Inspection Report

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

Mediline Nurses and Carers Lichfield Branch

Ground Floor, Auto Plan House, Stowe, Lichfield,
WS13 6AQ

Date of Inspection: 12 December 2013

Date of Publication: January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mediline Nurses and Carers Ltd
Registered Manager	Mrs. Fay Phoenix
Overview of the service	Mediline provides personal care and nursing care in people's own homes.
Type of services	Community health care services - Nurses Agency only Domiciliary care service
Regulated activities	Nursing care Personal care

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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 unannounced 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 12 December 2013, sent a questionnaire to people who use the service and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We inspected Mediline Nurses and Carers agency on a planned, announced inspection. We had informed the service prior to our inspection to ensure that someone would be available to facilitate the inspection. We used an expert by experience to speak to people who used the service and their relatives. We sent out questionnaires to a sample of people to gain feedback on the service they were receiving from Mediline.

We found that people who used the service had consented to their care, treatment and support. One person told us: "I told them what I wanted and needed including times".

People who used the service told us that generally their care and welfare needs were being met. One person told us: "They always ask how I am and if I say I am not feeling good they do talk to me about it and if necessary call my GP. Last week that was helpful as my GP was able to sort me out".

We saw that systems were in place to protect people who used the service from abuse or the risk of abuse.

The service had implemented audit tools to monitor the quality of the service provided by Mediline.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at the care plans for six people who used the service. We saw that people had a plan of care which clearly explained what they could expect from the service. We saw that the forms were written in such a way that they were easy to understand. We saw where possible the person who received the service had signed the plan. When people were unable to sign we saw that the person's representative had signed on their behalf.

We saw records of reviews that had taken place. It was recorded who attended the review and included the person receiving the service and their representative. We saw that the review record was signed by the person who received the service or their representative. We saw a 'consent to medication' form which in some cases had been signed and in other cases the provider may wish to note we saw no signature.

From the information we received from the questionnaires which we had sent out to people, the feedback was that people had generally been consulted. People told us they were kept informed of any changes to their plan of care. One person told us: "I was involved and specified times especially for my night call. I am flexible though".

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

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

Our judgement

The provider was meeting this standard.

People who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

In the six care records we looked at we saw that Mediline completed their own assessment for every person that used the service. A risk assessment was also completed highlighting any risks in any of the planned activities and how to minimise risk to people or staff.

The care plans we looked at were clear and comprehensive, stating what care should be given, with what equipment and at what time. The care plans were written in a person centred format which meant the person who received the service was at the centre of the plan.

Specific information in the care plans was highlighted in red so staff could see easily when action was required with essential care needs. Staff recorded in a daily log what care had been delivered and any issues.This ensured the next staff member coming to visit the person would be aware of the person's needs.

We spoke with three members of staff who demonstrated knowledge of the people's care needs they supported. Staff told us they always checked in the daily log to see if people's needs had changed since their last visit. Two members of staff told us that they had recently had to call for medical assistance when they had arrived at the person's house. One person had required an ambulance following a fall. Another person had required extra support from the tissue viability service due to the staff member noting a deterioration in a pressure ulcer. One person who used the service told us: "The girls do notice and on occasions if they are not happy with how I am they will call back and check on me. Last time they had to call an ambulance, they always wait with me until someone comes such as the GP, nurse or ambulance". This meant that staff identified health issues and acted appropriately to seek the required support.

People who used the service and their relatives who we spoke with told us that they were generally happy with the care they received from Mediline. Some people expressed concern about new carers that visited them. People told us: "During the week I have regular carers but the one I had on weekends has left and since then I have had a variety coming through my door. The new ones are supposed to be trained and to shadow my regular carer before they they come alone but this doesn't happen so I have to tell them to

read and follow my detailed plan", and "Most of the time I get a regular carer but not always. I don't like it when I get different ones each day", and "I think it is nice to have different carers when having four visits a day and confined to bed. I get the same morning carers and one of the regulars does come on all four visits with another carer for the double up. Things have been a bit erratic of late and at holiday times etc. I then get new carers who aren't always sure about what is required but we get by until the regular lady comes back". The provider should ensure that as much as possible carers are consistent. When new carers are required to visit a person they should be equipped with the skills to meet people's individual care needs.

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 used the service were protected from abuse and the risk of abuse and their human rights were respected.

Reasons for our judgement

We saw that Mediline had a safeguarding policy and that they made safeguarding referrals to the local authority to investigate when they suspected abuse. We saw that when issues of poor care practice had been identified that the appropriate action was taken through their disciplinary procedure. This included providing extra training for individual staff.

We saw that all care workers received training in safeguarding adults during their induction period. This was confirmed by the care workers we spoke with. They were all aware of the different types of abuse and of the possible signs and symptoms that could indicate that someone was being abused. They were aware of their responsibilities to act on any concerns and told us that if they had any concerns they would pass them to the office. New staff were given what the service called a 'safeguarding cue card'. The cue card was a handy card that staff could carry with them and use when they needed advice as to what may or may not constitute abuse. It included information on what to do if they were concerned someone was being abused. We spoke with staff and managers of the service who all knew what constituted abuse and who they should report it to.

Staff told us and we saw records of unannounced spot checks. We were told that senior staff would turn up at a person's house to observe the care being delivered by the carer. Staff told us they did not know when these checks were taking place. This meant that systems were in place to protect people that used the service from the risk of abuse.

When asked if they felt safe people who used the service told us: "Yes with my regular carers and those who are trained to use my hoist but I don't feel safe with the newbie's" and "I don't feel safe with the young ones; they don't have the right idea. My regular carers I can trust". Information gained from speaking to people and from the questionnaires showed us that people felt safe with their regular carers but had concerns over the new carers and younger staff. The provider may wish to note that not all carers were perceived as competent and made people feel safe.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

People who used the service did benefited from safe quality care, treatment and support, due to the effective decision making and the management of risks to their health, welfare and safety.

Reasons for our judgement

We saw that the service had implemented quality monitoring systems to monitor the quality of service being delivered.

Mediline used an electronic call monitoring system. This system recorded the time the staff arrived and left people's homes. This meant that calls could be monitored and issues around time keeping could be addressed with staff as necessary. Staff told us that they had enough time in between individual calls to ensure that they arrived on time. We were told that when a staff member may be late due to unforeseen circumstances then the office would ring ahead to the next person to inform them. People we spoke with had a mixture of views on the timeliness of their calls. People told us: "It is rare for the carers to be late but if they are able the girls will let me know. If they can't they phone the office but the office is not so reliable at informing me" and "They do let me know if they are going to be late". Some people had negative experiences of timeliness of calls. People told us: "They (carers) have been over an hour late and they haven't let me know" and: "Times are haphazard especially when it is new girls. I don't like sitting around in my wheelchair waiting a long time for someone to come and help me with my personal care. They ring and let me know on odd times but not always".

We saw that the daily log books when completed were audited for quality of recording. This meant that appropriate recordings of people's care could be kept and were written to an acceptable professional standard.

Senior staff completed spot checks with staff at people's homes. We saw records of these. These checks were followed up with 'after checks' if concerns had been highlighted at the initial spot check.

The service sent regular quality questionnaires to people who used the service. We saw the last questionnaire from June 2013. We were told that the service had sent out questionnaires in November 2013 but had not yet analysed the information from them. We saw that any issues identified in the questionnaires were logged and dealt with as a formal

complaint. One person told us: "They send a questionnaire I put in there anything I think should be changed and they do check up on it" and: "We received a questionnaire a couple of weeks ago but have not had any response".

We saw records of regular care reviews that had taken place. We had a mixture of feedback from people we spoke with. Some people had regular reviews and other people told us they had none. People told us: "I have an annual review and am waiting for my current visit" and: "I have not had a review for a long time. It is well over a year since anyone has asked me how I am or if I need changes" and: "They review annually but don't always listen or implement what you want" and: "Not in the two years I have been having care".

We saw that the service had a complaints procedure. The procedure was clear and had timescales in which the complaint would be investigated. Records of all complaints and the outcomes were kept. We saw that any complaint was acknowledged formally by a letter from the manager to the complainant. People who used the service were reminded at every care review that there was a complaints procedure and how to use it. People who used the service told us: "I haven't made an official complaint but the details on how to do this are in the folder" and: "I have given up now as nothing changes" and: "They are still sending male carers even though we have requested for this to cease".

The provider should note that although the service had systems in place to monitor the quality of service being delivered not all people who used the service felt that their views were being considered and acted upon.

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

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