

Mediline Nurses & Carers Limited

# Mediline Nurses and Carers Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 2 and 3 May 2017. This was an announced inspection and we telephoned two days' prior to our inspection, in order to arrange home visits with people. On our previous inspection on 16 April 2015 we rated the service as Good.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own home across south Derbyshire and south Staffordshire.

There were two registered managers in the service who worked together to manage the service. 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 were protected from harm as staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed. There were enough staff to keep people safe and to meet their needs. People received their medicine and were supported to apply any cream they needed to keep well. They received support to manage their health. Where needed, people were helped to prepare meals and had access to food and drink that they wanted.

Staff were kind and caring and understood people's needs and listened to and acted upon their views. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. They had detailed support plan that recorded their preferences and likes and dislikes. People's support records were regularly reviewed with they were included in the process. People's privacy and dignity were maintained and they felt staff treated them with respect. Staff completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively. People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work. Checks were carried out prior to staff starting work to ensure their suitability to work with people.

People felt the service was well managed and they were asked to express their views and be involved in decisions related to the planning of their care. People chose how support was provided. The provider had systems in place to assess and monitor the quality of care. People were encouraged to give their feedback and this was used to drive improvements.

## 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.

People felt safe when they received care and staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed and people's medicines were managed safely. There were enough staff to keep people safe and to meet their needs.

### Is the service effective?

Good 

The service was effective.

People could make decisions about their care and staff sought their consent. Where the agreed support included help at meal times, this was provided and food was prepared for people. People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively.

### Is the service caring?

Good 

The service was caring.

People and their relatives were positive about the way staff provided care and support. The staff were kind, caring and understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained and people felt staff treated them with respect. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

### Is the service responsive?

Good 

The service was responsive.

People were involved in the review of their care and had detailed support plans in place that recorded their preferences and likes and dislikes. People were included in reviewing them. People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

**Is the service well-led?**

**Good** ●

The service was well-led.

People, relatives and staff were encouraged to provide feedback about the quality of the service and this information was used to make improvements. Quality assurance processes were in place to review how the service was provided. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

# 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 checked 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 visit took place on 2 and 3 May 2017 and was announced. One inspector carried out this inspection with an expert by experience. An expert by experience is someone who has personal knowledge or experience of this type of service. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us. Three hundred and sixty four people were receiving a service at the time of our inspection.

We used a range of different methods to help us understand people's experience. We visited six people accompanied by their relatives in their homes and made telephone calls to 17 people. We sent out questionnaires to people who used the service and staff and received 19 completed forms. We spoke with six care staff, a care co-ordinator, the two registered managers and the provider. We also received feedback from commissioners of the service and reviewed the last inspection carried out by the local authority quality monitoring officer. We used this information to make a judgement about the service.

On this occasion we did not ask 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. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

People were confident that the staff supported them in a way to keep them safe. One person told us, "I have all the equipment I need for moving around and I have a hoist so I can go to the bathroom and have a shower." People had input from the occupational therapist for any equipment they needed to support their independence. One person told us, "The sling I had originally with the hoist wasn't really suitable, so it was changed for a better one which is more comfortable and suits me." The care records had a detailed description of how to use any equipment and included which coloured loop to use on each sling to ensure people were safe." A member of staff told us, "Our training is quite specific to people. If anything changes then we are updated so we can use any new equipment. Some people have had a change of equipment as they now have only one member of staff on their call. We've had more training so we can still be safe and know what we should do."

People felt safe as risks had been identified and staff knew how to support them. One person told us, "Because of my history of falls, I wouldn't be able to have a shower on my own any more. With my carer here to support me, it still means that I can have a shower every day which is very important to me. You feel so much fresher after a shower than you do having a strip wash. Since my carer started to support me I haven't had a single fall." People's homes were assessed to ensure information was available to guide staff to help protect people from identified risk. Information included potential risks within the home to reduce any risks of trips or falls and any concerns with access to the home and risks within the surrounding area.

People were satisfied with the security arrangements for their home. Some people had an entry code so staff could enter their home. One person told us, "The staff always make sure the key is put back and I've never had a problem with the security arrangements. I feel quite safe after they have left. They always shout when they come in to let me know they are here."

People were supported by staff who had an understanding and knowledge about safeguarding people and protecting them from harm. Staff were aware of how to recognise potential signs of abuse. The staff understood the procedure to follow to report concerns and they were confident these would be dealt with appropriately by the managers. Where safeguarding concerns had been identified, these had been reported to the local authority to investigate and a copy of the information sent to us. One member of staff told us, "When we go into people's homes, we have to notice what happens and take action to keep people safe."

When new staff were employed in the service, recruitment checks were completed before they started working to ensure they were suitable to work with people. The staff's suitability for the role was checked by obtaining suitable references, having a police check and confirming the validity of their qualifications, previous experience and training.

People were supported to receive their prescribed medicines and some people retained responsibility for managing their medicines. One person told us, "I have all my medicines in a blister pack and I can pop them out myself so I don't need any support." Another person told us, "It's better for me if I have my tablets on a spoon and I can take them better that way. The staff get my tablets out for me and that is how I take them."

Some people needed support to apply creams to their skin. One person told us, "I can't put my own cream on so the staff do it for me. This is better as they can tell me if I'm sore anywhere as I don't always notice." The care records included details of the medicines people had prescribed and staff recorded when these had been given. Where people needed medicines that were taken 'as required', information was available to direct staff to when this medication should be given. One member of staff told us, "We ask people if they need any extra tablets. If they do, we would record that it had been given on the sheet and also in the daily notes so the next member of staff knew." Where medicines may not have been given, the procedure was for the next member of staff to place a red dot in the gap so it was clear there was a potential omission. This was investigated promptly to ensure that medical advice could be obtained for any missed medicine. One member of staff told us, "It's no good taking action at the end of the month if the record isn't right. We need to act as soon as we know there's a potential error so people can have their medicine when they need it."

The provider had recruited staff to ensure there was a sufficient number to provide people with the agreed level of support. Systems were in place which identified whether people received their support at the agreed time. The staff were required to call when they arrived and left people's homes and senior managers received an alert if they failed to arrive. One member of staff told us, "If a call is time critical, for example if they need a specific medicine, then we get an alert after fifteen minutes, otherwise it's half an hour. We also have a monitor which gives us an up to date picture of staff and where they are with their visits. This helps us to make sure people receive their call on time and keep staff safe." There was an out of hours on call system where they could contact staff in the event of any emergency. One person told us, "I have the telephone number if I have a problem, need to change my time or if I'm worried. I've never had to use it but it gives me peace of mind that someone is there."

# Is the service effective?

## Our findings

People were supported by staff who had received training and guidance to support them. New staff received an induction into the service and all staff were provided with the opportunity to complete the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "The company is very good at providing you with opportunities so you can complete the certificate. They are very committed to their training and making sure we all know what to do. They don't just take your word for anything either; they come out on visits with you to check you understand the new training and are actually carrying it out. This is how it should be." Competency checks and spot checks were carried out as part of the supervision and appraisal system. One member of staff explained, "We have spot checks, supervision and an appraisal throughout the year. We are not told when the managers are coming out, but they check we are turning up on time, what we are wearing, and how we support people. Many of us work alone so it's important the managers know we are doing our job right and trust us."

People felt the staff received training to enable them to provide the support they wanted. One relative told us, "I think the staff are very well trained and knowledgeable. The regular carers have really worked wonders over the year to the extent that [Person who used the service] is now out of bed most of the time. It's lovely to see my them almost back to their self again." One person told us, "I cannot fault them. The carers are so much better at fitting my artificial limb than I am. They don't mind how long it takes but they will stick with it until I let them know that I'm comfortable and able to walk without too much pain. I really appreciate their help because otherwise I am stranded in my chair all day."

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. The application procedures for this for people living in their own homes is through the Court of Protection [CoP]. The registered manager and staff told us that no one receiving care was deprived of their liberty.

We checked whether the provider was working within the principles of the MCA. People we visited told us they were able to make decisions about their care and felt that staff listened to them. One person told us, "I have a care plan which records what I want but the staff still ask me, whether to get up, what to eat and how I want the care." The staff told us that people using the service had capacity to make decisions about the care they received. Where people lacked capacity or concerns were raised about people having difficulty making decisions, the staff understood that capacity may need to be assessed and decisions made in their best interests. One member of staff told us, "It's about looking at the different ways we can help someone to make a decision. Sometimes this is about rephrasing something or about using visual clues. It's important we try different ways so people can make their own decisions where possible."

People retained responsibility for managing their own health care and where people needed support this was provided. One person told us, "I have the district nurse visit me every three days to dress my wound. The staff know I have a dressing and they leave this area alone as they don't have to do anything but just be aware and not remove it." Another person told us, "The staff are very good at noticing if there are any changes in the skin. I once had a small red mark and the staff insisted I call the nurse so I didn't get a sore. They are very good." Other people were visited by occupational therapists and physiotherapists to support their care. One person told us, "I like it when the appointments are together and they can talk to the staff directly. If anything changes the staff always let the office know so they can change my plan." The care records included details of health care and contact people for staff to call if they were concerned.

Where people needed support to prepare their meals, the care records included information about this support. We saw people had drinks and snacks available and in reach. One person told us, "My family make sure I have all my meals and the staff just have to prepare it for me." Another person told us, "I just get the staff to make me something when I'm on my own. I'll have a sandwich and some crisps and have my dinner with my family. They make sure they leave me with a drink, so I'm fine until my family come home." Another person told us, "I'm alright to get myself cold drinks, but my kettle is so heavy that I don't like to risk having an accident, so I'm grateful for my carers making me hot drinks. As soon as they come in in the morning the kettle goes on so I can have a nice cup of tea before we start and then they always make sure I have one on my table before they leave me."

## Is the service caring?

### Our findings

People were happy with how staff supported them and had developed good relationships with staff. One relative told us, "The staff go beyond what is expected of them. Recently my relative had a short stay in a home and the staff even went to visit them there to check everything was alright. It was lovely of them." We observed the people were relaxed in the company of the staff who were supporting them and staff spoke directly with people, asking about their welfare and if anything had happened since they last visited.

People felt the staff treated them in a respectful way. One relative told us, "The staff are very considerate and the staff member talks to them rather than the other staff with them. It's only a small thing but it does make a big difference and shows to me that they respect them." One person told us, "Nothing is ever too much trouble for any of the staff. I'm always asked if there is anything extra I need doing before they leave and they will make more time to do something if they know it's important to me." Another person told us, "Very often, the staff will put some washing in for me so that it is done before they come back later on in the day and then it can dry overnight on the airer before putting it back in the cupboard the next day. It's not actually in my care plan as far as I'm aware, but they are happy to do it for me anyway because they know it would otherwise have to wait until my family visits."

People spoke positively about the way staff provided support and told us they were kind and compassionate and provided care that promoted their dignity and respected their privacy. People told us the staff treated them as individuals and understood their individual needs and preferences. One relative told us, "[Person who used the service]'s staff are really lovely with them and they would never dream of letting them get dressed in anything that is not completely clean. These days because of their sight, [Person who used the service] really can't see things in minute detail, but I'm always grateful that whenever I go to visit them, they are always sitting there in clean clothing looking presentable." One person told us, "The staff will always make sure that the curtains are closed before they start doing anything in the evening to help me get ready for bed. One member of staff only ever put's on one light before they draw the curtains so that my neighbours can't see everything that I have in here." Another relative told us, "The staff will always knock on their bedroom door and call out their name. They always wait until they call back to say come in before they open the door and will close the door behind them so that anyone else in the house can't see my [Person who used the service] in a state of undress."

People were supported to be as independent and staff knew what people were able to do for themselves and where they needed assistance. One person told us, "For me, my independence is being able to stay in what was the family home. I reluctantly decided to have support and I have to confess it was the best decision I could have made. They have been so helpful and supportive and it has made such a difference to my family knowing that there is someone looking in on me on a daily basis. I am now happy and settled here at home."

People's right to confidentiality was protected. All personal records were kept securely in the office and were not left in public areas of the service. Each person had a copy of their records which they maintained responsibility for. Care records were available for people to read in their home.

## Is the service responsive?

### Our findings

People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. One person told us, "When I started with the agency a few months ago we chatted about what help I needed and my medical condition. They went away and wrote up a care plan and then sent it to me to have a look at. I just needed to make a couple of changes to it and then when they sent it out again I signed it. It's in my folder where the carers write the records every day. They told me that they would review my care properly at the end of six months but that if I had any problems in the meantime I would just need to contact them." Where a formal review was arranged with representatives of the local authority who commissioned the service and a member of staff attended. One person told us, "I recently had my review and the staff came so we could all make sure everything was right and still what I wanted it. They always send someone and if anything changes they can update my support plan."

People agreed their care and support when they started using the service and were confident the staff knew how to provide it how they wanted. One relative told us, "We met with staff from the agency before the care started. We must have spoken for well over two hours and as well as chatting about how I was and what I needed help with. They asked me what time I would like the staff to arrive in the morning and evening and asked if I preferred female staff or whether or not. On rare occasions, I would be happy to have a male member of staff. I did explain that I would be more comfortable having female staff and they didn't make any concerns about this. I have to say I felt fully involved in organising the care that they have provided for me." Each person had a folder in their home which contained details of the support and care they had agreed to. The care records were detailed and described how people wanted to be supported during their visit.

People had an agreed rota which recorded the time staff were expected to visit them. They knew that the call may be thirty minutes early or late to enable flexible support. Where staff had not provided this care within this agreed time, people knew they could call the office. One person told us, "They are generally here on time but sometimes they can be late. You have to be flexible as we had an incident here and the staff were fantastic and stayed with us until the ambulance arrived. This probably meant that they were late for other people. You need to understand this and as long as we know then that's fine. We are usually told if there are any problems." Another person told us, "My carers have to phone in and then phone out each time they come and go and I also sign the sheet to confirm the timings. I've never had a problem with the carers staying the full amount of time, and to be honest they will usually stay a few minutes over in order to make sure that I've got everything done that I need and that I'm happy for them to go." Another person told us, "I have two 30 minute calls a day and I must admit, my carers will very often stay over the 30 minutes while they finish tidying up and writing in the records."

People knew how to raise a concern or make a complaint. People felt confident that they were listened to and either spoke with the office or care staff. One person told us, "If we are not keen on any of the staff, we just let them know and they don't send them again." Another person told us, "I had a problem where staff weren't staying for the correct length of time so I reported this and it was addressed straight away and I'm very happy now." Another person told us, "I have no concerns about my safety at all, but I can assure you

that if I did I would soon be on the phone and asking to speak to one of the managers to talk about it. I can honestly say I haven't had any concerns whatsoever and I really don't know what I would do without my carers coming in to me every day." Another person told us, "I have been really impressed with how open and honest everybody has been here. I'm sure if I had any difficulties they would be more than ready to sort these out for me." Where people shared concerns with us, these were investigated and the provider agreed to inform us of their response. We saw where people had reported their concerns these had been recorded and investigated. The provider had considered the information and responded to them, identifying any outcome or improvement to be made.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

## Is the service well-led?

### Our findings

The service had two registered managers who worked together to manage services within Staffordshire and Derbyshire. Staff told us that the managers provided stable leadership, guidance and the support they needed to deliver good care to people who used the service. One member of staff told us, "The managers and all the office staff are very supportive. We know if we need them, they are just a phone call away and I have never been let down." Another member of staff told us, "When you do well, they tell you that you are doing well. You need to trust your manager and I definitely do here."

The managers promoted a culture where staff, people or their relatives could speak to them at any time so that they provided good quality care that met people's needs and expectations. Staff were invited to team meetings and told us that the discussions during team meetings meant that they had up to date information that enabled them to provide care that met people's needs safely and effectively. One member of staff said, "Communication here is very good. The staff meetings are one of the ways we know what's happening and it's good to see other workers too."

Quality audits had been completed to assess the effectiveness of the service provided and to ensure people received good care and support. The provider also completed surveys with people who used the service; the results of the latest review showed that people were happy with the quality of the service provided and staff that supported them. People felt able to comment honestly about the service provision and were confident improvements would be made where needed. One person told us, "I have already recommended the agency to a couple of friends of mine who were a bit wary about having someone in their homes. When I explained how good the service was, they both said that they would give it a try and as far as I'm aware they have been as happy as I am with the service so far." People's positive comments were supported by the view of a social care professional from the local authority who had recently inspected the service. Their report indicated that the care provided was good and met people's needs.

A system was in place to record whether people received their support on time and that it was the agreed amount of time. The system identified if people did not receive their visit and alerted senior staff to ensure people were not left at risk of harm. A copy of the quality report was available to us and the local authority that commissioned and monitored the quality of the service. We saw the monitoring tool identified people received their service on time and when this had been agreed.

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and would be supported by the management team.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the front entrance hall in the office.

