

## Mediline Nurses & Carers Limited

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### Inspection report

Newton House, Innovation Way,  
Foston, Derbyshire. DE65 5BU.  
Tel: 01283 586600  
Website: [www.medilinenurses.co.uk](http://www.medilinenurses.co.uk)

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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 

### Overall summary

This inspection took place on 16 April 2015 and was announced.

Mediline Nurses and Carers Limited provides personal care, nursing and support to people who live in their homes in Nottinghamshire, Derbyshire and Staffordshire.

There were two registered managers at the service at the time of our inspection. 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 told us they felt safe with the care provided and we found staff were knowledgeable about how to protect people from the risk of harm. Any risks to people’s health were identified and assessed in ways that did not restrict their choices or freedom. Risks that may affect the provision of services to people were also risk assessed

# Summary of findings

with contingency plans in place. Staff recruitment and deployment was managed safely. Action plans were in place to retain existing staff as well as to recruit new members of staff. Procedures were followed to ensure people receiving medicines did so safely.

People's consent to their care had not always been sought in line with legislation and guidance, in response, the provider took prompt action to rectify this issue. People were cared for by staff with the skills and knowledge to meet their needs, including how to support people with their nutrition and hydration needs. People's other health care needs were met and they were supported to access other healthcare provision when required.

People were involved in making decisions about their care and the principles of dignity, respect and

independence were integral to the care provided. People felt supported by kind and caring staff. Staff understood the value of their relationships with the people they supported.

People's opinions were valued and sought by the service and led to developments and improvements. Complaints were dealt with openly and feedback was encouraged. People and staff knew how to make their views known. People's views and preferences were central to the care and support provided and ensured they received personalised and responsive care.

The provider included people and staff in service developments and promoted an open, inclusive and accessible culture. All levels of management were visible and demonstrated accountability for their responsibilities. Arrangements to check on the quality and safety of people's care were robust and effective.

# Summary of findings

## 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.

People felt safe and we found risks were identified and assessed. Staff were organised to meet most people's preferred call times and staff were recruited safely.

Good



### Is the service effective?

The service had not been consistently effective.

People's consent to care had not always been obtained in line with the Mental Capacity Act 2005, however the provider had taken action to resolve this. Staff felt supported and had the right skills and knowledge for their role. People's needs in relation to their health and nutrition had been met.

Good



### Is the service caring?

The service was caring.

People felt listened to and understood by staff who were kind and considerate. The service promoted a caring ethos and a caring led approach in the support provided to people. The principles of dignity, respect and independence were fully understood and embraced by staff.

Good



### Is the service responsive?

The service was responsive.

People contributed to their care planning and received personalised care, responsive to their needs. The views of people and staff were valued and sought to improve the quality of care. Complaints were managed with an open and transparent style, involving the complainant in how they were resolved.

Good



### Is the service well-led?

The service was well-led.

The service had an open and inclusive approach to management. Leadership was focused on providing excellence and quality. Processes were effective in checking that the care provided met with those standards.

Good



# Mediline Nurses and Carers 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 16 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. The inspection team included two inspectors and an expert by experience with experience of being a carer for people requiring support with their health and care needs. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all of the key information we held about the service, this included notifications. Notifications are changes, events or incidents that providers must tell us about. We also spoke with health and social care commissioners.

We spoke with 11 people who used the service or their relatives. We looked at six people's care plans. We reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

We spoke with both registered managers, the managing director and the training coordinator. We spoke with eight members of staff.

# Is the service safe?

## Our findings

People were protected from avoidable harm and abuse. One person told us, “The carers are good at their jobs and I feel safe when they do my personal care.” Another person told us, “They [carers] keep me safe, well and comfortable.” We also found people were provided with information on safeguarding in the ‘service user guide’ and this included who to contact if they had any worries. The service also operated a uniform policy and issued staff with identification so that people could be assured staff calling to support them worked for the company.

Safeguarding concerns were managed openly and transparently. We spoke with both registered managers about the safeguarding referrals that had been investigated since our last inspection. We reviewed each safeguarding referral and found that these had all been appropriately investigated and had outcomes recorded. Managers had recently organised a workshop on safeguarding practice and staff were supported to identify and take appropriate action as part of this training. They were also provided with other resources such as safeguarding reminder cards, to prompt and remind staff about safeguarding issues. The safeguarding policy used by the service was up to date and included the new categories of abuse to meet the requirements of the Care Act 2014.

Staff we spoke with told us they knew how to raise safeguarding concerns and would feel confident to do so. They also told us they were aware of how to contact other managers or CQC if they were not happy with how things were investigated.

People had their freedom supported and respected. We found examples of where people had made their own decisions about any risks to themselves and decided how they should be managed. Staff we spoke with told us there was an accident reporting process in place. The forms we saw to report accidents included a process for managers to analyse the incident and identify any future actions that could mitigate future risks.

Risks to people were identified and well managed. One person told us, “The carers are always careful to keep me safe, making sure that I’m alright as we go along.” A relative told us, “They [carers] are careful and make sure [my relative] is safe when they give them a shower.” We found clear guidance on how to safely support people to mobilise

in care plans. Where people required support from equipment to assist them to mobilise, staff told us this care was planned involving other healthcare professionals, such as occupational therapists, and training was revisited as people’s needs changed. This meant any risks to people were managed safely.

Where people had health conditions we found the risks associated with these were well managed. For example, care plans provided instructions for staff to check people’s skin for any signs of damage daily and report any concerns. Another care plan contained information on what emergency medicine was required to be taken on any trips out into the community. We also found there was clear communication to ensure any complex risks were fully understood by staff. Minutes of meetings showed complex risks were discussed with staff before they started providing support. Staff were also reminded about risks at people’s homes and reminded to leave the premises secure. One person told us, “They [carers] make sure the door is secure when they leave.” Another person told us, “My carers use the key safe outside my home.” This meant staff were well supported to understand risks to people and to mitigate them.

Care plans contained information on the location of stop taps for water and gas and the electrical consumer unit should staff need to deal with an emergency involving these utilities. The provider also had a business continuity plan in place to manage any foreseeable emergencies affecting the delivery of care. This included plans to manage IT system failures and plans to manage calls during periods of severe weather conditions.

The service ensured there were sufficient staff available to keep people safe and meet their needs. Most people we spoke with told us their carers arrived on time. Two people told us carers were occasionally delayed but that they would always call to let them know. One person told us, “They [carers] arrive on time, stay for the full allocated time and have never missed my call.”

Processes were in place to ensure that staff were available to support people’s care before they commenced work. Staff teams were organised to cover geographical areas and specialist teams provided support for more complex care. Managers told us they also operated contingencies for covering staff sickness and holiday cover.

## Is the service safe?

Staff had mixed views on whether there were enough carers employed. All staff told us they felt the provider was taking action to recruit more staff and that the service tried hard to recruit the right people with the right skills for the role of carers. Some staff told us at the current time, there was a need for existing staff to pick up extra shifts if they were able to. Carers told us they would always try to pick up extra shifts whenever needed to help out and provide cover. One member of staff felt it would be useful if the provider had more relief carers. The provider had plans in place to bring more stability to the staffing arrangements through an on-going recruitment process and incentives for staff to remain working with the company.

Retaining care staff had been identified as one of the biggest challenges to the service by managers. Managers told us they looked for staff with the right skills for working in care and used robust recruitment processes to ensure staff employed were suitable to work with people supported by the service. When we checked staff recruitment files we found all the appropriate checks on a person's suitability to work with people supported by the service had been completed. This included checks with the Nursing and Midwifery Council (NMC) to ensure nurses employed by the service were qualified and registered to practice.

People received their medicines safely. One person told us, "They [carers] prompt me to take my tablets and stay with me until I have taken them." Policies and procedures were in place, and followed by staff, to ensure medicines were given in line with the company's policy for the safe administration of medicines. This included staff reporting any anomalies with medicines administration record (MAR) charts to managers for appropriate investigation. Nurses worked to the NMC's guidelines for medicines administration. Competency checks were completed on staff administering medication. These included checking staff understood what to do if a service user refused their medicine, and what action to take if they noticed a recording error. It also checked staff understood how to follow guidelines for medicines prescribed 'as and when' required, sometimes called 'PRN'. We reviewed care plans for people who received support to take their medicines and found accurate records of their medicines had been recorded. Processes were in place to ensure people were supported to receive their medicines safely by competent staff.

# Is the service effective?

## Our findings

Consent to care and treatment had not always been sought in line with guidance, however the provider acted promptly to address our concerns. During the inspection we found that relatives of two people supported by the service had signed their care plans to say they agreed with the content of them. One person supported by the service could clearly make their own decisions and it was unclear why a relative had signed on their behalf. The registered manager was able to provide the reason why this person would have not been able to sign themselves, however this had not been recorded at the time of the review meeting. This person had also decided not to take part in a meeting to review their care and members of their family had attended the review meeting instead. It had not been recorded that this was the person's wish and that they were happy for their family to advocate on their behalf.

For the other person, it was not clear if they had capacity to understand and consent to their care plan as there was no assessment of capacity to form a judgement on this. Their relative had signed on their behalf and had given their opinions of the care provided. There was nothing recorded in the notes of the review meeting that attempted to capture the views of the person being supported, or if they were happy for their family member to advocate on their behalf.

We also found that the service used a form to say the service user guide had been received and understood. However, this form stated, 'Signed for and on behalf of the client.' For one person receiving support, who had capacity, their relative had signed on their behalf. This approach was not in line with the principles of the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. We also found the provider's policy for the Mental Capacity Act 2005 did not sufficiently address when people living in the community had restrictions placed on their freedom that could amount to their liberty being deprived, such as requiring close supervision by staff at all times.

These issues were discussed with the registered managers at our inspection who took prompt action to address our concerns. The registered managers sent us a revised MCA policy and care plan consent form that addressed the above concerns. They also sent us minutes of meetings

held with staff to further develop the practice of ensuring the person's own views about their care and treatment were obtained and recorded appropriately. In addition to this, we saw that the provider's training on the MCA was thorough and comprehensive and that both registered managers had a working knowledge of and understood their responsibilities with regard to this legislation.

People received care from staff who had the skills and knowledge to carry out their roles competently. All the people we spoke with told us they had confidence in the abilities of their carers. One person told us, "I feel safe and confident with the carers as I know they know what they are doing." Another person told us, "I feel safe, happy and confident in the abilities of my carers who appear to be well trained for the work they do."

Training records showed staff received training relevant to the needs of people receiving support. This included, for example, training in dementia, tissue viability and assisting people to move safely. One member of staff told us, "The training is absolutely fantastic, it's really thorough and repeated each year." Another staff member told us, "The induction was very good, but a lot to take in." They also felt there were practical skills some carers may require additional training on, such as lighting a traditional fire and preparing meals.

Carers also received observations on their competency to provide care and this had been helpful to identify any refresher training that may be needed. Managers had developed a programme for staff to complete the Care Certificate. The Care Certificate ensures staff receive training in the skills, knowledge and behaviours necessary to provide compassionate, safe and high quality care and support. We also saw that some staff had attended training at the head office during our inspection on safeguarding.

Staff told us they felt supported by their managers and communication worked well. Staff told us they had the opportunity to speak with their managers each week, or more frequently if required. One member of staff told us, "I do feel valued by managers." There was also an out of hours on call service for staff and people receiving support from the service.

People using the service were supported in their food choices and had sufficient to eat and drink. One person told us, "The carers cook my meals for me, I choose what I want and they put it in the microwave. Before they go they

## Is the service effective?

make me a sandwich or leave me a snack and drinks to make sure I don't get thirsty." Another person told us, "They [carers] cook the food I ask them too." Training records showed staff were trained in food handling and nutrition and hydration skills. We also found care plans provided information on any food allergies and people's food and drink preferences.

People were supported to maintain good health and had access to other healthcare services as required. One person told us, "If they [carers] think I'm not very well they call the

office and send for my doctor." Care plans recorded where people had visits from district nurses or doctors when required. We also found that occupational therapists had assisted people and staff with new equipment or techniques for people to try to help them mobilise. Where people had specific health conditions their care plans contained detailed information for staff to follow. Care plans also contained information for staff on how to identify changes and any deterioration in people's health conditions and what action they needed to take.



# Is the service caring?

## Our findings

Carers and nurses had developed positive caring relationships with people supported by the service and staff were kind and caring. People told us, “It’s an excellent service, they are compassionate, caring and treat me very well. I always look forward to them coming to see me, its great social interaction for me,” and, “The carers are very caring and passionate about their work.” Another person told us, “The carers are mainly good, you get the odd one who is not so good. They are careful and caring staff who know what they are doing.”

People also told us they felt staff were respectful of their home. For example they would wipe their feet before coming in and leave things tidy. Staff we spoke with understood how important it was to the people they supported that they enjoyed their time together. One member of staff told us, “I can have that personal chat with people. That’s really helpful to people.”

People were listened to and felt staff understood them. Office staff told us some people called for reassurance throughout the day and people were given this support. We listened to staff responding to calls from people supported by the service. All calls were answered promptly and it was clear that office staff knew the people who had called. Staff spoke with people in a friendly and considerate manner. One member of staff asked a person at the end of their conversation, “Has that stopped you worrying?” to make sure the person felt reassured after their conversation. On another occasion, a staff member said, “You don’t need to worry, we’ll speak tomorrow.”

Senior managers had clear expectations that people using the service should receive kind and compassionate care from all members of staff. One person told us, “They are really friendly and I enjoy the chat when they are doing things for me.” Staff were reminded to spend time talking to people and about how much their care visit meant and that people looked forward to their visit. Staff were reminded to spend time talking with people during their calls. This promoted a caring approach to supporting people.

We also found care plans had regard to people’s feelings and emotions. One care plan reminded staff to be mindful that the person had a particular sensitivity due to a recent upset and recorded the support carers should provide. At

care plan reviews people were supported by the service and had the chance to express whether they felt they were treated with respect, had their independence promoted and whether the care provided met with their expectations.

People had their privacy respected and dignity promoted by care staff that understood these principles were important to providing good quality care. People supported by the service told us, “They [carers] treat me very well and I feel they protect my privacy by closing the doors and curtains.” When we spoke with staff they told us the principles of dignity and privacy had been built into all aspects of their training. When we reviewed care plans we found instructions given to staff incorporated ways to promote people’s dignity, for example, one person preferred time on their own and was happy to call staff when required. Managers told us they valued and supported staff to become ‘dignity champions’ in response to the government’s national challenge for this. We also found that recruitment processes used questions on dignity to assess potential staff members’ suitability for the role.

People’s independence was also promoted. Managers told us of support provided to one person that enabled them to develop more skills for independence. Care plans were written to promote people’s independence, privacy and dignity. People using the service told us staff did not make them feel under any pressure to do things quickly and so they were supported to do what they could manage themselves. One person told us, “They [carers] take their time making sure that I’m safe. Trouble is the time is not long enough, just 30 minutes to do their work. They never leave until the work is done though.”

People were supported to be actively involved their care and support. One person told us, “After my shower they [carers] help me get dressed, they help me choose the clothes I want and they are patient when helping me get dressed.” Another person told us, “They [carers] tell me what they are going to do and ask if this ok with me. After my shower the carers help me choose which clothes I’m going to wear that day, they’re really helpful.” We also found some people were involved in the recruitment of care staff who would be providing their care.

Managers told us people’s preferences for the staff supporting them would also be met where possible through careful planning of staff rotas. Information was available to people using the service in different formats to

## Is the service caring?

aid their understanding. People who required information on the service in braille and on audio had access to information in this format. This meant that consideration was given to people's preferences and meeting their different needs.

# Is the service responsive?

## Our findings

People received care that was personalised and responsive to their needs. One person told us, “When they help me they ask me what I would like doing, they know what I like and dislike but they still ask me.” We found care plans had been developed with people and reflected their preferences. For example, one person enjoyed planning the weekly shopping list with staff. Care plans were also written to ensure staff provided opportunities to respond to people’s preferences. For example, staff were instructed to prepare a meal and drink of the person’s choice. Other people preferred their carers to wear casual clothes rather than uniforms and these preferences were respected.

Care plans were regularly reviewed with people receiving support and other people who were important to them. One relative told us, “We have a regular review of the care plan that’s in the folder. I feel they listen to what I think and they treat me very well.” Care plans we read contained information on what people’s interests were and what they enjoyed doing. When we spoke with people we found care reflected what was important to them. One person told us, “They take me out shopping, socialising and complete some tasks around the home.”

The service took opportunities to listen and learn from people’s experiences, concerns and complaints to improve the quality of care provided. People told us that where they had raised concerns and complaints these had been acknowledged and investigated and that they were satisfied with the outcome. One person told us, “I once complained that the person [staff member] who arrived on

one call was not the person on the weekly rota. They apologised and it hasn’t happened since.” Another person told us they had complained about an issue and, “It was resolved to my satisfaction.”

We reviewed complaints that the service had received and investigated from people supported by the service. We found all complaints had been investigated openly and meetings had been held with the people concerned to ensure the outcomes met with their expectations and that they felt any issues were now resolved. Information on how to raise concerns was provided in the service user’s handbook and people we spoke with told us they would know who to speak with to make a complaint or raise a concern. Managers also checked as part of regular reviews of people’s care that they knew how to make a complaint.

Managers told us they listened to people and care staff. We also found the service gathered feedback from staff and people and used this to identify improvements. Managers told us one result of this had been the development of a group for people with dementia and their carers. When we spoke with people supported by the service they told us they had been asked to complete a questionnaire on their views about the service. The latest staff survey was being conducted at the time of our inspection and was used to check staff had enough information and resources to do their work and asked them for their views about the company. Managers had attempted to obtain a high rate of return on the staff survey by providing a prize draw incentive for staff to return the survey. This meant people had the opportunity to contribute to improvements and developments in the service.

# Is the service well-led?

## Our findings

The service promoted a positive culture that was inclusive and empowering. Staff told us they enjoyed working for the service. One member of staff told us, “They’re a really good care company and I really enjoy working for them.” Another member of staff told us, “I do feel they are open, there are no barriers when talking with managers.” Managers shared positive feedback with staff. For example, following a positive care review a manager had written to all staff to say, “[person] is really happy with the service you all provide, please continue the good work.” We found that open and transparent approaches were taken throughout the company. This included how complaints, concerns and safeguarding referrals were acknowledged and dealt with.

Managers had a clear aim to provide high quality care and staff we spoke with understood this was their role. People supported by the service who we spoke with expected high quality care and told us they felt satisfied with the quality of service they received. People told us they would feel confident to complain should the service fall below their expectations.

The management team demonstrated good visible management and leadership. There was a registered manager in post and they had sent us written notifications about important events that happened in the service when required. Care staff were supported by locally based coordinators and management support. Staff we spoke with knew who their line managers were and how to contact them. Newsletters to staff listed contact details for staff within the organisation and included messages and updates from the managing director and chairman.

Developments in the service involved people. This included involving staff and people when producing information leaflets about the service through to planning how people could be involved at future events. Managers also had plans to introduce a new scheme where care staff could share their views more. Managers told us they were committed to listening and engaging staff as they felt this was important in retaining staff to work for the company. Team building was valued as a way of engaging staff and was supported through staff taking part in fundraising and other activities and achievements were celebrated in the staff newsletter.

Links to other organisations were in place to ensure best practice was implemented. The Dementia Friends initiative was supported by the organisation and 140 staff had signed up to the initiative. Dementia Friends is a national initiative to help people understand more about Dementia. Managers had also developed relationships with a specialist spinal unit at a local hospital. This ensured that best practice was established in the care provided when a person was discharged from the unit and was supported in the community.

The management group we spoke with had a strong commitment to continual improvement and reach excellence in the provision of care to people. Management meetings dealt with emerging issues and developments and resources were made available to make improvements. For example, we saw meetings planned for the introduction of the new care certificate and other future developments of the service. Quality assurance leadership programmes were used to support the sharing of good practice between managers in the organisation. These had been successful in ensuring consistent understanding of policy and practices within the company. The next planned workshop was looking at the accident reporting policy and practice. Best practice and new developments were cascaded to staff through regular meetings. Policies and procedures were reviewed to ensure they were up to date; this included updating the safeguarding policy in line with the Care Act 2014. We found one policy that was scheduled for a review and required updating. Managers brought the review of this policy forward and completed updates to it promptly after our inspection.

Management staff completed checks to ensure care staff provided care to expected standards. This included checks on staff members’ competency in providing care, punctuality, record keeping and medicines administration. Monthly reports also analysed performance to identify improvements, including identifying if any calls had been missed so appropriate actions could be taken. Where any shortfalls were identified we found managers took prompt action to resolve issues, involving people supported by the service as appropriate to ensure any actions taken met with their satisfaction.

Information useful to improving the service had been identified and developed. Interviews with staff leaving the service had identified a need to provide further support to new starters. As a result the service was in the process of

## Is the service well-led?

introducing a mentor scheme that would provide new starters with a more experienced member of staff to

mentor them. The service had also established action plans to retain and engage staff, and this included supporting staff with their own continual professional development.