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Medihands Clifton

Inspection report

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Date of inspection visit:
06 December 2016

Date of publication:
28 December 2016

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

This unannounced inspection took place on 6 December 2016. At the last inspection on 15 July 2014 the service was meeting the regulations we checked.

Medihands Clifton provides accommodation and personal care for up to 13 people who have mental health needs, acquired brain injury or who may be living with dementia. The home is owned and managed by a private individual who has two other care homes in the local area. There were 11 people living at the home on the day we visited, one person was in hospital.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. We saw that people could speak to the registered manager or provider at any time.

Care plans showed that 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. We saw that regular checks of maintenance and service records were conducted to ensure these were up to date.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to 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 and records were kept of medicines taken. Medicines were stored securely and staff received appropriate medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff were

supported through one to one supervision and through staff meetings.

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. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others.

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

People were supported by caring staff and we observed people were relaxed with staff who knew them and cared for them. People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to do and to choose the activities or events they wanted to attend.

The registered manager had arrangements in place to respond appropriately to people's concerns and complaints. From our discussions with the registered manager, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. 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.

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. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take if they witness or have suspicions of abuse taking place. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people received the support they needed. The recruitment practices were safe and ensured staff were suitable for the roles they undertook.

We found the provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the appropriate actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good

The service was caring. We observed staff treated people with dignity, respect and kindness.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged

and supported by staff to be as independent as possible.

Is the service responsive?

Good

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People we spoke with told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

Good

The service was well-led by an experienced registered manager and the provider.

The provider who was also the owner of the home promoted a high standard of care and support for people to ensure people's quality of life.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a friendly welcoming atmosphere to the home.

Medihands Clifton

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.

This unannounced inspection took place on 6 December 2016.

This inspection was carried out by one inspector. Prior to the inspection we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We gathered information by speaking with the registered manager, the registered provider, who is also the owner, one staff member and five people who lived at Medihands Clifton. We observed care and support in communal areas in an informal manner. We looked at three care records and reviewed records related to the management of the service.

Before the inspection we emailed a questionnaire to three care managers to ask them their opinion of their clients care. We received one reply.

Good

Our findings

People were helped to feel safe at the home by the registered manager and staff. Two people said "It's ok here, I'm safe" and "Staff are good, they treat you well." During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere and were able to speak openly and confidentially to the registered manager, staff and the provider at any time.

The provider helped to protect people from abuse. Staff had received training in safeguarding adults and could explain to us what constituted abuse and the actions they should take to report it. The registered manager 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 had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported. We saw that risk assessments and care plans were appropriate to meet people's needs. The risk assessments included those risks associated with falls, nutrition, self-personal care and managing physical and verbal behaviours. Where people smoked this had also been risk assessed and people had signed an agreement to say they would only smoke outside in the garden. There was a covered area with table and chairs for peoples comfort when outside. Where risks were identified management plans were in place, which gave details of the risks and the preventative measures to take to help prevent an incident occurring. We saw that risk assessments were well written, person centred and updated regularly.

Each person had a detailed personal emergency evacuation plan [PEEP]. These had been updated in April 2016 and were reviewed if a person's circumstances changed, such as a change to their health needs, a stay in hospital or a reduction in their mobility. Fire drills were held every three months, with a full evacuation of all people and staff. The last fire drill had been on the 1 November 2016, during the day, with everyone safely evacuated. The registered manager told us they were also planning to hold simulated evening fire drills to ensure night staff were confident in what they needed to do to keep people safe. All staff were trained as fire marshals.so they knew the fire procedures well.

The provider took prompt action where required to keep people safe. They recently replaced all the fire doors in the home, which helped to keep people safe in the event of a fire. We saw that the service had contracts for the maintenance of equipment used in the home, including the fire extinguishers and emergency lighting. The home had up to date safety certificates for gas appliances, portable appliance

testing [PAT] and Legionella, a water borne bacteria.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. The provider had two other homes within walking distance of Medihands Clifton and these could accommodate people on a short term basis should the premises become unusable.

Throughout the inspection we saw staff were available, visible and engaging with people. Staff were employed to work at any one of the three homes within the Medihands group. During our inspection of Medihands Healthcare, another of the providers care homes in February 2016 we looked at three staff's personal files and saw the necessary checks had been carried out before staff were employed. No new staff had been employed since then. 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.

We observed that medicines were being administered correctly to people by the care staff. We looked at three medicine administration records [MAR] for people using the service, information included a photograph of the person, details of their GP. Information about any allergies they may have were not clearly visible on the blister packs received from the pharmacy but allergies were documented on the MAR sheets and in peoples care plans. The MAR sheets were up to date, accurate and no gaps in the administration of medicines were evident.

Medicines were stored securely in a locked cabinet. Medicines that needed to be kept cool were stored appropriately in a refrigerator and we saw records that the temperature in the refrigerator was checked and recorded on a daily basis. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

We saw the premises were very clean and steps had been taken to minimise the spread of infection. All the bathrooms and toilets had hand driers to help encourage people to wash and dry their hands effectively. The flooring in the main communal areas and in many but not all of the bedrooms had been changed for a wood/laminate type flooring which staff told us was easy to keep clean. New easier to clean soft furnishings were in the lounge area and new chairs for the dining room had been ordered. We saw staff encouraging people to wash their hands before preparing food. All of these measures had helped to minimise the possible spread of infections.

Good

Our findings

People were cared for by staff who received appropriate training and support. Staff had the skills, experiences and a good understanding of how to meet people's needs.

Records showed staff had attended recent training including first aid, understanding people's mental health needs, food hygiene and equality and diversity. The provider had linked the training to the CQC regulations and to the Health and Social Care Act 2008. Staff were also completing the Care Certificate. The Care Certificate is a set of standards that aims to equip health and social care workers with the knowledge and skills which they need to provide safe and compassionate care.

Records showed and staff told us they were fully supported by the registered manager. Staff received one to one supervision every three months plus an annual appraisal. Because this was a small team, staff told us they had the opportunity to speak with the registered manager or the provider every day if they wanted 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). The Mental Capacity Act 2005 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. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Where people were unable to make a decision a best interest meeting would be held with professionals, families and staff to help decide what would be best for the person concerned. One person at Medihands Clifton was subject to a DoLS order to help keep them safe when out in the community. This was being reviewed every three months to ensure only the minimum of restrictions were being put on the person to keep them safe.

We saw people were not restricted in their movements. Staff told us they were helping people to become as independent as they could be. They were helping people to understand their own self-worth, to respect their own dignity through good personal care and respect for themselves and their surroundings. Staff gave us some good examples of where this encouragement had improved people's personal life. During our visit we heard one person telling staff they were off to the shops and what they wanted to buy. When staff enquired if they would be back for lunch the person replied "No I'll get my lunch out today." Another person took themselves to a medical appointment, came back, had lunch and went out again. We could see people were

free to go out and spend their time as they wanted to.

People were supported to eat and drink sufficient amounts to meet their needs and maintain good nutritional health. There was a four week menu rota that people had discussed and planned during their monthly residents meetings. Because many people went out during the day it was discussed at a residents meeting and decided to move the main meal of the day to the evening, with a lighter meal at lunch time. At lunch time we saw staff quietly encouraging people to choose their own lunch, to make it and to clear up afterwards. People were also encouraged to help prepare the evening meal. In the morning we saw one person making cups of tea or coffee for everyone and put out a snack for people to help themselves to. The registered manager told us about one person who liked to bake and would often make a cake or pudding for everyone to share. This showed that people could choose and prepare their own meals with support which helped to give them ownership of their nutritional needs.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that all the people were registered with a GP and their health care needs were well documented in their care plans. The GP undertook a review of people's medicines every six months or more often when required. We could see that all appointments people had with healthcare professionals were always recorded in their health care plans.

Good

Our findings

People were supported by caring staff. People commented by saying "I'm very happy staying here" and "Staff are good, really kind and friendly."

We saw that staff showed people care and respect when engaging with them. The staff knew people well and this was evident in the way staff and people spoke together. We observed staff engaging with people throughout the day in communal areas. The atmosphere in the home was quiet, calm and friendly. Staff took their time and gave people encouragement whilst supporting them. People moved freely within the home and no restrictions were placed upon them. Because this was people's home they also answered the door when someone rang the bell. We could see arrangements for answering the door had been discussed at residents meetings and people had been asked to check first who was at the door before opening it. Staff wanted people to be able to answer their own front door but were mindful of keeping people safe. This care and knowledge of people gave staff the opportunity to support people in the most effective way.

Residents meetings were held monthly and everyone was invited. We saw the minutes of the meetings in June, July, September and November 2016. Discussions around activities, outings, meals and hydration during the hotter weather were discussed. The plans for the on-going refurbishment of the home were discussed. November's residents meeting was about planning for Christmas, what people would like to do, the food they would like to eat and decorating the home.

We observed that people received individualised care and support. People said staff spoke with them respectfully and maintained their privacy. The majority of people were self-caring with encouragement and support from staff. The registered manager explained to us how they encouraged people to develop a good hygiene routine and how well people had responded to helping themselves. People could shower whenever they wanted to; each person had a basket in their room for dirty laundry and could do their laundry with assistance when they needed to. This encouragement and personalised support from staff helped to give people the privacy and dignity they needed.

Good

Our findings

People's needs were assessed before they moved into the home and care was planned in response to their needs. Assessments detailed the care requirements of a person for daily living, including general health, medicines, communication, continence and mental health. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately.

The registered manager explained that when a person was in hospital before they returned to the home they would visit them to reassess their support needs. This was to ensure the home could support the person with any additional needs they may then have.

People's care plans were organised and securely stored and accessible to staff. The care plans included information and guidance to staff about how people's care and support needs should be met. The information included how a person would like to be addressed, their likes and dislikes, details about their health history and past life. The registered manager told us that people's care plans were developed using the information gathered at the person's initial assessment.

The care plans we looked at included information about the person and their family, their life and their personal needs for mobility, medication, diet and personal care. Care plans were reviewed every three months and we saw these were dated and signed by the person where possible. Where appropriate other healthcare professionals, families or advocates were involved in these reviews.

Apart from one person who needed one to one support when in the community everyone else was able to come and go as they wished. In discussion with staff, people had agreed to say when they were going out and their estimated time of return. This was noted in a central book that all staff and people could look at. Records showed and people told us they went for a walk or shopping and visited friends and family. Staff said this agreement had helped people understand that staff cared about them and would worry if they were late home.

People had developed their own daily activities based on what they liked to do. We saw some people reading, watching the television, listening to music or spending time in their room. During warmer weather several people looked after the garden and the flower beds. People were also being encouraged to look after their own rooms and join in communal tasks such as preparing meals, laying the tables and washing up. The registered manager told us a few people had been reluctant to join in at first but after watching

others they then joined in.

The registered manager had arrangements in place to respond appropriately to people's concerns and complaints. The complaint and compliment forms were available in each person's room. 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 registered manager would deal with any concerns promptly. Staff were aware of the complaints procedure and the steps to take if a person complained. There had been no complaints in the last 12 months.

Good

Our findings

We could see that people who lived at Medihands Clifton knew the registered manager, the provider and staff by name and could freely chat with them at any time. All the people we spoke with were positive about staff and management.

The service was led by a registered manager with daily support from the provider. From our discussions with the registered manager and provider, it was clear they had a good 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.

The registered manager and provider both worked in the home with people. This helped to ensure that the management team were fully aware of what was happening within the service and were available for people when needed.

The registered manager said their ethos was to 'enable people not disable them.' They had a policy for all staff to greet people when staff came into the home. The registered manager told us this is the people's home and as such we should always say 'hello' to everyone when we come into their home. During our visit we saw this policy in action. When the provider arrived they took time to speak to people, ask how they were and discuss the plans for the Christmas celebrations.

The registered manager and provider kept up to date with changes in social care through meetings with 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, thorough a local manager's forum and via training. This knowledge helped the registered manager and provider to keep policies and procedures up to date and relevant to the people they were supporting. Policies were readily available for staff to refer to when necessary and any updates or changes were discussed at team meetings.

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 relatives was in May 2016 and the results we saw were positive. Comments we read included, "As a family we are very grateful for everything you do for our relative" and "We are happy and confident our relative is being well looked after in a safe environment." The GP and healthcare professionals' survey sent out in March 2016 returned two comments, "Staff are very helpful" and "Staff are very attentive and knowledgeable."

The replies we received from one local authority care manager stated "The manager is an experienced person who communicates well with commissioners. The culture of care is person centred and individual residents are supported to make informed choices and supported to maintain their privacy, dignity and confidentiality. We have not received any complaints from service users or relatives about the care they are receiving."

Regular audits were conducted 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 pharmacist had conducted an audit in November 2016 and found medicines were administered, stored and kept securely. Where mistakes were found in any of the audits they were dealt with promptly so that staff were aware of the mistakes and this helped to ensure people and the environment was safe.