

Mediline Supported Living Limited

# Mediline Supported Living Greater Manchester

## 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 ●

# Summary of findings

## Overall summary

### About the service

Mediline Supported Living Greater Manchester is a service which supports adults who have a learning disability, through supported living and domiciliary care provision. The regional office for this service is located in the Levenshulme area of Greater Manchester. At the time of the inspection the service supported approximately 131 people in either their own homes or a supported living setting.

Not everyone who used the service received personal care. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe due to the systems in place to safeguard people from potential abuse or exploitation. Measures were in place to minimise risks, both general and specific to individuals.

Staff were recruited safely and there were sufficient staff to meet the needs of people who used the service. Agency staff were not used. Staff received medicines training and their competency to administer medicines was checked. Measures were in place to help prevent the spread of infection.

Staff new to care completed the Care Certificate when they commenced employment. The Care Certificate is a set of standards that staff are expected to adhere to. Staff received regular supervision and appraisals from their line manager throughout their employment.

People were encouraged to maintain good health and well-being, and the service supported people to access their GP and attend regular health checks.

Some people had been supported to live in their homes for many years. The service explored ways in which properties could be adapted so that people with changing needs could continue to live there.

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. People told us they were happy with their support and were treated with respect. Relatives were also complimentary of the service and its staff.

People were treated as individuals and support was delivered according to their specific needs and wishes. People participated in a range of activities. These included trips out in the local community, attending social groups and other events.

People could raise a concern or make a complaint in various ways and the service produced easy read formats of leaflets to help with this.

There was a clear management structure and line management responsibilities. The registered manager understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.

Surveys were sent out annually to assess people's level of satisfaction with the service. Relatives and friends' surveys also demonstrated a high level of satisfaction with the service.

The service operated an open-door policy. Ways to improve the quality of care further were considered and explored. Quality service audits were carried out on each individual property. These were completed by other registered managers or independent service managers to help ensure impartiality.

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 27 January 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection.

#### 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 below.

Good ●

# Mediline Supported Living Greater Manchester

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in their own homes and in supported living settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Notice of inspection

This was an unannounced inspection. We were aware the registered manager or provider would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We asked for feedback from the local authority and professionals who work with this 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

On the first day of inspection we spoke with the registered manager and three service managers. We reviewed a range of records. We looked at four staff files in relation to recruitment, training and supervision. Records relating to the management of the service, including quality audits, policies and procedures, compliments and complaints, health and safety information and survey results were also reviewed.

On the second day of inspection we visited people in their own homes. We went to three properties and spoke with three people who used the service about their experience of the care provided, two members of staff and one relative. We reviewed four people's care records and medication records and checked records in relation to health and safety, including fire safety.

#### After the inspection

After the inspection we spoke over the telephone with a further six people who used the service, two relatives and four members of care staff, including a senior support worker, to gain their views of the service.

# 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

- The service had appropriate safeguarding and whistle blowing policies in place. Staff were required to undertake safeguarding training on induction to the company. Staff we spoke with were aware of the whistle blowing policy.
- We saw evidence that safeguarding concerns were recorded and followed up appropriately.
- Information for people who used the service was available in easy read format, with pictorial representations. This meant people were able to raise concerns with staff if they needed to.

Assessing risk, safety monitoring and management

- People we spoke with felt safe. One person told us, "I feel very safe. Staff look after me well."
- Risk to people's health, safety and well-being were assessed and measures were in place for staff to reduce or remove the risks. These were specific to individuals. Risk assessments were reviewed and amended to ensure they reflected people's changing needs.
- Health and safety checks, including fire safety and equipment service records were kept at the main office and in the supported living houses. The ones we saw were thorough and up to date.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.
- Staff safety was considered when lone working. There was an on-call facility available 24/7, with access to a senior manager for support whenever this was required.

Staffing and recruitment

- Staff files we looked at included all relevant employment information, interview notes, references and Disclosure and Barring (DBS) checks. DBS checks help ensure people are suitable to work with vulnerable people.
- Agency staff were not needed as staff were flexible. Some people who used the service had taken part in the interview process.
- Rotas we saw were clear and evidenced people were appropriately supported, usually on a one to one basis. A staffing establishments document displayed all staff allocated to each supported living setting.

Using medicines safely

- People received their medicines in a safe way, where this support was required.
- The medicines policy included all aspects of medicines management and guidance for staff, including contacting the on-call manager prior to administering 'as required' (PRN) medicines.
- Staff received medicines training and systems were in place to assess staff competencies.

- Medicines administration records (MAR) were audited on a monthly basis. Any issues or errors were fully explored and addressed with further training or supervision as appropriate.

#### Preventing and controlling infection

- The service had links with the local infection control and prevention team and was aware of the need to inform public health in the event of any outbreak.
- Staff received training in this area and two nominated infection control leads were available for advice and support.
- Staff had access to appropriate personal protective equipment (PPE), such as plastic gloves and aprons to be used when delivering personal care.
- All the settings we visited were clean and tidy. Weekly checks in the home helped to prevent and control the spread of infection.

#### Learning lessons when things go wrong

- People were safely supported, and the accident and incident reporting procedures meant these were recorded and reported as required.
- Accidents and incidents were analysed to look at patterns and trends. Appropriate action was identified and taken, for example referral to a specific health professional.



# 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 had been assessed appropriately. Support plans were written in conjunction with the person receiving support, where possible, to help ensure these plans met their needs.
- People wanted to achieve desired outcomes from the support provided by Mediline Supported Living Service Greater Manchester and care plans documented how the service was helping people to achieve these.

Staff support: induction, training, skills and experience

- Staff new to care completed the Care Certificate when they commenced employment. The Care Certificate is a set of standards that staff are expected to adhere to. The induction consisted of a mix of classroom training and e-learning, shadowing with more experienced staff and competence checks.
- Staff received regular supervision and appraisals from their line manager throughout their employment. Staff told us supervisions were used to discuss any concerns, discuss training needs and agree any personal development.
- Staff we spoke with told us they were offered opportunities for additional training, specific to the people they supported.

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

- People's nutrition and hydration needs were recorded within their support plans.
- People on specific diets, such as pureed diet and thickened fluids due to swallowing difficulties, were supported with this. Staff told us they were discreet when providing this level of support.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed in all areas of the outcome focused support plans. Where they lacked capacity there was evidence that decisions had been made in their best interests and had included the appropriate people and professionals in the decision-making process.
- Staff were trained in the MCA and understood the implications for their practice. We heard staff ask people for their consent before carrying out aspects of care and support.
- As part of a thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

- People were encouraged to maintain good health and well-being, and the service supported people to access their GP and attend regular health checks. A poster displayed in the service informed people of a future event 'The Big Health Check Up' and people were being encouraged to go.
- There was evidence of work with other agencies and professionals to provide joined up support and care to people who used the service.

Adapting service, design, decoration to meet people's needs

- The service worked closely with several landlords to ensure the properties where people lived were fit for purpose.
- Some people had been supported to live in their homes for many years. The service explored ways in which properties could be adapted so that people with changing needs could continue to live there. For example, we saw one property had been extended, and a ground floor bedroom had been created. This meant that a person with limited mobility could remain in their own home.

# 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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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 told us they were happy with their support and felt staff were kind to them. One person said, "I'm very happy. Staff are very kind." Another person told us, "They [staff] are lovely. They look after me," and a third said, "Staff are great. [Staff member] is on tonight. I'm looking forward to it."
- The service worked closely with people and their families to help ensure understanding of their individual needs. Relatives we spoke with were also complimentary of staff. One told us, "They are genuine carers. They go over and above."

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

- There was a guide for people new to the service. This included information for people about what to expect, the staff and management team and how to make a complaint. The company's mission statement was also included in this.
- The service had issued its first Greater Manchester newsletter in June 2019. This contained details of future events and recent developments in the service.
- People showed us around their homes where they were able to. They told us of the plans they had to re-decorate and what they planned to buy in the future. We could see people were proud to live where they did.

Respecting and promoting people's privacy, dignity and independence

- From our visits to people's homes and observations of support we saw that people were treated respectfully. One relative we spoke with explained how a member of staff showed respect for the whole family, when supporting a person enjoy time with their family. They told us, "My [relative] was so proud. It made [relative's name] feel good."
- People were supported to do as much for themselves as they could. One family member we spoke with told us how their relative had become more independent since joining the service and said, "[Person's name] is in good hands here. They are getting better. [Person] does their own washing and cooking. They wouldn't do that before."
- Staff were signed up the Dignity Pledge. These were 10 statements centred around treating people as individuals and partners in their care. A dignity tree was being created in the office as staff were signing up to the pledge, and people were invited to come and see this.
- There was a data protection policy and information in the office and in people's homes was stored in

accordance with GDPR requirements.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This meant people's needs were met through good organisation and delivery.

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

- From reading care plans, observing support in people's homes and from talking to people using the service and staff, it was clear that people were treated as individuals and support was delivered according to their specific needs and wishes.
- Care plans were reviewed regularly and when a person's needs changed. Care plans took account of people's likes, dislikes and preferences.
- Relatives we spoke with were complimentary of the service and the goals family members had achieved. One relative we spoke with said, "I wouldn't want it to change and neither would [relative's name]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service produced a wide range of information in easy read format. We saw numerous leaflets and guides for people produced in easy read, colourful format with pictures to help people understand. Information within care plans was also produced in this way to ensure people could be fully involved in their support planning.
- Communication passports were used within care files to guide staff how to read body language and gestures for individuals who could not communicate verbally.
- The service completed communication cards for people. This outlined the person's preferred way to communicate and what should be done to help them understand written information.

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 led busy lives. People we spoke with told us about their activities and social interactions with each other, with friends and within the wider community. People were supported to go to the local library, cafes, shopping, the cinema, swimming, go karting, the gym and to numerous social groups within the community.
- The regional office ran a gardening club and had access to their own community allotment, situated next door. People attended the gardening club, met up with friends from other houses and worked on the

allotment.

- Some people were supported to access voluntary work placements and/or educational opportunities. One person we spoke with told us, "I wanted a job. They [staff] helped me to find one."
- People were supported to maintain relationships with family members, if this was their choice. We saw occasions where people spent time away from their home and stayed overnight with relatives. People told us this was important to them as they enjoyed spending time with family.

Improving care quality in response to complaints or concerns

- The registered manager told us they welcomed complaints and saw these as an opportunity to learn and continually improve the service.
- The service had several ways in which people could raise a concern or make a complaint. An easy read guide provided step by step information for people using the service with accompanying pictures. Other leaflets included a 'How to share compliments, comments, concerns and complaints' and a 'tell us what you think' leaflet.
- People who used the service were supported to raise complaints if they needed assistance with this.

End of life care and support

- People were encouraged to share their wishes for when they were nearing the end of their lives. We saw one person had expressed a wish to make a donation to a specific charity after their death and this was recorded in their care plan.
- The service worked with other health professionals within the community, such as district nurses, to provide end of life support.

# 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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Care plans, risk assessments and activities were person centred. Staff responded timely to changing needs and health issues.
- People were supported to be as independent as possible. Staff observed and encouraged people to do things for themselves.
- The registered manager understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

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

- There was a clear management structure and line management responsibilities.
- Since our last inspection the provider has altered its legal entity. We saw reference to this in the foyer of the main office for this service. It explained how CQC reports would reflect the previous provider name until each Mediline service was re-inspected. People were able to access this information in an easy-read format.
- Staff told us the management team were all approachable and supportive. The on-call system meant that staff had access to senior management support at any time of the day or night.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- Surveys were sent out annually to assess people's level of satisfaction with the service. Relatives and friends' surveys also demonstrated a high level of satisfaction with the service. People and their relatives we spoke with were all very positive about the service.
- The service operated an open-door policy. Events were held at the regional office to encourage people to meet with senior management. An open day had been held in June 2019 with games, a barbecue and a raffle.

- Staff supervisions and team meetings took place regularly. These meant staff had the opportunity to voice their concerns and make suggestions in how to improve the service.

#### Continuous learning and improving care

- The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.
- Ways to improve this further were considered and explored. A new booklet had been introduced to be used by staff when reporting and recording any bruises and marks. Staff had access to an identification chart on site and on-call managers had the same chart. This meant everyone was provided with the same information and could decide the right course of action, including any necessary treatment.
- Quality service audits were carried out on each individual property. These were completed by other registered managers or independent service managers to help ensure impartiality. Results of these audits were communicated to the board.

#### Working in partnership with others

- The service was proactive in engaging with the people who used the service and their relatives. People had fostered good working relationships with neighbours in their communities and with members of the local allotments, as the service also had an allotment.
- Staff and the service worked in partnership with a range of health and social care professionals to ensure people's needs were met. A social worker had carried out a review of care for two people using the service prior to this inspection and later sent a compliment to the registered manager.
- The service worked in partnership with staff. Incentives for staff included a company pension, recommend a friend payment, employee reward scheme, cycle to work scheme and long service awards.