Mediline Nurses & Carers Limited

Mediline Nurses and Carers Derby City 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Mediline Nurses and Carers Derby Branch provides personal care and treatment for older people living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 104 people receiving care from the service.

A registered manager was 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 and associated Regulations about how the service is run.

Risk assessments were in place to protect people from risks to their health and welfare, though these did not cover all assessed issues. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care from staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

We saw that medicines had been, in the main, supplied safely and on time, to protect people's health needs.

Staff had received training to ensure they had skills and knowledge to meet people's needs, though more training was needed on some relevant issues.

Not all staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care.

People and relatives told us that staff were friendly, kind, positive and caring. People told us they had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans were individual to the people using the service which helped to ensure that their needs were met.

People and relatives told us they would tell staff or management if they had any concerns, and they were confident these would be properly followed up.
They were satisfied with how the service was run. Staff felt they had been fully supported in their work by the management of the service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and

action by making referrals to the relevant safeguarding agency. The registered manager was aware these incidents, if they occurred, needed to be reported to us, as legally required.

Management had carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service, though more detail was needed to fully show what checks had been made.

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.

Risk assessments to protect people's health and welfare were, in the main, in place to protect people from risks to their health and welfare.

People and their relatives thought that staff provided safe care and that people felt safe with staff from the service. Staff recruitment checks had been in place to protect people from receiving personal care from unsuitable staff. People had received care to safely promote their health. Staff were aware of how to report incidents to their management to protect people's safety. Medicines had, in the main, been supplied as prescribed.

Is the service effective?

Good

The service was effective.

People and relatives thought that staff had been trained to meet their assessed needs. Staff had received support to carry out their role of providing effective care to meet people's needs. Staff were trained, in the main, to meet people's care needs, though some training was needed to comprehensively cover all care needs. People's consent to care and treatment was sought. People's nutritional needs had been promoted and people's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's choices, privacy, independence and dignity.

Is the service responsive?

Requires Improvement

The service was not comprehensively responsive.

Call times had not always been on time to respond to people's needs. People and their relatives had, in the main, been satisfied that staff provided a service that met people's needs. Care plans contained information on how staff should respond to people's assessed needs. People and their relatives were confident that the service would act on complaints.

Is the service well-led?

Good

The service was well led.

People and their relatives thought it was an organised and well led service. Staff told us that their management provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people. Legal notifications had been sent to us. Services had been audited in order to measure whether a quality service had been provided.

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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 21 and 22 August 2017. The inspection was announced. The inspection team consisted of one inspector.

The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in.

On this occasion we asked the provider to send us 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 provider explained how they aimed to ensure the service they provided was safe, effective, caring, responsive and well led.

We looked at the information we held about the agency, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with five people who used the service and two relatives. We sent out questionnaires and received them back from 17 people who received a service, 7 relatives of people receiving a service and four professionals. We also spoke with the provider, the registered manager, the branch manager, the human relations manager and three care workers.

We looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Good

Is the service safe?

Our findings

All the people we communicated with and their relatives thought that personal care had been delivered safely. They were unanimous that staff kept people safe. A person said, "I feel perfectly safe with the carers." A relative told us, "Yes, no problems with safety."

Staff told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards and made sure hoists were working properly before using them to transfer people. This told us that staff tried to ensure that people were safe when supplying personal care. We also found risk assessments of people's homes in care plans that covered relevant issues such as fire, any equipment needed and tripping hazards. Spot checks on staff covered issues such as ensuring that equipment was used safely. We also saw evidence of the system in place to ensure that codes to people's key safes were confidentially kept so that no other people could gain access to people's homes. This ensured that staff were aware of managing any issues to protect people's safety.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was a risk assessment in place with regards to a person who had a diabetic condition. There was information for staff to recognise signs of this condition so they could report to the office staff to gain medical attention. Another risk assessment outlined that a person needed assistance with applying creams to prevent pressure sores developing.

However, care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, one care plan stated that a person's behaviour presented a risk. The risk assessment outlined what staff needed to do if this occurred. However it did not identify triggers for this behaviour to try to prevent the behaviour occurring and did not specify issues such as the use of distraction techniques to try to manage the behaviour. After the inspection, the registered manager submitted information that included a relevant measure put into place.

Another care plan identified that a person was at risk of choking. It and stated that they needed a soft diet was needed to prevent this happening. There were guidelines to instruct staff to stay with the person and ring emergency services if the person started choking. Food records showed that soft foods had been provided but it was not clear whether all foods were suitable to prevent choking. The registered manager swiftly sent us information confirming that a referral had been made to a specialist to check the person was safe with foods provided.

A person was at risk of dehydration and fluid charts were in place to record amounts of fluids that the person had drunk. This did not include specific measures of fluids so it could not be ascertained whether the person had been drinking enough. The registered manager followed this issue up and sent us information confirming that staff had been instructed to record this important information.

People and their relatives told us there had been were no missed calls, where staff had not turned up for the call, and that staff stayed for the agreed call time. A person said, "I am happy when staff come because it's

always a pleasure to see them." A relative told us, "Staff have been late sometimes. Usually the office calls to say that."

Staff told us there was enough time between calls to ensure they were not late for the next call. Information supplied to people using the service gave an emergency number so people could contact the agency out of hours if they needed assistance. This gave an indication that there had been enough staff available to provide safe personal care to meet people's needs.

We saw that staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start work, checks had been made with previous person's' known to the respective staff member. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This showed us that staff recruitment procedures were robust so as to keep people safe from unsuitable staff.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service.

The whistleblowing policy directed staff to relevant outside agencies, although contact details of these agencies were not included. The registered manager swiftly sent us this amended procedure after the inspection visit. This then supplied staff with comprehensive information as to how to action issues of concern to protect the safety of people using the service.

People and their relatives told us that there had been no issues regarding medicines. A person said, "They give me my tablets. There has been no problems." A relative told us, "It all seems fine. There has never been an issue."

We saw evidence that staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. The procedure did not include information a procedure to administer controlled drugs. The registered manager stated that currently there was no need to administer controlled drugs, but swiftly supplied us with this information after the inspection visit.

Medicine issues were discussed in staff meetings to ensure proper practices were followed by staff. They were also raised in staff supervision to check safe practice in administering medicines to people. There was evidence in place that management followed up issues with staff with regards to medicine.

We saw evidence in medicine records that people had received their prescribed medicines, apart from one occasion when creams had not been available and where a medicine had been prescribed twice daily if needed but only recorded as being supplied once a day. The registered manager said these issues would be followed up and provided information after the inspection visit this had been carried out.

Good

Is the service effective?

Our findings

People and relatives we spoke with said that the care and support they received from staff effectively met their assessed needs. They thought that staff had been properly trained to provide effective care. A person said, "Yes, they seem to know what they're doing." A relative told us, "They do everything they need to well."

Staff told us, in the main, that they thought they had received training and refresher training so that they were able to meet people's needs. A staff member said, "I have had lots of training. If I need any more I just ask and it gets provided." Another staff member said, "Training is good. Sometimes they fall down on when you have to provide cover for someone who has a health condition you haven't had training for, like stoma care. They need to make sure this is covered as you can easily make a mistake." The registered manager stated that this was not the case and all staff involved had been trained to deal with health issues such as stoma care.

Staff training information showed that staff had training in essential issues such as health and safety and infection control. The registered manager and branch manager made staff aware of the need to undertake training. Staff had not received training in a number of people's specific long-term health conditions such as stroke care, epilepsy and high blood pressure. The registered manager stated that training would be reviewed to ensure that staff had all the skills and knowledge to meet people's needs. They later sent us information confirming that awareness training would be supplied to staff..

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, nutrition and preventing pressure sores. It was also based on Care Certificate training, which is nationally recognised induction training for staff. There was information which indicated that staff competencies were observed and checked three times before staff were able to provide care to people. Staff meeting information included staff training issues to remind staff to complete training on essential issues.

Staff told us that when new staff began work, they were shadowed by experienced staff on shifts. At the end of the shadowing period, new staff member, if they did not feel confident and competent, could ask for more shadowing to gain more experience to meet people's needs. Staff would then be assessed on these issues before they could begin to supply personal care. We saw confirmation of this system in staff records.

Staff felt communication and support amongst the staff team was good. Staff supervision had taken place and discussions about training needs held. This helped to advance staff knowledge, training and development. Staff members also told us they always felt supported through being able to contact the management of the service if they had any queries. They said they always received a positive and helpful response.

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.

The registered manager said that there were not any people provided with a service who did not have the capacity to decide how they wanted to live their lives. If in the future a person was assessed as not having the capacity to make decisions about how they lived their lives, best interest meetings would take place to determine how to make decisions in the person's best interests. One staff member we spoke with was not aware of their legal responsibilities. The registered manager stated this would be followed up to ensure that all staff were fully aware of this important practice issue to enable them to act and report issues when needed.

We saw information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. People confirmed that staff always asked for their consent when they were provided with personal care. A person told us, "Before staff do anything, they always ask my permission if it's okay for them to help me."

Staff were aware of their responsibilities about this issue as they told us that they asked people their permission before they supplied care.

People and their relatives were satisfied with the support staff provided when they assisted with meal preparation, provision and choice offered. A person said, "They prepare my meals and I choose what I want to eat." A relative told us, "Staff encourage my mum to eat which is needed as she is often not interested in food."

We saw information which indicated people had adequate nutrition at mealtimes. One person was assessed as having a swallowing risk. The registered manager stated that they had been referred to a specialist service to provide information that protected the person. Food charts showed that the person's weight had been monitored. Fluid charts were in place to try to ensure the person did not suffer from dehydration. The care plan stated the person needed to have a certain amount of fluids every day to protect them from dehydration. Records showed the person was supplied with fluids, though. However, that there was no specific measurements of fluids to alert staff to act if needed. After the inspection, the registered manager sent us a information which directed staff to record this issue.

People told us that staff were effective in responding to health concerns.
A relative said, "Yes, they are good. They thought my mum had a stroke and they immediately got the ambulance for her."

We saw examples where staff had contacted the GP or district nurse. For example, a staff member had noted that a person had been bleeding. The staff member informed management and a nurse had been contacted to assess and treat the condition. There was also evidence that staff had acted when a person had fallen. The ambulance was called and the relative was informed and advised to request a referral to the specialist falls team to prevent falls in the future. This told us that people received proper healthcare and on going support.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with stated staff were gentle, kind and caring in their approach. This was also reflected in the results of the surveys we received from people. All the people who returned surveys said that they were happy with the care they were provided with and that staff treated them with respect. A person told us, "Staff are brilliant. Never a problem. They always make sure I am okay." Another person said, "Staff are all friendly and caring. They never rush you. A relative said, "They are all lovely girls [staff members]."

A person told us, "Staff know how to protect my dignity. They always cover me with a towel when I am in the bathroom."

There was staff monitoring in place to check that the attitude of staff towards people had been friendly and caring. The staff guide emphasised that people should be treated with respect. Staff meeting minutes included emphasising to staff that people needed to be treated with dignity and respect, and emphasised their right to privacy and independence.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. The guide for people receiving the service emphasised that the service would not discriminate on the basis of relevant issues such as race, religion and sexual orientation. This gave people from all cultural backgrounds the message that they would be treated with fairness and respect. The registered manager said that they tried to recruit staff from the same cultural background as people using the service so that people's specific needs could be properly understood and met.

People and their relatives considered that care staff were good listeners and followed preferences. They told us their care plans were developed and agreed with them. The service's information stated people would be involved in reviews and assessments of their care. We saw evidence that people had signed care plans agreeing that plans met their assessed needs.

People told us that their dignity and privacy had been maintained and staff gave them choices such as with regard to the food they wanted to eat and the clothes they wanted to wear. This was reflected in care plans we saw. For example, in one care plan it stated a person wanted to be called by a preferred name, which was not their real name. Another care plan specified that the person liked to have talcum powder and perfume applied after their morning shower. This emphasised that staff were expected to follow people's choices.

Staff competency supervisions included checks such as staff speaking to the person with respect and using the persons preferred name. Staff told us that they would always protect people's dignity and privacy by doing things such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. This was confirmed by the people and relatives we spoke with.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. This encouraged staff to have a caring and compassionate approach towards people.

People told us that staff respected their independence so they could do as much as possible for themselves. The review notes of a person stated that there had been huge improvements in the person having their needs met as they had been encouraged to be independent. Care plans stated relevant issues such as a person could manage most of their personal care and just required support to wash and dry their back, feet and legs. A relative said, "My mum is very independent and staff always respect that though they will help when needed." Staff also gave us examples of how they promoted people's independence. For example, if people could wash certain parts of their body, then this was encouraged and respected. This presented as an indication that staff were caring and that people and their rights were respected.

Requires Improvement

Is the service responsive?

Our findings

We found that people had not always been supplied with a service responsive to their needs.

In the guide supplied to people using the service, this stated that if the staff member did not arrive within 15 minutes of the expected arrival time then it advised the person to contact the office. This was an indication that the service expected staff to be on time.

People and relatives said that staff usually arrived on time for their care calls, though some people said that staff could be up to 30 minutes late. One person said that on a small number of occasions staff had been an hour late for the call. This had been a problem as they could not use the toilet on their own; although they said in general calls had been on time.

In a review of a person's care plan in January 2017, the person had said that staff were attending the call early, before 9 o'clock in the evening, when the agreed call time was at 9.35pm. There was no action plan in place to evidence that this had been attended to. They said that if staff were going to be late, the service usually contacted them.

Results from the survey questionnaires we received indicated that most people thought staff arrived on time for calls. Three responses, out of 17, stated that staff did not arrive on time. Two responses stated that staff did not stay the full time of the call.

We looked at care records and found that a number of call times were not always at the agreed time. For one person, the breakfast call time had been 45 minutes early or 45 minutes late. We saw that staff did not always stay for the agreed call time. Two staff members also said that when they had informed office staff they were going to be late, this information had not always been communicated to people. The registered manager stated that when a care round required cover in emergency situations it would be difficult to contact all people to communicate that staff would be late for their call. On the issue of late calls, there was not always time to inform people that staff would be late. If this was the case, then retrospectively office staff would contact the person and apologise for the late call. Information was provided to us about a person we had identified as having late calls. The information reflected that the person wanted a later call. However, the care plan had not been altered to reflect the actual new time the person wanted the call at.

People and relatives told us that staff responded to people's needs. A person said, "Staff always ask me if there's anything else I can do before they leave." A relative told us, "All staff are good. Some staff are excellent and are always looking to do anything that helps my mum." These were examples of responding to people's needs in a flexible manner.

Everybody reported having a care plan in their folder. A relative said they had been involved in a review of the care needed, "Yes. They come out from time to time to check everything is okay. I have a meeting with them booked soon."

People told us they had their care plans reviewed. This covered a number of relevant issues such as whether the service was meeting their needs, whether people's independence had been encouraged and whether the person knew how to make a complaint if needed. One review stated that a person's skin had improved 90%. This was an indication that the service had responded to people's needs. In another review we saw that the person requested a later call time as their current call time was too early for them. There was evidence that this was organised by the service. This was an indication that the service had responded to people's needs.

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and communication needs.

There was information about people's personal histories and preferences to help staff ensure that people's individual needs were responded to. For example, in one care plan we saw that staff were instructed to ask the person whether the person wanted their dentures to be swapped as they had two different pairs, one for the day and one for the evening. This meant that staff were aware of people's preferences and lifestyles, and worked with them to achieve a service that responded to their individual needs.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes. We saw evidence of information about people's changing needs so that staff could respond to these needs. There was evidence in care plans that staff had signed to say they had read the care plan.

Everyone we spoke with stated that they felt confident they would be taken seriously if they ever needed to complain. Most people who returned surveys said that they knew how to make a complaint. Three people said they didn't know how to do this. The registered manager sent us information after the inspection following up this issue. People told us that staff responded well to complaints. We saw records of complaints. Complaints had been investigated and follow-up action had been taken as needed, with an apology issued as relevant.

The provider's complaints procedure in the service user guide gave information on how people could complain about the service. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service for this to be investigated. There was also information indicating that they could take their complaint to the local authority or the ombudsman if they wanted an independent investigation.

Good

Is the service well-led?

Our findings

People and their relatives thought they had, in the main, received a service that met their needs. Everybody reported that they felt that the organisation was well led. A person told us, "I have had no real problems. Care staff have been really good." A relative said, "There's been a few problems but they have been sorted out. My mum is very satisfied with the carers."

These comments told us that people were satisfied that they were provided with a service from a well-managed organisation.

People told us that they received questionnaires from the service asking their views on whether the care they were provided with met their needs. One person said, "Yes, I got something through the post. It doesn't bother me because I am happy with the girls [staff] who make sure I have everything I need." We saw records of client questionnaire that had been carried out. This was overwhelmingly positive about the service. Spot checks on staff had taken place to observe care being provided to people and people had been asked what they thought of the service.

We saw evidence of staff assessments on their ability to deliver a quality service to people. Reviews of people's care reflected that they were asked if they were happy with the quality of care they received from the agency. This is an indication of a well led service.

There was no evidence that staff had also been provided with a survey so they could comment on the running of the service. The registered manager said this was being currently considered.

The provider submitted relevant notifications to CQC. The registered manager was aware of the provider's responsibility to notify CQC of incidents. We also saw that the provider was aware of the legal requirement to display their rating from comprehensive inspections, such as this one.

We saw evidence that the registered manager had raised the issue of the quality of care for people at staff meetings. The minutes of the meeting set out relevant issues such as emphasising the philosophy of providing personalised care, how to protect people from abuse, ensuring people got proper food and drinks and ensuring good medicine practice was in place.

We saw evidence that staff had been thanked for their hard work and for supporting each other. They had been given the opportunity to raise any queries or concerns they had. This indicated management were proactive in trying to ensure a quality service was provided to people.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. It emphasised important issues such as always showing courtesy to people using the service, action to be taken in the event of an emergency, staff being reminded of the need to be punctual for visits and staying for the full time of calls.

The registered manager showed us information about promoting the national dignity awareness day in 2018. Staff are to complete a questionnaire with people using the service on what they recognised what dignity meant to them. This will serve the purpose of raising awareness of dignity for staff and providing the basis to produce actions to make positive changes to people's dignity.

Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people. The staff we spoke with told us that they were supported by the registered manager and office staff who always had time to speak with them if they had any queries, such as how to deal with a challenging situation.

Staff confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. We saw evidence of this in the records we looked at. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

We saw quality assurance measures in place to check that the service was meeting people's needs. The audits covered issues such as care planning, complaints, records of the care provided to people on a daily basis, and medicine. Not all issues identified had been actioned. For example, there had been three complaints with regard to the timeliness of calls. There was no evidence to see how this had been dealt with. The registered manager sent us information after the inspection visit to indicate what action had been taken to try to resolve these issues. Audits indicated whether proper measures were in place but did not detail how this was carried out. The registered manager said this would be carried out in the future. This will then help to indicate a comprehensively well led service.