

Mediline Home Care Limited

Mediline Home Care Halifax Branch

Inspection report

Office 4 Trinity House
Blackwall
Halifax
West Yorkshire
HX1 2QR

Tel: 01422303555

Website: www.medilinehomecare.co.uk

Date of inspection visit:
10 January 2019

Date of publication:
01 February 2019

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

The inspection took place on 10 January 2019. The inspection was announced to make sure someone would be available. This is the first inspection the service has received since moving premises in 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults who may have a sensory impairment. At the time of inspection there were 52 people receiving personal care.

The home had a registered manager in place. 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 and relatives spoke positively about the support provided to them and their family members. Both people and families said they felt safe and care workers were respectful and kind.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with could explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

Staff recruitment records were robust and promoted people's safety.

Appropriate arrangements were in place for the safe administration of medicines.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. However, some staff felt more staff would be advantageous.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision and appraisal for development and support. The manager had put a plan in place to ensure all staff received an appraisal annually.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support.

Staff knew each person they were supporting well and had developed a positive relationship with them. In our conversations with staff they displayed compassion, consideration and respect for people.

People and families of people supported told us they could talk to care staff and the registered manager.

They said if they had any concerns or worries they were confident the registered manager and staff would listen to them and look at ways of resolving their issues.

There were a variety of methods available for the registered provider to assess and monitor the quality of the service. We found quality assurance processes were effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff recruitment records were in place and robust.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks and safeguarding were managed well and this helped to ensure people's safety. Appropriate arrangements were in place for the safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training to ensure they had the skills needed to support people.

Staff were provided with supervision and appraisals for development and support.

People had consented to the support provided by Mediline.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were very caring and provided person centred care.

Staff were passionate and enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

People were encouraged to pursue their own hobbies and interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

People and their families spoke positively about the registered manager and said they had regular contact with them and the other senior staff in the organisation.

Staff were supported by the registered manager and senior staff. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

We found quality assurance processes were effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

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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 10 January 2019 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by two adult social care inspectors and an 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.

At the time of this inspection, 52 people were receiving support and 28 staff were employed.

Prior to the inspection, we gathered information from several sources. We reviewed the information we held about the service, which included correspondence we had received, and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We asked the service to send a provider information return (PIR) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We telephoned and spoke at length with eight people and three relatives. We visited the service's office to see and speak with the registered manager, director of services and the head of human resources and recruitment.

We reviewed a range of records, which included care records for four people, four staff training, support and employment records and other records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care staff. Peoples comments included, "Yes I do feel very safe and comfortable, the care workers are very good with me" and "I am always safe and comfortable when the care workers come" and "I am registered blind and safety is important to me, I always feel safe and comfortable when the care workers come to see me, it is important to me." One relative said, "My relative is safe and comfortable at all times when the care workers come." Another relative said, "[They are] treated well, the care workers are always welcoming and [they] look forward to seeing them."

We looked at the procedures for recruiting staff. We checked four staff recruitment records of staff who had been employed by Mediline. All the files we looked at evidenced a Disclosure and Barring Service (DBS) check had been undertaken. A DBS check provides information about any criminal convictions a person may have. These help to ensure people employed were of good character and had been assessed as suitable to work at the service.

Staff spoken with had a good knowledge of safeguarding and their responsibilities to report any incidents of abuse. They were able to explain what abuse meant and who to report it to. They were familiar with the whistleblowing policy and their responsibility to raise their concerns with outside organisations including with the CQC. One staff member said, "If I saw a service user being abused, I would definitely report to my manager. If nothing is done, I will contact the CQC or the safeguarding team at the local authority."

Staff members spoken with told us they felt there was enough staff but that they sometimes felt rushed between visits and wished that they could be given more time to be able to just sit and talk to people for longer. People and their relatives told us a regular team of staff worked with one person to ensure all people's personal care needs were met as required. However, some relatives said at times different staff did attend which they were told about prior to attending. One person said, "Most of the time they are on time, we have rotas so we know who is coming. They have never missed a call and they are only late if there has been an emergency or traffic this is on odd occasions."

We looked at four care plans which showed that risk assessments had been carried out to identify possible risks or hazards. These included environmental risks such as fire safety and trip hazards plus areas such as medicine and personal care planning.

Most people using the service self-administered their medicines. Where staff supported people with their medicines, these were recorded and signed to confirm medicines had been taken. The medicines support plans identified the level of support people required to manage their medicines safely. Staff knew the procedure for reporting any medication errors to ensure timely medical advice was received.

Daily logs were completed with detailed and relevant information for each person for example, we saw for one person, topical cream was administered by the carer on Wednesday and Friday after bathing. We could see that this has not been carried out on one occasion due to not enough water pressure. Corresponding entries in the daily log and the medication chart supported this.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. Relatives we spoke with did not have any concerns about infection control. They confirmed care workers always used gloves and other appropriate protective wear.

Is the service effective?

Our findings

Relatives told us the service was reliable and staff stayed for times they should. Where there had been previous issues these had been and were being addressed by the management team. They told us they had regular staff and had never missed a visit. This showed the service provided good continuity of care because people usually saw the same staff. Comments included, "The staff are lovely, we get staff who have been coming a long time", and "Sometimes we do get the odd different staff but we are told beforehand." One person told us, "I requested a female member of staff to support me and that's what I have." This demonstrated the service was effective and flexible when needed to meet people's needs.

The relatives of people receiving support told us care workers knew what support was needed and had the skills to do their jobs effectively. Their comments included, "The staff are fantastic, we work together", "The staff are trained well, they know [name] so well" and "The staff are very skilled. We receive a very reliable service."

We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, basic life support, safe handling of medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training in supporting people with dementia. This meant all staff had appropriate skills and knowledge to support people.

Staff we spoke with said they felt supported by the registered manager and they had contact with a manager throughout the day. Staff told us, "I feel very supported by the registered manager.", "I think things are better than they used to be, we are given more supervision I feel supported" and "I feel listened to, we have regular meetings with managers" and "I would rather speak to [name of registered manager] than the seniors. We discussed this with the registered manager on inspection.

We looked at the registered provider's policy for staff supervision and appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their roles. The policy stated staff would be provided with four supervisions and an annual appraisal annually.

Relatives we spoke with told us visit times were flexible and staff supported their relative to attend health care appointments such as visits to the GP. People's care plans we checked held clear information on health and the actions required by staff to support any specific conditions.

The care plans we checked showed people's dietary needs had been assessed and any support people required with their meals was documented.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

People and their relatives told us staff always asked for consent before providing any support. People's care plans we checked evidenced people and their relatives had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Is the service caring?

Our findings

Relatives made very positive comments about the care and the support their family member received from Medline. Comments included, "Staff do care about [name]", "It appears more than a job to all the staff I have met, they are wonderful" and "The staff are lovely, we are a team."

Relatives of people receiving support told us they found care workers respectful. They told us, "Staff are very respectful both to me and [named person receiving care]" and "The staff are caring and polite, they are like our extended family."

All staff we spoke with displayed a caring attitude when speaking of people, they supported. All staff we spoke with seemed passionate about their role and about providing high quality care. They all knew the people who they supported and their families very well.

Relatives told us they were involved in writing their family member's care plan and they told us they felt involved in all decisions about their family members support.

People's equality and diversity was recognised and respected. Staff told us they made sure they referred to people by their preferred names. Each support plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences, so these could be respected by care workers. The plans also detailed what was significant to the person, including their religious and cultural needs so these could be respected.

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. Relatives told us the support workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We saw the provider had policies in place to make sure people's confidential information was only seen by the appropriate people. Staff we spoke with were aware of these policies and the need to maintain people's privacy and confidentiality.

Is the service responsive?

Our findings

People and relatives, we spoke with said they were involved with their and their family member's care and support and had been involved in developing and updating their care plan. One person said, "Management are good we have a good relationship and they come to see me, they discuss my likes and dislikes, what I want and need it makes me feel good that they care."

We found the care plans were detailed and contained information about the care and support identified as needed. They contained information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs. We saw one person had a telephone in place with large keys on so they could use it to call family members.

The care plans we checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

The registered manager and all other staff we spoke with knew the people they supported well and could describe in detail their support needs, likes and dislikes. Staff were also aware of people's preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

Staff told us people would be supported to discuss their wishes in respect of end of life care with the involvement of their family, friends or advocate.

Relatives we spoke with all said they could talk to the registered manager and staff at any time if they had any worries or concerns. They said, "We are very happy with things. Any worries would so be sorted" and "We have a good relationship with the managers and I know any problems would soon be sorted."

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. This showed people were provided with important information to promote their rights.

The registered manager informed us the service currently received four complaints. These had been dealt with in accordance with the providers policy.

Compliments were also recorded and we saw a number of these had been received. Comments included, "My relative receives excellent care." Another relative said, "You enabled [name of person] to live in their own home till the end which was their dearest wish."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in place. The registered manager was actively involved in the day to day running of the service. Staff told us the registered manager was always contactable. The registered manager was also registered at the sister service in Todmorden.

People, staff and relatives told us the manager was approachable. One staff member said, "She [the manager] is always there, work or personal."

We saw that surveys and questionnaires were completed to monitor the quality of the service provided. The last survey showed a result of no action required for most of the questions, with action plans for those which were felt to be below average.

The provider had completed an employee opinion survey in 2018. We saw analysis of this had been completed looking at areas of improvement, action to be taken by whom and the date to be completed. This showed the provider was always seeking to improve on the service.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. The registered manager continually checked the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. The agency also had management meetings which looked at safeguarding/ missed calls, complaints, health and safety, call monitoring and any issues still outstanding. These identified who was responsible and a deadline to be completed by. We saw evidence of these completed in the allocated time.

The agency completed twice yearly staff newsletters which included information for all staff about timesheets, call times, new starters, leavers and any vacancies coming up; these also included important procedures for staff to follow. For example, 'If you don't get a reply from the service user's home you must report it immediately'. The provider always thanked staff for their hard work.

The registered manager also told us spot checks were carried out regularly to ensure staff were fulfilling their role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure continuous improvements in the service. We saw policies and procedures were in place, which covered all aspects of the service. The policies we saw had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify

if any systems could be put in place to eliminate the risk.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.