

Second to None Care LTD

Meadowfield

Inspection report

Unit 10, Lumley House
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Date of inspection visit:

03 November 2020

05 November 2020

09 November 2020

17 November 2020

24 November 2020

Date of publication:

16 December 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Meadowfield (also known as Second to None Care) is a domiciliary care agency which provides personal care to people living in their own homes throughout the Durham area. At the time of this inspection there were 46 people using the service.

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

People spoke positively about the care they received and said they felt safe. Staff recruitment was safe and there were enough staff to safely deliver a consistent service. People received care and support from a regular team of staff. Medicines were well managed and there were good infection control measures in place.

The service had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training and concerns raised were investigated. Individual and environmental risks were identified and mitigated against. Systems were in place to ensure people would continue to receive support in the event of an emergency.

Care plans were person centred and provided staff with clear information on how to support people in line with their preferences. People and relatives told us they were aware of the complaints procedure and were confident issues would be addressed.

The registered manager had developed good working relationships between staff, relatives and external professionals to ensure people received appropriate care and support.

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 requires improvement (published 28 March 2020).

Why we inspected

We undertook this focused inspection to check the provider had made the required improvements. This report only covers our findings in relation to the key questions safe, responsive and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadowfield on our website at www.cqc.org.uk

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 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.

Meadowfield

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 carried out by two inspectors.

Service and service type

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

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

This inspection was announced. Having consideration of the coronavirus pandemic, we made suitable arrangements with the registered manager before we attended a site visit.

Inspection activity started on 3 November 2020 and ended on 24 November 2020. We visited the office location on 17 November 2020. We spoke with the registered manager on 17 and 24 November 2020.

What we did before the 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 all this information to plan our inspection.

During the inspection

We spoke with the registered manager and remotely reviewed a variety of records relating to the management of the service, including five people's care records. At the site visit we looked at six recruitment

files.

We contacted people, relatives, external professionals and staff for their feedback of the service. We spoke with four people, one relative and four staff members by telephone. We received feedback from four external professionals via email.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Environmental and individual risks were identified with risk assessments put in place with control measures to reduce the risk.
- The service had an electronic system that monitored staff entering and leaving a care call. This enabled the registered manager to be responsive to any issues. People told us visits were not missed. One person said, "I can't set my watch by them, but they are not bad."

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely. Staff had completed medicines training and the service conducted regular checks to confirm staff remained competent to support people with their medicines.
- People's medication was recorded on an electronic system which alerted the management team when it had not been administered at the correct time. This meant issues could be addressed immediately.
- The service supported people to remain as independent as possible with their medicines.

Systems and processes to safeguard people from the risk of abuse

- The service had systems to protect people from the risk of harm or abuse.
- The registered manager ensured effective safeguarding procedures were in place.
- People and relatives thought the service was very safe. One person said, "I feel very safe with them. They are all very nice."

Staffing and recruitment

- Enough staff were deployed to meet people's needs.
- People received visits from a consistent group of care workers. One person said, "I see the same happy face."
- The service followed effective recruitment procedures to ensure new staff were suitable to work independently in people's homes. This included obtaining satisfactory references and checks with the Disclosure and Barring Service (DBS).

Preventing and controlling infection

- The registered manager ensured staff were equipped with Personal Protective Equipment (PPE). People we spoke with confirmed staff wore PPE and adhered to guidance when they visited.
- Staff had received additional infection prevention and control training specifically around COVID 19.

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 requires improvement. At this inspection this key question has now improved to good. 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 personalised care and support from a regular team of staff who knew them well.
- Care records reflected people's current care needs and preferences.
- People took the lead in decisions about their care and support needs. People and relatives told us they felt the service listened and acted on their wishes.

Improving care quality in response to complaints or concerns.

- Relatives and people we spoke with, told us that they had never had a cause to complain. They were aware of how to raise a complaint and felt confident that it would be addressed if they did raise any issues.
- The service had processes in place to respond to complaints and to learn from the information received.

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.

- People's communication needs were identified during pre-assessment.
- Information was offered in different formats to support people in understanding their care plans and functions of the service.

End of life care and support.

- At the time of the inspection there was no one receiving end of life care.
- Staff had received end of life training.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager regularly carried out audits and checks on the quality and safety of the service.
- The service used an electronic system which gave live information and enabled them to be responsive to people's needs.
- The management team conducted observational visits to monitor staff performance and ensure people received good care and support.
- Staff were clear about their roles and responsibilities. The registered manager had submitted the required statutory notifications to CQC.

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; Continuous learning and improving care

- The registered manager understood their responsibilities in regard to duty of candour. There had been no incidents which required them to act on that duty.
- The registered manager welcomed new ideas and learning during this inspection to further improve the service.

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

- The registered manager demonstrated strong values such as compassion, and commitment. They were motivated to provide a person-centred service supporting people to have positive outcomes.
- People and relatives, we spoke with thought the service was well-led. They told us how the service listened to their needs and responded quickly to requests.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service regularly asked people for their feedback. One person said, "They always ask if everything is ok."
- Staff felt valued and said the registered manager was supportive and approachable.
- The registered manager demonstrated good working relationships with external professionals. One external professional told us, "My experience shows that the service goes above and beyond what their profession demands to ensure the best outcomes for their service users, even though at times this can be very challenging."

