

Mediline Home Care Limited

Mediline Home Care Calderdale Branch

Inspection report

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Date of inspection visit:

15 December 2020

18 January 2021

19 January 2021

26 January 2021

27 January 2021

01 February 2021

02 February 2021

08 February 2021

23 February 2021

Date of publication:

01 April 2021

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 Home Care Calderdale is a domiciliary care agency providing personal care and support to people in their own homes. 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. At the time of inspection there were 65 people receiving personal care from the service.

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

The provider had clear safeguarding policies and procedures in place to protect people from harm. Risks were appropriately assessed and reviewed. Medicines were managed safely. Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people. Infection prevention and control (IPC) systems were in place to reduce people's risk of infection, including COVID-19.

Most 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. However, we have made a recommendation about blanket capacity assessments.

Staff received induction training and shadowed more experienced members of staff until they felt confident delivering care. People's needs were assessed, and care and support was regularly reviewed. Appropriate referrals were made to external services to ensure people's needs were met.

All the feedback we received was complimentary about the care staff. Staff knew people well and told us they provided care to the same people, which ensured continuity of care. Staff involved people in decisions about their day to day care and consulted people regarding what they wanted.

We have made a recommendation about the Accessible Information Standards.

People's care records documented the level of care and support required, they were up to date and were regularly reviewed. The registered manager was improving the documentation to ensure there was an opportunity for end of life care planning to be discussed at initial assessment, care planning creation and at the care reviews. Complaints were investigated and responded to appropriately.

People, relatives and staff spoke highly of the management at the service. Systems were in place to monitor the quality and safety of the service. People were provided with the opportunity to feedback on the service they received, and any issues were addressed. The service worked well in partnership with others to ensure the best outcomes for people.

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

Rating at last inspection

This service was registered with us on 27 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 Home Care Calderdale Branch

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

This inspection was carried out 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection. This was because we needed to give time to prepare for our visit due to the COVID-19 pandemic.

Inspection activity started remotely on 15 December 2020 and ended on 8 February 2021. We visited the office location on 23 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought clarification from the registered manager in relation to travel time allocated on the staff rotas and confirmed improved medication administration records had been put in place.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear safeguarding policies and procedures in place to protect people from harm.
- Staff received safeguarding training and gave clear examples of when and how they would report any concerns.
- Safeguarding incidents were recorded, investigated and recorded any learning.

Assessing risk, safety monitoring and management

- Risks were appropriately assessed and reviewed. For example, risk assessments were in place for the environment, moving and handling, medication, pressure care, falls and choking.
- One relative said, "[My family member] feels very safe with them. They [staff] all seem to know what they need to do which makes [them] feel safer."

Staffing and recruitment

- Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people.
- There was a designated staff member who ensured there were sufficient staff in place to meet people's needs. Although people who used the service did not raise any concerns, we brought it to the registered manager's attention that the rotas we reviewed did not show staff had travel time allocated. Following inspection we were sent evidence to show this had been immediately rectified.
- People had regular care staff and were introduced to new staff prior to care being delivered. One relative told us, "[My family member] has the same ones [care staff] and they like the regularity of it all." A person said, "I feel safe and look forward to them [staff] coming to see me. They are all very kind and I have a rota that tells me who is coming."

Using medicines safely

- Medicines were safely managed. Medication risk assessments were in place which detailed people's allergies and responsibilities for ordering, administering and returning medicines. Body maps showed where creams required applying.
- We reviewed a sample of Medication Administration Records (MARS) and saw they had been completed appropriately. However, the medication was listed in numerical order on a separate sheet and just the numbers appeared on the MARs. The registered manager had already identified this was an issue and arranged for improved MARs to be used from 1 March 2021. All staff received training regarding this. The provider was working towards using an electronic MAR system in the near future.
- People and relatives confirmed all medication was given as required and care staff clearly documented this.

Preventing and controlling infection

- Infection prevention and control (IPC) systems were in place.
- Staff received IPC training which included specific training in response COVID-19.
- Staff we spoke with were clear on IPC protocols and confirmed they wore the correct PPE. One relative commented, "They [staff] wear all the COVID-19 kit. They look like they are going to the moon!"

Learning lessons when things go wrong

- The registered manager and provider investigated safeguarding matters, accidents, incidents and complaints. Where issues were identified, they documented the action taken to ensure learning was put into practice.
- The provider was able to produce an overview analysis to identify patterns and trends.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found documentation of best interest decisions and evidence to demonstrate a person had power of attorney, could be improved. Care records contained blanket capacity assessments as standard. We raised this with the registered manager who assured us the standard paperwork would be reviewed as a priority.

We recommend the provider reviews their documentation and practice to ensure blanket capacity assessments are removed from people's care records.

- The service was working within the principles of the MCA. The registered manager was knowledgeable regarding when to seek support from social workers, the mental health team and GPs to ensure there was a multi-disciplinary approach to best interest decisions.
- Staff explained how they supported people to make choices. They were clear they would speak to a manager if they had any concerns. Staff told us they helped people make decisions by talking to them and explaining the benefits of choices.
- People and relatives confirmed they were given choices and these were respected. One relative provided an example of how staff helped their family member make choices. "They will show [my relative] food and ask what they would like." Another relative said, "They treat [them] respectfully and always ask before they do anything."

Staff support: induction, training, skills and experience

- Staff received induction training and shadowed more experienced members of staff until they felt

confident delivering care.

- Staff completed mandatory training in areas such as, safeguarding, infection control, moving and handling and medication. Supervision, competency checks and spot checks were carried out to ensure staff were delivering safe care and support.
- Staff also received bespoke training to meet individual's needs. For example, the district nursing team provided catheter care and occupational therapists delivered training regarding specific equipment.

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

- Where people required support with their meals and hydration, this was clearly recorded in their care record.
- Staff explained how they made sure people had drinks and snacks before leaving. Relatives and people told us staff made sure people had access to food and drinks. One relative said, "They will prompt [my family member] to eat." Another told us, "They ensure [my family member] has enough drinks and once again will prompt [them] to drink."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed and care and support was regularly reviewed. Appropriate referrals were made to external services to ensure people's needs were met.
- Care records contained details of consultation and advice from other healthcare professionals, such as the Speech and Language Team, district nurses and dieticians. The care records also clearly documented which healthcare professional was responsible for ensuring what action to take if there were any issues with a percutaneous endoscopic gastrostomy (PEG). A PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus.
- One relative said, "They have contacted the GP before now, if they think it's necessary, and always let me know as well."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff knew people well and told us they provided care to the same people to ensure continuity of care. One relative told us, "The staff are all kind to [my relative]. [My [My relative] loves to sing and if [they are] not in a good mood [staff] will put on Vera Lynne and sing with [them] which puts [my relative] in a good mood."
- One person said, "They [staff] are all easy to talk to and are kind to me." Another person said, "They [staff] are all kind people and seem very compassionate."
- Staff received equality and diversity training to promote awareness of respecting individuals' needs.

Respecting and promoting people's privacy, dignity and independence

- All the feedback we received was complimentary about the care staff. Relatives described how staff sensitively handled continence issues. One told us, "They [staff] show such compassion and don't make [my family member] feel at all embarrassed about it. They are very competent in what they do."
- Staff provided clear examples on how they respect people's privacy and dignity. For example, making sure the person had privacy in the bathroom, doors were shut and curtains closed.
- Staff told us they wanted to encourage people's independence and involved them as far as possible with their care. For example, encouraging people to stand, walk, be involved in washing themselves and breaking activities into manageable chunks for individuals.

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

- People were given the opportunity to provide their views on the care they received through feedback calls. Staff involved people in decisions about their day to day care and consulted people regarding what they wanted. For example, what they wanted to wear, eat and drink.
- One relative told us, "[My family member] does not really have much independence but by asking [them] it's giving some choices about what is happening to [them] and makes [them] feel in control a little."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The registered manager ensured people's needs were assessed prior to the service commencing to ensure they could meet the person's needs.
- People's care records documented the level of care and support required, they were up to date and were regularly reviewed. We discussed with the registered manager that although staff knew people very well, the care records could contain greater detail regarding people's life histories, interests and hobbies. The registered manager told us they would work to improve this.
- Staff responded to people's needs reporting promptly when they changed.
- People and relatives confirmed they were involved with care planning to ensure it was personalised and reflected current care needs.

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 registered manager told us they had access to documents in different formats via the provider's head office. We asked to see examples and were provided with a blank 'This is me' easy to read care plan and a service user guide which referenced it was available in other formats and languages if required.

We recommend the provider reviews their documentation and processes to demonstrate they meet the AIS.

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to appropriately.
- People and relatives we spoke with told us they were happy with the care provided and knew how to raise concerns, if needed.

End of life care and support

- The registered manager told us they were working with the Clinical Commissioning Group (CCG) to provide end of life care packages. At the time of inspection, the CCG produced a care plan which covered the person's end of life care needs.
- The registered manager recognised there was further work to complete around end of life care planning. They were in the process of improving the documentation to include end of life care planning at initial assessment, care planning creation and at the care reviews.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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 registered manager worked hard to promote a person-centred and inclusive culture.
- People and relatives spoke highly of the management at the service. One relative said, "They [staff] are all very approachable and easy to talk with." Another relative told us, "They are always easy to get hold of and chat to if I feel I need to." One relative commented, "[The registered manager] is always very busy but will make time for me when I ring [them] about anything."
- Staff we spoke with were extremely complimentary about the management team. Staff felt very supported. One staff member told us, "[The registered manager] is lovely. They all are. They're there to help you." Another said, "I'm really supported. I feel I can raise concerns and will be supported."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager in post who understood when to submit statutory notifications to the CQC and to make appropriate referrals to the local authority safeguarding team.
- Systems were in place to monitor the quality and safety of the service. Quality improvement and audit reports were completed in areas such as staff training, recruitment, care records, medication and complaints.
- The provider had oversight of the service and was able to create compliance reports to ensure issues were addressed in a timely manner. The area manager also completed quality assurance visits and the HR department provided support on any employment related matters.
- The registered manager ensured any lessons learnt were communicated to staff and staff were supported to learn. For example, staff were provided with additional practical medication training, spot checks and competency checks.
- We were mindful the provider had recently taken over the service, however we found difficulty with obtaining documentation due to the provider's technical issues. We also found some policies required updating. For example, the handling service users monies and pensions policy, referred to out of date regulations and was last reviewed in March 2018. We also highlighted training certificates were all dated the same day. We checked with staff who confirmed training was sufficient and not crammed in one day, however the training certificates did not reflect this.
- The registered manager told us these areas would be addressed as a priority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were involved through client surveys, telephone and care reviews. Any issues people raised were addressed.
- The management team kept in regular contact with staff, engaging through supervisions and team meetings. Feedback was also sought from staff via telephone to ensure staff had the opportunity to raise any issues during the COVID-19 pandemic.
- The last staff survey had been conducted in 2018 and an action plan had not been produced. The registered manager explained the service had recently been taken over by a new provider and this would be followed up. We were informed a staff survey would be completed by the new provider.
- The service worked well in partnership with others to ensure the best outcomes for people. One healthcare professional told us, "Any recommendations I make, Mediline ensure they are cascaded to all staff and actioned." Another professional said, "[The manager] is passionate, professional and responsive. When I have had any queries, questions or concerns, [they] give an open and transparent response."