

Medukcare Recruitment Limited

Medukcare Recruitment

Inspection report

Room F, Unit 3
Ashlone Wharf, Embankment
London
SW15 1LB

Tel: 02079934807

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 11 October 2018 and was announced. Medukcare Recruitment Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of this inspection the service was providing personal care to one person on a regular basis and to another person on an as and when required basis. We were not able to rate the service against the characteristics of Inadequate, Requires improvement, Good and Outstanding because we did not have sufficient evidence to rate the service. This was the first inspection of the service since they registered in October 2017.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their CQC registration requirements including submitting notifications of significant incidents.

Risks to people had been assessed and management plans developed to manage risks identified. There was a safeguarding policy and procedure in place. The registered manager understood their responsibilities to safeguard people from abuse. There were systems available to manage people's medicines safely. However, at the time of our inspection no one was being supported with their medicines. People received their care and support at the time they needed and in a safe way. There were systems to report and manage incidents and accidents. Infection control procedures were followed.

The registered manager assessed the needs of people and delivered care and support to meet people's individual needs and preferences. People and their relatives were involved in planning and reviewing their care. People were supported to eat and drink where required. People were supported in a way that met their individual needs and preferences.

The registered manager, where required, supported people to access healthcare services. The registered manager worked in partnership with other agencies to ensure people's needs were met.

The provider had a system in place to ensure staff had adequate training, support and supervision to deliver effective care and support to people. At the time of our inspection, there were no staff employed to work with people, however, the registered manager provided care to two people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager obtained consent from people and their relatives before supporting them. The registered manager understood their responsibilities with regards to the Mental Capacity Act 2005.

The relative we spoke with told us that the registered manager treated their loved one with kindness,

compassion and respect. The registered manager respected people's dignity and privacy; and promoted their independence. The registered manager told us they had completed training in end-of-life care and were able to provide this service if people needed it.

Relatives knew how to raise their concerns and complaints about the service. The registered manager sought feedback from people and their relatives. The provider worked in partnership with other organisations to meet the needs of people.

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.

Risks to people were identified and managed to reduce harm to them. There was a safeguarding policy and procedure available and the registered manager understood their responsibilities to protect people from abuse. People received their care and support when they needed.

There was a system in place to report incidents and accidents. The registered manager followed infection control procedures.

There was a medicine management policy and procedure in place to guide staff.

Inspected but not rated

Is the service effective?

The service was effective.

People's care and support needs were assessed appropriately. There were procedures and systems available to ensure staff employed received adequate training, support and supervision.

The registered manager was available support to people to access healthcare services if required.

The service liaised and shared information appropriately with other agencies to enable effective joint-working to improve people's care.

The registered manager obtained consent from people before supporting them.

The registered manager supported people, where required with their nutritional needs.

Inspected but not rated

Is the service caring?

The service was caring.

Relative told us the registered manager was kind and caring. People were treated with dignity and compassion.

Inspected but not rated

People's privacy was respected, and promoted their dignity and independence.

People and their relatives were given a choice about their care and support

Is the service responsive?

The service was responsive.

Care plans were comprehensive and described how people's needs and preferences would be met.

People and their relatives knew how to make a complaint if they were unhappy with the service.

The registered manager told us they had completed training in end-of-life care and were able to provide this service if people needed it.

Inspected but not rated

Is the service well-led?

The service was well led. The registered manager sought feedback from people about the service. The provider had systems, policies and procedures to run the service effectively.

The service worked in partnership with other agencies to improve and develop the service. The registered manager was aware of their CQC registration requirements including submitting notifications of significant incidents.

Inspected but not rated

Medukcare Recruitment

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 11 October 2018 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. We visited the office location to see the manager and to review care records and policies and procedures. The inspection was carried out by one inspector.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with the registered manager who was also the owner of the service. We looked at care records for two people using the service. We reviewed systems and records related to the management of the service, such as the complaints, accidents and incidents, safeguarding, health and safety, and policies and procedures.

After our inspection, we spoke with one relative to obtain their feedback about the service.

Is the service safe?

Our findings

The relative we spoke with told us they and their loved one felt safe. They commented, "We feel enormously safe with the registered manager. We have great faith in them because they are very trustworthy."

The provider had systems and processes in place to safeguard people from abuse. There was a safeguarding policy and procedure in place and the registered manager had completed training in safeguarding. They understood the various types of abuse and neglect and what steps to follow to report any concerns. They told us if they felt unsafe or had any suspicion they would stop the service and involve other authorities such as social services. The relative we spoke with confirmed that the provider had given them information relating to abuse and who to contact to raise their concerns appropriately. The registered manager demonstrated they understood their responsibilities in ensuring people were safe and in dealing appropriately with allegations of abuse including carrying out an investigation and alerting the local safeguarding team and CQC.

People were protected from the risks of avoidable harm. The registered manager carried out assessments to check risks posed to people arising from their physical and mental health conditions, the environment, falls, mobility, nutrition and skin integrity. Where risks were identified, guidance was put in place to reduce the risk. For example, one person's risk management plan showed they used walking sticks to aid their mobility and the person was prompted to always use their sticks when walking to reduce the risk of falls. The person was also supported to wear appropriate shoes and was supervised when walking outdoors. Another person who had a visual impairment was supported to keep a clutter free environment to reduce the risk of them tripping over and falling. Risk management plans were comprehensive and properly addressed risks identified.

The provider had recruitment policy and procedure in place to ensure suitable staff were employed to work with people. They told us they would check potential applicants Right to Work, references, identity, employment history and criminal records using the Disclosure and Barring Services (DBS). The DBS helps employers to make safer recruitment decisions. At the time of our inspection there were no staff employed by the service to work with people. The registered manager was delivering care and support themselves.

The registered manager supported one person three days a week and on an as and when required basis to another person. The relative we spoke with told us their loved one received the level of support they agreed with the provider and at the right time. The relative commented, "[The registered manager] is very reliable and punctual. He has never disappointed us." The registered manager told us they would recruit staff when required to ensure people's needs were met safely.

There were systems in place to ensure people had their medicines safely. The service had a medicine management policy and procedure in place. The registered manager had completed training in safe administration and management of medicines. At the time of our visit, people did not require any support with their medicines management. The registered manager told us they would ensure appropriate procedures were followed and people would be supported safely if they needed this service.

People were protected from the risk of infection. The service had an infection control policy and procedure in place and staff had completed training in this area. The relative we spoke with told us that they had no concerns regarding the infection control practices of staff. The registered manager told us they used personal protective equipment (PPE) such as aprons and gloves appropriately.

The service had a system in place to report incidents, accidents and near misses, however there had been incidents since the service had been operational. The registered manager understood their role to review, monitor and analyse incidents or where things went wrong. They also knew what preventative actions to take to reduce reoccurrence and to learn from them.

Is the service effective?

Our findings

The relative we spoke with told us that the registered manager was skilled and knowledgeable at their job. They commented, "[Registered manager] is very experienced. He is exceptionally great at caring for my loved one. He does his job with so much detail, care and due diligence. We are blessed to have him look after our loved one."

People's needs were assessed before they started using the service. The registered manager told us they met with people and their relatives to discuss their care needs before they decided if they could support the person or not. They explained that the assessment enabled them to establish people's needs and the outcomes they wanted to achieve. The assessment records we saw showed that people's medical conditions, physical and mental health, mobility, communication, nutrition and social activities were looked at. The registered manager also told us that they reviewed information from professionals involved in the care people to establish people's needs and strategies to support them.

At the time of our inspection, no staff was employed to deliver care to people. However, the service had procedures in place to appropriately support staff if they were recruited. The registered manager told us they would ensure that staff were inducted in a comprehensive manner which would include classroom based and practical training. The registered manager told us and training record showed they had completed the Care Certificate workbook and training in medicine management, infection control, food hygiene, risk assessments, dementia awareness, falls awareness, Parkinson disease, end of life care, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), moving and handling, first aid, fire safety, safeguarding adults, equality, diversity and inclusion and health and safety. The registered manager had also completed the Care Certificate workbook and was in the process of completing a vocational qualification in health and social care. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The relative we spoke with confirmed that the registered manager always obtained consent from people before delivering support to them. They commented, "[Registered manager] involves my loved one in every decision and gives them time to respond. They respect my loved one's decision and rights. They never impose any suggestions on them." The registered manager showed they understood their responsibilities

under the MCA to ensure people's rights were protected. Care plans detailed how people should be supported to make decisions. One person's care plan stated that they could make day-to-day decisions but needed to be given time to respond. People's care plans also included details of those who had powers to make specific decisions on their behalf.

People were supported with their nutritional needs. The relative told us that the registered manager encouraged and supported their loved one to eat if required.

People were supported to meet their day to day healthcare needs where required. The registered manager told us they provided support to people if needed to arrange and attend healthcare appointments. The relative we spoke with confirmed that the registered manager provided information and advice to them regarding any healthcare services people needed.

The service ensured effective joint-working so people's needs were well managed. The registered manager told us they shared information with appropriate agencies where required. For example, they shared information and discussed one person's care plan with another agency who was also involved in supporting them.

Is the service caring?

Our findings

The relative we spoke with told us, "[Registered manager] is superb! They are so kind and caring. They are full of respect for my loved one and my family and that means so much to us. They are extremely patient and gentle. [My loved one] likes them and looks forward to them coming." From our conversation with the registered manager we could see that they were interested in the people they supported. They could tell us about people's backgrounds, likes, dislikes, preferences and needs. They told us it was very important to them to put people at the centre of their care delivery. They told us they achieved this by building positive and trusting relationships with people and their relatives, being considerate and understanding and giving people choice and respect. The relative confirmed that the registered manager showed interest in their loved one. They commented, "[Registered manager] takes his time to know what my loved one likes and how they communicate. He understands my loved one very well. They work well together."

Care records detailed people's backgrounds, preferences, likes and dislikes and how they wanted their care delivered. The relative we spoke with told us that the registered manager involved them in planning their loved one's day to day care and support. They said, "The registered manager] discusses every plan with me and loved one. They are open and will take their time to explain my loved one's plan or ideas they have with us and make sure we understand. After each session, they explain what they have done, progress made or challenges encountered, and discuss the next plan. [Registered manager] always make us feel involved and give us a choice."

The registered manager understood and supported people appropriately with their emotional needs. Care plans detailed people's moods and behaviours. Where people's moods varied, their care plan stated this. Care plans also stated measures to take to improve people's moods when they were low.

The registered manager treated people with dignity and respect. The relative we spoke with told us, "The registered manager treats us with so much respect and dignity. There is absolute no concern about our dignity or privacy." The registered manager had completed training in dignity and demonstrated they were committed to maintaining people's dignity, privacy and independence.

The registered manager worked with people to maintain their independence. One person was supported to improve their mobility so they could continue to be as independent as possible. They were also encouraged to do the things they could for themselves.

Is the service responsive?

Our findings

The service was delivered to people in a way that met their individual needs and preferences. The relative we spoke with told us, "[Registered manager] supports my loved one in all areas of their day-to-day care and support needs. They keep my loved one moving and active in order to improve their mobility and quality of life."

There were detailed care plans in place and these covered personal care, nutrition, skin care, social activities, mobility/transfers and physical health needs such as diabetes. Information about people's background, communication needs, likes and dislikes, hobbies and interests were also detailed in their care plans. The registered manager told us they focused on achieving positive outcomes for people by looking at their strengths and weaknesses and then tailoring the care provided to improve the weaker areas. They also added that they promoted positive risk taking to enable people to improve their confidence and learn new skills. For example, one person was supported to follow their interest and do the things they enjoy doing before their current situation. The person enjoyed going to the gym and taking long walks in the park. Care plans and risk assessments had been developed to provide guidance on how the person would be supported with these activities in a safe way. The relative we spoke with said, "[Registered manager] takes my loved one to the gym and for a walk in the park which they enjoy. [Registered manager] does so much for my loved one and you can see how much they have improved since they started looking after them. My loved one is happy and we as a family are happy too."

The registered manager reviewed care plans as required to reflect changes in people's care needs. The relative we spoke with told us that the registered manager regularly had discussions with them to review the person's needs and progress.

The registered manager respected people cultural, and religious needs. Care records contained information about people's disability, culture and religion. The registered manager had completed training in equality and diversity. They told us if people expressed any religious or cultural requirements, they would support them accordingly.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information about the service was available to people using large text where they had poor eyesight, and in an easy read format where appropriate. The registered manager told us that they could produce information in different formats such as large prints, easy read or in pictorial format if people required this.

The service had a complaints procedure in place which people and their relatives received when they first started using the service. The relative we spoke with told us, "[The registered manager] gave us a booklet and explained to us how to complain if we needed to. I don't think we will ever need to complain about the service. [Registered manager] is such a great man and takes what he does seriously." There had not been

any complaints about the service, since their registration in 2017.

The registered manager had many years' experience in providing end of life care to people. They had completed training in end-of-life care and were able to provide this service if people needed it. They knew to work with other agencies and people's relatives. They also knew to show empathy and compassion to the person and their relatives.

Is the service well-led?

Our findings

The relative we spoke with made positive remarks about the registered manager and service. They commented, "They are very passionate about what they do and you can see that they do this job for all the right reasons. They have very high standards and they do all they can to maintain those standards. They are brilliant at what they do and you can tell they put their heart and soul into it. We are totally happy with the service."

The service had a registered manager in post who was also the provider. The registered manager had experience in delivering effective care to people. They understood their responsibilities in line with the requirements of their CQC registration including submitting notifications of significant events at their service and to display the CQC inspection rating of the service as required.

The registered manager had clear vision for the service and how to deliver a high-quality service for people. The registered manager told us they were driven to achieve personalised care and positive outcomes for people. To achieve these, they said it was important to grow slowly but steadily. Also, building relationships with people and their relatives and employing the right team of staff who have the right attitude, training and commitment. At the time of our inspection, the service was small and there were no staff employed. The registered manager explained that they were currently in the process of recruiting staff so they would be ready to work when people requested to use the service. We saw a business development plan in place regarding how the provider planned to manage and develop the service.

The provider had systems in place to ensure they operated smoothly and provided quality care to people. There were various policies and procedures in place to provide guidance on the running of the service and delivering effective care to people such as safeguarding and, medicine management. We saw that the provider had tools and systems in place for effective care needs assessments and care planning.

The registered manager sought feedback about the service. The relative we spoke with told us, "He always find out if we are happy and if we need anything changed or improved. He is keen to get it right and to make sure we are happy."

The provider had systems in place to assess and monitor the quality of the service. These included medicines audit and care planning. At the time of our service, these were not being used due to the size of the service delivered.

The registered manager told us they were a member of the Wandsworth Providers Network and attended meetings when they could. The registered manager received updates from the Department of Health in social care weekly updates, The Dementia Friends network, Skills for Care and Social Care TV because they registered with these organisations.