

Mediline Home Care Limited

Mediline Home Care Todmorden 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

The inspection took place on 29 August and 4 September 2018. Both days were announced to make sure someone would be available. This is the first inspection the service has received since moving premises in 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults who may have a sensory impairment. At the time of inspection there were 56 people receiving personal care.

The service had a registered manager in place. 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.

Staff competency was assessed before they worked with people and periodically during their employment. Staff, people and their relatives told us they could speak to the staff or manager if they had any concerns. The management team carried out formal supervisions and visual observations to make sure staff delivered good and safe care. We spoke to the registered manager to ensure actions were recorded and carried forward to ensure these were always followed up with staff. We saw staff received an annual appraisal. We saw staff meetings were in place and weekly newsletters and surveys were sent out to people and their relatives yearly.

People told us they felt safe with the care and support they received from staff and told us they felt staff were kind and compassionate towards them. Staff were aware of safeguarding procedures and how to follow these. Staff had completed an induction and were allocated to support people in relation to their care and cultural needs.

Staff were sufficiently trained and knowledgeable about their roles and responsibilities.

People told us they were supported to eat and drink. Staff supported them to healthcare appointments and provided personal care as required to meet people's needs.

Medicines were managed, stored and administered safely.

There was a complaints procedure in place. People who used the service, their relatives and staff knew how to complain. Complaints and compliments were dealt with in accordance with the agency policy.

Accidents and incidents were recorded and trends and patterns were analysed by the management team.

There were systems in place to assess and monitor the quality of the service. Staff said there were good

leadership within the service which promoted an open culture.

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 told us they felt safe.

There were robust recruitment practices in place.

Staff had a good knowledge of safeguarding procedures and how to put these into practice.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received supervisions, appraisals and practice observations.

People were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with told us staff spoke to them in a kind and respectful manner when supporting them.

People's relatives told us they felt their family members were being well cared for.

People were involved in making decisions about the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place at the service and people and their relatives were involved in updating these.

People said the registered manager and staff listened and dealt with any concerns or complaints.

Is the service well-led?

Good 

The service was well led

Staff and people told us the service was well led. Staff told us they felt valued by the registered manager and the service.

There was a registered manager in post at the time of our inspection who had systems in place to check and improve the service.

The service had mechanisms in place which allowed people using the service and their relatives to provide feedback on the service provision.

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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 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.

Our comprehensive inspection was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure someone would be in the office to speak with us. Inspection activity began on 29 August 2018 when we called people who used the service, relatives and staff by telephone. We attended the office on 4 September 2018. The inspection was carried out by one inspector and an assistant inspector.

Before the inspection we reviewed the information, we held about the service, and notifications about incidents which the provider is required to send us. We also contacted other bodies such as the local authority, safeguarding teams and Police to ask if they held any information about the service. We did not receive any information of concern.

We asked the service to send a provider information return (PIR) before this inspection. 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.

During the inspection we spoke with five people who used the service and two people's relatives by telephone, and three members of staff. We visited the office and spoke with the registered manager, director of services and the head of human resources and recruitment. We looked at three people's care records including medicines administration records and daily notes, four recruitment files and other documentation relating to the running of the service.

Is the service safe?

Our findings

People who used the service or their relatives told us they or their family members felt safe. Comments we received included: "Yes I do feel cared for and safe." and "Yes as far as I know." Some people and their relatives told us they did not have the same care staff attending each call. One relative told us, "Sometimes another carer comes but we are always told if it's not our normal one coming."

Staff told us they were introduced to people before they began providing care. One staff member said, "They make sure we have time to get to know people. Staff told us they worked with the same people most of the time to allow them to build good relationships and rapport with people. One staff member said, "It's so important to get to know people."

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications, conducting interviews and seeking references. We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We looked at recruitment files for two most recently recruited staff and two long standing staff and saw the provider's procedures had been followed.

The care staff we spoke with told us they had received training in how to recognise and report abuse. They said they would always report any concerns to a senior person in the organisation. Staff felt confident any concerns they reported would be addressed by the management team.

Staff spoke about how they would deal with foreseeable emergencies, such as people having accidents in their home. For example, falls. They were very clear on the management of first aid such as not moving someone and calling the emergency services.

We were shown records which demonstrated prior to the commencement of the service, environmental risk assessments were undertaken of the person's home for staff to be able to work safely. We saw risk assessments covered areas such as pressure care, falls, medication assistance and the safe use of bed rails. They were reviewed regularly and were up to date at the time of inspection. Care and support plans showed what action staff needed to take to reduce or eliminate potential risks.

Staff confirmed they had received training and competency checks in relation to the management of medicines. The registered manager told us they checked staff competency in this area during spot checks and records showed this was covered as part of spot checks procedures.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their role and responsibilities

Staff had received training in managing and preventing infection and said they were provided with plenty of personal protective equipment such as disposable gloves and aprons. Staff also spoke about the use of

footwear covers if needed. Staff told us their practice was safe and they always used gloves, aprons and followed good handwashing procedures when providing personal care or when preparing food and drinks.

Staff told us they were given adequate time to travel between calls as everyone was local. Staff told us they had good support out of hours and in office hours if they were concerned or an emergency occurred. One member of staff said, "I can call the office if I need anything."

We saw the registered manager monitored any accidents or incidents and looked at what could be put in place to prevent any re-occurrence. There was documentary analysis of incidents to identify any patterns or trends.

Is the service effective?

Our findings

Staff said they received good support during their induction. They said they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs.

All the care staff we spoke with told us they had completed training to give them the skills and knowledge to provide people's care. They also said they were given opportunities to gain qualifications relevant to their roles. Where care staff worked with people who had complex needs they had received additional training to support the person. Staff told us they received supervisions and had an annual appraisal. We spoke to the registered manager around more robust information and action on supervisions where these needed to be carried forward. This was actioned on the day of inspection.

People who used the service or their relatives told us they were confident staff had the skills and knowledge to support them or their family member with their needs. One person said, "Yes they know what they are doing alright." A relative told us, "They can support my mum very well."

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We found the service was working within the principles of the MCA and staff understood how these principles applied to their role and the care they provided. Staff told us they supported people to make their own decisions. The staff we spoke with told us they had completed MCA training.

People who used the service said they were asked for their consent prior to any care or support being delivered. One relative told us the agency respected their family member's wishes to have female staff only. Another relative told us their family member's choices and wishes were respected well.

Staff told us of the importance of good nutrition and hydration for people who used the service. Staff described how they encouraged people who were nutritionally at risk to eat and drink when they carried out their visits.

The registered manager told us they provided support to enable people to manage their health care needs. They said visit times could be altered to fit in with attendance of appointments or support could be provided to attend appointments with people if this was needed. They also told us they liaised with families and professionals to ensure people received the healthcare support they needed. These were recorded in people's care plans.

Is the service caring?

Our findings

All the people and relatives we spoke with told us staff had a caring and friendly approach and supported their independence. One person said, "I am very independent anyway so this isn't something I worry about." Another person said, "Yes, they do, they always make me a brew though." One relative told us, "The staff support [name of person] in the community this helps him."

Staff spoke of the importance of making sure care was carried out in private, people were covered, curtains were closed and people's wishes were respected always. Staff also spoke of the importance of maintaining independence for people who used the service. One staff member said, "We do our best to ensure people do not lose their skills to be as independent as possible."

Care plans contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. Staff we spoke with could describe people's likes and dislikes and showed they had developed good relationships with people. They spoke fondly about the people they supported. They said they provided good care and gave examples of how they ensured people's privacy and dignity were respected.

People who used the service or their relatives said they were involved in developing care and support plans and their on-going review. One person told us, "Yes I am involved in my care." Another person said, "Yes I am." A relative told us, "Yes we both are."

Staff we spoke with did not support people who had specific needs or preferences arising from any of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. However, staff said they had received training in equality and diversity and so were aware of issues that may arise in this area such as social isolation and discrimination.

Is the service responsive?

Our findings

Care plans we looked at contained a pre-assessment which showed how the provider ensured they could meet people's care and support needs, wishes and expectations before they commenced using the service. The registered manager said they carried out the pre-assessment to ensure all needs were fully assessed with the person who used the service and relatives or other representatives where necessary.

Care plans were developed once assessments had taken place. The care plans we looked at were detailed and personalised to ensure support was provided according to the person's preferences. We saw the care plans provided clear guidance to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. There was a good level of person centred information recorded within care plans, such as how people liked to be dressed, type of clothing preferred and how someone's behaviours affected them and their preferred way to be supported.

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. Staff told us the care and support plans were reviewed on a regular basis to reflect any changes in people's needs. One staff member said, "Any changes and we are always informed, we look at the care plans at each shift."

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly. The registered manager had a system in place to carry out an analysis of complaints to look at any emerging themes. The registered manager showed us a log when they had contacted staff in relation to late calls and the action taken. This included discussions in supervision, staff meetings and in dismissal of staff. People we spoke to knew how to complain and were aware of who to contact.

Compliments were also recorded and we saw a number of these had been received. Comments included, "Thank you for all you did in relation to sorting out the equipment, you have gone above and beyond to sort this all out. Mediline have been brilliant. Thank you." And "I have to say one of your staff [staff name] is without a doubt the most conscientious, hardworking and empathic carers I have ever met."

Is the service well-led?

Our findings

People who used the service and their relatives spoke positively of the staff and management team. One person told us, "I know the manager she has come to see me." Another person said, "My son deals with all that. But I am happy with everything as it is."

Staff we spoke with told us that the management team had high standards and expected staff to do a good job. They told us they felt well supported by the managers in the organisation. Staff told us they felt listened to and described the management team as approachable. All the staff we spoke with told us how much they enjoyed their job. One staff member said, "My manager is great, I can speak to her about anything it doesn't just have to be work."

Staff told us there were regular team meetings and they were now paid for their attendance at them. Staff said communication within the service was good and they received information such as their rotas in a timely way.

Without exception, all the people and staff we spoke with said they would recommend the provider to look after their loved ones. One person said, "Yes, I would recommend them I have had no issues really."

People who used the service and their relatives were asked for their views about the care and support the service offered. We saw questionnaires in April 2018 with overall good outcomes in everything. The service analysed these to look at any question which generates a score of 80% or less would require action. Only one action came from the previous questionnaire around arriving to calls, 76% were happy with this. Action was taken in relation to individual staff in supervisions.

We saw positive staff survey from 2017 comments included, 'Mediline are the best care company I have worked for' and 'I love my job. The training is brilliant'.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. We saw any actions identified were transferred on to the computer system for discussion with individual staff.

The registered manager continually checked the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. The agency also had management meetings which looked at safeguarding, missed calls, complaints, health and safety, call monitoring and any issues still outstanding. These had who was responsible and a deadline to be completed by. We saw evidence of these completed in the allocated time.

The agency completed twice yearly staff newsletters which included information for all staff about timesheets, call times, new starters, leavers and any vacancies coming up, these also included important procedures for staff to follow. For example, 'If you don't get a reply from the service users home you must

report it immediately'.

The registered manager also told us spot checks were carried out regularly to ensure staff were fulfilling their role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure continuous improvements in the service.