

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

MHA Care at Home - Montgomery Branch

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Methodist Homes
Registered Manager	Ms. Sarah Fox
Overview of the service	<p>Methodist Housing Association Care at Home is a housing with care, domiciliary care provider. The provider is registered to provide 24 hour domiciliary care and supported living for people with dementia, learning disabilities, physical disabilities and sensory impairment. In addition to personal care the provider provides a range of other services which allow people to continue living in the local community and to lead a full life.</p>
Type of services	<p>Domiciliary care service Extra Care housing services</p>
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People who used the service, owned, rented or had shared ownership of the accommodation where the care was provided. They had access to a bistro, lounge, hobby activities room, library, hairdressers and internet as well as access to twenty four hour care staff on site. Each flat was fitted with a community alarm system.

There were robust person centred systems, processes, policies and procedures in place. Report writing in the care records was neat, up to date and reflected the changes in care that people received. We also found that staff were supported and monitored in their working practice. Training and appraisal programmes were in place.

People we spoke with were aware of procedures and systems on how to raise a concern. People were satisfied that staff or the managers would take action if concerns were raised. People who used the service said that they felt safe and able to tell staff if they had any issues.

We spoke with five people who used the service during our visit. These people were very satisfied with the care and activities within the service. They told us that they were involved in planning their care. One person said "Carers re-assess every week or so," and "Staff are knowledgeable," and "I am happy with the care" and "People are very nice here."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

And

The dignity of people who used the service was respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them and were treated with respect and dignity.

We used a number of different methods to help understand the experiences of people who used the service. We looked at the care records of three people who used the service and we talked with five people who used the service and the registered manager.

Discussion with the registered manager indicated that there were a number of different referral methods available to people who used the service. Some referrals followed a comprehensive social care assessment, others came through the NHS, tenants could also self refer and enter into a private arrangement if they wished to do so.

We looked at three care packages for people who used the service and saw they included the care requirements for the person who wished to use the service and their support plan. The registered manager said that she arranged to assess a new person in their own home once a referral has been received. She told us a review of their care needs took place on a six monthly basis or more frequently if required.

We saw a copy of a written assessment and it demonstrated that the person who carried out the assessment discussed the person's care needs, completed a care plan and completed their health and welfare requirements. During the visit the assessor discussed care and treatment needs including support with medicines.

People who used the service were able to express their views and were involved in making decisions about their care and treatment. The care records showed that people who used the service were asked how they wanted their care to be delivered. We saw recorded in the notes that one person who used the service wanted staff to "Ring the bell and wait for me to answer the door."

People who used the service told us that they were involved with their care. One person told us "Yes they involve me in what I do" and "I attend the tenants meetings, we are a mixed bunch here." This showed us that people who used the service were able to express their views and were involved in making decisions about their care and support.

People told us and we saw evidence in the care plans that people were treated with respect and dignity. One person who used the service told us "Staff are very polite and they treat me with dignity," and another said "Staff are very respectful."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, including talking to people and looking at records.

We looked at the personal care records of three people who used the service. We spoke with the registered manager about the care and well being of people who used the service. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The records showed that people who used the service had their own personalised care plan, which identified their individual needs and abilities, choices, decisions and likes and dislikes. We found that care was planned and delivered in line with their individual care plan. We also found a range of risk assessments to cover daily activities of life, moving and handling, and mental health where a risk to the person had been identified. The risk assessments ensured people were kept as safe as possible, whilst accommodating their day to day care.

We spoke with the registered manager who told us that each person who used the service was included in a review of their care plan on a six monthly basis or more frequently if required. We saw evidence that care plans were regularly reviewed to ensure people's changing needs were identified and met. The carer of one person who used the service told us "My partner has changing needs and the carer reassesses her every week or so."

The registered manager told us that senior staff carried out regular spot checks on the standards of care being delivered within the individual's own home. We noted that a key worker scheme was in place and we saw evidence that the service had good working relationships with other healthcare professionals.

The daily records were person centred and provided information that showed what people had done and how their support needs had been met. The care records highlighted what people could do on their own and when they needed assistance from staff.

One person who used the service told us that staff encouraged them to be as independent as possible. They said "I have never been happier" another said "I have been happy since

day 1." One person who used the service told us "The staff encourage me to be independent but when I moved in to the flat, the kitchen was badly planned and I can't reach the shower, so I cannot use it on my own." The provider should note that this person felt that some aspects of their flat had been designed in such a way that it created a barrier to independent living and increased their dependency on care services.

Discussion with the registered manager indicated that they had a good understanding of the needs of each person who used the service. They told us the provider had a flexible approach to care delivery and this was particularly important when delivering personalised care and support in this type of housing complex. This ensured that the people who used the service experienced care and support that met their needs. The registered manager told us that they felt that care workers had enough time to provide people with the care that they needed. One person who used the service told us "Staff are excellent but they are short staffed and staff have to run from one to another." and "You have to wait, they do not have time." The provider should note that there is a perception by some people who used the service expressed concern that staff did not have the time to support their care needs.

We saw evidence that people who used the service were involved in personalised activity planning. They looked at individual strengths, preferences and aspirations. One method of achieving this was called 'Seize the day'. We heard that this method encouraged people who used the service to express a preference to carry out activities they had always wanted to do such as visit their old school, or ride on a Harley Davidson. The registered manager told us that every effort was made to identify ways that the personalised activity could be achieved. In addition there were a range of other activities for people to take part in during the week, these included crafts, tai chi, and reminiscence and memory diaries. We were told that tenants met on a regular basis to discuss the development of activities within the locality.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

We saw that the service had policies and procedures in place to safeguard people from abuse. They provided guidance for staff on how to detect different types of abuse, the procedures to follow and their responsibilities if abuse was suspected. We were told that a flow chart was displayed in the staff rooms so that staff could readily see their responsibility in relation to safeguarding vulnerable adults. There was a whistle blowing policy in place for staff to report matters of concern.

We were told about the service escalation policy and the need for staff to report all such incidents to management. We heard that the service used a time critical reporting system and notified the local authority and other relevant agencies of any events that had occurred. This demonstrated that the provider responded appropriately to allegations of abuse.

We asked about staff training and we were told that all staff received in - service training about adult protection and protecting vulnerable people from abuse during their induction programme. We were shown the training plan for each member of staff which monitored training. We heard that staff were involved in interagency training.

We looked through three care plans for evidence that incident forms had been completed. We saw incident forms were complete and relevant actions had been taken. We discussed incidents and complaints with the registered manager and we were satisfied that there were systems and processes in place.

The registered manager told us that all people who used the service were issued with 'no secrets leaflets' we heard how tenants meeting were use to reinforce safeguarding policies.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Staff received appropriate professional development

As part of this inspection we looked at staff records. The provider had a comprehensive induction programme in place for new staff members. We saw that all new starters undertook mandatory training. We were told that new staff shadowed senior staff and were allocated a named buddy. Senior staff monitored new staff until they reached the required level of competency. We saw that all staff received on going support and spot checks were carried out in the workplace to ensure the required standard of care continued to be maintained.

We saw evidence that staff received 1:1 supervision on a two monthly basis. Staff told us and we saw evidence that all staff received twelve monthly appraisals.

We saw notes of staff meetings taking place on a regular basis. We saw minutes of the meetings which assured us that the meetings had taken place.

We looked at the training records for three members of staff. We saw written evidence that staff had completed all core training, such as moving and handling, equality and diversity, health and safety, medication management, safeguarding and food hygiene. This ensured staff had the training to offer appropriate support.

We talked to people who used the service, they said staff were very knowledgeable.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, because some of the people who used the service had complex needs which meant they were not able to tell us their experiences.

We saw evidence that survey questionnaires were sent out to people who used the service. The registered manager confirmed that people who used the service played a key part in quality assurance monitoring and were involved in all at all levels within the organisation. For example people who used the service acted as ambassadors to meet and greet and were involved in the recruitment process for new staff.

We heard that people who used the service had regular tenants meetings and there were established committees to enable them to put forward their views at management meetings. We saw minutes of meeting of service representative groups. We heard that people who used the service were had board level representation. We saw a board report that demonstrated that board members visited the service, listened to and acted on the views of people who used the service. We saw evidence that people who used the service were involved in design and development of activities within the locality.

We saw documents that showed regular service reviews were in place for people who used the service and we noted that these resulted in the development of a personalised action plan.

We were shown information that indicated that managers audited various sectors of the service on a regular basis and took action on areas that required improvement.

We saw evidence that people who used the service had choice around the care they received. We saw information in the care plans to indicate that people's preferences and choices were being met.

People who spoke with us said they were aware of the complaints policy and procedure. One person who used the service told us "Yes I know how to complain, I have complained about some of the design issues within my flat. This person told us they were confident

that they would be listened to and their concern would be investigated. They also told us everything took so long to resolve." People who used the service told us that they felt able to speak out if they needed anything and believed the staff or the registered manager would act on their concerns.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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