

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Medevent Limited

Wellfield House, 33 New Hey Road, Huddersfield,
HD3 4AL

Tel: 01484609700

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Medevent Limited
Registered Manager	Mr. Michael Wood
Overview of the service	Medevent Limited offers a range of supported living, domiciliary and specialist care services for both adults and children.
Type of service	Domiciliary care service
Regulated activities	Personal care Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 October 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited the headquarters of the service and met with the registered manager. Currently a team of nine staff were employed on a sub-contracting basis to support people's care. The team consisted of specialist paramedics, qualified nurse and health care assistants. Due to the nature of the people's conditions we were unable to speak with them directly. However, we were able to speak with one relative who told us that the service provided by Medevent was "superb". They said that they had "Nothing but praise for the team who had cared for their relative over a significant number of years".

They went on to say that since Medevent took over "It had been the most settled period of their relatives care". "The care team are a permanent part of our family and they provided discreet care allowing their relative their own space to develop an independent life as is possible". "We work closely with the company and the team to ensure our relatives medical and social care is well balanced".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We looked at one person's support records and saw they contained information about their family, educational, social and health profile and detailed their preferences. The registered manager told us that the person's care was developed with support from the person and their family.

We saw the health plan detailed their preferences, likes and dislikes and detailed their care and support. One of the relatives had signed the plan on the person's behalf in their best interest. This meant that the independence and health choices of the person using the service and the family were sought and these choices were respected.

Due to the nature of the person's condition we were unable to speak with them directly. However, we were able to speak to one of their relatives who told us that the service provided by Medevent was "superb".

They went on to say that since Medevent took over "It had been the most settled period of their relative's care". "The care team are permanently in the family's company, but they provided discreet cover whilst supporting their relative to lead a normal life". They also told us that the team allowed 'their relative, their own space and adapted to their needs in supporting them to lead normal and independent life as is possible'. The staff 'were always polite, courteous and were respectful of the whole family's rights to privacy and dignity'.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager showed us a copy of one person's health plan and care pathway and we saw detailed the person's family, educational, social and health preferences. They also included important health information for example; they explained the person's long term health condition, medication and allergies. The health plan and care pathway were developed with the involvement of both the person who used the service, their family and were bespoke to meet the person's safety and welfare needs.

The manager told us and this was confirmed by the one of the relatives we spoke with that both parties had worked together over many years, at least the last eight years to develop a bespoke programme of care to suit the safety and welfare needs of the person using the service. All of the staff knew what to do in the event of an emergency either during the day or night. The manager told us that the family take the responsibility for the administration of their relatives medication. This was confirmed by the relative that we spoke with.

We spoke with the person's relative and they told us "The care team live with us permanently, but they provided discreet care allowing their relative their own space to develop an independent life as is possible". "We work closely with the company and the team to ensure our relatives medical and social care is well balanced". "The staff cover is second to none and the family are never inconvenienced".

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider had policies in place for safeguarding vulnerable children and adults. These policies provided guidance for staff to follow on how to detect different types of abuse and how to report abuse. The provider also had a whistle blowing policy in place for staff to report matters of concern.

During the visit, we were unable to speak with the care staff. However, we did speak with one of the relatives of one person using the service. They told us the current team had been providing support and care for some considerable time and they had no safeguarding concerns with the provision of the services. The registered manager told us that all the staff had received safeguarding training as part of their induction.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We spoke with the registered manager and they told us that the majority of the staff had worked with them for many years. They also told that the majority of the staff were employed on a sub-contracting arrangement. These contracts had recently been revised and these were being distributed to the staff for their agreement.

We looked at four staff's recruitment files. They included the files for the clinical director, qualified nurse, paramedic and health care assistant. We saw these records included up to date registration with staff's professional bodies such as the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC). The majority of the records included vaccination records for example hepatitis B status, employment applications, references and job descriptions. Proof of identity and photo identification was not available within three records and full employment histories were not present on two of the records we looked at. However, we saw that these details were being sought by the registered manager at the time of our visit.

Evidence of Disclosure and Barring Service (DBS) and or Criminal Record Bureau (CRB) checks were available on the files we looked at. The services of the CRB and the Independent Safeguarding Authority (ISA) merged on the 01 December 2012, and the Disclosure and Barring Service (DBS) was created.

We spoke with the registered manager who told us that they had worked over many years to ensure the stability of the team providing care and support to people who used the service. The relative who we spoke at the time of our visit told us they had "Nothing but praise for the team who had cared for their relative over a significant number of years". They also told us, "The qualified nurse employed by the service had cared for their relative for many years, the staff cover is second to none and the family are never inconvenienced".

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Staff records and other records relevant to the management of the services were accurate and fit for purpose. All of the care and treatment records we looked at included the support plans for people who use the services and these were up to date. The registered manager told us that people who used the service and their family retained details of their records within their own home. This means that everyone involved in providing care and treatment had access to all the information about each person's individual needs and support plans.

People's records were retained securely within the provider's main headquarters. The registered manager held the responsibility for retaining, storing and the safe destruction of records. We saw records relevant to the management of the services for example administration and finances were also stored securely. The manager told us that policies and procedures were developed for the safe management and security of people's records including data protection regulations. Throughout our visit records were not left unattended and unsecured.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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