

Medow Care Services Limited

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Inspection report

Unit 25
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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

About the service

Medow Care Services Limited is a domiciliary care agency providing personal care and support for people living in their own homes. At the time of this inspection 29 people were receiving support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. They were familiar with how to report concerns to agencies outside of the organisation. Risks to people's health, safety and well-being were assessed, and measures put in place to remove or reduce the risks. People were supported by staff who had been safely recruited through a robust process.

People's medicines were managed safely. Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with the staff team.

Before care delivery started assessments were undertaken to make sure people's needs could be met by Medow Care Services Limited. Care plans were developed from these assessments for each person's identified needs and staff had clear guidance on how to meet those needs. Staff received training and support to enable them to carry out their roles effectively. People told us staff prepared simple meals for them as needed and encouraged them to take fluids to maintain their health and wellbeing. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives praised the kind and caring nature of staff. People received consistent care from a small team of staff. People knew about their care plans and could decide what care and support they needed. People's records were held securely in a locked cabinet within a locked office to help promote confidentiality. People received care and support as they wished. People told us they would be confident to raise any concerns with the management team.

The registered manager understood their responsibilities under the Duty of Candour and was committed to

providing a high standard of care for people as well as support for the staff team. People, their relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. People told us that they were regularly asked for their views about the quality of the service.

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

Rating at last inspection

The last rating for this service was Good (published 09 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Medow Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 September 2019 and ended on 09 September 2019. We visited the office location on 02 September 2019 to review records and meet with the senior management team.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the registered manager, deputy manager, and finance manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. On 09 September 2019 we spoke with four people who used the service, four relatives of people who used the service, and three care workers to gather their views on the quality of the service provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help them protect people from the risk of harm or abuse. Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- The registered manager understood their responsibilities to safeguard vulnerable people from abuse and sent us statutory notifications to inform us of any events that placed people at risk.
- People and their relatives told us that staff provided safe care for people. A relative told us, "[Person] knows all the care workers and is comfortable with them. They [care workers] leave [person] comfortable and the house secure which gives us complete peace of mind that they are safe."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed, and measures developed to remove or reduce the risks. Risk assessments allowed for positive risk taking and enabled people to stay as independent as possible within the confines of their health needs.
- Risk assessments were kept under review to help ensure people's safety was promoted.
- The provider helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Staffing and recruitment

- The provider had robust recruitment procedures and checks to ensure that staff were suitable to work at the service.
- Staff told us there were enough staff to meet people's needs and that staff were deployed effectively.
- People told us they thought there were sufficient staff available to meet their care needs however, some people said care staff were often late. For example, one person said, "They are not always on time, they can get held up at previous care calls, but they do let me know if they are running late."
- The registered manager told us there had been no missed care calls, they advised the electronic call monitoring system enabled them to be confident calls had been completed.

Using medicines safely

- Staff received training in the safe administration of medicines and had their competency assessed to help ensure their practice was safe.
- Thorough audits of medication were completed. The registered manager showed us that where errors, such as staff not signing for administering a medicine, occurred these were identified and dealt with

immediately.

- A relative told us that staff supported a person safely with their medicines and there had not been any concerns.

Preventing and controlling infection

- Staff were provided with training and personal protective equipment such as gloves and aprons to help promote effective infection control.
- People and their relatives told us that staff promoted good hygiene practices.

Learning lessons when things go wrong

- The registered manager shared learning from events with the staff team. For example, a relative had put pressure on staff members to transfer a person who was non-weight bearing out of bed using a rota stand. The person's relative attempted to undertake the transfer themselves resulting in the person falling to the floor. The registered manager shared the message that staff must not support non-weight bearing people to transfer via rota stand regardless of relative's instructions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. Assessments detailed people's support needs and their individual preferences. These assessments formed the basis of people's care plans and risk assessments. A person told us, "The boss lady came to see me to sort out what care I needed and when I would wish it to happen."
- The registered manager kept themselves up to date with current care standards and guidance and used this to update people's care plans.

Staff support: induction, training, skills and experience

- Staff received training in areas such as safeguarding, moving and handling and the Mental Capacity Act. Staff had a good understanding of these topics.
- Staff received supervision and competency observations to help ensure that they had the knowledge to perform their job roles effectively. Staff told us they had robust support from the registered manager. One staff member said, "If I have a problem I call my manager for advice. She always picks up the phone and has been able to be with me to support me within 10 minutes when needed."
- Inductions for new staff were thorough and staff knowledge was checked by senior staff during shadow shifts prior to the staff member working with people unsupervised.
- People and their relatives praised the staff team for their skills and knowledge. A relative told us, "I think the staff are trained and knowledgeable."

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

- People who used the service and their relatives said that staff supported people to eat in a safe and effective manner.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.
- Staff monitored people's food intake where appropriate and the registered manager told us they would refer to dietitians or speech and language therapists if people needed more support.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Staff and the registered manager worked well with external professionals for the benefit of people who used the service. These included GPs, occupational therapists, district nurses and speech and language therapists.
- Information was shared with other agencies if people needed to access other services such as hospitals.

- The registered manager gave us an example where working with external agencies had promoted a person's safety. A person had fallen from their bed twice in a week. A senior member of staff attended the incident and discussed the concern with the paramedic occupational therapist at the scene. Both agreed that equipment was needed to reduce the risk of the person falling from bed. The equipment was delivered the same day, greatly reducing the risk for the person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us that staff always asked for consent when supporting them. We saw that people had been asked for consent to be supported in line with their care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.
- The registered manager acknowledged challenges when the wishes of family members conflicted with people's individual preferences. The registered manager told us, "We are not there to make decisions for people but where we find a person lacks capacity we have a multi-disciplinary meeting involving relatives, social workers and any other relevant professionals."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a good understanding of people they supported. Staff took time to get to know people's likes and dislikes, their pasts and interests and incorporated these into their care.
- People and their relatives praised the staff team for the care and support they provided. A relative told us, "They will always go out of their way to help me." Another relative said, "Staff seem to be very caring and considerate. They always make [person] a hot drink before they leave and make sure they are comfortable."

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

- People's care plans showed that they were consulted about changes to their care and that these were documented. Regular reviews of people's support involving people, their relatives and other professionals took place.
- People could make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people and care plans were written in a way that promoted people's independence.
- The registered manager reported that people who used the service had no need for advocacy support at this time. They said they would signpost people to the local authority for advocacy support should the need arise.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.
- People and their relatives said that staff promoted people's privacy, dignity and independence. One person told us, "The service does respect and promote my dignity. For example, I said right at the beginning that I do not want male carers to attend to my care needs and this has been respected."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care to meet their individual needs, likes, dislikes and preferences.
- Care plans were detailed with regards to people's preferences, likes and dislikes.
- People who attended day centres had their morning care calls arranged so they were ready for the transport to take them to the day centres. When people had health appointments their care call times were amended to enable them to attend their appointments.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager reported that staff checked people were wearing their hearing aids and faced them speaking slowly and clearly. For people with visual impairments care workers ensured that people's glasses were within reach in case they wanted to read. Occupational therapists were involved in acquiring appropriate aids for people living with hearing and visual impairments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- For people who were housebound and at risk of social isolation, the service liaised with Age UK to access support with befrienders or sitters. The registered manager reported this service had benefited people as they were no longer on their own for too long and they looked forward to their visitors coming for a chat and a cup of tea.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they had a copy of the policy in their homes to access if needed.
- Any concerns or complaints were logged and investigated promptly, and feedback given. Care workers were informed of the outcome of complaints raised through staff meetings, if there were lessons to be learned.
- People and their relatives told us they rarely had to raise complaints but where they had these had been responded to promptly and to the complainant's satisfaction. For example, a relative told us they had raised a concern once about call times and said that had been managed well.

End of life care and support

- The staff team supported people at the end of their life according to their wishes and preferences. People were supported to stay in their own home if they chose to do so and extra support was provided as needed.
- Staff knew how to support people at the end of their life. Team leaders completed end of life care training with a local care provider's association and cascaded the learning to the rest of the staff team. Staff helped to ensure the end of life care was delivered in such a way to ensure that the person's wishes and beliefs were respected. Staff liaised with external professionals as needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a good understanding of their legal and ethical responsibilities towards the people they supported and had a passion for delivering person-centred care.
- People and their relatives said they would be confident to recommend Medow Care Services Limited to people looking for care and support in their own homes, and two people said they had already done so. Staff said they would be confident to recommend the agency to care staff looking for a position in care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and respected the impact that their roles had for people.
- The registered manager undertook audits in areas such as care plans, medicines and staff files and spot checks were undertaken of staff providing care in people's homes. These checks helped the registered manager to have a clear overview of the service they provided for people.
- The registered manager reported all notifiable incidents to the relevant authorities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives gave positive feedback about the service and the registered manager. One person said, "I would recommend the service to other people living in their own homes." Another relative said, "I would recommend the service, I am quite happy with it and would most certainly speak out if I wasn't."
- Staff were positive about the management of the service.
- Regular feedback was collected from people and their relatives both formally with questionnaires and informally when changes happened.

Continuous learning and improving care

- Learning was taken from feedback from staff, people who used the service and their relatives.
- The registered manager was a member of a local care provider's association. They had arranged training for themselves and the staff team and attended some management network meetings to help keep themselves up to date with changes in the care sector and legislation.

Working in partnership with others

- The registered manager and staff team often worked with other professionals to achieve good outcomes for people. For example, the service had introduced 'quick visits' by a senior member of staff where a person had a fall. The senior member of staff liaised with the health professionals to find the best way to help prevent falls.