

Methodist Homes

MHA Care at Home - Alexander Branch

Inspection report

Walcot Court
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17 March 2016

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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

The inspection took place on 17 March 2016 and was announced. The provider was given 48 hours' notice because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection.

MHA Care at Home-Alexander Branch was last inspected on 12 February 2014 and was meeting the legal requirements.

MHA Care at Home is a domiciliary care and extra care housing service that is registered to provide personal care to people living in the flats owned by Methodist Homes at Walcot Court. There were 15 people receiving personal care at the time of our visit.

A registered manager was in post. 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.

People felt safe and supported by the staff. People knew the staff well and staff knew the individual needs and preferences of the people they provided personal care for.

Staff received training and supervision which helped them to do their jobs well. Care and support plans provided detailed information about the care and support people needed. People were supported to maintain their health and were referred to other external health professional when needed.

People's rights were protected because staff understood their responsibilities with regard to the Mental Capacity Act 2005.

People were cared for in a compassionate and respectful way. People were provided with person centred care which encouraged choice and independence.

People were positive about the registered manager. People felt confident they could raise concerns which would be listened to and addressed by the manager. Monitoring systems were in place and actions were taken to improve the service. Opportunities were available for people to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe and they were provided with care and support when they needed it.

Staff were aware of the risks of abuse and knew how to report any concerns they had.

Procedures were in place to ensure risks to people's safety were assessed and actions taken to reduce risks.

People were supported to take their medicines when they needed them and accurate records were maintained.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain good health and were referred to other health professionals when needed.

People's rights were protected because staff understood their responsibilities in relation to the Mental Health Act 2005.

Staff received training which helped them to do their jobs well.

Is the service caring?

Good ●

People spoke positively about the staff and told us they were always respectful, kind and caring.

Staff spoke about the people they supported in a respectful and caring way.

Staff interacted with people in a friendly, warm and compassionate manner.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans which set out how their care and support would be provided. The care plans were updated on a regular basis and when there were changes in people's needs or preferences.

People were asked their views about the service and these were acted upon.

Entertainment was provided for people and people were supported with other activities in the community by arrangement.

Is the service well-led?

Good ●

The service was well-led.

People were given the opportunity to provide feedback about the service, and they were confident their views would be acted upon.

Staff were well supported by the manager and understood the aims, vision and ethos of the company.

There were arrangements in place for checking and monitoring the quality of the service, and identifying where improvements could be made.

MHA Care at Home - Alexander Branch

Detailed findings

Background to this inspection

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

The inspection was undertaken by one inspector. As part of the inspection we reviewed the information and the notifications we had received from the service. A notification is important information providers are required by law to tell us about.

During our inspection with spoke with five people who used the service and one relative. We spoke with the registered manager and five staff. We looked at the care records for five people, together with other records about people's care. We looked at records relating to the monitoring and management of the service such as staff recruitment records, medicine records, policies and procedures, supervision and training records and quality assurance reports.

Is the service safe?

Our findings

People felt safe with the support they received and with the security of the environment. Comments included, "I feel so safe here, it's just marvellous", "The staff are all so good, I am happy for any of them to help me with the care I need" and "The security is good, I just answer the receiver by my front door then press if I want to let people into my flat".

People had access to call points in each room within their flat and within the communal areas of the building. In addition, some people wore pendants so they could summon assistance when they were away from the building. Staff were not allowed to provide care and support to people until agreement had been confirmed. The care records stated, "No staff allowed to work in your flat unless you have given permission". A list of agreed staff was contained in the care records. Staff access to people's flats was agreed and documented. For example, for one person the care records stated, "Knock on door and go straight in and introduce yourself".

Staff knew and understood the responsibilities they had for keeping people safe from avoidable harm and abuse. They had received training, and there was information available for staff to follow if they needed to report any concerns. One member of staff told us, "I wouldn't hesitate to report if I thought someone was being abused. We all know exactly what to do". Information was also available with details about whistleblowing and staff we spoke with had a good understanding of the process they should follow if needed.

Risks to people's safety and well-being were assessed and monitored regularly. Staff understood the risks associated with people's care. They knew how to minimise risk and keep people safe whilst promoting their independence. For example, for one person, the risks associated with safe bathing were identified and the care plan described the support the person needed and agreed to.

Incidents and accidents such as falls were recorded. The registered manager regularly reviewed accidents and actions were taken where needed. For example, we saw one person had been referred to the falls clinic and another person was having their blood pressure checked regularly because they had experienced dizzy spells.

There were plans in place for responding to emergency situations. An emergency folder provided details of personal emergency evacuation plans (PEEPS) for people who may need assistance in the event of a situation where they may need to evacuate the building.

Safe staff recruitment and selection processes were in place. The registered manager described the checks that were undertaken before staff started in post. We looked at staff recruitment files and found the checks were in place as the manager had described. These included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they have been barred from working with vulnerable people. Other checks had been made, such as confirmation of the applicant's identity, employment history and provision of two

written references.

People were supported by sufficient numbers of staff to keep them safe. People spoke positively about the staff, and were complimentary about the timeliness of the support provided. One person told us, "They are just marvellous. As well as coming in to help with (personal care), they phone each morning just to check I'm ok and if I need anything". The care and support plans provided detail of the care people required and the preferred times of day when the care was provided.

Some people required support to take their medicines and this was clearly identified in the care records. For example, in one person's care records, an entry stated, "(Name of person) is finding it difficult to manage his tablets so has agreed for carers to take over full responsibility". One person told us, "They give me my pill and my eye drops, I never have to ask or remind them".

Medicines were stored in locked cupboards within each person's flat. Records were maintained and we saw people had been supported to take their medicines safely at the time they needed them. Medicine administration records sheets (MARs) were fully completed. These were spot checked on a regular basis by the manager.

Where people had preferences or specific requirements we saw this was recorded in the care plans. For example, for one person, the records stated, "Administer tablets on a teaspoon". Following administration we saw in one person's records, "Medicines given and a full glass of water taken. Legs creamed with (Name of ointment)". Where people required pain relief, the reasons were recorded and the effects documented. Staff told us they had received training with regard to medicine management and we saw this was confirmed in the staff training records. Policies and procedures were in place and these were known and understood by the staff we spoke with.

Is the service effective?

Our findings

The comments we received from people and from a relative were positive. Examples of comments included, "I am so impressed with the help I get" "They arrange for the occupational therapist if I need them" and "They do exactly what I need and write everything down in the green folder". This was the care folder kept in each person's flat that provided the day to day information and records staff completed when they provided care and support for people.

Staff told us they received training to help them do their jobs well. They told us they received an induction when they started in post, and they received regular supervision and annual appraisals. Comments from staff included, "It was like a breath of fresh air coming to work here. I worked in care homes before I came here. This place is fantastic, the training is great and we are so well supported" and "We get regular supervisions and appraisals so we get the chance to talk through and agree any additional training we need or want". Records confirmed the planned approach to supervision and training, with a programme of planned annual appraisals in place.

Staff demonstrated their knowledge and understanding of the principles of the Mental Capacity Act 2005, and the records confirmed they had completed training. Staff knew people should be assumed to have capacity to make decisions. The care plans reflected this and we saw people's decisions with regard to specific aspects of care and support were clearly recorded. We also saw people's consent was obtained, for example, for the taking of people's photographs and for the sharing of information in care records.

People told us staff helped them with personal care and other support to help them manage their daily routines. This included support with shopping, cooking and other household tasks.

People had care plans that described the care and support people needed and what they were able to do independently. This helped to make sure people's independence was promoted. The care plans showed that people's health care needs were monitored and referrals were made to other health care professionals when needed. For example we saw one person had been visited by a district nurse when their condition had changed.

The staff we spoke with were knowledgeable about the needs of the people they provided care and support for. They told us they made sure they kept up to date with people's current care needs and read the care records regularly. Changes in care needs were recognised, and care plan were changed and updated. For example we saw where one person's mobility had changed and their care plan was promptly updated. Care plans provided additional information about the specific needs the person may have due to their medical condition. Up to date information and guidance about the medical condition was provided within the care plans. Staff told us this helped them gain a better understanding of people's symptoms and how they could provide optimum support.

People were protected from risks associated with discriminatory practice. Staff told us they respected people's rights. One member of staff told us, "We need to find out about how to care for the person in the

way they want, respect their wishes and understand if their beliefs mean we need to care for them in a different way".

People were supported with their food and fluids where needed. Records were maintained when there were concerns about people's nutritional intake.

One person had been assessed by the Speech and Language Therapist (SALT) as requiring a textured diet. They chose sometimes not to eat food as recommended and this was documented. The SALT assessor was aware and was due to revisit. Records were maintained where there were concerns about the dietary intake of a person, and weights were recorded on a regular basis and reported to the district nurses.

People told us they had access to health professionals when needed and this was recorded in their care records. The registered manager was complimentary about the timeliness of the responses received to request for support from community professionals. The records for one person stated, "District nurse telephoned, will call next week and left 24hour (number to) call if we have any concerns".

Is the service caring?

Our findings

People spoke positively about the kindness, compassion and caring shown to them by the staff. They told us staff were respectful and courteous. Comments included, "I can't fault them, they are fantastic" "I can't believe how lucky I am to live here" "The staff are so wonderful" "They are simply marvellous and so caring" and "(Name of manager) and the staff have been so supportive to me".

Staff spoke with warmth and compassion when they talked about the people they provided care and support for. We saw and heard interactions between staff and people that were kind, respectful, friendly, encouraging and sensitive. One member of staff told us, "I feel really proud of the care we give to people".

Staff were able to tell us personal details about the people they supported. They were familiar with people's personal histories and their likes and dislikes. We saw this information was reflected in the care plans. Where people's circumstances had changed over time, we saw this was recorded. People's records also showed any cultural and religious needs that needed to be taken into account. For example, we saw records that showed when people needed support to attend religious services.

People had access to a range of information which was displayed in the main reception area. This included, for example, information about the services the agency offered, advocacy information and information about available benefits and support.

Staff told us that communication between them was good and that staff handovers provided a useful opportunity for them to discuss and reflect on how they provided care for people. They told us this was in addition to making sure they were familiar with the details recorded in the care plans.

Is the service responsive?

Our findings

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Is the service well-led?

Our findings

A registered manager was in post. People spoke highly of the leadership of the service and the support they received. Comments from people included, "She (the manager) is absolutely marvellous, she's always out and about (in the building) and checks we're ok," "We can ask her (the manager) anything, she is tip-top" and "We just couldn't wish for a better manager, we are so lucky."

Staff spoke highly of the registered manager. They told us they felt well supported and they received constructive feedback about their performance. They told us the registered manager was very approachable and one staff member commented, "She really does have an open door policy". Staff told us they were able to approach the registered manager at any time and make suggestions about the development of the service. They told us the registered manager listened to and acted on feedback received. For example, in response to recent feedback from the staff survey, action had been taken to increase office space for staff. Staff told us they were very happy with the actions taken and valued the new office created for them.

The most recent staff survey showed an increase from the previous year in the overall staff satisfaction. The results for the service were higher than the average score for the provider. Specifically, the scoring for the question, "My manager motivates and inspires me to be more effective in my job" scored highly and had improved on the previous year.

Staff told us in addition to the support from their manager they felt supported by their area manager. They told us the area manager and other representatives of the company visited the service and were approachable. One member of staff told us, "They are all easy to talk to, and they really do want people have good care". Staff told us they felt proud to work for the provider, and felt they were valued. One member of staff told us, "I introduced someone to work here and was rewarded for it which I thought was fantastic". Staff understood and were able to explain the provider's vision and values.

The registered manager had systems in place for the monitoring and quality assurance of the service. A range of audits were completed, including care plan, medicine, infection control, health and safety and risk assessments. Action plans confirmed actions taken in response to issues identified in the audits.

The registered manager understood their responsibilities with regard to the notifications they were required to send to the Commission, and notifications had been appropriately submitted.

The registered manager told us they were supported and kept up to date with best practice. They received guidance and support from the provider's quality improvement team who provided information and advice on a regular basis. Policies and procedures were reviewed and updated to make sure they provided the most up to date information for the registered manager and their staff team.