

Medirite24 Limited

Medirite Healthcare

Inspection report

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27 April 2017

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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

Our inspection took place on 25 and 27 April 2017 and was announced. This was the location's first inspection since registering with us.

Medirite healthcare provides personal care to people living in their own homes. At the time of our inspection the service was supporting one person.

There was a registered manager in post. 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 supported by staff that could recognise potential signs of abuse and knew how to report concerns regarding people's safety. People were supported by sufficient numbers of consistent staff who had been recruited safely. Risks to the health, safety and well-being of people were identified and managed. Staff had a good understanding of how care and support should be provided in order to keep people safe. The provider was not currently supporting people in administering medicines but we saw the provider had systems in place to ensure medicines were managed safely.

People were supported by staff that had the required skills and support to provide effective care. People consented to their care and support and the registered manager had an understanding of the Mental Capacity Act and how to apply the principles where people lacked capacity. People were supported to eat and drink sufficient amount and were offered choices. People were supported to maintain good health.

People were supported by staff that were caring and treated them with kindness and respect. People's individual needs and preferences were understood and met by staff and people were involved in making decisions about how their care and support was provided. Staff supported people in a way that maintained their privacy and dignity and promoted their independence.

People knew how to raise a concern or complaint and expressed confidence that concerns would be dealt with efficiently by the registered manager.

The registered manager had effective systems in place to monitor the quality and consistency of the care provided. People and staff were encouraged to give feedback on the service. Staff felt supported by the registered manager and had a good understanding of their responsibilities. The registered manager understood their responsibility to notify us of events such as allegations of abuse which they are required to do by law.

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 were supported by staff who knew how to recognise and report potential abuse. People were supported by sufficient numbers of consistent staff that had been recruited safely.

People's risks were assessed and appropriately managed. There were sufficient systems in place to monitor the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and support required to carry out effective care. People's consent to care and support was sought and the registered manager understood the principle and application of the Mental Capacity Act.

People were supported to eat and drink sufficient amounts and their health was monitored.

Is the service caring?

Good ●

The service was caring.

People received support from staff that treated them with kindness and respect. People were involved in making decisions about their care and support. People's privacy was promoted and they were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who understood their needs and preferences well. People were involved in the planning and review of their care. People knew how to raise a concern or complaint and the provider had a system in place to ensure complaints were appropriately managed.

Is the service well-led?

Good ●

The service was well led.

People and staff were provided with opportunities to give feedback on the development of the service. Staff understood the expectations of their role and felt supported. The registered

manager had systems in place to monitor the quality and consistency of the service.

Medirite Healthcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 27 April 2017 and was announced. We gave the provider 24 hours' notice of the inspection because it is a domiciliary care agency and we needed to be sure that they would be in. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We contacted the Local Authority Commissioners and safeguarding teams to obtain their views about the quality of the service provided. We also contacted Healthwatch. We considered this information when we planned our inspection.

During the inspection we spoke with the person who used the service and a relative. We spoke with one member of staff and the registered manager who was also one of the service directors.

We reviewed a range of records about how people received their care and how the service was managed. We looked at the person's care record, and a staff members record. We also looked at records relating to the management of the service which included quality checks.

Is the service safe?

Our findings

The person we spoke with confirmed they felt safe with the staff that provided their care. They told us having staff supporting made them feel safe. A relative we spoke with said, "I have absolutely no concerns about [person's] safety. I absolutely trust the staff and am confident in their ability and their conduct". We found that people and their relatives felt able to report concerns or worries they had. For example we were told of a concern that had been raised about a member of staff which the registered manager had appropriately dealt with.

People received support from staff that had a good understanding of how to protect people from the risk of harm and abuse. Staff understood how to keep people safe and had received training. They were able to tell us about the different types of abuse and the action they would take if they suspected a person was being abused. Although there had been no safeguarding concerns at the time of the inspection the registered manager understood how and when to escalate concerns about people's safety to the Local Authority safeguarding team. This meant there were appropriate systems in place to ensure people were kept safe from potential harm or abuse.

The person we spoke with said, "I could not get around without the staff support, they keep me safe". A relative we spoke with told us, "The staff understand [person's] risks and how to manage them". They went on to say, "[Person] mobilises with a trolley staff will always make sure this is in reach and the wheelchair is used for longer distances". Staff we spoke with had a good understanding of the person's risks and of the actions they needed to take to ensure the person's safety. We looked at the person's care plan and found risks had been identified, assessed managed and reviewed. For example, Falls risk assessments were in place where required and we saw the provider had taken action to reduce the risk of falls by ensuring they had suitable equipment to ensure their safety, such as walking frames. Although there had been no accidents or incidents at the time of the inspection, staff were knowledgeable of the action they were required to take in the event of an accident or incident occurring. The registered manager told us they would appropriately investigate accidents and incidents and take appropriate action to ensure the risk of them re-occurring was reduced. This showed there were appropriate systems in place to ensure people were kept safe and people were supported by staff who understood their individual risks and how to manage them.

The person receiving support at the time of the inspection was receiving 24 hour care and had a team of consistent staff supporting them. The staff member we spoke with told us they felt there were sufficient numbers of staff to support the person and to cover staff absence. We spoke with the registered manager who told us the person had a team of two staff with an additional member of staff that had been introduced to the person and their relatives who would provide relief cover in the event of a staff absence. This demonstrated that people were supported by sufficient numbers of staff and the provider had appropriate plans in place to manage staff absence. Staff we spoke with told us references and checks with the Disclosure and Barring Service (DBS) were completed before they began working at the service. DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. Records we looked at confirmed this. This meant people were supported by sufficient numbers of consistent staff who had been safely recruited.

During this inspection there were no people being supported with the administration of medicines. The person being supported was able to self-administer medicines with prompting from staff. A relative said, "The staff are better at prompting [person] to take their medicines than we are". However, we looked at the systems the provider had in place to enable the safe management and administration of medicines and found there were appropriate systems in place to ensure that medicines were managed safely. Staff had received training in managing medicines and the registered manager told us their competency would be checked before they could administer medicines. This showed the provider was prepared to support people with the safe administration of medicines.

Is the service effective?

Our findings

A relative said, "The staff are well trained and they support [person] well". Staff were provided with an induction to the role which included training, shadowing staff, meeting the people they would be supporting and their relatives and the completion of the care certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff had access to ongoing training and told us they were able to request specialist training if required. One staff member said, "The office will let you know if your training needs updating". Staff told us they felt their training was useful and they were able to demonstrate how they used their training in practice. For example how to safely support people to mobilise. Staff told us they were subject to regular spot checks of their practice to ensure they were providing safe and effective care for the people they supported. Records we looked at confirmed this. Staff told us they received regular support and supervision from the registered manager to discuss their practice, any identified concerns or training needs. This demonstrated that staff had the knowledge skills and support to carry out effective care and support.

A relative we spoke with told us, "Staff will always ask if [person] wants to do something". A staff member said, "We ask [person] if they are ready before we support them. We may try to encourage but if they don't want to do something we will document it and report it is their choice".

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. During this inspection we found the person using the service had the mental capacity to make decisions for themselves. We spoke to staff and the registered manager about their understanding of the MCA. They said, "if a person lacks capacity we have to complete a capacity assessment and make decisions in their best interests. I would involve relevant people such as family members, GP's or social workers and would check that relative who say they have responsibility for making decisions on people's behalf have the legal right to do so". The registered manager could identify if a person was being restricted of their liberty and how to refer this onto the appropriate body for authorisation. This showed people were supported by staff that understood how to apply the principles of the MCA.

A relative said, "They always give [person] a choice of food. They record all [person's] meals". A staff member said, "We support [person] with meals. We ask what [person] wants and allow them to choose". The person's food and drink intake was being monitored and we saw that appropriate action was taken in response to concerns over the person's sugar intake which had caused them to become unwell. We saw this had been identified promptly and appropriate action taken to improve their health. Staff were promptly information relatives if there was a change in the person's health to ensure appropriate professional healthcare support could be sought. A relative told us, "If [person] becomes unwell they will document it and let me know". People had the support they required to make choices about what they ate and drank and were supported

to maintain good health.

Is the service caring?

Our findings

The person we spoke with told us, "The staff are marvellous. They wait on me hand and foot. They don't just look after me but they care for the whole house". A relative said, "The staff are perfectly suited to [person] they are definitely kind and caring all of them have been great". They went on to tell us how staff were friendly and they and their family member had developed good relationships with the staff". One staff member told us, "I feel I have become part of the family. I put all of myself into doing this job, whatever I do for [person] is from the heart". We saw spot checks focused on staff interactions with people to ensure they were engaging and communicating appropriately with the person and demonstrated a kind a caring nature. This showed people were supported by staff that treated them with kindness and respect.

A relative said, "Staff will always offer choices such as meals, what [person] wears what they would like to drank and how they would like to spend their time". Staff gave us examples of the ways in which they supported the person to make choice about their care and support. Care plans stated the importance of giving the person choices about how they were cared for. Spot checks completed on staff looked at how people were being supported to make choices. This showed people had choice and control over the support they received and were involved in making day to day choices and decisions.

A relative told us, "Staff respect [person's] privacy and dignity, they are very gentle with [person]. They will not impose if family are visiting". They went on to say, "Staff will propose things and will help and support [person] when needed. They let [person] do what they can for themselves, like make their own breakfast". Staff were able to tell us ways in which they would ensure people's dignity and privacy was respected. For example, staff told us they closed doors and curtains before delivering personal care, allowing the person to go to the toilet in private and leaving the room if the person had visitors. Staff explained to us how they encouraged the person to maintain their independence and how they supported them with tasks where required. One staff member told us, "I allow [person] to do what they can for themselves. If they can do it why not let them". We looked at staff spot checks and found these looked and how staff were working in ways to ensure people's privacy and dignity was promoted and their independence was being maintained. This showed people were supported and cared for by a staff team that treated each person with dignity and respect and supported them to maintain their independence.

Is the service responsive?

Our findings

A relative told us they were involved in the planning and review of their family members care. They said, "[Peron's] and I can have a say in the reviews we can say if we want anything changed. If staff think something needs to change they will consult with us. The registered manager will check if everything is ok, if we are happy with the service and if we think any changes are required". We looked at the person's care plan which detailed their needs and preferences and included a personal history of the person. This showed people were involved in the assessment and planning of their care.

A relative said, "We have three main carers". This was confirmed by staff we spoke with and records we looked at. Staff we spoke with demonstrated a good understanding of the person's needs and preferences. Staff were able to tell us about the person's needs and how they worked in ways to meet these needs. They could also tell us about things they liked or disliked and how they preferred their care to be delivered. This demonstrated that people were supported by staff who knew their care and support needs and preferences well and by a consistent staff team.

Staff told us they were involved in care reviews which enabled them to have up to date information regarding any change in the person's needs. One staff member said, "We have a handover when there is a change of staff we talk about what has happened and anything that needs to be picked up to ensure continuity. The systems of communication between staff are good". A relative said, "I have observed the handovers between Staff and they are excellent very thorough". We looked at peoples care records and found they were reviewed regularly and contained information on people's changing needs. This showed that staff were kept up to date with any changes to people's care and support needs.

People's preferences were respected. For example the registered manager told us about a request for particular types of staff to support the person. We saw that the registered manager had taken on board these comments and was providing consistent care staff who met the person's preferences.

A relative said, "I have no complaints, but I know how to complain if needed I was given a copy of the complaints process. I trust [registered manager] that concerns or complaints would be appropriately managed". We saw people were provided with a service user guide when commencing a care package with the provider. This contained details on how to raise concerns or complaints. Although there had been no complaints at the time of the inspection we saw the provider had a complaints policy in place to ensure that complaints were effectively managed. This showed people knew how they would raise a concern and were confident that their concerns would be appropriately managed.

Is the service well-led?

Our findings

The person we spoke with told us they were very happy with the service being provided to them. A relative we spoke with told us they felt the service was well managed. They said, "The service is very good I have recommended them to others". They told us that they had developed a good relationship with the registered manager and with the staff providing care to their family member.

The registered manager was visible and approachable. They afforded people, relatives and staff the opportunity to provide feedback on the service. A relative said, "I have a good relationship with the registered manager. I have been able to give feedback it's very much an equal relationship and we discuss what needs to change and how it should be done". The registered manager told us how they visited the person and their family every three months to complete reviews and check on the person and their relative's satisfaction with the service. We also saw the person and their relatives were asked to complete satisfaction surveys regularly. We saw there were positive comments made. A staff member said, "You can make suggestions about anything and the registered manager will listen to you and take your ideas on board".

The staff team were clear about their roles and responsibilities and were supported to perform in their role. One staff member told us, "The registered manager is brilliant we get on well. If I have an issue she responds to concerns quickly. I get regular support and she will always come and see you regularly". The staff team and the registered manager understood their responsibilities and were supported by the provider. Staff we spoke with were clear about their roles and responsibilities, for example, staff knew the providers policies and procedures and were using them appropriately. The registered manager understood the types of events they were required to notify us of such as allegations of abuse. The registered manager told us they regularly kept up to date with current guidance, best practice and legislation by attending regular training and using the CQC website.

The registered manager had systems in place to monitor the quality of the service. For example they were completing spot check of staff to ensure they were providing safe and effective care that met the person's needs and preferences. Records we looked at confirmed this. They were also completing checks of the person's daily notes. They told us, "I check to see if the care that is provided is consistent with the care plan and if there are any potential patterns or trends that we need to act on". They told us how they had identified a particular issue with the person's sleeping pattern and had discussed this with the person and their family. We saw action had been taken to try and improve this for the person. This demonstrated that the provider was using information from these checks as a means of making improvements to the care that was being provided.