

Mediline Nurses & Carers Limited

Mediline Nurses and Carers Lichfield branch

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

We inspected this service on 9 and 10 March 2016. This was an announced inspection and we telephoned the provider two days' prior to our inspection, in order to arrange home visits with people. This was the first inspection of this service.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Lichfield and Tamworth.

There was a registered manager in the service. 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. There was also a manager who supported staff on a daily basis and we were informed that it is their intention to make an application to become the new registered manager. We will refer to them as the manager within this report.

Positive and caring relationships had been developed between staff and people who used the service. People were treated with care and kindness and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs.

People felt safe with staff members who were trained in safeguarding adults and understood how to protect people from abuse. Where staff suspected any abuse, they knew how to act to ensure people were protected from further harm. Checks were carried out prior to staff starting work, to ensure their suitability to work with people who used the service.

People had capacity to make decisions about their own care and their consent was sought before staff provided any care and support. Staff provided personalised care that people had requested and knew people well. The support people wanted was regularly reviewed to ensure it continued to meet their needs. Care records included assessment of risk and staff knew how to reduce the risk of potential harm. People usually received support from the same staff team and they knew who was providing their support in advance. The provider was flexible and responsive to changes for support times. There were sufficient numbers of staff to ensure visits were made when they should be and to meet people's care needs.

People received their medicine and were supported to apply any creams or ointments they needed to maintain their health. People received the assistance they required to have enough to eat and drink.

People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues with staff in the office and the registered manager, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of

people who used the service. People who used the service and staff felt involved and able to make suggestions to support the development of on-going improvements.

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 felt safe when they received care and there was an on call system for people to ring in the event of an emergency out of office hours. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they considered kind and caring. Staff respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People felt able to raise any concerns and complaints were investigated and responded to. People were involved in the review of their care and decided how they wanted to be supported.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of care to bring about improvements. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people and a series of audits and checks.

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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 checked 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 inspection visit took place on 9 and 10 March 2016 and was announced. One inspector carried out this inspection. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us. The service provides support for 230 people.

We used a range of different methods to help us understand people's experience. We visited five people and spoke with four relatives and friends, made telephone calls to five people and spoke with seven staff, the manager and the managing director. We sent out questionnaires to people to ask them about the quality of the service they received. We used this information to make a judgement about the service.

The provider completed a provider information return (PIR). This 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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at six people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Support was planned and delivered in a way that promoted people's safety and welfare. People told us they were confident that the staff supported them in a way which helped to keep them safe. One person told us, "The girls know what they are doing. I've never felt vulnerable or been hurt. They do everything well." Staff knew about the risks associated with people's care and how these were to be managed. For example, where people needed to use moving and handling equipment, the risks had been identified and staff received specific training for the equipment. The staff told us that when people started using new equipment, an occupational therapist would ensure it was safe and suitable to use. One member of staff said, "We either have more training in people's home or the occupational therapist comes to the office so they can show us what we need to know." Staff told us there was always a senior member of staff available if they needed to report concerns or ask advice. One member of staff told us, "I rang the trainer up once as I wasn't sure what to do. They were fantastic and we talked about how to support the person. The person was there too so they could hear, and that meant we all knew what to do." Care records included risk assessments and we saw this were updated and reviewed when people's support changed.

People's homes were assessed to ensure staff had guidance to follow to protect people from identified risks. The assessment included information about equipment people used, access to their home and what they needed to be aware of to keep safe. One member of staff told us, "The senior staff are excellent at updating this based on what we see and tell them; even if it's just loose slabs on the drive. They always make sure it's up to date."

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. They had completed training in safeguarding people and understood their responsibilities to report any concerns. One member of staff told us, "I've had to report things in the past. I reported my concerns straight away and we worked with the safeguarding team to make sure they were safe." We saw where concerns had been reported, the registered manager notified us of these incidents and worked with the local authority to protect people from further harm.

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. The staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training. Where people had lived or worked overseas they were responsible for obtaining a certificate of good conduct to ensure they were suitable to work with people who used the service. One member of staff told us, "I waited until all the checks were back before I started working here. They explained this at the interview so I knew what to expect."

People were supported or prompted to take their medicines. Staff had received training to safely administer medicines and competency checks were carried out to check that staff had the necessary skills. One person told us, "I can't pop the tablets out, so the staff put them in an eggcup for me so I can take them myself." Another person told us, "I've never missed a tablet. The staff know what I have and it's written down." We saw staff completed a medication administration record after medicines had been given and they recorded

any concerns in the daily notes. If any medication was missed, processes were in place to investigate this. One member of staff told us, "If anything hasn't been given we put a red dot on the record sheet so it can't be completed later and a report is made and it's looked into." Another member of staff told us, "If I saw anything was wrong with the medicines, then I'd contact the office. It's not for us to make a judgement; we need to report it."

People felt there were enough staff working in the service to meet their needs. People told us and we saw on the electronic recording system that they generally received their visits on time. One person said, "We know they have a half hour window and we understand somebody needs more support or the traffic may be bad. Staff had to stay with me once longer than they should because I wasn't well, so I can understand how it happens." Another person told us, "If they are going to be late they let me know." People told us they knew who was providing the support and we saw a copy of staff schedule which informed people who was visiting. One person told us, "On the whole it's the same person who comes, who is down on the list. I have a small group of carers who I get on well with and I'm happy with this. Another person told us, "I do get a lot of carers but I have a lot of visits. I don't get somebody I don't know and I get the same carers to help me to get washed and dressed and that's important to me."

Is the service effective?

Our findings

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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager stated people who used the service had capacity to make everyday decisions. The manager and staff understood that where there were concerns about people's capacity; assessments would be carried out to ensure that decisions were made in people's best interests. The staff had received training in relation to MCA and one member of staff told us, "We know we must always assume capacity. We get reminded of this all the time and people can let us know what they want. Some people aren't able to talk with us but they still let us know and we respect their decisions."

New staff received an induction into the service over five days. The staff told us this covered how to support people safely so they could start working in the service. After this induction, they worked alongside other staff and assisted people who needed the support of two staff. The staff told us they worked in a supervised role until they completed their care certificate. All new staff completed the care certificate which sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. People told us that when new staff started to provide their support, they worked alongside experienced staff so they understood how to support them safely. One person told us, "I had a new staff come and shadow this morning. I didn't mind because it helps me and we can talk about how I want things done." One senior member of staff told us, "After the certificate has been completed, new staff are assessed to ensure they are competent. If there is anything they are unsure of or if they need more time, then they continue to work alongside staff. It's really important that new staff are confident and know how to support people safely before they work alone."

People received effective care and support from staff who were well trained and staff told us they were confident they had the skills they needed to support people. When staff received new training their knowledge was checked to ensure they were competent. One member of staff told us, "After I'd done the medication training we had a practical session and one person pretended to be an older person and I had to show how I'd do the medication. Half way through they asked me for a drink. When I turned around they threw the tablets away and then said they'd taken them. From this, I learnt that we must stay and check people are taking tablets and never assume or leave people."

People benefitted from staff who were well supervised. Staff were observed carrying out care and support in people's home as part of the supervision and appraisal system. Staff confirmed this and one staff member

told us, "They don't tell you when they are coming out. Its better this way so they can see if you are on time and what you are dressed like. These things are important too." Another member of staff told us, "We have regular spot checks and they make sure we are doing things right. If anything was wrong, they'd tell us straight away and we talk about what went well and what we could do better when we have supervision. They really want to get it right here and so do we."

People retained responsibility for managing their own health care and where people needed support this was provided. The care records included information about people's health and details of health care professionals. One person told us, "The staff know my limitations and what I can do without becoming breathless." Another person told us, "I can't do as much for myself as I used to. The staff know what they can do to help me and when I wasn't well they called the doctor. They wouldn't leave until they knew I was safe and well." A member of staff told us, "We try and go that extra mile. For example, one relative was having difficulty getting out so I took a prescription to the chemist for them. It might seem a little thing but it meant a lot to them. We don't just care for the person but recognise where the family need help too."

People had an individual support plan which included information about how they wanted to be supported. People consented to us looking at their records with them and told us that during their initial assessment they were asked about how they wanted to be supported. The information recorded what people wanted. One person told us, "A lot of the staff have been coming here for quite a while and they know what I like and how I like things to be done. They still ask me how I want things though; they don't take things for granted." The staff were knowledgeable about people's care and knew what was required to support them in a safe way. A member of staff told us, "The care records are good and give us all the information we need. When I visit someone I always look through the folder and check what I need to do, but then I ask people. The support plan gives us the information but this doesn't mean we take away people's ability to choose. They may want things done differently that day and we need to respect this."

Some people needed support to prepare and eat their meals. One person told us, "I have meals delivered so there is always something for me to eat. Sometimes I ask the staff to cook something for me and they are ever so good and make what I want." People told us that before staff left them, they checked that they had access to drinks and snacks they may want in between their visits. One person told us, "I have my water here, so if I'm thirsty I don't have to wait for a drink until the carers visit next."

Is the service caring?

Our findings

People spoke positively about the way staff supported them and told us the staff were kind and compassionate. One person told us, "I have a lovely relationship with all the staff; there are a couple that are very important and special to me. They all deliver excellent care but you can't help the way you like some people more. I'd be lost without them and I'm so lucky to have them here." Another person told us, "They are outstanding. I was ill recently and if they hadn't have acted so quickly then I don't think the outcome would have been good. That's why it's important to have the same staff come out; they notice the changes."

People commented that staff were respectful and polite and we saw when staff visited people they knocked on the door and greeted people on entering their home. We heard staff speak in a calm manner and give reassurances when helping them to move. Staff respected people's privacy and dignity. When staff needed to offer personal care they explained this and shut the door to ensure people's privacy. One person told us, "One thing is certain; the staff always ensure I keep my dignity. It's not always easy having people do things that you can no longer do, but they are really considerate." Staff had received training to be a dignity champion. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. Staff had reviewed how they could ensure people's dignity was protected and the entrance to the office had a 'dignitree' where staff had decorated a tree with comments about promoting dignity. One member of staff told us, "We treat people with the same level of dignity as I would want for me or a relative." Another member of staff told us, "At every meeting we have we discuss dignity and how we can keep improving and what we can do better for people."

Staff treated people with respect and kindness. One person told us, "You can't fault the staff in how they help me." Another person told us, "They always seem to notice if I'm a bit down and they ask me what's wrong. It's lovely to see them throughout the day. They look out for me." One person wrote to say, 'The staff's attention to detail and caring attitude makes an enormous difference to our lives.'

People were supported to be as independent as possible. Staff were aware of people's abilities and care records highlighted what people were able to do for themselves and where they needed help. One person told us, "I try and do as much for myself as possible The staff are there if I need them but they don't take over. I want to do as much for as long as I can. You have to keep on doing what you can." We saw the care records were personalised and included details of how staff should encourage people to maintain their independence.

Staff understood the importance of maintaining people's confidentiality and one member of staff told us, "We are careful about what we write in the daily notes. We have to be honest and we always remember that its people's records and they can look at them at any time." We don't carry personal information about people, especially key codes. We keep everything safe and just have a simple rota to follow. If we need any more information, it will be kept in people's home for us to see."

Is the service responsive?

Our findings

People confirmed they were involved with decision making about their care and support needs and had an agreed plan of care. People said the staff asked them how they wanted to be supported when they started using the service and they were pleased with the care they received. One person told us, "My support plan is here and the staff follow the same routine. This is just the way I like it. It doesn't matter who comes here, they do the same thing and always look in my folder before they start. They always ask me if I'm happy and whether I still want the same though. They are very polite." We looked at people's care records with them and we saw that they were personalised to reflect their individual preferences, support needs and what they could manage for themselves. One person told us, "I don't disagree with any of it. It's spot on." People's care records were clear and informative and written in plain English.

The manager and staff understood the importance of providing consistency of care workers. People told us they knew who was providing the support and they were informed in advance of any changes. People received a copy of their care rota each week which gave them details of what time staff were visiting and the name of the staff member. One person told us, "I have my rota here and up to now this week everyone who was supposed to come here has." People told us the rotas were available in large print to help them to read.

There were arrangements to cover emergencies and people had details of the out of hours telephone number. One person told us, "I had to call it once and they sorted me out straight away. It's not something I want to use, but it's nice to know they are there if we need them."

People benefited from receiving care from staff who had a good knowledge of the needs and preferences of people who used the service. This enabled staff to provide care that was responsive to people's needs and personalised to their wishes and preferences. For example, one person spoke with us about how their needs had changed following treatment in hospital. "I was so happy to be able to change everything so I could still get the support. It meant a lot to me to have people I knew." Staff demonstrated they had a good understanding of what was important to people and provided support accordingly. One member of staff told us, "People don't always like change and if their support needs change we still try and do the things people want us to do. We try and offer a very personal service."

People's care and support was reviewed to ensure it continued to meet their needs and expectations. Senior staff visited people in their homes to monitor the quality of the service and seek feedback from people. One person told us, "They always tell you when they are going to do a review and that gives me time to let my family know. I prefer it when they are there too." Another person told us, "As soon as I came out of hospital, they were there, asking me what I needed and what they needed to do. It was marvellous." We saw changes were made to support plan and staff confirmed they were alerted to any changes to ensure the care continued to meet people's needs. People told us that the length of their visit was reviewed with them and where they received funding from the local authority, the staff supported them to request any change so they could receive the support they wanted.

People were able to raise concerns or make a complaint if something was not right. People told us that they

would be confident in speaking to the registered manager or a member of staff if they had any complaints or concerns about the support provided. We saw any complaint received was investigated and the manager responded to all concerns. The manager told us they welcomed complaints and wanted to have this information so they could continue to develop the service and make improvements. One senior member of staff told us, "Complaints aren't bad. It means someone is giving us the opportunity to put things right. That can only be a good thing."

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration. The registered manager and provider understood their legal responsibilities. They ensured that the local authority's safeguarding team were notified of incidents that had to be reported and maintained records of these for monitoring purposes.

People were consulted about the quality of their care when they were visited by senior staff to review their support plan. We saw a recent review which analysed whether people were happy with how staff understood their needs; arrived at the correct time and whether staff were polite and treated people with dignity and respect. The responses were reviewed and where concerns were raised, we saw these were addressed directly with people who used the service. People reported positively on the quality of the service and comments included; 'I now feel safer when I have a shower.' 'As a family our lives have been enhanced by the work of the Mediline team. The supervisory staff are easy to contact and do what they promise. Special arrangements are easy to make and there is always some flexibility.' The provider received compliments about the service and staff were informed when they had been identified as providing good care. Compliments received included; 'Thank you for all the work you and your colleagues have done. You have listened and changed the plan accordingly.' And, 'The staff were very professional and showed compassion, tolerance, kindness and respect.'

The registered manager and senior staff were on call if staff needed any support. People told us when they had needed to contact the provider, a response had been prompt. One person told us, "I had to call them when I was in trouble and they were excellent and sorted me out straight away." Another person told us, "Whenever I call the office they are always really helpful and polite." During the evenings and at weekends, senior staff were responsible for supporting people who contacted the emergency number. If people did not receive a call or staff were late the system used, sent a text message to the on-call phone to alert senior staff and ensure people's safety. One member of staff told us, "It works really well and we've haven't missed a call. If we did or something happened that meant staff were running late, we'd be alerted if they were 15 or 30 minutes late. We set the time for when the alert gets raised; it all depends on how time critical the call is."

The staff told us they felt part of a supportive team and felt the registered manager and manager were approachable and listened to them if they raised any concerns or suggestions for improvements. Team meetings were arranged and we saw the last meeting discussed the principles of the Mental Capacity Act, the social networking policy and completing documentation. One member of staff told us, "We always go through some current themes and it's nice to get to be with staff because we don't always work with other people. It makes you realise you are part of a bigger thing." Staff received a newsletter which kept them informed of updates and changes to the staff team. There were also details of where action had been taken from staff comments. This was called 'You said – we did'. The last newsletter included details where staff had questioned the uniform policy. The provider had reviewed this to enable staff to wear black trainers. Staff had reported that that some training was a distance to travel; the provider had agreed to pay staff travel expenses. One member of staff told us, "I'm quite happy to talk about things with them because when we've said things in the past either on our own or at team meetings things change. We can all see that so we

know they listen."

The provider carried out quality checks on how the service was managed and checks within the office to make sure this was safe. Falls were recorded and reviewed to see whether there were any injuries or trends. Where concerns were identified, referrals were made to health professionals to review the care and keep people safe. Daily care records and medication records were brought into the office for review.

A system was in place to record whether people received their support on time and ensured that people received the agreed support time. The system identified if people did not receive their visit and alerted senior staff to ensure people were not left at risk of harm. A copy of the quality report was sent to the local authority that commissioned and monitored the quality of the service. We saw that the length of time people received their call and whether they were early or late was monitored and reviewed and we saw during that during this period there had been no missed calls.

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and would be supported by the management team. One member of staff told us, "I am absolutely committed to doing things right. I wouldn't hesitate to inform them if I saw something wrong and know they'd do something about it." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.