

Mediline Home Care Limited

Mediline Home Care 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

Mediline Home Care Lichfield Branch provides personal care support to people living in their own homes in the community. At the time of our inspection, 230 people were receiving support. The level of support provided varied dependent on people's needs. Some people received support on a continuous basis throughout the day and at night. Other people received scheduled visits throughout the day to support them.

At our last inspection, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection, we found the service remained Good.

People continued to receive support in a safe way. Staff understood the procedures and practices in place to protect people from harm. Sufficient staff were available to support people and risks to people were managed to reduce potential hazards. The provider followed safe recruitment processes. Where people required support from staff to take their medicines; this was provided in a safe way. When incidents occurred the registered manager took action to make improvements. Staff understood their responsibilities in relation to hygiene and infection control.

People continued to receive effective support. Staff had the knowledge they needed to provide effective care and people's support was delivered in line with good practice guidance. People's physical health was monitored and support was provided when required. Where people were supported with their meals, this was done according to their choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to receive support that was caring. Staff provided care in a considerate and respectful way. People were involved in making decisions about their care. People's privacy was respected and their dignity and independence was promoted.

People continued to receive support that was responsive to their individual needs, preferences and routines. People's support plans were reviewed with them to ensure they remained relevant to their care needs and preferences. People knew how to raise any concerns or complaints, and these were responded to in a timely way.

The service continued to be well led. Staff were clear about their roles and responsibilities and felt supported by the registered manager and management team. People and staff were encouraged to give feedback about the service, and their views were acted on to make improvements when needed. The

registered manager worked in partnership with external agencies to inform people's care and systems were in place to drive ongoing service improvement.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Mediline Home Care Lichfield Branch

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 announced inspection took place on 16 and 20 April 2018. We gave the provider two days' notice as they provide support to people in their own homes, and we had to gain people's permission to contact them. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience spoke with people on the telephone on the first day. The inspector visited the office location on the second day to speak with staff and review records.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. As part of our planning, we reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service and the relatives of ten people. We also spoke with two support workers, two senior support workers, two co-ordinators, the registered manager, the area manager and HR manager. We looked at the care files of three people who used the service to see if their information was accurate and up to date. We reviewed two staff files to see how they were recruited and checked information about their training. We also looked at records relating to the management of the service. This included audits the registered manager had in place to ensure the quality of the service was continuously monitored and reviewed.

Is the service safe?

Our findings

People continued to be safe receiving support at home. One person told us, "I look forward to my staff coming, it's like having fresh air in the house they are all so lovely." One relative told us, "I can walk out of my house and know [Name] is safe with the staff." Staff understood their responsibilities to protect people from harm and abuse and were aware of the safeguarding policy and procedure to follow in any event. They were able to describe the actions they should take, and were confident to report any concerns. Risks to people's safety were managed effectively

People's home environments were assessed to identify any hazards to their safety. Where any potential hazards were identified regarding fire safety, staff were able to refer people, with their consent to the 'Olive branch' project. This is a project with Staffordshire Fire & Rescue Service for a free home fire risk check. People were encouraged to consider their safety when alone. For example, staff checked with people that they had their portable emergency alarms with them when they completed the call. Staff ensured that people's properties were secured at the end of their visit. One person told us, "I can trust the staff to make sure the house is locked when they leave it really puts my mind at rest."

The registered manager ensured people had the equipment they needed at home to minimise potential risks. This was done by working with community professionals to ensure people's needs were assessed so that the right equipment was in place. One person told us, "My relative needs a hoist to move and the carers seem to be trained to use it properly, we have never had a problem with any of them not knowing what to do." Staff confirmed they received training to use equipment correctly, and their work practice was assessed.

There were enough staff to meet people's needs and support them to stay safe. People confirmed they had regular staff that arrived on time and told us they were not rushed during the visits. One person told us, "The carers never rush me and we have plenty of time to do all I need." Another person said, "The carers come when they are supposed to, stay as long as they need to and never go without finishing what needs doing." We saw that the provider followed safe recruitment processes and staff confirmed that the required employment checks were undertaken.

When people needed support to take their medicines, systems were in place to ensure this was done safely. People who received support to take their medicines told us they received them when they were supposed to and confirmed that staff signed their medicine record to show they have been given. When staff supported people with their medicines, they maintained accurate records to show this. Medicine support plans provided detailed information on the assistance the person required to take their medicine.

Staff understood their responsibilities to ensure good standards of hygiene were maintained. One person told us, "Whenever the staff do anything for me they always wear gloves and aprons and there are always plenty of them." Staff confirmed that they were able to access a supply of personal protective equipment as required. One member of staff told us, "We can pick supplies up whenever we need to; I will pick them up for staff that don't drive so they have a supply as well."

Continuous monitoring was in place to ensure any accidents or incidents were reviewed. The provider's systems enabled the management team to look for any patterns or trends; to enable them to take action as needed. For example the registered manager showed us the actions they had taken to reduce medicine errors. This was an additional prompt for staff to follow before they supported people with their prescribed medicines.

Is the service effective?

Our findings

People's support was delivered in line with good practice guidance and they were protected under the Equality Act; as potential barriers they faced because of their disability had been removed to ensure they were not discriminated against. This was because a variety of equipment and adaptations, to enable people to move around their home independently had been made available to them. Where people required any equipment, to support their mobility the registered manager made relevant referrals to ensure people received the equipment needed. This showed us that the staff team worked with different organisations to help deliver effective care.

People told us the staff were competent and capable of undertaking the tasks they performed to support them. One person said, "I have no problems with any of the staff who visit me. They all know what they are doing for me as they talk to me all the time." Staff had the knowledge they needed to provide effective support for people. New staff received an induction that prepared them for their role, and ongoing training was available for staff to ensure their practice remained up to date. One staff member told us, "Training is good; Initially there is a weeks' worth of training as part of the induction and it's really in depth; We then get yearly refresher training." Another member of staff said, "As well as the mandatory training we also get training that is the specific to the needs of the people we support."

Where people needed support to prepare their meals they confirmed the staff supported them as needed. One person told us, "I normally decide at breakfast time with my carers what I am having for lunch and whoever comes in at lunch time cooks for me." The staff told us if they had concerns about a person being at risk from malnutrition because they were not eating well they would report this to the office. This was to enable referrals to be made to the relevant community professionals for advice and support where needed.

The majority of people we spoke with were able to make their own arrangements in relation to their healthcare. Staff confirmed that they monitored people's health to ensure support could be sought were needed. One member of staff said, "I would support a person to call their GP if they were unwell or contact their family member;" Obviously, if it was an emergency I would call the emergency services; Everything would be reported back to the office and recorded." Where people needed support with their health care needs the provider was able to arrange this. For example one person with complex needs had a nurse employed by the provider as part of their support team. We saw they had their own dedicated team of care staff that had received specific training to enable them to support the person.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People we spoke with were able to make decisions about their care and

support. The registered manager confirmed that all of the people using the service at the time of the inspection had the capacity to make their own decisions. Staff understood the MCA and were aware of how this could impact on the support they provided. One said, "It's about supporting people to make their own decisions. They might not be able to verbally communicate but that doesn't mean they can't make decisions."

Is the service caring?

Our findings

People told us the support they received from the staff was caring and considerate. One person said, "I couldn't ask for better care, the staff are like my friends and I trust them all."

People and their relatives told us that staff were polite and treated them with respect. One person said, "I couldn't be treated with more respect by anyone; nothing is a trouble for my carers." Another person told us, "I couldn't be treated better by anyone, my carers are just brilliant."

People told us the staff always sought their consent before providing any care and encouraged them to be as independent as they could be. We saw that people's care plans reflected what they were able to do for themselves and the support they needed from the staff. One member of staff told us, "You get to know people really well. So you know how they like things doing and what they can do for themselves. It's important to respect that. It might take the person a little longer to do things for themselves but that's what we are there for; to support them." One person told us, "The carers are more like friends to my relative, we are really lucky."

People told us they were supported to maintain their dignity. One person told us, "Whenever I have my shower, my carers draw the curtains in the bathroom to make sure that my dignity is protected." Staff understood the importance of promoting people's dignity. One member of staff said, "It must be very difficult for people when they first have care. We are strangers in their home and we have to respect them and help them to feel comfortable with us."

Is the service responsive?

Our findings

People were involved in making decisions about their care. One person told us, "Before my relative started having carers, someone from Mediline visited and we discussed everything to make sure that my relative would be looked after properly. It was written in their care plan which is reviewed every year and I am always involved." We saw that detailed information was provided within people's care plans regarding their preferred routines and preferences.

People's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. We saw that people's communication needs were also considered within the care planning process. The registered manager confirmed they were aware of accessible information standards (AIS) and told us that if people required information in an alternative format, such as large print, pictorial or audio, they were able to provide this.

People were given a copy of the provider's complaints' policy when they began to use the service and knew how to raise any concerns or make a formal complaint. One person told us, "I have never needed to complain about anything but I would if I needed to. I have all the information in the care plan folder" Another person said, "I have never had cause to make a complaint and I don't think I ever will need to, but I do know what to do to make a complaint." The registered manager had responded to complaints in a timely way and in line with the provider's complaints procedure.

An analysis of the complaints received had been undertaken to identify any patterns or trends and enable the provider and registered manager to take the required action. For example some people had wanted to change their calls times but this was not always possible if no vacancies were available. The registered manager had introduced a 'time wish list' for people which was a waiting list for when these time slots became available.

At the time of this inspection, the provider was not supporting people with end of life care; therefore we have not reported on this.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their relatives were clear who the registered manager was and confirmed that they could speak to them when they needed to. One person told us, "I can always get through to speak to the manager if I need to and she always does everything she can to help." Another person told us, "I know who the manager is and I am very happy with everything."

People found the service to be well led. One person said, "I have had years of experience of a lot of care agencies and Mediline is by far the best." Another person said, "We are extremely happy with the care provided." There was a management on call system in place for staff to use out of office hours as needed. One member of staff told us, "There is always someone available for advice or support when we need it."

A team of support was in place for the registered manager; this included a senior management team, an in house training department, a senior coordinator, four care coordinators, two field coordinators, senior care staff and care staff. The registered manager confirmed they felt supported in their role.

People's views about their care were sought on an ongoing basis to monitor the service and inform any improvements. This was done through individual care reviews, visits to people, telephone calls to people and annual satisfaction surveys. Staff were supported and motivated in their roles. They received spot checks of their practice and supervision sessions that gave them time to discuss their learning needs and future development. One staff member told us, "You become a bit of a family when you work for Mediline. There is nothing I wouldn't go to them about." Another member of staff said, "I love working for Mediline and would recommend it 100%." Staff told us about the team meetings they attended and how they contributed to these.

People's right to confidentiality was protected. All personal records were kept securely at the provider's office. Each person had a copy of their care records, available to them at their home which they maintained responsibility for. We saw our latest rating of the service was displayed at the office base and on the provider's website, as required.

The provider conducted regular audits to check that people received good quality care; such as checks for any missed calls, audits of complaints and spot checks on staff practice and audits on medicine administration records. A system was in place to record whether people received their support on time and ensured that people received their 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. This showed us that the provider monitored the service and took action when needed to improve the service. The registered manager

ensured that people received the relevant support from other agencies as required such as community health care professionals.