Medevent Limited

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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 5 October 2016. The inspection was announced which meant that we gave 48 hours' notice of our visit. This was because the location was a domiciliary care service and we needed to be sure that someone would be available to assist with our inspection.

Medevent is a domiciliary care service registered to provide personal care to people in their own home. At the time of our visit the service was providing support to two people.

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.

People's relatives told us they felt that care was delivered safely. Turnover of staff was low and there was a specific team of staff that regularly provided support on each contract. This meant that people knew the staff who were supporting them and the staff had the knowledge and training to meet the specific needs of each person. When new staff were recruited they were never sent to a call without being accompanied by a member of staff who was known to the person.

There were systems and processes in place to protect people from the risk of harm. Individual risk assessments were in place and covered key risks specific to the person. These forms were very detailed, regularly reviewed and updated with new risk assessments being put in place whenever necessary.

The service had an up to date safeguarding policy and this was easily accessible to staff via an online staff portal along with details of the whistle blowing procedure. Staff were aware of the action they should take if they suspected abuse was taking place.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work.

At the time of our inspection the service was not supporting anyone with their medicines but staff were undergoing training with a view to doing so in the future.

Staff received appropriate training and had the skills and knowledge to provide support to the people they cared for, this included specialist training specific to the needs of the people using this service. New staff underwent induction training which included shadowing a more experienced colleague.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes.

Staff had not previously received regular supervision and annual appraisals to monitor their performance however these had been recently introduced and we saw evidence that these meetings were now taking place.

Staff provided the necessary support at mealtimes and when appropriate records were kept to ensure people enjoyed a suitable, healthy diet and maintained a good level of nutrition and hydration.

Staff were knowledgeable about the people they provided care to and were mindful of respecting people's privacy and dignity.

Staff were happy in their job and had a positive attitude about the care provided by the service. Relatives we spoke to felt that the staff delivered a very good standard of care.

Care plans detailed people's individual needs and preferences which meant that they received support tailored to their personal needs. People and their relatives were involved in care planning.

People were supported to engage in activities that were important to them and reviews of what was working well were regularly undertaken.

The service had an up to date complaints policy in place and a clear procedure for following these up, although at the time of our inspection no complaints had been received.

There were systems in place to monitor and improve the quality of the service provided. The management team audited paperwork conducted spot checks on staff. A new system of audits was also being developed at the time of our visit to ensure good management oversight of the service going forward.

Staff felt supported by management and colleagues and felt that they were able to voice their opinions and be listened to. Staff meetings had recently been introduced and there was a good system of communication with staff via an online portal and regular newsletters

Relatives told us they felt comfortable contacting the service with any issues and that they received a good level of communication from the service.

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.

Individual risk assessments were in place for people and were regularly reviewed.

Staff had received safeguarding training, understood the signs to look for and felt confident to raise any concerns they had.

Appropriate pre-employment checks were carried out to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff received regular training, including specialist training specific to the needs of the people using the service.

Staff understood the principles of the Mental Capacity Act 2005.

A programme of staff supervision had been recently introduced and staff felt supported.

Is the service caring?

Good

The service was caring.

The service supported and encouraged people to maintain their independence.

Staff respected people's privacy and dignity.

People and their relatives were happy with the standard of care being delivered. Staff demonstrated a good knowledge of the people they supported.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reviewed regularly to ensure they met people's current needs.

People were supported to access a variety of activities that were meaningful to them.

The service had a clear complaints policy and staff were aware of the procedures to follow if a complaint was received.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the support they received from management. Relatives felt that communication was good.

Staff meetings had recently been introduced and staff were communicated with via a range of media, for example an online staff portal.

The registered manager carried out regular quality assurance checks of the service and a new programme of audits was being devised

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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.

This inspection took place on 5 October 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service. Notifications are details of changes, events or incidents that the provider is legally obliged to send us within a specified timescale.

The provider was asked to complete 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. The completed form was received by CQC on 10 March 2016.

During our inspection we spoke with one of the directors, the registered manager and six members of staff. We also spoke with the relatives of two people who used the service.

We reviewed the care records of two people that used the service, looked at four staff files, including recruitment information and checked records relating to the management of the service.

Good

Is the service safe?

Our findings

We were not able to speak to people who used the service but relatives told us they felt their family members were safe from abuse or harm. One relative told us, "I wouldn't leave [person using the service] if I didn't feel confident they were safe. I am very confident they are safe." Another relative said, "The care is superb. They definitely keep [name] safe."

The service had an up to date safeguarding and whistleblowing policy in place. This was available on the online staff portal and on the registered provider's website so that staff, people using the service and their relatives could easily access it.

Staff demonstrated a working knowledge of safeguarding procedure. They were able to describe types of abuse, the signs to look for and the correct action to take. One member of staff told us, "I would fill in an incident report as soon as possible, report to my line manager, if the person was in immediate harm or danger then I would ring out of hours social services, the emergency services etc." Staff had all undergone safeguarding training. This meant that the service safely managed the risk of abuse of people.

The service had a whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. Staff were aware of the whistle blowing policy and felt able to report concerns without the fear of recrimination. One member of staff told us, "I have never raised a concern but I would be comfortable doing so as the staff are approachable and I feel well supported."

We did not see evidence of environmental risk assessments being undertaken to cover areas such as COSHH (control of substances hazardous to health), gas safety and smoke alarms. This type of assessment is undertaken to ensure that staff and people using the service were in a safe environment. We discussed this with the registered manager who acknowledged that it would be best practice to put these in place and confirmed they intended to do so following our visit.

People had individual risk assessments in place which covered specific health issues, travel on public transport and visits to a variety of locations to undertake activities. These documents contained a good level of detail such as warning signs, triggers and recommended interventions. We saw that these documents were reviewed regularly and new ones produced as and when necessary. This meant that the service monitored risks to people and took appropriate steps to minimise them.

The service recorded accidents and incidents via an online accident/incident log and these were analysed by the management team as they were received. Although no overview of incidents was currently being undertaken to look for patterns or trends, any necessary actions were identified on a case by case basis. This meant there was an effective monitoring system in place to keep people safe from the risk of accidents.

People were not being supported with medicines at the time of our visit. However, staff were all undertaking training with a view to providing this support in the future.

We looked at the recruitment records of four staff. Comprehensive pre-employment checks had been undertaken prior to staff starting work. Application forms were fully completed and we found there to be no unexplained gaps in employment. There were photographs and identification on all of the staff files we looked at along with suitable references and Disclosure and Barring checks had been carried out for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

There were sufficient staff to cover all shifts. Staff were happy to cover one another during holidays or sickness and the service never used agency staff. The registered manager told us, "Staff are hired and trained specifically to meet the needs of the individual they care for. [Directors names] or I would cover if necessary." The relatives we spoke with told us that their family members received care from a regular team of staff. One relative told us, "All the staff cross-cover, along with [director] and [registered manager], we get end to end cover." Extra staff were also made available if necessary for particular activities. One relative told us, "Medevent will double up staff is [person's name] wants to do something that would make us more anxious."

The service had a business contingency plan in place that contained information on how to deal with emergency situations such as adverse weather, missed shifts due to last minute sickness, loss of electronic files and vehicle breakdown. This meant that people would receive appropriate support in emergency situations.

Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves.

Good

Is the service effective?

Our findings

Relatives we spoke with said that staff had the necessary skills to deliver care to their family members. One relative told us, "Medevent are obsessed with training. I'm happy staff have all been correctly trained as that's their thing."

Staff received mandatory training that included areas such as health and safety, infection control, safer manual handling and safeguarding. Mandatory training is training that the provider thinks is necessary to support people safely. Staff also received additional training in specialist areas, such as multi-sensory impairment. The registered provider monitored staff training on a training matrix, and this showed that staff had completed training but did not include dates. Online training completed by staff triggered an alert to identify when a refresher was due but there was no clear way for management to identify when other mandatory training was due for renewal. We discussed this during feedback to the registered manager and director who agreed that dates would be added in to the training matrix to make this easier. We saw from the certificates held on staff files and evidence within the online training records that staff were up to date with training.

Staff we spoke with were happy with the training they received. One member of staff told us, "Training is always available. They have an online system and I'm emailed whenever training is due." Another member of staff said, "There is ongoing training and if I feel it would be beneficial for me to do a course then I can request this through my line manager." A third member of staff said, "I have had sensory awareness training I found this the most useful training as it was specific to my client."

New staff undergo a month long induction process that includes completion of the mandatory training. As part of their induction staff shadow more experienced colleagues before being included on the rota. We were told that there was not a fixed time for this but that they would not be included on the rota until staff and relatives were confident they could provide care safely.

On the day of our visit we did not see evidence of staff supervision or annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The director and registered manager told us that they regularly spoke with staff but did not formally document discussions and staff we spoke to felt they were well supported by management. We discussed the implementation of structured process of supervision for staff during feedback and following our visit we received confirmation and evidence to show that a programme of supervision had begun.

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.

Staff demonstrated an understanding of MCA. One member of staff told us, "It's there to protect people that may not have the capacity to make a decision about their care, money, how they live. It is very important that we don't presume someone is unable to make a decision, wherever possible people should have a choice and have a right to make these decisions. If we do make a decision then it should always be in that person's best interest." We saw that where necessary best interest decisions were made in conjunction with care staff, family members and other health professionals. The registered manager confirmed that staff never used restraint on people. This meant that the service was working within the principles of the MCA.

People were supported to maintain good health on a day to day basis however their families had chosen to be responsible for appointments with health professionals such as GPs, dentists and opticians. People had hospital passports in place to provide relevant information about their health and medical conditions to medical staff should they need to go in to hospital.

People were supported to maintain a balanced diet. Although in the main food was prepared by family members, staff were responsible for providing some meals and those members of staff had received food hygiene training. We saw that, where necessary, people had their food and fluid intake recorded by staff.

Relatives reported being happy with the information they received from the service and the standard of communication generally. One relative told us, "You have to work together to make this work." Another relative told us, "It's a shame more companies don't get families involved."

Staff complete daily notes on the online staff portal with computer tablets being available in people's homes for this purpose. These notes are read by staff at the start of a shift so they not only have a direct handover from staff going off duty but are able to look back over previous shifts to see how the person has been since they last supported them.

Good

Is the service caring?

Our findings

The relatives we spoke to were all happy with the care their family members were receiving. One relative told us, "[The service] have cared for [name] for a long time and there has never been an occasion where I have been unhappy. I can say with complete certainty they provide very good care. Getting the care from Medevent has been a saviour." Another relative said, "The staff love coming to work. Having staff I can depend upon to care for [name] has given me my life back. I can now have some independence knowing [name] is being cared for."

Staff were happy in their job and had a positive attitude about the care provided by the service. One member of staff told us, "I love getting up on a morning to go to work. I have known [name] for 12 years and so I am able to recognise signs or symptoms and know that [name] is comfortable coming to me if they need to." Another member of staff said, "I feel that I am confident and I am able to read [their] body language and behaviour which can't be taught. This is something that can only be done with familiarity and communicating on their level. We use a picture exchange system, signing and objects of reference to achieve this."

One relative gave an example of staff exceeding the expectations of their role, they told us, "I hadn't been able to take [name] on holiday for a long time. Two staff came camping with me and it was actually fun. I was so relieved as it isn't easy but staff did enjoy it and even wrote a piece for the newsletter."

Staff told us how they encouraged people to be independent. One member of staff told us, "Carers should only support people with the things they can't do to support them in building confidence to achieve something independently." Staff told us how they put this into practice. One member of staff said, "We let people do the things they can like pick their clothes out, cook their own food and use public transport." Another member of staff said, "[Name] has tasks such as getting milk and yogurt out of the fridge whilst at home. When we're out we encourage [them] to pay for their own shopping and show the bus driver their pass to allow them independence."

We were told that staff are carefully matched to the people they support. The registered manager told us that when new staff were recruited consideration was given to who would be best suited to the person as well as qualifications and experience, relatives we spoke with confirmed this.

Staff were able to describe how they promoted people's privacy and dignity. One member of staff told us, "All [their] personal care needs are met in the privacy of their bedroom or a suitable bathroom. I would never discuss my client's needs or issues with anyone outside of the immediate family and other staff or management working with them. I would never break a client's confidence." A relative told us, "[Name] has [their] own room, although there is always someone within shouting distance it's important that [they have their] own space and staff understand and respect that."

At the time of our visit the people using the service did not have need for independent advocates. An advocate is someone who supports a person so that their views are heard and their rights are upheld. The

registered manager told us that the service had access to advocacy service if it became necessary to appoint one at any point.

Nobody using the service at the time of our visit required end of life care.

Good

Is the service responsive?

Our findings

During the inspection relatives told us how staff supported their relatives to engage in activities. One relative told us "Medevent will do their best to facilitate anything [name] wants to do. [Name] is now doing a course at college." Another relative showed us video clips of recent activities and we could see the person was engaged, relaxed and smiling.

People's support plans contained a good level of detail and were written in a person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People's goals and how they were to be achieved were clearly recorded. The support plans were reviewed regularly and where people were not able to actively participate in the production of their plan we saw evidence of family members' involvement. One relative told us, "Care planning is always done in liaison with staff, family, [name] and Medevent. You have to work together to make this work."

Staff told us that they found the care plans useful and easy to follow. One member of staff said, "Changes in people's needs are responded to with care and respect. Care plans are updated and relevant people informed." Another member of staff told us , "The care plans are updated every couple of months and we have a communication book which is used to tell us when plans and risk assessments have changed."

We saw from meeting minutes that discussions took place around finding new activities for people to try. Staff were actively encouraged to be involved in this and we saw that people were supported to engage in a range of activities. These included things such as trampolining, horse-riding and visits to the cinema and shops. People were also supported to go out in their local community and to use public transport.

Staff were able to tell us how they supported people to spend time in a way that was meaningful to them. One member of staff said, "You get to know what is important to people by listening and showing respect. By involving other people who know them, by asking questions when they do an activity, for example, why is music therapy important and why should we continue to do it?"

The service had an up to date complaints policy in place and the registered manager explained how complaints were logged on to the system and talked through the process for dealing with them. At the time of our inspection no complaints had been received.

Staff were aware of how to raise a complaint if necessary. One member of staff old us, "I have never had a complaint however we can use the RAG (red, amber, green) system to confidentially submit any concerns and complaints."

One relative told us, "I am completely happy, I have never had anything go to complaint level. I understand how to make a complaint, I am good at complaining if I have to but if there have been any problems I have discussed them and they have been resolved."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. The manager carried out spot checks to observe the staff team supporting people in their own homes and used these observations to ensure quality care and support was delivered.

Relatives told us they felt the registered manager and management team were approachable and supportive. One relative told us, "When there's a problem I know where to go for the solution."

Meetings were held between a designated member of the management team and people's relatives to discuss care needs and the relatives we spoke to felt that these were useful.

Staff felt well supported by management and colleagues. One member of staff told us, "I consider the management as friends, that's how they make me feel during meetings and catch-ups. They are very easy going and I can't think of any scenario I wouldn't be comfortable going to them with. This is the best company I have ever worked for."

Staff commented that they felt communication could be improved and that they would like more staff meetings. Formal staff meetings had not been held until recently. We saw minutes from the first meeting which was held in August 2016 and we were told that the plan going forward was to hold these meetings every three months. The meeting covered areas such as best practice when supporting people, staff relationships and the success of a recent camping trip.

Although there had not been formal meetings there was evidence of other ways in which staff were kept informed. The service had an online staff portal that was used to communicate information about rotas and daily handovers but this is also used to communicate with staff in a more general way and for arranging team building social events. The service also produced team newsletters monthly that contained general updates and internal news from the service, information on upcoming training events and reminders to staff on topics such as the appropriate use of mobile phones and social media. A staff survey was also conducted annually.

Staff felt that they were involved in developing the service. One member of staff told us, "I think that the management would be very positive if we raised concerns and they would value our input."

The registered manager told us that a level four internal quality assurance (IQA) course was being undertaken by members of the management team so they would have the skills to be able to do better audits of the service. Although we saw that some audits were being conducted, for example care plan had recently been audited, we saw evidence that an improved system of quality assurance and audits was being developed at the time of our inspection.

The service had a clear vision and set of values that included a commitment to providing a quality service

and an aim to provide a service where the person and their family were involved wherever possible. We saw evidence that these values were being put into practice.

The registered manager told us they were proud of the way the service looked after and supported those with complex health and physical needs, ensuring a quality of life that would otherwise be unattainable. Comments we received from relatives corroborated this. One relative told us, "They have kept [name] out of hospital and it's no exaggeration to say they've kept [name] alive."

The registered manager understood their role and responsibilities in relation to compliance with regulations and the notifications they were required to make to CQC.