support that people needed such as with their mental health, physical health/mobility, medicines, personal hygiene, activities of daily living and behaviour that may present risk amongst others.
- Support plans included an identified area of support, the intended goal/outcome, and the staff interventions needed to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was nobody using the service at the time of the inspection with a disability, impairment or sensory loss that needed extra support in relation to their communication needs.
- People's care plans included a section about communication needs, where this information could be captured if necessary.
- Records were available in an easy read format, including the complaints policy and the menus in the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities and interests that were of interest to them.
- There was a weekly activities programme on display in the home. These included group activities but also workshops such as wellness programme and confidence building.
- People were encouraged to access educational resources and other community initiatives. One person told us, "I go to college – I'm trying to do computer science. I go to the gym, reading, cycling. I have a TV in my room, I'm usually quite busy." Another said, "I go out to the local shops, on the bus."
- One staff said, "Residents are independent, we encourage them to make their own lunches, they have keys to the front door we ask them to tell us when they are leaving the home."

End of Life Care

- There was nobody receiving end of life or palliative care at the time of the inspection.
- End of life care wishes were recorded and included in people's support plans. These included details about how people wished to be cared for towards the end of their life, including any religious or cultural considerations to be respected.

Improving care quality in response to complaints or concerns

- The complaints process was on display in the home and people told us they would not hesitate to raise an issue if they felt things needed addressing.
- People's concerns and complaints were explored during key worker meetings.
- There had been one formal complaint received in the past year, this was investigated by the provider, appropriate action taken and a response provided.

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 good. At this inspection, this key question has deteriorated 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

- We found that although the provider carried out governance and quality assurance checks, these were not robust in identifying the concerns we found during the inspection.
- The provider's governance and quality assurance checks included inspecting records and other evidence against the CQC Key Lines Of Enquiry. Each area inspected was given a red, amber or green rating depending on whether the provider was satisfied or not. These failed to identify the issues we found during the inspection
- A monthly home inspection audit/report was also completed looking at the physical environment, health and safety hazards, mental and physical health, care plans reviews and staff records. These failed to identify the health and safety issues we found during the inspection as reported on 'is the service effective?' section of this report.

The above identified issues are a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Cooked food was temperature checked to ensure it was cooked properly and records retained. Fridge temperatures, including those used to store medicines were also monitored to ensure they were suitable and in line with storage guidance.

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

- We were assured that there was a positive culture within the home. There was a pleasant atmosphere in the home and people's feedback about the care they received reflected this. Notices on display in the home reminded staff of 'Dignity Do's', how to care and treat people in a way that was respectful and person centred.
- Staff told us that both the deputy and the registered manager were very supportive and made themselves available to them if needed. We saw this in practice during the inspection, both people and staff approached the managers with any issues and they responded to them appropriately. Comments included, "I love it here, I enjoy the face to face contact", "I feel supported, [the deputy manager] is fantastic", "I really like it here, didn't realise would enjoy it as much" and "We have a very good team, we help each other."

- The provider's latest CQC inspection ratings were on display in the home.
- There was evidence that the provider responded when complaints were raised, writing to complainants following an investigation into the concerns raised.

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

- Tools to gather the views of people using the service were in place. A quality assurance feedback questionnaire was completed in July 2021. We analysed feedback from this which was positive.
- Key worker meetings were held between people using the service and their allocated key workers which provided them with an opportunity to raise any issues or provide feedback.
- Staff meetings were held every month and used to gather their feedback about a range of issues such as health and safety, training and the residents. A staff quality assurance feedback questionnaire was completed in June 2021, staff were asked for their feedback in relation to their job satisfaction and their roles. their response was positive.
- There were no recent quality assurance feedback questionnaires sent to relatives or to healthcare professionals.

We recommend the provider implements ways in which feedback from relatives and healthcare professionals could be collated to give more comprehensive feedback about the quality of service. We will follow this up at the next planned inspection of the service.

Working in partnership with others

- The provider worked with external agencies to support people using the service.
- Correspondence from healthcare professionals was included in care records. One healthcare professional told us, "I believe that residents needs are met, and they are well cared for and looked after. The service does keep me updated and their communication is good – they clearly want the best for the residents."

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of service users were not fully mitigated. Regulation 12 (2) (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment were not always suitable or properly maintained for the purpose for which they are being used. Regulation 15 (c) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Checks to assess, monitor and improve the quality to the service were not operated effectively. Regulation 17 (2) (a) (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not receive appropriate supervision. Regulation 18 (2) (a)

