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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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Medihands Healthcare provides accommodation and personal care for up to 17 adults with mental health needs. The care home is owned and managed by a private individual who has another care home in the local area, as well as an independent and supported living service. There were 15 people living at the home on the day we visited.

The home was based in two adjoining houses, linked by internal corridors. Bedrooms are all single occupancy with shared bathrooms on each floor. There are two main sitting rooms and one smaller room. Dining areas are in the sitting rooms and the conservatory. There was a kitchen and a training kitchen, where people could practice home skills.

At our last inspection in February 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Support plans continued to show staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified, management plans were in place. Records showed that incidents or accidents were thoroughly investigated and actions put in place to help avoid further occurrences.

We observed that there were sufficient numbers of qualified staff to support people and to meet their needs. The provider's staff recruitment process continued to help ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff continued to have the skills, experiences and a good understanding of how to meet people's needs. The provider had developed new ways for staff to learn and implement their training in practical ways.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. People are 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 support this practice.

Detailed records of the support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff, in a relaxed and friendly atmosphere. Staff respected people's privacy and dignity. People's needs were assessed and information from these assessments had been used to plan the support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The home continued to be well managed by the provider, registered and deputy managers. The provider had developed new ways to help staff understand the homes policies and procedures.

The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Medihands Healthcare

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 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 was a comprehensive inspection. The inspection took place on 20 March 2018 and was unannounced. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with six people who used the service. We also spoke with the provider, the registered manager, the deputy manager, a team leader and two care staff. We looked at a range of records including three staff files, three people's care plans and other records relating to the management of the home.

Is the service safe?

Our findings

People we spoke with commented they continued to be happy living at Medihands. Staff made people feel safe at the home by their reassurances and availability when needed. As in previous visits we could see that people got on well together and with staff and the provider. The atmosphere at Medihands was warm, friendly and relaxed. Staff were available to speak with people at any time.

The provider continued to protect people from abuse. Staff were aware of the signs of abuse and the actions they should take to report it. Records confirmed staff had received training in safeguarding adults. The provider was aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service continued to have up to date policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse.

People continued to be protected against risks. Risk assessments and care plans were updated regularly and were appropriate to meet a person's needs, including the management of behaviours that may challenge and travelling in the community. Management plans were in place for identified risks, which gave details of the risks and the preventative measures to take to help prevent an incident occurring.

We saw the provider continued to have appropriate arrangements to manage people's money to help protect them from financial abuse. Each person was responsible for their own money, which under a signed money management agreement could be kept securely within the home.

Records showed people continued to agree to a zero tolerance to violence agreement, which helped to keep everyone safe within the home.

The provider was refurbishing the home in stages and we saw that where new windows had been fitted or old ones refurbished some of the window safety retainers were insufficient to prevent a person falling from the window. We spoke with the provider about this and before we left on the first day, new retainers had been bought and the maintenance person was at the home checking on all the windows. This reassured us that the provider was taking action to help mitigate risks to people's health and safety.

At our previous inspection in February 2016 we found that people did not have personal emergency evacuation plans (PEEP's) but the provider was putting these in place. At this inspection we found comprehensive PEEP's were in place for everyone living at Medihands and a summary version was being developed to be given to the emergency service when necessary.

Fire drills and the maintenance of equipment including fire extinguishers and emergency lighting were in place and audited monthly. The provider had arrangements in place with their other local homes to accommodate people in an emergency situation. This would help ensure a continuity of service.

There continued to be sufficient staff available who were visible and engaging with people to meet their

needs. We looked at three staff's personal files and saw the necessary checks had been carried out before staff were employed. This included completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines continued to be administered safely. We saw people were encouraged to manage the timing of their medicines themselves and we saw that on the majority of occasions this worked very well. This helped to promote independence and a responsibility in people managing their own medicines. Medicine administration records [MAR] were up to date, accurate and no gaps in the administration of medicines were evident. Medicines were stored correctly and securely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

The provider kept comprehensive records of any incidents and accidents that occurred. Staff were aware of how to report any accidents or incidents that may occur. The actions taken showed staff had learnt from the incidents which helped to prevent future occurrences.

Is the service effective?

Our findings

People continued to be cared for by staff who received appropriate training and support. Our observation showed that people and staff got on well together and could talk freely to one another.

Staff had the skills, experiences and a good understanding of how to meet people's needs. The provider had adjusted the training staff received to be more classroom style learning with practical and interactive sessions. Staff told us this had been very helpful in being able to understand a subject and how to put it into practice with the people at Medihands.

Staff continued to develop their learning and skills by completing the Care Certificate. The Care Certificate is a set of standards that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe and compassionate care. Other staff were studying for a Level Three qualification in Health and Social Care and several staff were studying for a qualification in Mental Health Awareness. Staff were supported in their learning through an on-site trainer and the management and provider at Medihands.

Staff continued to receive one to one supervision and an annual appraisal. Although this was a small team, team meetings were held and we saw the minutes of recent meetings. Staff commented to us "You are valued here, you can learn," "You are allowed to express your own views and can challenge what you think is wrong" and "You are listen to."

The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Everyone at Medihands Healthcare had been assessed as able to make their own decisions. People could travel independently or staff could support a person if required. During our visit we saw people going out to the shops, for lunch, a walk or to voluntary work or the day centre. People's freedom was not restricted.

People continued to eat and drink sufficient amounts to meet their needs and maintain good nutritional health. The provider had a main kitchen plus a small kitchen area in the conservatory/dining room where people could make their own hot and cold drinks and prepare their breakfast and lunch at a time to suit themselves. People helped to plan the meals at the monthly residents meetings. We also heard one person requesting a special meal for Easter Sunday which the manager was happy to confirm would happen.

People were supported to maintain good health and have appropriate access to healthcare services including the mental healthcare professionals. People were registered with a GP and their health care needs were well documented in their care plans. We could see that all appointments people had with health care professionals were always recorded in their health care plan.

Is the service caring?

Our findings

People continued to be supported by caring staff. Staff commented "What makes this place good is that this is not a home but it is peoples own home." Staff spoke about a 'happy, settled and friendly atmosphere' in the home. People used similar positive words to describe staff and why they liked living at Medihands.

People's support plans continued to be well written and informative, giving details of people's background, their skills and their challenges. Staff showed people care and respect when engaging with them. It was evident when observing staff and people that they knew one another well and were able to maintain professional boundaries in a way so as not to cause offense.

The provider was a 'Dignity Champion' and had given staff training and guidelines on how to treat people with respect and dignity at all times. We saw this demonstrated on several occasions during our visit, for example one person had forgotten to take their towel into the bathroom while showering and called out to staff, who quickly retrieved the towel and slipped it through the door. Staff were professional, courteous and friendly and so made a situation less embarrassing for the person.

This knowledge staff had of people gave them the opportunity to support people in the most effective way. In the March 2018 survey one staff member had commented "I'm most productive when helping people to achieve their day to day tasks."

Monthly residents meetings continued to be held and everyone was invited. We saw the minutes of the last two meetings where menus, activities, outings, home security and smoking were discussed. Each person was given the opportunity to have their say and their opinion was listened to.

We observed that staff gave people time and support that met the person's individual needs. They understood the different levels of encouragement each person needed to complete their task. We saw that people were empowered to speak up and were listen to and given time to express themselves fully.

People were requested not to smoke in their rooms or in the communal areas. We saw that people smoked in the garden and there was a covered shelter for smoking under when it was raining. This helped people to live together in a way that suited and was beneficial to everyone.

Is the service responsive?

Our findings

People's needs continued to be assessed before they moved into the home and their support was planned in response to their needs. Assessments detailed the support requirements of a person including their general health, behaviours that may challenge, medicines, and the person's mental health needs.

The provider had developed a new 'Person Centred Support Plan' that people were completing with staff. A quote on the new support plan was given by a person living at Medihands and reflected the ethos of the home. It read 'Life is too precious, life is too short to be nasty to people, the quality of life and real friendship matters most to me and to be happy within my own right.'

People's records continued to include good information on the person's background which enabled staff to understand them as an individual and to support them appropriately. People's support plans were organised and included information and guidance to staff about how people's support needs should be met. The information included sections on 'Who am I,' 'Getting to know me' and 'Accept me as I am.'

We looked at three support plans for the newest people to join Medihands and saw information included people's mobility and independence levels, their social interaction skills and the goals they would like to achieve.

Care plans continued to be reviewed twice yearly or more often if needed with the involvement of other health professionals and where appropriate families.

The provider had developed a new strategy for people to attain 'Independent Living Skills' with the goal of being able to support themselves in their day to day life. The aim of the strategy was to give people to opportunity to move on to a supported or independent living environment, where they could manage their own medicine, shop for and prepare their own meals and be as independent as they could be, knowing support was near at hand when needed.

A person we had met previously had recently moved on to this type of living environment and the provider was able to tell us about how they were managing and the pleasure they were taking in being independent.

People with the support of staff organised their own daily activities, attending the local day centres, or doing voluntary work or training. People also met up with family and friends to go shopping or to appointments. One person told us about the outing they were going on and what they were going to do. We later spoke with the relative who told us "I couldn't praise the home enough, the care is wonderful."

The provider had arrangements in place to respond appropriately to people's concerns and complaints. Complaints forms were available and people told us they knew who to make a complaint to and said they felt happy to speak up when necessary. They had confidence that the provider would deal with any concerns promptly.

Is the service well-led?

Our findings

The service continued to be led by a registered manager who was also one of the owner/providers. They were supported by a deputy manager, team leader and other senior staff. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Because the provider and registered manager worked with people in the home, this gave them a good understanding of people and staff's needs. It also ensured they were available to people, staff and visitors when needed.

From our discussions with the registered manager and the provider it was clear they continued to have an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes. Notifications had been received by CQC in a timely manner.

The provider continued to keep up to date with changes in social care through meetings with the mental health teams assigned to the home, the local authority commissioners, the clinical commissioning group [CCG]. CCG's are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They also took a keen interest in the national developments in mental health support and how this could be best implemented at Medihands. This knowledge helped the provider to keep policies and procedures up to date and relevant to the people they were supporting.

The provider had developed a series of short training sessions or talks to explain the policies of the organisation to all staff; these included professional boundaries, accepting gifts, key working and the importance of developing good listening skills.

Systems were in place to monitor and improve the quality of the service. The provider conducted surveys to gain feedback from people and relatives about the quality of the service that was being delivered and to identify areas for improvement. The last survey for residents was at the start of March 2018 and the results we saw were positive, with just a few negative comments. The latest staff survey was also in March 2018 and the results we saw were also very positive. The registered manager told us an action plan would be developed to address any suggestions or negative comments and these would also be discussed at key worker and residents and staff team meetings.

The provider continued to conduct regular audits of the premises and environment including any equipment used, such as fire extinguishers and smoke detectors, furnishings and emergency lighting. Any faults were remedied by the maintenance person and we saw signed and dated evidence of this. The supplying pharmacy also conducted a recent medicines audit. The audit was not available on the day of the inspection but our own checks confirmed medicines were administered, stored and kept securely. These audits helped to ensure people and staff lived and worked in an environment that was safe.