

Median Wellness Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Median Wellness Ltd is a domiciliary care service providing personal care to people in their own homes. The service provides support to older people. At the time of our inspection there were 2 people using the service.

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

Risk assessments were not always in place to manage risks within people's lives. Risks had been identified by staff, but had not been documented.

Medicines were administered safely, but documentation around medicines was not always complete. 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, however, the policies and systems in the service did not always support this practice.

People were provided with person centred care by kind and caring staff, who respected their privacy and dignity, however care plans did not always contain sufficient detail on people's likes, dislikes, and preferences.

Systems and processes were not always in place to ensure that documentation such as risk assessments, person centred planning and MCA were complete.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs within the service during our inspection. Staff were supervised well and felt confident in their roles.

People being supported required minimal support with food and fluid intake, but were happy with the support they received. People's health care needs were documented.

A complaints system was in place and was used effectively.

The management team were open and honest, and worked in partnership with outside agencies to improve people's support when required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 26 January 2022 and this is the first inspection.

Why we inspected

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Median Wellness Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2023 with an office visit and ended on 19 May 2023 with phone calls made to relatives and staff.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 1 relative of a person using the service, the registered manager, the nominated individual, the administrator, and 1 care staff. We looked at 2 people's care plans and risk assessments, as well as other documentation such as staff files, training records, and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- When risks had been identified, detailed assessments were not always created to document the risks and provide guidance to staff. For example, we saw incident recording sheets detailing that one person whose behaviour towards staff indicated that they could be distressed. There was no risk assessment in place, or detail within care planning to document what could cause the person distress and behaviour that might indicate this, and what staff should do to manage this. Other risk assessments were in place for things such as personal care and skin care, but lacked detail and instruction to staff.
- We found no evidence of any poor practice or harm to any person, but lack of sufficient risk assessment placed people at the increased risk of harm
- The service was small, and the registered manager and provider both regularly carried out care calls themselves. The registered manager and provider had good knowledge of people and the risks present, but had not sufficiently documented this. The registered manager told us this would be addressed immediately and appropriate risk assessments put in place.

Using medicines safely

- People were supported with medicine administration, and medicine administration records (MAR) we looked at were accurately filled out, however, there was not always sufficient documentation for medicines required on an as and when basis (PRN). Information about when and why PRN medicines were in place was not detailed.
- The registered manager told us this would be addressed immediately and appropriate documentation would be put in place.
- Staff were trained appropriately to administer medicines and told us they felt confident doing so.

Systems and processes to safeguard people from the risk of abuse

- People were supported safely by staff, and relatives we spoke with felt their family members were given safe support in a safe environment.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Staffing and recruitment

- There were enough staff working at the service to meet people's needs and keep them safe. Relatives we spoke with told us they felt staffing levels were good. One relative said, "They [staff] absolutely arrive on time. The previous carers from a different company did not. I can't tell you how important, as a family

member, it is to have them on time. It makes all the difference."

- Safe recruitment systems were in place. This included employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff were trained in infection prevention and control, and had access to all of the personal protective equipment they required.

Learning lessons when things go wrong

- Systems and processes were in place to discuss incidents and accidents and share these with the staff team so lessons could be learned.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Sufficient documentation had not always been completed to assess people's capacity to make decisions. Staff described one person who had dementia as "Not having capacity to consent to care, and many other decisions." There had been no formal mental capacity assessment to document how this decision had been made and assessed. Templates for such assessments were in the care plan, but had not been completed.
- The registered manager told us they were waiting on capacity assessments that had previously been carried out by other health and social care professionals, and had not carried out their own.
- The registered manager and staff had good knowledge of the MCA, and we found no evidence that people were being supported inappropriately, however lack of formal assessment placed the person at higher risk of harm.
- The registered manager told us that capacity assessments would be completed immediately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care needs and preferences assessed and identified before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required. Some improvement was required to ensure that all pre assessment information was recorded and documented fully.

Staff support: induction, training, skills and experience

- Staff received training for their roles, including shadowing other staff on their induction. Training included The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt the training they received prepared them for their roles, and relatives we spoke with also felt that staff appeared well trained.

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

- The people being supported at the time of inspection required minimal support in this area. Staff did support one person with meal preparation daily, and were aware of their preferences. There were no specific dietary requirements at the time of inspection.

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

- People's health needs were documented within care plans. At the time of inspection, the people being supported by the service had the help of family members to manage all health appointments. Staff and the registered manager had good knowledge of people's health, and kept up to date with people's families regarding any changes. One relative said, "The staff are flexible with their care around [name] appointments."

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 is the first inspection for this newly registered service. This key question has been rated Good: 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 treated with kindness and respect by staff, who understood their equality and diversity needs. We saw positive written comments from one relative which said, 'The staff are always polite and happy. My relative is very happy and can go out with more confidence as visit times are always reliable.' One relative we spoke with told us, "One hundred per cent [name] likes the carers. They do all the extras for [name] like you would for your own family."
- The staff, registered manager and provider all knew people well, understood their needs, and spoke about people in a positive light.

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

- People and relatives were involved in their own care as much as they could be. One relative told us, "We had a meeting a week ago. We revisited the care plan. We reviewed everything, I have never done that before with the prior care company we had."
- People's views regarding their care were sought and they were empowered to make decisions about their care when possible.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One relative said, "The staff are always kind and respectful."
- Staff understood data protection requirements, and knew what information was private and confidential. Records were stored securely in an office, and on a secure computer system.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always reflect people's personal history, likes, dislikes and preferences. The registered manager, provider, administrator and staff all had a very good knowledge of the people they were supporting, and were able to tell us the specific ways in which people liked their care to be carried out. Care plans however did not reflect any of this person centred information.
- The registered manager told us that as they and the provider had been carrying out a lot of the care, this information was known to them, but had not been sufficiently documented.
- The registered manager told us the required information about people's personalised care would be added to care plans immediately.
- A relative we spoke with confirmed the care their family member received was personalised, and the staff and management team knew them very well. A relative told us, "[Staff name] will put [person's name] scooter away for them, and take the bins out. All the extra stuff for them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the requirement to provide people with information in an accessible format. At the time of inspection, this had not been required for anyone.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and people knew how to use it. We saw that complaints were recorded along with the outcome of the investigation and action taken.

End of life care and support

- At the time of inspection, no end of life care was being delivered. Some basic information about people's end of life wishes were recorded, and the registered manager told us this would be expanded on for those who wished to discuss their end of life care wishes.

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 is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were not always in place to ensure that documentation was thorough and complete across the service. This included ensuring that MCA assessments were undertaken, PRN protocols were in place, person centred information was recorded in care plans, and all risks that were known were fully assessed. We found no evidence of harm to anyone, but the lack of appropriate assessment and documentation meant people were at the increased risk of harm.
- The service was small, and the registered manager, provider and administrator had been mostly undertaking care calls themselves for the 2 people using the service. A lot of the knowledge around people's care was held with them and had not been formally recorded.

This lack of effective oversight put people at the increased risk of harm. This was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits and checks were in place and were effective. For example, checks on daily note taking, checks on MAR, and spot checks on staff. Actions were taken when any issues were found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff told us the service was positive, open and well run. One staff member said, "The manager is very supportive, I can call at any time and get the support I need." A relative told us, "I make a point of recommending this service to people, it's very good."
- The management team and staff understood people's needs, and worked towards empowering people and achieving goals wherever possible.

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

- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements, and the need to share certain information with other agencies.

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

characteristics

- People and relatives were consulted about their care. Feedback questionnaires were used to gather information from people and make any required changes. We saw that feedback received was positive.
- Staff felt engaged with and able to feedback to management. This included through team meetings which were held regularly, and discussed any updates with people's care and training updates.

Working in partnership with others

- The management team were open and honest during the inspection and receptive to our feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes not in place