

Medow Care Services Limited

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Inspection report

Unit 25
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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

This inspection took place on the 10 and 13 February 2017 and was announced. During our last inspection in November 2015 we rated the service as 'good'.

Medow Care Services Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 45 people using the service.

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 were kept safe from risk of harm and staff understood the ways in which they could be safeguarded from abuse.

Risk assessments were detailed enough to minimise any risk to each person and to account for risks of working in people's homes.

Care plans contained sufficient information to ensure that people's needs were being met where necessary, including their dietary and healthcare needs.

Satisfaction surveys were sent out to ensure that people were happy with the care they received, and improvements were made on the basis of people's feedback.

Staff received the correct training to undertake their duties effectively, and received supervisions and performance reviews to support their continued development.

Staff understood their roles and responsibilities and were knowledgeable about the ways in which people gave consent and how the Mental Capacity Act was applied in practice.

Staff demonstrated a caring attitude and understood how to treat people with dignity and respect.

Staff meetings were held regularly and provided an opportunity for the team to meet and discuss issues affecting the service.

New staff received a full induction into the service, and robust recruitment procedures were in place to ensure they had the skills and experience necessary for the role.

Where people required support with administration of their medicines, the service kept appropriate records and information on their file.

Quality audits were completed regularly to ensure that the service was identifying any areas for improvement and taking appropriate action to resolve them.

People and staff were positive about the registered manager and management team within the service and shared their visions and values.

People knew who to complain to if necessary, and the manager had an effective system in place for handling and resolving complaints.

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.

Medow Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 13 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that somebody would be available at their registered office. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the contents of notifications received by the service. A notification is information about important events which the provider is required to send us by law. An up to date PIR had not been requested prior to our visit. 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. We also reviewed local authority contract monitoring records.

During the inspection we spoke with five people who used the service and two of their relatives, three members of staff and the registered manager. We looked at five care plans which included risk assessments, guidelines, healthcare information and records relating to medicines. We looked at four staff files including recruitment information, training and induction records and details of when staff were supervised. We also looked at quality audits, satisfaction surveys, minutes of meetings and complaints received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People using the service told us they felt safe while care was being provided. One person said, "Yes they do keep me safe." A relative told us, "They are very conscious of safety, both [person]'s mine and theirs."

The staff we spoke with told us they understood the process to follow to report any concerns relating to people's safety. One member of staff said, "We know to report anything worrying. I had concerns the other day and told the manager and they were sorted straight away." There was a whistle-blowing policy in place so that staff could report concerns anonymously without the fear of the consequences of doing so.

Risk assessments were in place for each person to identify both the risks to staff of working in people's home environment and the risks to people. Risk assessments included control measures to mitigate the level of risk in areas such as mobility, personal hygiene, behaviour and medicines. People were encouraged to contribute to the risk assessment process to detail ways in which they felt that risks could be managed.

The people we spoke with said that staff were usually able to come on time and stay for the correct amount of time. The service could not always guarantee specific times to people but prioritised based on need and other time critical factors such as medicines. Rotas were managed to allow for staff to have adequate travel time between visits so that they were able to attend to people on time.

Medicines were managed safely and monthly audits were carried out in people's homes to check that MAR (medicines administration records) charts were being completed correctly. Details of the medicines that people took and their preferred method of administration were listed in their care plans.

The service had a policy for ensuring that staff were recruited safely to work at the service. We saw that two references were sought from employers before new staff commenced work, and that they had valid Disclosure and Barring Service (DBS) checks on file. Interview notes looked at the person's experience and character to assess their suitability for the role, and any gaps in people's employment history were explained where necessary.

Is the service effective?

Our findings

The people we spoke with told us that staff were able to carry out their duties effectively. One person said, "We have the same [staff] who know me inside out anyway, but even when there's different staff they're all of a good standard."

Training was provided by the registered manager and staff we spoke with were positive about the quality of training on offer. They completed units such as moving and handling and medicines which included practical examples and demonstrations. One member of staff said, "We have in-house and external training through Hertfordshire (County Council). This is helpful for us to speak to other people and take learning back with us."

There was a detailed induction process in place for new staff which included a period of working along experienced members of staff and probationary reviews. Staff received regular supervision and appraisal of their performance. Spot checks also took place regularly to ensure staff were following care plans and carrying out their duties correctly.

Staff training included information in relation to the Mental Capacity Act. 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. Consent records were in place to indicate that people consented to their care, and care plans included information in relation to the level of the person's capacity.

People's healthcare and dietary needs were listed in their care plans and included the level of support they may have required with these. A contact form was in place for any correspondence between people and staff if there were any hospital appointments required or changes to their health or well-being.

Is the service caring?

Our findings

All of the people we spoke with told us that staff were kind, caring and compassionate when delivering care. One person said, "They're really good, I do have different carers but they're all very caring." A relative said, "They're all nice people, very kind to [person] and I've been very happy with them."

A 'record of care' audit was completed for each person which was designed to monitor whether people were receiving good quality care. This included questions such as "is the [person]'s independence being promoted?" and "does the person have choices?" A quality monitoring exercise was also completed every two months to provide people with the opportunity to have their views listened to. We noted that actions were being taken in response to these. For example three people had stated that the visit times they had agreed on discharge were no longer suitable for them. A review had subsequently been arranged with social services to determine whether these could be changed.

People we spoke with felt treated with dignity and respect, and staff were able to describe the ways in which they observed this while providing care to people. One person said, "I've never had any worries with how they treat me. I'm sure they'd be picked up if they did anything untoward because I know they're checked on regularly. But they do show respect for me."

The service had received a number of compliments from people grateful for the care they had received. Comments included "thank you for the high standard of care you give [relative], I'm so pleased I chose you."

Is the service responsive?

Our findings

The people and relatives we spoke with told us they had care plans in place. One person said, "there's a plan they work to whenever they are here." A relative told us, "We've been happy with how they're working so we don't need to change the plan but they do ask if everything is okay with it. A manager comes out to do the assessments."

An initial assessment of need was carried out with each person to ascertain the level of care they required. This included details of any equipment needs and how it was to be used. This was then used to develop a comprehensive care plan. Care plans included sections such as communication, skin integrity, personal care and medicines. Daily notes were kept as a record of the care provided on each visit and were completed in detail. Tasks to be completed on each visit were then broken down into individual instructions for staff to follow and sign off to say they had been completed. Re-assessments of need were carried out whenever people's needs changed.

People told us they knew how to make a complaint if necessary. One person said, "I'd speak to [registered manager] if anything was the matter. I've never had to make an official complaint but I do think they'd listen if I did and make sure it was taken care of." The service had not received any formal complaints since our last inspection, but kept a record in people's care plans of how issues of a more minor nature had been resolved.

Is the service well-led?

Our findings

The people, relatives and staff we spoke with were positive about the management of the service. One person said, "I've always had a cheerful answer from the office and they are helpful. I've met [registered manager] a few times and she's very nice." A relative told us, "[Registered Manager] and the office staff are always there to help out if we need them."

The registered manager told us that about their visions and values and that they hoped to keep their service small and local so they could provide the best quality of care. One member of staff said, "I think they are a great example of a small company who provide real quality care, I think everybody is very proud of what we do and how we do it."

Staff told us they were able to contribute towards the development of the service through team meetings, which were held each month to give the staff team a chance to discuss issues and updates affecting their work.

The service carried out a series of regular audits and generated monthly reports to analyse the number of visits recorded as being missed or late. Remedial actions were then identified such as supervising staff who were persistently failing to use the system correctly.

People were regularly asked to complete surveys to indicate how their experience of the service was and whether they had any concerns. The feedback from these was positive and showed a high level of satisfaction from people using the service. Staff were also asked to complete surveys to provide their views and contribute to the development of the service. The response from staff was extremely positive and included comments such as, "The management makes you feel like a very valuable employee."

The Herts Care Providers Association completed a report each year which assessed the service against the Care Quality Commission's key lines of enquiry and set suggestions for development. A recent contracts monitoring visit had rated the service as 'good'.