

Medow Care Services Limited

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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 

Overall summary

We carried out this announced inspection by visiting the office on 4 September 2015. Between this date and 10 September 2015, we spoke with people who used the service or their relatives and staff by phone.

The service provides personal care and support to adults in their own homes. People supported by the service

were living with a variety of needs including older people with health conditions, physical disabilities and dementia. At the time of the inspection, there were 48 people who used the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were systems in place to safeguard people from the possible risk of harm. There were risk assessments in place which provided guidance to staff on how risks to people should be managed and minimised.

The provider had effective recruitment processes in place to ensure that staff employed to work for the service were suitable for their roles. There were sufficient numbers of staff to support people safely.

Staff were skilled and knowledgeable in how to support people in accordance with their agreed care plans. Staff received regular supervision and support, and had been trained to meet people's individual needs.

Staff were aware of their responsibilities and understood their roles to seek people's consent prior to care being provided. People received care and support from a team of caring and respectful staff.

People's needs had been assessed, and care plans included their individual needs, preferences, and choices. The provider had a formal process for handling complaints and concerns.

There were effective quality monitoring processes in place. Regular checks and audits had been carried out and people's views had been sought regarding the quality of the service.

Summary of findings

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.

There were systems in place to safeguard people from the possible risk of harm.

There were sufficient numbers of staff to meet the needs of people safely.

There were robust recruitment processes in place.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs.

People's consent was sought prior to care or support being provided.

The provider worked closely with other healthcare professionals to ensure that people's needs were met.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs and they respected their choices.

People were provided with information about the service.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported in accordance with their agreed care plans.

There was a complaints procedure in place.

Good



Is the service well-led?

The service was well-led.

The service has a registered manager.

There was an open culture at the service. Quality monitoring audits and checks had been routinely carried out in order to continuously improve the service.

The views of people had been sought and their comments were acted on.

Good



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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 4 September 2015 and it was conducted by one inspector. 48 hours' notice of the inspection was given because we needed to be sure that there would be someone in the office.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the registered manager, the administrator and three care staff. Following the office visit we spoke with 10 people and a relative by telephone.

We looked at the care records for six people, the recruitment records for six staff and supervision records. We also looked at the training records for all the staff employed by the service and information on how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe and were happy with the staff who visited them. They also told us that if they had any concerns, they would inform the office staff and if necessary they would contact social services. One person told us, “I feel absolutely safe with my carers.” Another person said, “I feel very safe and the carers are very good.” A relative told us that the staff were helpful and supportive and they did not have any concerns about the safety of their relative.

The provider had up to date safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. We saw evidence that staff had received training in safeguarding procedures and they told us that they discussed safeguarding regularly in the staff meetings. They were also able to explain what they would do, as well as describe the various types of harm that people might experience. Staff told us that they had received information about safeguarding during their induction and were confident in their roles to report any possible risk of harm to the manager or appropriate authorities. One member of staff told us, “If I have any concerns, I would report it to my manager or social services.” The manager told us that they were aware of reporting any safeguarding concerns to the local authority and the Care Quality Commission (CQC).

We noted from the care records that personalised risk assessments had been carried out for each person. Other risk assessments such as risks relating to their environment and risks associated in the use of equipment had been carried out so that people were supported safely in meeting their needs. For example, the risk assessment for one person stated that they should be supported by two members of staff when using equipment for supporting them to transfer from their bed to their wheelchair. The identified risk assessments included guidance for staff on how to reduce the risks. Staff confirmed that they were aware of each person’s risk assessment and that they ensured the environment was safe and free from hazards during each visit. One member of staff said, “As soon as I walk in I check that everything is fine.” Another member of staff said, “I look at each person’s care plan and their risk

assessments.” They also said that they referred to people’s care plans and the daily logs to ensure that up to date information was available so that they maintained safe practices when supporting people. Staff confirmed that they received the key safe numbers to access people’s homes in their rotas. They felt that people were not put at risk if the rotas were lost because there were additional numbers on the rota and only the staff were able to know which number to use.

People told us that they were happy with the number of different staff who supported them. One person said, “I do not have many carers who visit me. When the replacement ones come, they are also pleasant.” Another person said, “I have regular carers and I am happy with them.” The manager told us that they had sufficient numbers of staff to support the number of people using the service. However, they had asked the local authority to find another provider for a number of people living in one area as they had difficulties in recruiting and maintaining the numbers of staff required to support the people living in that area.

The provider had a robust recruitment policy and procedures. The staff records we looked at showed that all the required checks had been carried out before an offer of employment was made. We noted in each staff record that an application form had been completed, interview notes had been kept, written references from an appropriate source, such as a current or previous employer had been obtained, and Disclosure and Barring Service (DBS) checks had been carried out to ensure that suitable staff were employed to work for the service. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service had a medicines administration policy and staff confirmed that only trained members of staff administered medicines. They also said that they received regular updates and training on the management of medicines before they were able to give medicines to people. One person said, “Carers give my medicines.” Another person said, “Carers take the medicines out for me.” We noted from the medicine administration records (MAR) that people had received their medicines and the audits carried out showed that there were no issues relating to the administration and management of medicines.

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One person said, “The carers provide a very good service and they know how to help me. They are excellent.” Another person told us, “Carers are reasonably on time. They are understanding and helpful.” The staff we spoke with said that they worked well as a team to support people and maintained continuity of care. One member of staff said, “We provide the care and support that matters to people. The care is very good and we make sure that people maintained their independence as much as possible.”

Staff confirmed that they had received the mandatory training and other relevant training they required for their roles. One member of staff said, “I had done my induction when I first started work. I have completed a number of training and I feel confident in my role.” Another member of staff said, “We are reminded when our training is due. The most recent training I did was ‘continuing care awareness.’” Staff confirmed that new members of staff shadowed more experienced staff and were regularly supported by the supervisor before they were able to provide care on their own. This support enabled them to understand the various needs of people and to develop their skills further when caring for people. Staff confirmed that they received supervision and yearly appraisals and felt supported in their roles. We noted from the staff training records that staff had attended the mandatory training and other relevant courses so that they were knowledgeable and skilled in their roles.

People told us that staff always sought their consent before carrying out any task. One person said, “The carers ask me how I was. They talk to me and always ask me when I am

ready for a wash.” Another person said, “They ask me first and sometimes I let them know when I do not want a shower. They give me a strip wash then. They know me well and how to help me in the morning and evening.” Staff understood their roles and responsibilities in ensuring that they sought people’s consent before providing care and support. One member of staff said, “People wait for us and they know why we are there. But still we ask people how they would like to be supported with their personal care. Sometimes they prefer to have a wash. Other times they choose to have a shower or a bath depending how they feel on the day.” The care records we looked at showed that written consent and agreement to the care and support people required had been obtained.

People said that staff were very helpful and made sure that they ate and drank enough. One person said, “The carers always offer me a drink.” Another person said, “The carers make me a sandwich or a light snack.” Staff told us that they also supported some people with their meals and they made sure that people had enough to eat and drink. One member of staff said, “We always make sure that people have drinks next to them when we leave.” One member of staff said, “If I have any concerns that someone had not eaten or drank enough, I would report it to the manager. They would contact the relatives or the doctor.”

People told us that they and their relatives made arrangements to seek the help and support of other health professional as and when required. One person said, “I make all my appointments with the help of my family.” Staff said that if someone was not feeling well, they would contact their GP and also informed the manager. The care records we looked showed that people had access to other health and social care services, such as GPs, community nurses and social workers.

Is the service caring?

Our findings

People told us that they were happy with the care and support they received from a consistent group of staff. One person said, “The staff are brilliant and I would recommend them to others.” A relative said, “My mother is well looked after and I have no concerns.”

People told us that the staff were caring and kind. One person said, “Carers are brilliant and I receive an excellent service.” Another person said, “I would recommend this service because they do their job well.” A relative said, “Very good carers. I have no concerns.”

People were involved in making decisions about their care and support. They told us that they and their relatives had been involved in the planning and delivery of their care and support. They said that they had discussed with the manager about their care and how they would like the carers to help them. They also said that staff provided care and support in a way that staff were kind and considerate. One person said, “The carers give me my wash and assist me with stoma care. They explain to me beforehand, talk through everything they do.” Staff told us that the support people received was varied and sometimes it took longer than the allocated time, but they ensured that each person was not rushed and their care needs were met before they left. One member of staff said, “People tell us how they would like to be supported. We find out about their likes and dislikes, their life histories by talking to them and

referring to their care plans.” The care records we looked at contained information about people’s preferences, so that the staff had clear guidance about what was important to people and how to support them appropriately. As part of the planning and delivery of care, people also chose whether they would prefer to be supported by a male or female care staff.

People told us that staff respected their privacy and dignity. One person said, “Carers do respect my privacy and dignity.” Another person said, “The carers are pleasant and respectful in what they do.” A third person said, “I ask the staff to stay near the door while I have my wash. They help me to dry myself and they cover me well.” The staff told us that they were aware of the importance of respecting people’s dignity, privacy and independence. One member of staff said, “When providing personal care, we ensure that the door is shut, people are covered up and the curtains drawn.” Another member of staff said, “We knock on the door and call out their names before we enter and let them know we are here. It is their home and we treat them with respect.”

The staff we spoke with told us that they were aware of their responsibility to maintain confidentiality by not discussing people who used the service outside of work or with agencies who were not directly involved in the person’s care. They also told us that confidentiality was discussed in their induction and further reinforced in staff meetings.

Is the service responsive?

Our findings

People told us that their needs had been assessed before they received care and support from the service. They said that following the first visit, they discussed and agreed the care and support they needed. People's choices, preferences and wishes had been taken into account in the planning of their care and had been reflected in their care plans. One person said, "The carers know how to help me and they have written in the folder." A relative said, "The carers are very reassuring and helpful." Staff told us that they read people's care notes on each visit so that they were aware of any changes in the person's care needs. They also confirmed that they referred to each person's care records before providing personal care to ensure that continuity of care was maintained. Staff said that they checked with people at each visit about their general wellbeing and whether they needed help or support from other health care services.

The care plans provided clear guidance for staff as to how people's individual needs should be met. For example one care plan showed how to assist the person with their personal care and mobility. Another care plan provided detailed information on how staff should ensure that they

maintained a person's skin integrity. We noted that care plans had been reviewed regularly or when people's needs had changed. Staff told us that they found the care plans informative and easy to follow.

The service has a complaints procedure. People told us that they had received a copy of the complaints procedure which was included in the information pack given to them at the start of their care package. Staff told us that a copy of the complaints procedure was also available in each person's care folders. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service, but would not hesitate to do so in the future. One person said, "If I have any concerns, I would call the manager." Another person said, "I have a copy of the complaints procedure but we do not have any concerns." People told us that they would speak with the staff if they had any concerns or would phone the office staff. We noted that there had been no complaints received this year. However, records we looked at showed that previous complaints had been investigated and responded in line with the complaints procedure. The manager said that if there were any concerns raised, they would visit people to discuss and resolve the issues as soon as possible.

Is the service well-led?

Our findings

People told us that they knew who the manager was and that they found them to be approachable and helpful. One person said, “The manager visits me every now and again. They come and check with us about our care. We also complete a questionnaire. Everything is good.” A member of staff told us that the manager was supportive, hands on and also provided care to people. They put people’s needs first so that they received good care and support to ensure that they maintained their health and general wellbeing.

The manager told us that they discussed issues relating to incidents and accidents in staff meetings so that they could learn from them to prevent further occurrences. Staff told us that during the meetings, they were encouraged by the management team to make suggestions to continuously improve the quality of care. They also said that they discussed changes in people’s needs so that these were met safely and appropriately. Staff told us that the discussions during these meetings were useful to ensure that they had up to date information that enabled them to support people effectively. One member of staff said, “We work as a team. We communicate with each other and the care we provide is based on the needs of each person.”

The manager said that they carried out regular surveys to seek the views of people about the quality of service. People told us that their experience of using the service was positive. One person said, “I do fill in the form. I have no concerns. I am happy with the care and support I

receive.” The manager said that they worked in partnership with people and their relatives, as well as health and social care professionals, so that they had the necessary information to enable them to provide the care that people required. The manager also said that they had difficulties in recruiting new members of staff in one area and had discussed the possibilities of handing over the care package once the local authority had identified a new provider. They said that they worked closely with other healthcare professionals so that people’s needs were met.

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included regular audits of people’s care records including the risk assessments, medication audits, infection control and health and safety audits. Where areas for improvement had been identified following these audits, the manager had taken appropriate action such as staff arriving on time to support people. Regular spot checks of had been carried out by senior members of staff to ensure that safe practices had been maintained when delivering care and providing support to people who used the service.

Records were kept securely in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored. Staff were aware of the learning and caring culture of the service and they endeavour to continuously seek to improve the quality of service provision.