

Mediline Home Care Limited

Mediline Home Care Derby City Branch

Inspection report

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13 February 2020

14 February 2020

25 February 2020

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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

Mediline Home Care Derby City Branch is a domiciliary care agency registered to provide personal and nursing care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. There were 194 people receiving personal care at the time of the inspection.

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

People were protected from the risk of harm by staff who understood how to recognise and respond to concerns.

Staff told us they had received training in a range of areas to support them in their roles. Recruitment procedures ensured prospective staff were suitable to care for people receiving personal care in their own homes.

Risk assessments were in place, providing guidance for staff in how to mitigate risks and keep people safe from harm. People's medicines were administered as prescribed. People were protected from the risk of infection.

The management team reviewed incidents and learning, any learning was shared with the staff team.

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 felt staff treated them with respect and were kind and caring towards them. Staff understood the importance of respecting people's privacy and promoted their dignity and independence.

People and or their relatives were involved in the planning of care. This was kept under review and updated as and when needed.

The provider's complaints policy and procedure was accessible to people who used the service and their representatives. People knew how to make a complaint and felt their concerns would be listened to and addressed.

The provider had systems in place to monitor the quality of the service to enable the management team to implement improvements when required. Staff felt supported by the management team.

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 27 September 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Mediline Home Care Derby City Branch

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 one inspector, one assistant inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience did not attend the office of the service or visit people at home. They spoke by telephone with people and relatives of people who used the service on 14 February 2020 and 17 February 2020.

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 two managers 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 one weeks' notice of the inspection. This was because we needed to obtain contact details and consent to contact people using the service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority. 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 reviewed a range of records, which included the care records for six people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files. We also looked at three staff recruitment files.

We spoke with the nominated individual, director of HR, both registered managers, two senior care workers and two care workers when we visited the office on 25 February 2020. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with six people who used the service and 10 relatives about their experience of the care provided, by telephone on 13, 14 and 17 February 2020.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving care from the staff. One person said, "Very safe with them [staff]. I cannot be rushed as I cannot walk well and they [staff] support and hold me when having a wash so I am safe from falling."
- People told us staff always wore uniforms and ID badges when they came to support them, which assured them of staff members authenticity.
- The provider had safeguarding procedures in place, for staff to follow in helping to keep people safe from the risk of harm. Staff had received training and understood safeguarding procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service.
- The registered manager understood their responsibilities to protect people from the risk of abuse. Where concerns had been identified they had informed the local authority to ensure people were protected. They also informed the CQC of incidents that had taken place.

Assessing risk, safety monitoring and management

- At the last inspection risk assessments were not always in place. At this inspection we found improvements had been made.
- There were processes in place to identify, assess and manage individual risks. For example, one person with diabetes had a detailed risk assessment. This provided signs of low and high blood sugar and instructions for staff to follow should the person become unwell.
- People stated staff supported them in a safe manner. One person stated, "They [staff] check all the doors are locked at night and make sure that the side light is on for me for added safety and security." A relative said, "[Name] has had a hoist delivered and the staff have guided [name] safely supporting them onto it and safely lifting and manoeuvring [name]."

Staffing and recruitment

- There were enough staff to meet the needs of the person supported by the service.
- The provider followed safe staff recruitment procedures. Pre-employment checks had been completed before staff commenced employment with the provider; which included enhanced Disclosure and Barring Service check (DBS). This enabled the provider to determine staff suitability, to work with people in the community.

Using medicines safely

- The provider had systems in place to manage and administer people's medicines. People who required help to take medicines were happy with the support they received. One person said, "They [staff] take the

tablets out of the packs and hand them to me with a drink of water. If they [staff] find I am running short on anything, they tell me, so I can order some more in."

- Staff received training in administering medicines and had their competence assessed by a Field Co-ordinator.
- Medication records were audited to ensure they had been completed correctly. If an error was identified this was addressed, for example via further assessment of staff competency to administer medication.

Preventing and controlling infection

- People were protected from the risks of infection as staff supporting them had undergone training in infection control. Staff told us personal protective equipment was available to them and used this when needed; such as disposable gloves and aprons.
- People confirmed staff wore gloves and aprons when supporting them.

Learning lessons when things go wrong

- The provider reviewed and monitored incidents and accidents to look for any trends or patterns. Action was taken to minimise the risk of reoccurrence. For example, if required care plans and risk assessments were updated and training provided to staff.

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 good. 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 began to use the service support to ensure their needs could be met. People and their relatives confirmed this.
- Care and support was planned in consultation with people and their relatives.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- The provider ensured staff had the necessary skills and knowledge to support people.
- People felt they were supported by staff who had the skills to meet their needs. Comments included, "The carers do have the right skills, they know what to do and I feel comfortable with them" and "The carers seem knowledgeable and understand my family member's needs. They are pretty well trained."
- Staff spoke positively about the induction and training they had received, which they said was relevant to their roles. Records showed staff had received training in a variety of areas.
- Staff told us they were supported in their roles and received regular supervisions.

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

- People were supported by staff to eat and drink in accordance with their dietary needs.
- People who required assistance with food preparation told us this was done effectively. One person said, "Staff help get my meals ready. At breakfast its cereal and a microwave meal for lunch, with a cup of tea each time."
- Where people were supported with their nutritional needs this was recorded in their care plan. However, for one person this information was not clear. Their care plan stated the person had a fork mashable diet and the risk assessment specified they had a soft diet.

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

- Management and staff understood their responsibility to seek professional advice where they felt people's needs changed.
- Relatives told us staff communicate well with them if they had concerns about their family member. One relative said, "If there is something wrong, they will contact me, for example staff spotted that my family member had a rash and contacted me."
- Details of people's health care needs were documented within their care records.

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.

- At the time of this inspection visit, the nominated individual confirmed no one they supported lacked capacity.
- Staff understood the importance of seeking people's consent before providing them with personal care.
- People told us they were asked for their consent and tasks were explained well by staff. One person said, "They [staff] ask how I am and what I would like to have done first."

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 good. 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

- People and their relatives told us they felt they were treated well by the staff. One person said, "They [staff] are very good, they do anything I ask and are caring and careful with what they do for me."
- People were complimentary of the staff and felt comfortable with them. A relative stated, "I am happy with the care, the carers are thoughtful with [name] and always show a cheery and caring attitude."
- The provider had a diverse staff team and some staff were bilingual. The nominated individual told us in addition to being able to communicate in English some staff were also able to speak Polish and Punjabi. This ensured staff were able to communicate with people.

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

- Staff understood the importance of involving people in decisions about their care.
- People were supported to express their views and make decisions about their care and support. People and their relatives had been involved in the care planning.
- People and their relatives were invited to participate in the review process, reviewing the care and support staff provided. A relative said, I have received the care plan which is kept under review. We have had meetings at the house where the office come out and see if there are any changes and how things are going. If anything needs to be added or changed to the care plan this is done. The carers stick to the care plan. If there is a new carer to the call, they read the care plan."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. Staff were dignity champions; a dignity champion is someone who believes everyone must be treated with dignity which is a person's basic right.
- People's independence was promoted wherever possible. Comments included, "They [staff] have made me feel so much better. They fill me with confidence, encouraging me all the time" and "The carers do encourage my family member to be independent with things they can manage. The carers will encourage them to wipe their face, always asking '[Name] can you do this?'

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. 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

At our last inspection, call times had not always been on time to respond to people's needs.

At this inspection we found improvements continued to be made in this area.

- Most people told us they received their calls as required. However, three people raised concerns about call times at this inspection. We discussed this with the nominated individual, who explained calls were currently monitored via people contacting the office or staff notifying the office they had been delayed. Also, when time sheets were returned these were checked to ensure calls had taken place in accordance with the care plan. Staff we spoke with confirmed this.
- The nominated individual also confirmed that an electronic call monitoring system would be implemented by April 2020 at this branch. This would enable the office staff to monitor live call times, to ensure calls were not missed or identify if staff had been delayed for the next call.
- People had agreed how they wanted to be supported. They had a copy of their care records and support agreement in their home.
- Care plans took account of people's choices and preferences and were reviewed regularly.

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 service complied with the Accessible Information Standard and met people's communication needs. Information was available in an accessible format to support people's understanding; this included information in picture booklets and Punjabi.
- The nominated individual told us in the past they have made information available in braille for a person with a visual impairment. For another person their care plan was produced in an audio format which we listened to a sample of. Translators had also been sourced when required.
- People felt staff understood their communication methods and could communicate effectively with them. A relative said, "My family member is hard of hearing, the carers speak to them clearly and loudly."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which people were aware of. People stated when they had raised concerns with the office they told us these were resolved.
- We saw when complaints were received they had been reviewed in line with the provider's procedure.
- During this inspection four people raised some concerns regarding the service they received. We shared these concerns with the management team who contacted the people immediately and resolved the issues. For example, one relative told us in a short time their family member had received care from a number of different carers. The registered manager contacted the relative and put in a team of regular carers that would be supporting the person.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Training records showed staff had completed training in this area to guide staff on supporting people with end of life care.

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 good. 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

- Staff told us they felt supported by management and had staff meetings, which provided them with any updates or guidance that was required.
- People and relatives told us they were happy with the way the agency was managed. A relative said, "It is a well-managed service. I have recommended the service to a friend as their family member required care at home."

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

- A business continuity plan was in place, to ensure people would continue to receive care in the event of an emergency.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements. This included submitting statutory notifications about the occurrence of any key events or incidents involving people they supported.
- Staff newsletters were produced by management. For example, the newsletter for December 2019, included information regarding the emergency on call system, safeguarding policy and a thank you message to staff from management. This ensured staff were kept updated with information at the branch and provider level.
- Staff and management understood their roles and responsibilities.

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

- People and their relatives were involved in the development and quality of the service they received. Feedback was gathered from people, relatives and staff. This included spot checks, quarterly satisfaction questionnaires and annual employee opinion surveys. Feedback from the recent questionnaire's was positive.
- The nominated individual told us at times they carried out care calls. This gave people a further opportunity to provide feedback on the service they received.
- In addition to annual care reviews, reviews were also completed within eight weeks for any one new using the service. If required, the eight-week review was able to take place earlier. This ensured peoples identified needs were being met or if any adjustments were required to the care and support provided.

Continuous learning and improving care

- Systems were in place to monitor and improve the quality of the service people received. This included audits of medication records, communication logs and incident and accidents. Internal audits of the branch were also completed by the Director of Services and Head of HR and recruitment.
- Spots checks, comprehensive observation supervision and annual staff appraisals were completed, ensuring staff had the required support and training to carry out their roles effectively.

Working in partnership with others

- The management team recognised the importance of working in partnership with other agencies. The management team worked in partnership with health and social care professionals to ensure people received coordinated care which met their needs.