

Mediline Home Care Limited

# Mediline Home Care

## Inspection report

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17 December 2019

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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 Homecare is a domiciliary care agency providing 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 136 people receiving regulated activity at the time of the inspection.

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

People continued to be supported in a safe manner. Staff had a good understanding of safeguarding and people were protected from abuse. People and relatives told us they felt safe with the staff who supported them. Staff assessed, managed and regularly reviewed risks to people's health and wellbeing. There were enough staff employed in the service to cover the geographical area covered. People received their medicines as prescribed and practices meant people were protected from infection. Lessons had been learnt following analysis of incidents

Care continued to be effective. People's needs and choices were met in line with national guidance and best practice. People were supported by staff who had relevant training, skills and experience to care for them. People were supported to have balanced diet and could exercise genuine choice with meals. Staff worked collaboratively with other health and social care professionals to understand and meet people's needs. Staff respected people's choices and gained consent when supporting them.

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 were supported by kind and caring staff. People and their relatives spoke highly of the staff. For example, a relative told us, "The staff are absolutely fantastic. They are all nice, helpful and professional." People told us they felt included in their care and were supported in their views and decisions. People were treated with dignity and respect and treated as individuals. Staff told us people's independence was a priority.

The service provided continued to be responsive. People had personalised care plans that promoted independence and with a focus on their likes and dislikes. Staff identified people's information and communication needs by assessing them. People's social needs and relationship networks were understood. People knew how to make a complaint and felt they would be listened to. Staff told us they had received training in end of life care.

The service provided was well-led. Staff understood the provider's vision for the service and they told us they worked as a team to deliver good standards of care. Staff had a clear understanding of their roles and

responsibilities. The provider understood the importance of quality monitoring and how to use this information to drive improvement. People using the service, their relatives and staff were regularly contacted to provide feedback on the service provided. The provider was committed to continuous improvement within the service. The provider was transparent, open and collaborative with external agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 9 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Mediline Home Care

## 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 completed by one inspector and two assistant inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal and nursing 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.

Inspection activity started on 9 December 2019 and ended on 17 December 2019. We visited the office location on 16 and 17 December 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the two registered managers, assistant manager, co-ordinating staff, senior care workers and care workers.

We reviewed a range of records. This included nine people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality management records were reviewed.

# 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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe with the staff who supported them. One relative told us, "[Name] is very comfortable with the staff that attend."
- Staff followed safeguarding policies and reported any concerns promptly. A staff member told us, "Safeguarding is everyone's responsibility." Another staff member told us, "My role is to prevent anyone coming to harm."

Assessing risk, safety monitoring and management

- People were protected from risks to their health and wellbeing. Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- People told us they felt staff knew how to support them in a safe manner. One relative told us, "[Name] trusts the care staff when they use the hoist. They always put them at ease."
- People were enabled to take positive risks to maximise their control over their care and support. For example, staff worked with one person to devise a care plan that mitigated any risks posed by their socialising. This enabled the person to continue socialising with friends as they always had.
- We saw care records were clear and person centred. Risks to people's health and wellbeing were easily identifiable and care plans were clear on how to manage risk.
- Where people were at risk of deteriorating health quickly, the care plans had a description of emergency symptoms for staff to look out for. This helped care staff to be able to identify deteriorating health and take appropriate action in a timely manner.

Staffing and recruitment

- There were enough staff to support people in a safe manner.
- People told us care staff were punctual for the majority of the time. One person told us, "Everyone arrives at the scheduled times." Another person told us, "The staff always stay for the allotted time and for as long as I need them to. I never feel rushed."
- Management staff planned care runs by geographical area. This helped to maximise consistency and punctuality of staff. If care staff were running behind, people told us they were informed by office staff. There was a specific member of staff employed to monitor call times to ensure none were missed.
- We reviewed care call times and the majority of calls were completed at the planned time or within the provider's late policy.
- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.

### Using medicines safely

- People received their medicines as prescribed.
- When medicines administration was incorporated into a person's care package, care staff were clear about their responsibilities with this and kept people informed. One person told us, "The care staff always tell me what medicines I am due."
- Medicines records were clear and reviewed regularly by management staff.
- Staff received training in safe medicines administration and this was followed by a competency check.

### Preventing and controlling infection

- People were protected from infection, as practices were in place to ensure prevention and control of infection.
- One person told us, "The staff always wear gloves and wash their hands."
- Staff told us they had access to protective equipment such as gloves and aprons.
- Supervision records showed us infection control practice was monitored at regular spot checks for staff.

### Learning lessons when things go wrong

- Lessons had been learnt following analysis of incidents.
- One of the registered managers told us how they introduced a debrief procedure as part of their accident and incident analysis. This allowed for good practice to be recognised and discuss gaps in knowledge or areas for improvement.
- For example, following an incident where challenging behaviour was reported, a debrief session and appropriate analysis of the incident took place. This resulted in specialist training being implemented for staff, resulting in better outcomes for the person.



# 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 the same. 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 and choices were met in line with national guidance and best practice.
- People and their relatives were involved in the process of assessment and review of their needs. One person told us, "The manager came on the first visit and we talked about what I wanted."
- Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- People told us they felt staff were well trained. One person told us, "I feel the staff have had all the training they need."
- A staff member told us, "We had an induction where we did all the training and shadow shifts." Another staff member told us, "[The provider] is really good with training, it is really thorough. At induction we were trained in moving and handling and medication and they explained about the job role. We were given a few shadow shifts until I felt confident to work on my own."
- Staff records showed us that staff received a wide range of training and refresher sessions as well as regular supervision and appraisals.

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

- People were supported to have balanced diet and could exercise genuine choice with meals.
- When people were supported with their meals, care staff offered choices. One person told us, "They always ask me what I want for lunch."
- We read care plans had detail about people's like and dislikes with regards to food and drink.
- When people had specific needs with their nutrition, care plans had detail regarding specialist diets and how to manage choking risks. Staff demonstrated knowledge of these risks to us.

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

- Staff worked collaboratively with other health and social care professionals to understand and meet people's needs.
- When people were unwell, staff made prompt referrals to health professionals. One person told us, "I hurt my leg and the carer contacted the nurse." A relative told us, "The staff have been fantastic and worked

alongside the district nurses for [name's] sores."

- Care plans contained details of referrals and advice from health professionals, for example one person was assessed for equipment to mobilise by an Occupational Therapist (OT) and they now had a detailed care plan which was in line with OT guidance.
- One of the registered managers told us how one person had been assessed as having a deterioration in their mobility when in hospital, the care staff from Mediline spoke with the hospital staff and gave guidance on how to support this person to mobilise. This advice helped the hospital staff to find there was no deterioration and the person was able to be discharged home.
- One of the registered managers told us how one person was falling most days due to their sleeping arrangements. The management team were able to liaise with other health and social care professionals to get a more suitable bed. This has resulted in the person having less falls and is able to use their equipment for mobility more efficiently.
- After a poor experience in hospital, one person was supported to write a hospital traffic light passport which detailed their needs, likes and dislikes. This was used on their next hospital admission and the person had a positive experience.

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. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, no person using the service had any restrictions placed on their liberty.
- People told us staff respected their choices and gained consent when supporting them.
- Staff demonstrated a good understanding of mental capacity. One staff member told us, "It is the ability to make informed choices and understand the consequences of their actions."

# 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 the same. 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 were supported by kind and caring staff.
- People and their relatives spoke highly of the staff. One person told us, "The staff are very good, they are spot on and go beyond what they are supposed to do." Another person told us, "The staff are lovely and always smartly dressed." A relative told us, "The staff are absolutely fantastic. They are all nice, helpful and professional."
- One of the registered managers told us how, as far as possible, people were matched with staff they knew well and shared interests with. When quality reviews were completed, people were asked for their views on staff and this was then acted on by management.

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

- Staff supported people to be involved in their care.
- People told us they felt included in their care and were supported in their views and decisions. One staff member told us, "One person I support does not like their family knowing certain aspects of their care, so we are careful what information we share with them."
- The provider acted as an advocate for the people they supported in many ways but also signposted people to external agencies who provided advocacy services. One person told us, "The staff are like friends, they give you advice if needed."
- The registered managers were supported by co-ordinators who in turn supported the care staff but also had time to ensure support and care was provided in a person-centred manner. For example, one person had mental health difficulties which were affecting their ability to let care staff support them. One of the management staff were able to spend time building a trusting relationship with this person. This has led to a positive impact as the person is now able to let care staff inside their home and support them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and treated as individuals.
- People told us staff always treated them with dignity and respect. One person told us, "The staff always make sure the curtains are closed when they are helping me. They always close the bathroom door and wait outside when I use the toilet."
- Staff told us people's independence was a priority and one person told us, "The staff help me with my shower, but they know I like to be as independent as possible and they respect that." A relative told us, "The staff always prompt [name] to do things like brush their own teeth."
- We saw care plans had detail on how to support people to be independent. For example, one care plan

read, 'I am very independent with my personal care but will need a prompt to have a shave or clean my glasses.'

## 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 good. At this inspection this key question has remained the same. 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

- People had personalised care plans that promoted independence and with a focus on their likes and dislikes.
- People and their relatives felt involved in their care and the review process. One person told us, "We have been involved right from the beginning."
- We saw care plans were written from the point of view of the person being supported. There was detail about people's likes and dislikes, who and what was important to them and how to respect their choices and wishes.

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.

- Staff identified people's information and communication needs by assessing them.
- People and their relatives told us they felt staff were able to communicate with them well.
- One of the registered managers told us how all information provided to people, such as care plans and service user files, was available in other formats than text. For example, some people had visual difficulties and their care plans were supplied to them in audio format.
- We saw care plans had detail on how best to communicate with each person. For example, one care plan read, 'I sometimes say yes when I mean no and vice versa. My carers are to be patient to ensure they are getting the correct response. My carers may need to ask me a question in a simpler manner for me to fully understand and respond correctly.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs and relationship networks were understood.
- A staff member told us how they had supported someone to go on holiday. They told us, "We helped one person who was wheelchair bound go on their dream holiday. Our care staff helped organise everything with transport, assistance and access at the hotel. We did lots of risk assessments to make sure it was all safe."
- People were supported to maintain relationships important to them. We saw how one person had been supported to attend a family wedding. Other people were supported to attend a college course and also other community activities.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt they would be listened to.
- People and their relatives told us they were regularly reminded of who and how to make a complaint. They told us they felt comfortable to do so.
- Records showed us complaints were investigated and followed up in an appropriate manner.
- One of the registered managers told us how any informal complaints were also recorded and formed part of the complaint analysis that took place.

#### End of life care and support

- At the time of the inspection, there was nobody receiving end of life care.
- One of the registered managers told us about one person who had been supported at the end of their life. The provider had worked with healthcare professionals to ensure the person was able to die in a room of their wish within their own home.
- Staff told us they had received training in end of life care.
- Not all care plans had detail about people's end of life wishes and preferences, but one of the registered managers told us this was a work in progress.

# 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 the same. 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 understood the provider's vision for the service and they told us they worked as a team to deliver good standards of care.
- People using the service, their relatives, staff within the service and externally, all spoke highly of the management team.
- A relative told us, "We know who the manager is, and they are approachable. We tend to speak with one of the team in the office if we have concerns." One staff member told us, "The registered managers are very thorough. They are supportive and approachable. Another staff member told us, "The managers give second to none support. The whole team is great. We work well together and support each other." A health and social care professional told us, "I have always found the management team to be professional, helpful and caring."
- From speaking with staff at all levels within the service, we saw there was a shared vision of quality person-centred care.

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

- Staff had a clear understanding of their roles and responsibilities. The provider understood the importance of quality monitoring and how to use this information to drive improvement.
- There was a robust quality monitoring system in place which involved spot checks, surveys, staff supervisions and analysis of incidents and complaints. The registered managers regularly met with other members of the provider management to review the quality of the service.
- The registered managers understood their responsibilities of registration with us. They ensured we received notifications about important events so that we could check they had taken appropriate action.
- The registered managers understood their duty of candour responsibility. They spoke with people and their relatives about any concerns in an open and honest fashion.

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

- People using the service, their relatives and staff were regularly contacted to provide feedback on the service provided.
- One person told us, "We are contacted every six months to give feedback on the service." A relative who

was new to the service told us, "We have had one opportunity to touch base and make sure everything was going ok and I'm sure we will have some more in the future."

- The management team encouraged people to share their views on the service and we saw records of review forms and surveys reflected this. People were asked to comment on the service provided, if they were treated with respect and if their independence was promoted.
- Staff were invited to complete an employee survey to give their feedback and views.
- One of the registered managers told us how the answers to these surveys were analysed for themes and trends to help drive improvement. They explained how any negative information was raised as an informal complaint and investigated according to the complaint's procedure.
- The management team often organised events such as open days and fundraising events for local charities. One of the registered managers told us how people who were unable to leave their home were still encouraged to be involved by participating in the activities at home. We saw a noticeboard had photos of a recent party and raffle that people had attended.

#### Continuous learning and improving care

- The provider was committed to continuous improvement within the service.
- The management team demonstrated a good oversight of their service. They were able to speak about all aspects of the service provided and where learning was required.
- The provider carried out regular inspections of the whole service to review quality. From this, action plans were completed.
- We read minutes from a regular management meeting which detailed how safeguarding concerns, incidents, complaints and staff supervisions were reviewed to highlight areas for learning. We saw evidence of communication to staff with learning points and staff confirmed they were updated with refresher training or communication about policies.
- Both registered managers were part of external forums and groups with other managers and providers. They were able to share good practice and also learn new approaches to care provision.

#### Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- A health and social care professional told us, "I have found the managers extremely helpful and accommodating. I have found them to be great in partnership working due to regular contact and communication." Another told us, "Mediline are very prompt to share information regarding the clients they are supporting."
- One of the registered managers told us how they regularly communicated with external professionals with regards to people using the service and also new packages of care.