

Mediline Supported Living Limited

Mediline Supported Living Lancashire

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

About the service

Mediline is a service which supports adults who have a learning disability through supported living and domiciliary care provision. The head office is located in the Standish area of Wigan, Lancashire. At the time of the inspection the service supported approximately 91 people in a mixture of extra care and supported living services.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe at the service and systems were in place to safeguard people from abuse or exploitation. Risks were assessed and measures put in place to minimise the risks. Staff were recruited safely and there were sufficient staff to meet the needs of people who used the service.

Staff were trained to administer medicines safely and regular checks were carried out to ensure systems remained safe. Measures were in place to help prevent the spread of infection.

People's needs had been assessed appropriately and support plans included appropriate information. Staff had an appropriate induction and ongoing training throughout their employment.

People were supported to have a healthy and balanced diet and specific needs were adhered to. Staff worked with other agencies to help ensure joined up and consistent care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they were happy with their support and were treated with respect. The service worked closely with people and their families to help ensure understanding of their specific needs.

A range of activities was undertaken by people who used the service. These included attending social groups and events within the wider community.

Complaints were recorded and responded to appropriately. People were encouraged to share their wishes for when they were nearing the end of their lives.

There was a clear management structure and line management responsibilities. Staff described the management as approachable and supportive.

Audits and checks were carried out to help inform improvement to care delivery. The health and social care professionals we spoke with were positive about their working relationships with the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 March 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection .

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Mediline Supported Living Lancashire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in their own homes in a number of supported living settings and an extra care facility, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with this service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited and spoke with eight people who used the service about their experience of the care provided. We spoke with the registered manager, administrative staff, three service managers and 11 care staff, including seniors.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and a further four with regard to training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures, health and safety information and surveys were also reviewed.

After the inspection

After the inspection we spoke with a further four people who used the service to gain their views of the support. We also contacted three health and social care professionals who visited the service regularly to determine their experience of the provision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had appropriate safeguarding and whistle blowing policies in place. Staff were required to undertake safeguarding training on induction to the company and were made aware of the whistle blowing policy.
- We saw evidence that safeguarding concerns were recorded and followed up appropriately.
- The management team had attended local safeguarding events to add to their knowledge and learning.
- Information for people who used the service was available in easy read format, with pictorial representations. This was given to them when they began to use the service.

Assessing risk, safety monitoring and management

- People felt safe. Comments included, "I feel safe 100%. I'm very happy with the care. You hear about bad nursing but these girls and boys work so hard and look after me"; "I feel safe, I'm happy here."
- There were up to date health and safety and fire safety records in both the office and the supported living accommodation. General and environmental risk assessments were in place.
- Appropriate individual risk assessments were within people's care files.
- Staff safety was considered via the lone working policy and an on call facility to enable staff to contact a manager for support whenever they needed to.

Staffing and recruitment

- The service had an appropriate recruitment policy in place.
- Staffing levels were sufficient to meet the needs of the people who currently used the service.
- The management team had carried out meetings and discussions to look at how to recruit more effectively. They had then used a number of means, including recruitment forums to encourage people to attend and find out about the role. They could then make an application if they wished to. Some people who used the service had been involved in interviews.
- Staff files we looked at included all relevant information, exploration of any gaps in employment history, references and Disclosure and Barring (DBS) checks. DBS checks help ensure people are suitable to work with vulnerable people.

Using medicines safely

- The medicines policy included all aspects of medicines management and guidance for staff.
- Staff training was in place and medicines administration records (MAR) were audited on a monthly basis. Any issues or errors were fully explored and addressed with further training or supervision as appropriate.

Preventing and controlling infection

- The service had links with the local infection control and prevention team and all staff had training in this area. There was a policy and guidance for staff to follow.
- Staff were issued with appropriate personal protective equipment (PPE), such as plastic gloves and aprons to be used when delivering personal care.
- All the settings we visited were exceptionally clean and tidy.

Learning lessons when things go wrong

- The accident and incident reporting procedure was appropriate and accidents were recorded as required.
- All accidents and incidents were analysed with regard to each individual to look at patterns and trends. They were then sent to head office and analysed collectively to look at any lessons to be learned. De briefs were completed with staff following incidents and lessons learned were reviewed
- Safeguarding concerns were also analysed to look at any learning that could be gained from them to help improve practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed appropriately. Support plans were written in conjunction with the person receiving support, where possible, to help ensure these plans met the individual's needs. Plans were reviewed regularly to agree any changes or actions required.
- Houses for the supported living service were close together in one area. This helped with staffing as well as encouraging friendships and social interaction between tenants.
- People we spoke with felt the support was appropriate. Comments included; "[The service] always do things at the time I want them doing"; "They [staff] help to hoist to bed, dress and help with breakfast. If I ask them to do it they will do it for me"; "They are always on time with what is needed."

Staff support: induction, training, skills and experience

- Staff completed the Care Certificate when they commenced employment. The Care Certificate is a set of standards that staff are expected to adhere to. The induction consisted of a mix of classroom training and e-learning, shadowing with more experienced staff and competence checks. There was a probationary period of a minimum of six months and regular reviews of progress.
- Staff received regular supervision and appraisals throughout their employment to give them the opportunity to discuss any concerns, look at personal development and training needs.
- Training was on-going and staff told us they were offered many opportunities for bespoke training specific to the people they supported. One staff member said, "I have had support all throughout my employment - and training. I have just attended personality disorder training. The service also encourages families involvement to help them understand."

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

- People's nutrition and hydration needs were recorded within their support plans. Some people who used the service told us how they were following healthy eating plans and were clearly proud of their success with losing weight and eating in a more healthy way. One person said, "One staff is making meals from slimming world and putting them in the freezer for me to help me to be healthy. I used to walk before my fall but can't do that now so I need to keep healthy."
- Menu planners were in place within people's homes and guidance for staff and people who used the service around healthy eating.
- Those on specific diets, such as pureed diet and thickened fluids due to swallowing difficulties, were supported with this. Staff told us some of the local cafes and restaurants were able to provide a pureed diet so that an individual still had access to social activities and meals out with their friends.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- There was evidence of work with other agencies and professionals to provide joined up support and care to people who used the service.
- One professional we spoke with told us, "The service refer appropriately. They are receptive to advice and reflect on outcomes to look at improving practice. They do adjust their approach accordingly. I have been particularly impressed with the speed with which the staff have implemented recommendations". Another said, "I have no concerns. Staff are responsive to people's needs and work with the family". A third told us, "The staff ring straight away with any concerns. They work well with us".
- Assistive technology was used appropriately to enhance people's quality of life and independence. Some people were able to use tablets and utilise computer search engines to find simple information or set reminders for appointments or medicines.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The people supported had chosen to be tenants and had choice in where they lived. Where they lacked capacity there was evidence that decisions had been made in their best interests and had included the appropriate people and professionals in the decision making process. In these cases, the tenancy agreement was agreed with the court of protection.
- Capacity was assessed in all areas of the outcome focused support plans. DoLS safeguards were completed where necessary and obtained through the Court of Protection as required.
- The service had assessed their person-centred approach as having a positive effect and felt they no longer needed to use any restraint with people currently using the service. This was to be monitored and reviewed and further training accessed if and when appropriate.

Is the service caring?

Our findings

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

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

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

- People told us they were happy with their support. One person said, "Staff are OK, I get on with them." Another person, who had recently moved into the service told us, "It feels like home." A third said, "Staff are alright I like living here." One individual commented, "The girls are like the daughters I never had and the boys are like sons. They come in for a chat when they have time."
- Staff attended inclusion training to help ensure they complied with requirements regarding equality and diversity. There was also values training to embed the values of the company within staff.
- The service worked closely with people and their families to help ensure understanding of their individual needs. Specific equality and diversity training was provided for staff to ensure they were aware of individuals' cultural, spiritual needs.
- People living in the extra care facility had been supported with involvement in a campaign to make the local beach accessible to people who required the use of wheelchairs.

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

- There was a welcome pack for people new to the service which included a guide to the service and guidance around how to make a complaint.
- People were involved in decorating their homes according to their choice, and we saw how proud people were of their homes.
- The service had initiated a monthly 'Let's do Lunch' enterprise. This combined a fun event, such as lunch, a picnic, trip to the cinema or baking, with a forum for airing views. The initiative had worked well and had supported people with learning skills, making and maintaining friendships and building confidence. It had been more successful in supporting speaking up, than previous formal meetings.
- There was a seasonal newsletter which included information about upcoming events, holidays and staffing issues.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated respectfully. One person said, "Staff are respectful." Another told us, "They treat me with respect all the time."
- People were supported to do as much for themselves as they could. One person said, "I like to keep as independent as possible, I've always been very independent, it's important to me and they help me to do that."
- Dignity and values information was displayed on the wall in the office base and a number of staff were registered to be dignity champions. They were responsible for events to implement dignity approaches.

- There was a data protection policy and information was stored in accordance with GDPR requirements.

Is the service responsive?

Our findings

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

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

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

- There was a person centred plans policy and training was provided for staff. Care plans were written according to the policy. It was clear from observations and records that people were treated as individuals and support was delivered according to their specific needs and wishes.
- Transition plans were in place for people moving on to other services and change was managed sensitively.

Meeting people's communication needs

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

- The service produced a range of information in easy read format. For example, there was safeguarding information, with guidance on how to report concerns, produced in easy read, colourful format with pictorial representations. Much of the information within the care plans, such as health action plans was produced in this way to ensure people were fully involved in their support planning.
- Communication passports were used within care files to guide staff how to read body language and gestures for individuals where required.
- The service also had aids such as talking keyboards and communication boards.
- Some people who used the service were able to use e mail or text messaging. Translation services were used when required and independent advocates could be accessed for those who wished to use them.

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

- People told us about their activities and social interaction with each other and within the wider community. People had regular trips to the cinema, gym, local discos, library and various social groups within the community.
- People at the service were supported to be involved with events such as disability awareness week, when there had been a bowling competition, a barbecue and games day.
- Some people were supported to access voluntary work placements and/or educational opportunities.

Improving care quality in response to complaints or concerns

- The service had a 'How to share compliments, comments concerns and complaints' leaflet for new service users. People who used the service were supported to raise complaints if they needed assistance with this.
- There was a complaints log with information about actions taken, appeals and outcomes. This log was analysed to inform improvement to service delivery.

End of life care and support

- There was an end of life policy and procedure and some staff had undertaken training in end of life care.
- People were encouraged to share their wishes for when they were nearing the end of their lives. The service would then work with agencies, such as district nurses, within the community to provide support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care planning, risk assessments and rotas were person centred. Records were updated in real time via an electronic system. This ensured timely responses to changing needs and health issues.
- Protected characteristics, including sexuality, religion, race and disability, were respected and supported. The company demonstrated a zero tolerance approach to discrimination and were proactive in advocating anti-discrimination.
- People were supported to be as independent as possible with the least amount of support required. This helped empower people to be as self-sufficient as possible and encouraged confidence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was an agenda item and discussed at management meetings to help ensure this was adhered to at all times.
- The manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure and line management responsibilities. The management team included people with suitable qualifications and experience who were equipped to lead the service effectively.
- The latest leadership plan was displayed in the form of a collage on the wall of the office building.
- Staff described the management as approachable and supportive.

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

- Staff supervisions and meetings took place regularly and helped ensure staff had opportunities to raise concerns and make suggestions. An employee of the month scheme provided acknowledgement of staff who had gone above and beyond their remit.
- The on call system meant that staff had access to support at any time of the day or night.
- Surveys were sent out annually to assess people's level of satisfaction with the service. Relatives and friends surveys also demonstrated a high level of satisfaction with the service.

- People who used the service were encouraged to speak up informally on a daily basis and via schemes such as the 'Let's do Lunch' forum.

Continuous learning and improving care

- The service had produced a 'You said we did' in response to the last satisfaction survey. As a result of this they had increased spot checks and communication and looked at circulating more information.
- Monthly house inspections were completed and the checks included health and safety, medication records, activity planners, and menu planners. Audits undertaken on each house were completed by service managers from other houses to help ensure impartiality. The management team worked with staff teams until standards had been achieved.
- The registered manager aimed to visit and audit each service at least once per year.
- There was a Quality Group which met on a monthly basis. An operational directors policy group also met on a monthly basis to discuss any changes and updates.
- A recent review of the complaints procedure had resulted in some changes to help ensure all concerns and complaints were responded to appropriately.

Working in partnership with others

- The health and social care professionals we spoke with were positive about their working relationships with the service.
- The service had signed up to 'The Deal' with Wigan local authority. This was an informal agreement to work together to help create a better borough. They also worked with the local authority quality performance officers and safeguarding boards to identify risks and improve service delivery.
- The service was proactive in involving the people who used the service in as many community based activities as possible.
- The service were members of the Greater Manchester joint training partnership, accessing training through Wigan Council and Lancashire Council.